

2005-2006

Graduate Medical Education Directory

**Including Programs Accredited by the Accreditation
Council for Graduate Medical Education**

American Medical Association

Physicians dedicated to the health of America



Graduate Medical Education Directory 2005–2006



Including programs accredited by the Accreditation
Council for Graduate Medical Education

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Preface

The *Graduate Medical Education Directory* (90th edition), published by the American Medical Association (AMA), lists programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

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

Contents of the Directory

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

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

Section III—Accredited Graduate Medical Education Programs—lists GME programs accredited by the ACGME as of January 20, 2005, the date the ACGME transferred to the AMA the data used in this section. Section III provides program name, sponsoring institution, major participating institution(s), program director name, address, and phone/fax numbers, e-mail address, accredited program length, ACGME approved/offered positions, and program ID number. Specialties and subspecialties are listed in alphabetical order. Programs within each specialty or subspecialty are listed in alphabetical order by state and city. A list of accredited transitional year programs offered by hospitals or groups of hospitals is also included. Newly appointed program directors since the publication of last year's *Directory* are noted with an asterisk. (Note: The *Directory* may include programs that are on probation. For information on a program's current accreditation status, contact the ACGME, 515 N State St/Ste 2000, Chicago, IL 60610; 312 464-4920; www.acgme.org.)

Section IV—New and Withdrawn Programs—lists GME programs newly accredited since the publication of the 2004-2005 edition of the *Directory* and programs that are no longer accredited to offer GME as of December 31, 2004, or earlier.

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

Appendix A—Combined Specialty Programs—provides information on programs that offer combined specialty training. These combined programs are approved by each respective medical specialty board, and physicians completing combined training programs are eligible for board certification. Although the ACGME has accredited

each program separately, neither the ACGME nor the Residency Review Committees have reviewed these combined programs.

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

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

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

Contents of the *GMED Companion*

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

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

Production of the Directory

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

The *Directory*, as the official list of ACGME-accredited programs, reflects accreditation actions completed as of January 20, 2005, the date the ACGME transferred to the AMA the data used in Sections III through V. Readers are reminded that accreditation actions and related changes can alter the ACGME program population on a daily basis and that the *Directory* serves only as a "snapshot" of this population at a given moment. For updated information on ACGME-accredited programs, consult the ACGME Web site at www.acgme.org.

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

FREIDA Online® (Fellowship and Residency Electronic Interactive Database Access)

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

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

AMA Physician Masterfile

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

Medical Education Data Service

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

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

Disclaimer

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

Back issues of the Directory

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

Special Acknowledgment to the ACGME

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

copy of Program Requirements and notification of recent RRC and ACGME actions.

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

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

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Fred Domini-Lenhoff, MA, Editor

Paul H. Rockett, MD, MPH, Director, Division of Graduate Medical Education

Section I

Graduate Medical Education Information

Review and Accreditation of Graduate Medical Education Programs

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

Introduction

The Accreditation Council for Graduate Medical Education (ACGME) is a separately incorporated organization, responsible for the accreditation of approximately 8,000 allopathic graduate medical education programs. It has five member organizations: the American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, and Council of Medical Specialty Societies. Each member organization nominates four individuals to the ACGME's Board of Directors. In addition, the Board of Directors includes three public representatives, a resident representative, and the chair of the Residency Review Committee Council. A representative for the federal government and the chair of the RRC Resident Council also serve on the Board in a non-voting capacity.

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

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

Under the aegis of the ACGME, the accreditation of graduate medical education programs is carried out by 27 review committees and a committee for the review of sponsoring institutions. These committees have been delegated accreditation authority by the ACGME. A Residency Review Committee (RRC) consists of representatives appointed by the American Medical Association, the appropriate specialty board, and, in some cases, a national specialty organization. The Transitional Year Review Committee is composed of ten members who are appointed by the chair of the ACGME in conjunction with the Executive Committee. The term "review committee" is used to denote a Residency Review Committee, the Transitional Year Review Committee and the Institutional Review Committee. The Institutional Review Committee (IRC) is composed of ten members appointed by the Chair of the ACGME in conjunction with the Executive Committee. The Institutional Review Committee assumes the responsibility for reviewing institutions which sponsor multiple programs. It evaluates institutions for substantial compliance with the Institutional Requirements.

Graduate medical education programs are accredited when they are judged to be in substantial compliance with the *Essentials of Accredited Residencies in Graduate Medical Education*. The *Essentials* consist of (a) the Institutional Requirements, which are prepared by the ACGME and apply to all programs, and (b) the Program Requirements for each specialty and subspecialty. The requirements are developed and periodically revised by a review committee for its area(s) of competence, and are approved by the ACGME. The activities of the ACGME extend only to those institutions within the jurisdiction of the United States of America.

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

Application and Site Visit

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

Application

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

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

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

Review of Accredited Programs

Accredited programs undergo site visits and reviews on cycles determined by the review committee, as described below in the sections on actions regarding accreditation of general specialty and subspecialty programs. Program directors are notified well in advance of the site visit, at which time they receive the appropriate forms for completion. Program directors may request forms earlier.

A review committee may elect to review a program outside the usual cycle. A program director also may request an early review. However, a program will not be reviewed while it is in the appeals process.

Function of Site Visitor

Annually, approximately 1,900 site visits are conducted by the ACGME Field Staff, and between 100 and 200 visits are conducted by Specialist Site Visitors, who are members of the particular specialty being reviewed. In either case, the site visitor does not participate in the final accreditation decision or recommendation of the review committee beyond providing a written report. It is the site visitor's primary responsibility to verify the information that has been provided by the program director. The site visitor also conducts interviews with administrators, faculty, and residents in order to report accurately on the various aspects of the educational program. The site visitor, whether field staff or specialist, should not be viewed as a consultant to the program and should not be expected to provide feedback to the program or to conduct a formal exit interview.

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

Review and Accreditation

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

Actions Regarding Accreditation of General Specialty Programs

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

Withhold Accreditation

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

Provisional Accreditation

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

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

Provisional accreditation implies that a program is in a developmental stage. It remains to be demonstrated that the proposal for which accreditation was granted will be implemented as planned. A review committee will monitor the developmental progress of a program accredited on a provisional basis. Following accreditation, programs should undergo a site visit in approximately 2 years in preparation for review by the respective committee. The interval between accreditation and the next review of the program should not exceed 3 years. In the course of monitoring a program's

development, a review committee may continue provisional accreditation; however, the total period of provisional accreditation should not exceed 5 years for programs of 4 years' duration or less, or the length of the program plus 1 year for programs of 5 years' duration or longer. With the exception of special cases as determined by a review committee, if full accreditation is not granted within either of these time frames, accreditation of the program should be withdrawn.

Full Accreditation

A review committee may grant full accreditation in three circumstances:

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

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

Probationary Accreditation

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

Withdrawal of Accreditation

Accreditation of a program may be withdrawn under the following conditions:

- A. Noncompliance with *Essentials*. Accreditation of programs holding either provisional accreditation or probationary accreditation may be withdrawn as follows:
 1. For programs holding provisional accreditation, once a review committee has notified a program director that the program has not developed as proposed to establish and maintain substantial compliance with the *Essentials*, the program will be subject to withdrawal of accreditation for failure to be in substantial compliance with the *Essentials*.
 2. For programs holding probationary accreditation, once a review committee has notified a program director that the program is accredited on a probationary basis, the program will be subject to withdrawal of accreditation for continued failure to be in substantial compliance with the *Essentials*.
 3. In giving notification, as indicated in 1 and 2 above, a review committee must indicate the areas in which the program is judged not to be in substantial compliance with the *Essentials*.

It is understood that these areas may change in the course of multiple reviews conducted from the time a program is first given notice that it is not in compliance until withdrawal of accreditation may occur.

- B. Request of Program. Voluntary withdrawal of accreditation may occur at the request of the program director in the following ways:
 1. A program director may request voluntary withdrawal of accreditation of a program, without prejudice. It is expected that if a program is deficient for one or more of the reasons set forth in E below, the director will seek voluntary withdrawal of accreditation. Normally such requests would come from the program director, with a letter of confirmation from the sponsoring institution's chief executive officer.
 2. Two or more programs may be merged into a single new program. If the review committee accredits the new program, it will take concurrent action for withdrawal of accreditation, without prejudice, of the previously separate programs. The review committee will consider the expressed preference of the program director in establishing the effective date for withdrawal of accreditation of the program(s).
- C. Delinquency of Payment. Programs that are judged to be delinquent in payment of fees are not eligible for review and shall be notified by certified mail, return receipt requested, of the effective date of withdrawal of accreditation. On that date, the program will be removed from the list of ACGME-accredited programs.
- D. Noncompliance with Accreditation Actions and Procedures. A program director may be deemed to have withdrawn from the voluntary process of accreditation and a review committee may take appropriate action to withdraw accreditation if that director refuses to comply with the following actions and procedures:
 1. To undergo a site visit and program review;
 2. To follow directives associated with an accreditation action; and
 3. To supply a review committee with requested information.
- E. Program Inactivity or Deficiency. A review committee may withdraw accreditation from a program, regardless of its current accreditation status, under the following circumstances:
 1. The program has been inactive for 2 or more years, without requesting and being granted official "inactive status."
 2. The program has incurred a catastrophic loss or complete change of resources, e.g., faculty, facilities, or funding, such that the program is judged not creditable.
 3. The program has incurred an egregious accreditation violation.
- F. Withdrawal of accreditation for reasons noted in the above paragraphs (Delinquency of Payment, Noncompliance with Accreditation Actions and Procedures, and Program Inactivity or Deficiency) is an administrative action and is not subject to the appeals process.
- G. The following policies apply when action is taken to withdraw accreditation (except for establishment of an effective date in the case of voluntary withdrawal of accreditation or withdrawal of accreditation because of inactivity or deficiency):
 1. The effective date of withdrawal of accreditation shall not be less than 1 year from the date of the final action taken in the procedures to withdraw accreditation.
 2. The effective date of withdrawal of accreditation shall permit the completion of the training year in which the action becomes effective.
 3. Once notification has been made of the effective date of withdrawal of accreditation, no residents may be appointed to the program.

4. When action has been taken by a review committee to withdraw accreditation of a residency program and the program has entered into appeal procedures, an application for re-accreditation of the program will not be considered until the appeal action is concluded.

The *Procedures for Proposed Adverse Actions* and *Procedures for Appeal of Adverse Actions*, provided in this document, contain further details.

H. Inactive Status in Lieu of Withdrawal of Accreditation

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

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

Actions Regarding Accreditation of Subspecialty Programs

There are two procedural models for the accreditation of subspecialty programs:

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

accreditation of any subspecialty program that is attached to the general specialty program is administratively withdrawn.

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

Warning Notices

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

The warning procedure may be used as follows:

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

Deferral of Accreditation Action

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

Size of Resident Complement

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

Participating Institutions

The sponsoring institution of a residency program may utilize one or more additional institutions to provide necessary educational resources. In such cases, a review committee may evaluate whether each participating institution contributes meaningfully to the educational program.

Progress Reports

A review committee may request a progress report from a program director. The committee should specify the exact information to be provided and a specific due date for the report. The progress report should be reviewed by the sponsoring institution GMEC and signed by the chair of the GMEC.

Notification of Accreditation Status

Letters of Notification

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

Notifying Residents and Applicants

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

Duration of Accreditation

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

Identification of Programs in ACGME Records

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

The following standards are followed:

- The program title clearly identifies the sponsoring institution.
- Only one sponsoring institution is identified.
- Participating institutions are identified in the program listing only if they serve as major teaching sites for resident education. This means that, in a 1-year program, residents must spend at least 2 months in a required rotation at the site for it to be listed; in a 2-year program, the rotation must be 4 months, and in a program of 3 years or longer, the rotation must be at least 6 months. Review committees retain the right to grant exceptions to this formula.
- Outpatient facilities and ambulatory clinics and inpatient sites not serving as major participating institutions generally are

listed in the Accreditation Data System (ADS) on an optional basis, as determined by the program.

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

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

ACGME Procedures for Proposed Adverse Actions (Approved by ACGME June 24, 2003)

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

- When an RRC determines that an adverse action is warranted, the RRC will first give notice of its proposed adverse action to the program director and to the Designated Institutional Official of the sponsoring institution. This notice of proposed adverse action will include the citations that form the basis for the proposed adverse action, a copy of the site visitor's report, and the date by which the program may submit, in writing, its response to each of the citations and to the proposed adverse action. [Note: Here and elsewhere in these Procedures for Proposed Adverse Actions, the word "action" reflects delegation of accreditation authority to the RRC. In the event of a decision by an RRC not holding delegated authority, read "recommendation of an RRC and action by the ACGME" throughout the procedures.]
- The program may provide to the RRC written information revising or expanding factual information previously submitted; challenging the findings of the site visitor; rebutting the interpretation and conclusions of the RRC; demonstrating that cited areas of noncompliance with the published standards either did not exist or have been corrected since the time when the RRC reviewed the program and proposed an adverse decision; and contending that the program is in compliance with the standards. The RRC will determine whether the information may be considered without verification by a site visitor.
- The RRC will complete its evaluation of the program at a regularly scheduled meeting, as indicated to the program director in the notice of proposed adverse action. The RRC may confirm the adverse action or modify its position and take a nonadverse action.
- If an RRC confirms the adverse action, it will communicate to the program director the confirmed adverse action and the citations, as described above, including comments on the program director's response to these citations.
- The letter of notification, which will include information on the right of the program to appeal the RRC's decision to the ACGME, will be sent to the program director, and the DIO. The program director may appeal the decision; otherwise, it is final. If the decision is accepted as final, the program director may subsequently request a new review in order to demonstrate that the program is in compliance with the standards.
- Upon receipt of notification of a confirmed adverse accreditation action, the program director must inform, in writing, the residents and any applicants who have been invited to interview with the program that the adverse action has been confirmed,

whether or not the action will be appealed. A copy of the written notice must be sent to the executive director of the RRC within 50 days of receipt of the RRC's letter of notification.

ACGME Procedures for Appeal of Adverse Actions (Approved by ACGME June 24, 2003)

- a. If a Residency Review Committee (RRC) takes an adverse action, the program may request a hearing before an appeals panel.
[*Note:* Here and elsewhere in these Procedures for Appeal of Adverse Actions, reference to "Residency Review Committee" also includes the ACGME's Transitional Year Review Committee.]
[*Note:* Here and elsewhere in these Procedures for Appeal of Adverse Actions, the word "action" reflects delegation of accreditation authority to an RRC. In the event of a decision by an RRC not holding delegated authority, read "recommendation of an RRC and action by the ACGME" throughout the procedures.] If a written request for such a hearing is not received by the executive director of the ACGME within 30 days following receipt of the letter of notification, the action of an RRC will be deemed final and not subject to further appeal.
- b. Requests for a hearing must be sent express mail to: Executive Director, Accreditation Council for Graduate Medical Education, 515 North State Street, Suite 2000, Chicago, Illinois 60610.
- c. If a hearing is requested, the appeals panel will be appointed according to the following procedures:
 - 1) The ACGME shall maintain a list of qualified persons in each specialty as potential appeals panel members.
 - 2) For a given hearing, the program shall receive a copy of the list of potential appeals panel members and shall have an opportunity to delete a maximum of one-third of the names from the list of potential appeals panel members. Within 15 days of receipt of the list, the program shall submit its revised list to the executive director of the ACGME.
 - 3) A three-member appeals panel will be constituted by the ACGME from among the remaining names on the list.
 - a. When a program requests a hearing before an appeals panel, the program reverts to its status prior to the appealed adverse action until the ACGME makes a final determination on the status of the program. Nonetheless, at this time residents and any applicants who have been invited to interview with the program must be informed in writing as to the confirmed adverse action by an RRC on the accreditation status. A copy of the written notice must be sent to the executive director of the RRC within 50 days of receipt of the RRC's letter of notification.
 - b. Hearings conducted in conformity with these procedures will be held at a time and place to be determined by the ACGME. At least 25 days prior to the hearing, the program shall be notified of the time and place of the hearing.
 - c. The program will be given the documentation of the RRC action in confirming its adverse action.
 - d. The documents comprising the program file, the record of the RRC's action, together with oral and written presentations to the appeals panel, shall be the basis for the recommendations of the appeals panel.
 - e. The appeals panel shall meet and review the written record, and receive the presentations. The appropriate RRC shall be notified of the hearing and a representative of the RRC may attend the hearing to be available to the appeals panel to provide clarification of the record.

Proceedings before an appeals panel are not of an adversary nature as typical in a court of law, but rather, provide an administrative mechanism for peer review of an accreditation decision about an educational program. The appeals

panel shall not be bound by technical rules of evidence usually employed in legal proceedings.

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

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

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

- f. The program may submit additional written material within 15 days after the hearing. The intention to submit such material must be made known to the appeals panel at the hearing.
- g. The appeals panel shall submit its recommendations to the ACGME within 20 days after receipt of additional written material. The ACGME shall act on the appeal at its next regularly scheduled meeting.
- h. The decision of the ACGME in this matter shall be final. There is no provision for further appeal.
- i. The executive director of the ACGME shall, within 15 days following the final ACGME decision, notify the program under appeal of the decision of the ACGME.

Program Organization

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

Some RRCs have specific requirements relating to program organization. These may be found in the appropriate *Program*

Requirements (see Section II). In all cases, however, a single, clearly identified sponsoring organization must exercise oversight over the educational program.

Institutional Review

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

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

Results of institutional review evaluation for institutions that undergo a formal institutional review by the IRC are reported as either favorable or unfavorable in a letter of report. Beginning July 2005, the institutional review will use the same accreditation status designations as for the review of programs. The date of the next institutional review will be identified in this letter. Results of institutional review for institutions that do not undergo a formal institutional review by the IRC are incorporated into the letter of notification concerning program accreditation.

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

Fees for Evaluation and Accreditation

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

Application Fee

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

Program Fee

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

Palm Pilot Fee

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

Cancelled Site Visit Fee

Should a program cancel or postpone a scheduled site visit, including cancellation of the site visit for a program electing voluntary withdrawal of accreditation or inactive status, if inadequate notice is provided the ACGME may impose a cancellation fee penalty of up to \$2,750. This penalty may be imposed at the discretion of the Director of Field Activities.

Appeal Fee

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

Information and Inquiries

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

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Section II

Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements

Section II—Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements—begins with a preface containing general information about the three major phases of the education of physicians, the accreditation of graduate medical education programs, and a glossary of selected terms, followed by a copy of the Institutional Requirements and the Common Program Requirements, both effective July 1, 2003. The bulk of Section II consists of Program Requirements organized by specialty/related subspecialty, reflecting updates/revisions in 2003. Because the RRCs meet periodically throughout the year to review programs, the most current list of accredited programs of graduate medical education and relevant Program Requirements can be found at the ACGME Web site at www.acgme.org.

Preface

I. The Education of Physicians

Medical education in the United States occurs in three major phases.

A. Undergraduate Medical Education

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

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

B. Graduate Medical Education

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

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

The education of resident physicians relies on an integration of didactic activity in a structured curriculum with diagnosis and management of patients under appropriate levels of supervision and scholarly activity aimed at developing and maintaining life-long learning skills. The quality of this experience is directly related to the quality of patient care, which is always the highest priority.

Residency Review Committee Appointing Organizations

Residency Review Committee	Sponsoring Organizations	Residency Review Committee	Sponsoring Organizations
Allergy and Immunology	American Board of Allergy and Immunology (A Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics) AMA Council on Medical Education	Ophthalmology	American Academy of Ophthalmology American Board of Ophthalmology AMA Council on Medical Education
Anesthesiology	American Board of Anesthesiology American Society of Anesthesiologists AMA Council on Medical Education	Orthopaedic Surgery	American Academy of Orthopaedic Surgeons American Board of Orthopaedic Surgery AMA Council on Medical Education
Colon and Rectal Surgery	American Board of Colon and Rectal Surgery American College of Surgeons AMA Council on Medical Education	Otolaryngology	American Board of Otolaryngology American College of Surgeons AMA Council on Medical Education
Dermatology	American Board of Dermatology AMA Council on Medical Education	Pathology	American Board of Pathology AMA Council on Medical Education
Diagnostic Radiology	American Board of Radiology American College of Radiology AMA Council on Medical Education	Pediatrics	American Academy of Pediatrics American Board of Pediatrics AMA Council on Medical Education
Emergency Medicine	American Board of Emergency Medicine American College of Emergency Physicians AMA Council on Medical Education	Physical Medicine and Rehabilitation	American Academy of Physical Medicine and Rehabilitation American Board of Physical Medicine and Rehabilitation AMA Council on Medical Education
Family Practice	American Academy of Family Physicians American Board of Family Practice AMA Council on Medical Education	Plastic Surgery	American Board of Plastic Surgery American College of Surgeons AMA Council on Medical Education
Internal Medicine	American Board of Internal Medicine American College of Physicians AMA Council on Medical Education	Preventive Medicine	American Board of Preventive Medicine AMA Council on Medical Education
Medical Genetics	American Board of Medical Genetics American College of Medical Genetics AMA Council on Medical Education	Psychiatry	American Board of Psychiatry and Neurology American Psychiatric Association AMA Council on Medical Education
Neurological Surgery	American Board of Neurological Surgery American College of Surgeons AMA Council on Medical Education	Radiation Oncology	American Board of Radiology American College of Radiology AMA Council on Medical Education
Neurology	American Academy of Neurology American Board of Psychiatry and Neurology AMA Council on Medical Education	Surgery	American Board of Surgery American College of Surgeons AMA Council on Medical Education
Nuclear Medicine	American Board of Nuclear Medicine AMA Council on Medical Education Society of Nuclear Medicine	Thoracic Surgery	American Board of Thoracic Surgery American College of Surgeons AMA Council on Medical Education
Obstetrics-Gynecology	American Board of Obstetrics and Gynecology American College of Obstetricians and Gynecologists AMA Council on Medical Education	Urology	American Board of Urology American College of Surgeons AMA Council on Medical Education

Educational quality and patient care quality are interdependent and must be pursued in such a manner that they enhance one another. A proper balance must be maintained so that a program of GME does not rely on residents to meet service needs at the expense of educational objectives.

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

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

information on the ACGME and the review committees is provided below.

C. Continuing Medical Education

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

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

II. Accreditation of GME Programs

A. Accreditation, Certification, Licensure

In the context of GME, accreditation is the process for determining whether an educational program is in substantial compliance with established educational standards as promulgated in the institutional and program requirements. Accreditation represents a professional judgment about the quality of an educational program. De-

cisions about accreditation are made by the review committees under the authority of the ACGME.

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

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

B. Accreditation of Residency Programs

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

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

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

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

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

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

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

Current operating policies and procedures for review, accreditation, and appeal are contained in the ACGME *Manual of Policies and Procedures for Graduate Medical Education Review Committees*. The *Manual* is reviewed annually and is revised as appropriate. (A copy of the *Manual*, as well as copies of the Institutional

Requirements and of the Program Requirements, may be obtained from the ACGME's Web site at www.acgme.org or the Office of the Executive Director, ACGME, 515 N State St, Ste 2000, Chicago, IL, 60610.)

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

C. Structure of the ACGME and of the Review Committees

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

The five member organizations of the ACGME are as follows:
 American Board of Medical Specialties (ABMS)
 American Hospital Association (AHA)
 American Medical Association (AMA)
 Association of American Medical Colleges (AAMC)
 Council of Medical Specialty Societies (CMSS)

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

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

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

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

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

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

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

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

III. A Glossary of Selected Terms Used in GME Accreditation

Applicants: Persons invited to come for an interview for a GME program.

Consortium: Two or more organizations or institutions that have come together to pursue common objectives (e.g., GME). A consortium may serve as a "sponsoring institution" for GME programs if it is formally established as an ongoing institutional entity with a documented commitment to GME.

Desirable: A term, along with its companion "highly desirable," used to designate aspects of an educational program that are not mandatory but are considered to be very important. A program may be cited for failing to do something that is desirable or highly desirable.

Essential: (See "Must.")

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

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

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

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

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

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

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

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

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

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

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

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

Shall: (See “Must.”)

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

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

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

Institutional Requirements

I. Introduction

A. Purpose of Graduate Medical Education (GME)

The purpose of GME is to provide an organized educational program with guidance and supervision of the resident, facilitating the resident’s ethical, professional and personal development while ensuring safe and appropriate care for patients.

B. Sponsoring Institution

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

C. Compliance with ACGME Requirements, Policies and Procedures

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

II. Institutional Responsibilities

A. Commitment to GME

The commitment of the Sponsoring Institution to GME is exhibited by the provision of leadership, organizational structure, and resources to enable the institution to achieve substantial compliance with the Institutional Requirements and to enable its ACGME-accredited programs to achieve substantial compliance with Program Requirements. This includes providing an ethical, professional, and educational environment in which the curricular requirements as well as the applicable requirements for scholarly activity and the general competencies can be met. The regular assessment of the quality of the GME programs, the performance of their residents, and the use of outcome assessment results for program improvement are essential components of this commitment.

1. There must be a written statement of institutional commitment to GME that is dated and signed within two years of the next institutional review and indicates the support of the governing au-

thority, the administration, and the GME leadership of the Sponsoring Institution. This statement must specify, at a minimum, a commitment to providing the necessary educational, financial, and human resources to support GME.

2. There must be an organized administrative system, which includes a graduate medical education committee (GMEC) as described in Section IV, to oversee all ACGME-accredited programs of the Sponsoring Institution.
3. There must be a Designated Institutional Official (DIO) who has the authority and responsibility for the oversight and administration of the Sponsoring Institution's ACGME-accredited programs and who is responsible for assuring compliance with ACGME Institutional Requirements.
 - a) The DIO is to establish and implement procedures to ensure that s/he, or a designee in the absence of the DIO, reviews and cosigns all program information forms and any correspondence or document submitted to the ACGME by the program directors that either addresses program citations or requests changes in the programs that would have significant impact, including financial, on the program or institution.
 - b) The DIO and/or the Chair of the GMEC shall present an annual report to the Organized Medical Staff(s) (OMS) and the governing body(s) of the major participating JCAHO-accredited hospitals in which the GME programs of the Sponsoring Institution are conducted. This annual report will review the activities of the GMEC during the past year with attention to resident supervision, resident responsibilities, resident evaluation, and the Sponsoring Institution's participating hospitals' and programs' compliance with the duty-hour standards. The GMEC should receive concerns of the OMS related to the items listed above. The GMEC and the OMS should regularly communicate about the safety and quality of patient care provided by the residents.
4. The Sponsoring Institution must provide sufficient institutional resources, to include GME staff, space, equipment, supplies, and time to allow for effective oversight of its ACGME-accredited programs. In addition, there must be sufficient institutional resources to ensure the effective implementation and development of the ACGME-accredited programs in compliance with the Program and Institutional Requirements.
5. The DIO, GME staff and personnel, program directors, faculty and residents must have access to adequate communication resources and technological support. This should include, at a minimum, computers and access to the Internet.

B. Institutional Agreements

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

C. Accreditation for Patient Care

1. Institutions sponsoring or participating in ACGME-accredited programs should be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), if such institutions are eligible.
2. If a sponsoring or participating institution is eligible for JCAHO accreditation and chooses not to undergo such accreditation,

then the institution should be reviewed by and meet the standards of another recognized body with reasonably equivalent standards.

3. If a sponsoring or participating institution is not accredited by JCAHO, it must provide a satisfactory explanation of why accreditation has not been either granted or sought.
4. If an institution loses its JCAHO accreditation or recognition by another appropriate body, the Institutional Review Committee (IRC) must be notified in writing with an explanation.

D. Quality Assurance

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

III. Institutional Responsibilities for Residents

A. Eligibility and Selection of Residents

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

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

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

B. Financial Support for Residents

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

C. Benefits and Conditions of Appointment

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

D. Agreement of Appointment

- 1. The Sponsoring Institution must assure that residents are provided with a written agreement of appointment or contract outlining the terms and conditions of their appointment to an ACGME-accredited program, and the institution must monitor the implementation of these terms and conditions by the program directors. Sponsoring Institutions and program directors must ensure that residents adhere to established practices, policies, and procedures in all institutions to which residents are assigned. The agreement must contain or provide a reference to at least the following:
 - a. Residents' responsibilities;
 - b. Duration of appointment;
 - c. Financial support;
 - d. Conditions under which living quarters, meals, and laundry services or their equivalents are provided;
 - e. Conditions for reappointment;
- 1) Nonrenewal of agreement of appointment: The Sponsoring Institution must provide a written institutional policy that conforms to the following: In instances where a resident's agreement is not going to be renewed, the Sponsoring Institution must ensure that its ACGME-accredited programs provide the resident(s) with a written notice of intent not to renew a resident's agreement no later than four months prior to the end of the resident's current agreement. However, if the primary reason(s) for the nonrenewal occurs within the four months prior to the end of the agreement, the Sponsoring Institution must ensure that its ACGME-accredited programs provide the residents with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement.
- 2) Residents must be allowed to implement the institution's grievance procedures as addressed below if they have received a written notice of intent not to renew their agreements.

- f. Grievance procedures and due process: The Sponsoring Institution must provide residents with fair and reasonable written institutional policies on and procedures for grievance and due process. These policies and procedures must address
 - 1) academic or other disciplinary actions taken against residents that could result in dismissal, nonrenewal of a resident's agreement or other actions that could significantly threaten a resident's intended career development; and,
 - 2) adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty.
- g. Professional liability insurance:
 - 1) The Sponsoring Institution must ensure that residents in ACGME-accredited programs are provided with professional liability coverage for the duration of training. Such coverage must provide legal defense and protection against awards from claims reported or filed after the completion of the ACGME-accredited program if the alleged acts or omissions of the residents are within the scope of the ACGME-accredited program.
 - 2) The professional liability coverage should be consistent with the Sponsoring Institution's coverage for other medical/professional practitioners.
 - 3) Current residents in ACGME-accredited programs must be provided with the details of the institution's professional liability coverage for residents.
- h. Health and disability insurance: The Sponsoring Institution must provide hospital and health insurance benefits for the residents and their families. The Sponsoring Institution must also provide access to insurance to all residents for disabilities resulting from activities that are part of the educational program.
- i. Leaves of absence:
 - 1) The Sponsoring Institution must provide written institutional policies on residents' vacation and other leaves of absence (with or without pay) to include parental and sick leave; these policies must comply with applicable laws.
 - 2) The Sponsoring Institution must ensure that each program provides its residents with a written policy in compliance with its Program Requirements concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program.
- j. Duty Hours:
 - 1) The Sponsoring Institution is responsible for promoting patient safety and education through carefully constructed duty-hour assignments and faculty availability.
 - 2) The institution must have formal written policies and procedures governing resident duty hours that support the physical and emotional well-being of the resident, promote an educational environment, and facilitate patient care.
- k. Moonlighting:
 - 1) Professional and patient care activities that are external to the educational program are called moonlighting. Moonlighting activities, whether internal or external, may be inconsistent with sufficient time for rest and restoration to promote the residents' educational experience and safe patient care. Therefore, institutions and program directors must closely monitor all moonlighting activities.
 - 2) The Sponsoring Institution must have a written policy that addresses moonlighting. The policy must
 - a) specify that residents must not be required to engage in moonlighting;

- b) require a prospective, written statement of permission from the program director that is made part of the resident's file; and,
 - c) state that the residents' performance will be monitored for the effect of these activities upon performance and that adverse effects may lead to withdrawal of permission.
- l. Counseling services: The Sponsoring Institution should facilitate residents' access to appropriate and confidential counseling, medical, and psychological support services.
 - m. Physician impairment: The Sponsoring Institution must have written policies that describe how physician impairment, including that due to substance abuse, will be handled.
 - n. Sexual harassment: The Sponsoring Institution must have written policies covering sexual and other forms of harassment.
2. Residency Closure/Reduction: The Sponsoring Institution must have a written policy that addresses a reduction in size or closure of a residency program. The policy must specify
 - a. that if the Sponsoring Institution intends to reduce the size of an ACGME-accredited program or close a residency program, the Sponsoring Institution must inform the residents as early as possible; and,
 - b. that in the event of such a reduction or closure, the Sponsoring Institution must either allow residents already in the program to complete their education or assist the residents in enrolling in an ACGME-accredited program in which they can continue their education.
 3. Restrictive Covenants: ACGME-accredited programs must not require residents to sign a noncompetition guarantee.

E. Resident Participation in Educational and Professional Activities

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

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

F. Resident Work Environment

1. The Sponsoring Institution and its ACGME-accredited programs must provide an educational and work environment in which residents may raise and resolve issues without fear of intimidation or retaliation. This includes the following:
 - a. Provision of an organizational system for residents to communicate and exchange information on their work environment and their ACGME-accredited programs. This may be accomplished through a resident organization or other forums in which to address resident issues.
 - b. A process by which individual residents can address concerns in a confidential and protected manner.
2. The Sponsoring Institution must provide services and develop systems to minimize the work of residents that is extraneous to their GME programs and ensure that the following conditions are met:
 - a. Food services: Residents on duty must have access to adequate and appropriate food services 24 hours a day in all institutions.
 - b. Call rooms: Residents on call must be provided with adequate and appropriate sleeping quarters.
 - c. Support services: Patient support services, such as intravenous services, phlebotomy services, and laboratory services, as well as messenger and transporter services, must be provided in a manner appropriate to and consistent with educational objectives and patient care.
 - d. Laboratory/pathology/radiology services: There must be appropriate laboratory, pathology, and radiology services to support timely and quality patient care in the ACGME-accredited programs. This must include effective laboratory, pathology, and radiologic information systems.
 - e. Medical records: A medical records system that documents the course of each patient's illness and care must be available at all times and must be adequate to support quality patient care, the education of residents, quality assurance activities, and provide a resource for scholarly activity.
 - f. Security/safety: Appropriate security and personal safety measures must be provided to residents at all locations including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities (e.g., medical office building).

IV. Graduate Medical Education Committee (GMEC)

A. GMEC Composition and Meetings

1. The Sponsoring Institution must have a GMEC that has the responsibility for monitoring and advising on all aspects of residency education. Voting membership on the committee must include residents nominated by their peers. It must also include appropriate program directors, administrators, the accountable DIO, and may include other members of the faculty.

2. The committee must meet at least quarterly, and maintain written minutes documenting fulfillment of the committee's responsibilities.

B. GMEC Responsibilities

The GMEC must

1. establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all ACGME-accredited programs.
2. review annually and make recommendations to the Sponsoring Institution on resident stipends, benefits, and funding for resident positions to assure that these are reasonable and fair.
3. establish and maintain appropriate oversight of and liaison with program directors and assure that program directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in the ACGME-accredited programs of the Sponsoring Institution.
4. establish and implement formal written policies and procedures governing resident duty hours in compliance with the Institutional and Program Requirements. The GMEC must assure that the following requirements are met:
 - a) Each ACGME-accredited program must establish formal written policies governing resident duty hours that are consistent with the Institutional and Program Requirements. These formal policies must apply to all participating institutions used by the residents and must address the following requirements:
 - 1) The educational goals of the program and learning objectives of residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations. Duty-hours and call schedules must be monitored by both the Sponsoring Institution and programs and adjustments made as necessary to address excessive service demands and/or resident fatigue. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. ACGME-accredited programs must ensure that residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged; and,
 - 2) Resident duty hours and on-call time periods must be in compliance with the Institutional and Program Requirements. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident.
 - b) The GMEC must develop and implement procedures to regularly monitor resident duty hours for compliance with the Sponsoring Institution's policies and the Institutional and Program Requirements.
 - c) The GMEC must develop and implement written procedures to review and endorse requests from programs prior to submission to an RRC for exceptions in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours. All exceptions requested must be based on a sound educational rationale. The procedures must outline the process for endorsing an exception in compliance with the ACGME policies and procedures for duty-hour exceptions. The procedures and their application, if the institution has utilized them, will be assessed during the institutional review.
5. assure that ACGME-accredited programs provide appropriate supervision for all residents that is consistent with proper patient care, the educational needs of residents, and the applicable Program Requirements. Supervision of residents must address the following:
 - a) Residents must be supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability, and experience.
 - b) On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty.
 - c) The teaching staff must determine the level of responsibility accorded to each resident.
6. assure that each program provides a curriculum and an evaluation system to ensure that residents demonstrate achievement of the six general competencies listed in Section III.E and as defined in each set of Program Requirements.
7. establish and implement formal written institutional policies for the selection, evaluation, promotion, and dismissal of residents in compliance with the Institutional and Program Requirements.
8. regularly review all ACGME program accreditation letters and monitor action plans for the correction of concerns and areas of noncompliance.
9. regularly review the Sponsoring Institution's Letter of Report from the IRC and develop and monitor action plans for the correction of concerns and areas of noncompliance.
10. review and approve prior to submission to the ACGME
 - a. all applications for ACGME accreditation of new programs and subspecialties;
 - b. changes in resident complement;
 - c. major changes in program structure or length of training
 - d. additions and deletions of participating institutions used in a program;
 - e. appointments of new program directors;
 - f. progress reports requested by any Review Committee;
 - g. responses to all proposed adverse actions;
 - h. requests for increases or any change in resident duty hours
 - i. requests for "inactive status" or to reactivate a program;
 - j. voluntary withdrawals of ACGME-accredited programs;
 - k. requests for an appeal of an adverse action; and,
 - l. appeal presentations to a Board of Appeal or the ACGME.
11. conduct internal reviews of all ACGME-accredited programs including subspecialty programs to assess their compliance with the Institutional Requirements and the Program Requirements of the ACGME Residency Review Committees in accordance with the guidelines in Section V.

V. Internal Review**A. Process**

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

2. While assessing the residency program's compliance with each of the program standards, the review should also appraise
 - a. the educational objectives of each program;
 - b. the effectiveness of each program in meeting its objectives;
 - c. the adequacy of available educational and financial resources to support the program;
 - d. the effectiveness of each program in addressing areas of non-compliance and concerns in previous ACGME accreditation letters and previous internal reviews;
 - e. the effectiveness of each program in defining, in accordance with the Program and Institutional Requirements (Section III.E), the specific knowledge, skills, attitudes, and educational experiences required for the residents to achieve competence in the following: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;
 - f. the effectiveness of each program in using evaluation tools developed to assess a resident's level of competence in each of the six general areas listed above;
 - g. the effectiveness of each program in using dependable outcome measures developed for each of the six general competencies listed above; and,
 - h. the effectiveness of each program in implementing a process that links educational outcomes with program improvement.
3. Materials and data to be used in the review process must include
 - a. Institutional and Program Requirements for the specialties and subspecialties of the ACGME RRCs from the Essentials of Accredited Residency Programs;
 - b. accreditation letters from previous ACGME reviews and progress reports sent to the RRC; and,
 - c. reports from previous internal reviews of the program.
4. The internal review committee must conduct interviews with the program director, faculty, peer-selected residents from each level of training in the program, and other individuals deemed appropriate by the committee.
5. Program inactivity: ACGME-accredited programs and subspecialties that have applied for and received RRC approval for "inactive" status do not need internal reviews. However, an internal review must be conducted prior to requesting RRC approval for reactivation.

B. Internal Review Report

1. There must be a written report of the internal review for each ACGME-accredited specialty and subspecialty program that contains, at a minimum, the following:
 - a. the name of the program or subspecialty program reviewed and the date of the review;
 - b. the names and titles of the internal review committee members to include the resident(s);
 - c. a brief description of how the internal review process was carried out, including the list of the groups/individuals who were interviewed;
 - d. sufficient documentation or discussion of the specialty's or the subspecialty's Program Requirements and the Institutional Requirements to demonstrate that a comprehensive review was conducted and was based on the GMC's internal review protocol;
 - e. a list of the areas of noncompliance or any concerns or comments from the previous ACGME accreditation letter with a summary of how the program and /or institution addressed each one.
2. The written report of each internal review must be presented to and reviewed by the GMC to monitor the areas of noncompliance and recommend appropriate action.
3. Reports from internal reviews are required to be shown to the ACGME site visitor for the institutional review and must be included in the Institutional Review Document submitted to the IRC. During the review of individual programs, these reports must not be shown to the ACGME site visitor or specialist site visitors, who only will ascertain that an internal review was completed in the interval since the program's previous site visit.

Approved by ACGME: February 11, 2003 Effective: July 1, 2003

Common Program Requirements

Preface

The program requirements set forth here are to be considered common to all specialties, and are complete only when supplemented, where indicated and individually, by each specialty.

I. [Specialty Introduction inserted here]

II. Institutions

A. Sponsoring Institution

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

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern resident education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:

- a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in the specialty by the American Board of _____, or possess qualifications judged to be acceptable by the RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
- a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution; [as further specified by the RRC]
 - (2) a change in the format of the educational program;
 - (3) a change in the approved resident complement for those specialties that approve resident complement. [as further specified by the RRC]On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of _____, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program. [as further specified by the RRC]
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

- b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
- c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
- a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available. [as further specified by the RRC]

IV. Resident Appointments

A. Eligibility Criteria

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

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching. [as further specified by the RRC]

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents. [as further specified by the RRC]

V. Program Curriculum

A. Program Design

1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments. [as further specified by the RRC]

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management. [as further specified by the RRC]

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities. [as further specified by the RRC]

D. ACGME Competencies

(N.B.: Section V. D. does not apply to certain subspecialties)

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

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

VI. Resident Duty Hours and the Working Environment

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

A. Supervision of Residents

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

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

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

C. On-call Activities

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

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

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

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

F. Duty Hours Exceptions

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

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

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

B. Faculty

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

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of _____ should communicate with the office of the board regarding the full requirements for certification.

ACGME: February 2003 Effective: July 1, 2004
Editorial Revision: February 2004

Program Requirements for Residency Education in Allergy and Immunology

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

Preface

The program requirements set forth here are to be considered common to all specialties, and are complete only when supplemented, where indicated and individually, by each specialty.

I. Introduction

A. Definition and Scope of the Specialty

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

B. Duration and Scope of Education

1. Residents admitted to allergy and immunology programs should have successfully completed a program in internal medicine or pediatrics accredited by the Accreditation Council for Graduate Medical Education (ACGME).
2. The length of the educational program is 24 months of full-time education. Before entry into the program, each resident must be notified in writing of the required length of the allergy and immunology educational program. The required program may be spread over a longer time period if the program documents the required 24 months of education consistent with the goals, objectives, educational content, and policies, as referenced in these Program Requirements, section III.
3. Residents must demonstrate competencies in both children and adults with asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases.

II. Institutional Support

A. Sponsoring institution

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

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

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives and should provide resources not otherwise available to the program. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience. Participation

by any institution providing more than 4 months of education for each resident during the 2-year program must receive prior approval by the Residency Review Committee (RRC).

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document per Sections III.B. and VII.A. of the Program Requirements;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern resident education during the assignment.
3. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution. In a conjoint program, one program director must be designated as the single responsible administrator. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities and experience in his or her field.
 - b. The program director must be certified in the specialty by the American Board of Allergy and Immunology, or possess qualifications judged to be acceptable by the RRC.
 - c. The program director must be appointed in good standing and based at the primary teaching site.
 - d. possess leadership qualities and devote sufficient time and effort to the program to provide day-to-day continuity of leadership and to fulfill all of the responsibilities of meeting the educational goals of the program.

- e. licensed to practice medicine in the state where the institution that sponsors the program is located.
- 4. Responsibilities of the program director are as follows:
 - a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
 - b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
 - c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - 1) the addition or deletion of a participating institution as specified in section II.B. of this document.
 - 2) a change in the format of the educational program
 - 3) a change in the approved resident complement for those specialties that approve resident complement.On review of a proposal for any such major change in the program, the RRC may determine that a site visit is necessary.
 - e. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.
 - f. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.

B. Faculty

- 1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. The faculty must include a
 - a. qualified allergist(s) and immunologist(s) with a background in internal medicine and
 - b. qualified allergist(s) and immunologist(s) with a background in pediatrics.
- 2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise. They must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, and must support the goals and objectives of the educational program of which they are a member and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section III.B.4.
- 3. Qualifications of the physician faculty are as follows:
 - a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching

abilities, as well as documented educational and administrative abilities and experience in their field.

- b. The physician faculty must be certified in the specialty by the American Board of Allergy and Immunology, or possess qualifications judged to be acceptable by the RRC.
- c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
- 4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a. the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b. the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c. the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.
- 5. Qualifications of the nonphysician faculty are as follows:
 - a. Nonphysician faculty must be appropriately qualified in their field.
 - b. Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program. All other program faculty, such as healthcare providers and scientists, must be appropriately qualified in their area of expertise.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

IV. Resident Appointments

A. Eligibility Criteria

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

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in Section

V.D., prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. The Educational Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

1. Twenty-five percent of the program must be devoted to research and scholarly activities.
2. Residents must be provided with a structured research experience sufficient to result in an understanding of the basic principles of study design, performance, analysis, and reporting:
 - a. Residents must be able to conduct a comprehensive literature search.
 - b. Residents must have the opportunity to design, write, review, or edit research protocols or plans.
 - c. Residents must demonstrate a working knowledge of research design, statistics, clinical trials, epidemiology, and laboratory research.
 - d. Residents must be able to apply the principles of data collection, data analysis, and data interpretation.
 - e. Residents must conduct the research activity under proper supervision.
 - f. Residents must be able to communicate research findings orally and in writing.
 - g. Presentations at national meetings and publication in peer-reviewed journals are strongly encouraged.

D. ACGME Competencies

(N.B.: Section V. D. does not apply to certain subspecialties)

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

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

E. Role of Program Director and Faculty

The program director, with assistance of the faculty is responsible for developing and implementing the academic and clinical program of resident education by providing documentation that each resident is provided with the following components in the 24-month course of study as referenced in Sections V.F. and G. of these Program Requirements:

1. Fifty percent of the program must be devoted to direct patient care activities.
2. Twenty-five percent of the program must be devoted to research and scholarly activities.
3. Twenty-five percent of the program must be devoted to other educational activities.

F. Didactic Components

1. Allergy and immunology-specific competencies

Residents must be able to expertly and appropriately demonstrate the following allergy and immunology specific competencies to begin the independent practice of this specialty:

- a. Conduct a comprehensive and detailed medical interview with children and adults who present with suspected allergic and/or immunologic disorders
- b. Perform a physical examination appropriate to the specialty
- c. Select, perform, and interpret diagnostic tests or studies
- d. Assess the risks and benefits of therapies for allergic and immunologic disorders (e.g., drug therapy, allergen immunotherapy, immunomodulatory therapy)
- e. Counsel and educate patients about diagnosis, prognosis, and treatment
- f. Consult with and educate other physicians and health care providers
- g. Apply basic and clinical science to the clinical care of patients
- h. Coordinate the care of patients, including the use of consultation
- i. Analyze medical and other scientific literature
- j. Design, conduct, write, and present research in either laboratory-based or clinical investigation in allergy and/or immunology

The following basic science areas must be included in the educational program:

2. Knowledge of aerobiology; cellular and molecular immunobiology; humoral and cellular immunology; pulmonary physiology; mechanisms of inflammation; pharmacology and

pharmacokinetics, drug metabolism, drug side effects, and drug interactions; the scientific basis of the methodology, indications, and interpretation of laboratory tests and imaging procedures used in the diagnosis and follow-up of patients with asthmatic, allergic, immunologic, and other diseases; preparation and standardization of allergen extracts; means to measure indoor allergens and the institution of environmental control measures in the home and other sites; transplantation medicine and tumor immunology; reproductive immunology; the costs of therapy and diagnostic testing; and the psychological effects of chronic illness

3. Knowledge of applied immunology, to include the principles and techniques of clinical immunology laboratory procedures such as tests for humoral immunity, cellular immunity, neutrophil function, cytokines, immune complexes, cryoprecipitable proteins, total serum complement activity and individual complement components, and histocompatibility, as well as procedures for the preparation and use of monoclonal antibodies.
4. Knowledge of the etiology, immunopathogenesis, differential diagnosis, therapy, and complications of those diseases referenced in these Program Requirements.
5. Knowledge of controversial or unproven drug or therapeutic techniques in allergy, asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases.

G. Clinical Components

The course of study must include asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases. All residents must be provided with opportunities to apply immunologic theories, principles, and techniques to the investigation, diagnosis, and treatment of a broad spectrum of allergic and immunologic diseases. The required education in the various aspects of the clinical program must involve supervised patient care; rotations through cooperating services; attendance at conferences, lectures, journal clubs, or seminars; reading and preparation for teaching assignments.

1. Direct patient care experience: Fifty percent of the resident's time must be devoted to direct patient care activities. Direct patient care is defined as both inpatient and outpatient care, clinical case conferences, and record reviews.
 - a. Cross-training in internal medicine and pediatrics: Residents must receive cross-training in both pediatric and adult allergy and immunology because specialists in allergy and immunology, whatever their primary specialties, are called on to diagnose and treat individuals of all ages.
 - 1) Twenty percent of the required minimum 12-month equivalent direct patient care activity is the required cross-training experience.
 - 2) Inpatient experiences, both initially and through follow-up, should be provided as an educational experience in the crossover specialty.
 - b. Ambulatory experience: A sufficient number of adult and pediatric ambulatory patients must be provided for each resident during the 24-month program.
 - c. Inpatient experience:
 - 1) A sufficient number of adult and pediatric inpatients must be provided for each resident during the 24-month program. These inpatient experiences should include direct patient care such as primary patient care, consultation, or teaching rounds.
 - 2) Inpatient activities may be accomplished through educational liaisons with other specialties or services. There must be sufficient diversity of patient ages and diagnoses to reflect the breadth of the specialty.

2. A patient listing consisting of a unique patient identifier, age, and diagnosis for each patient seen by each resident must be available for verification by the site visitor.
3. Continuity of care: Residents must be provided with continuing responsibility for the care of patients with asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases.
4. Number, variety, and classification of patients: The program must provide a sufficient number of pediatric and adult patients to provide education in asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases.
 - a. Residents must have direct patient contact with children and adults with the following diagnoses:
 - 1) Anaphylaxis
 - 2) Asthma
 - 3) Atopic dermatitis
 - 4) Contact dermatitis
 - 5) Drug allergy
 - 6) Food allergy
 - 7) Immunodeficiency
 - 8) Rhinitis
 - 9) Sinusitis
 - 10) Stinging insect hypersensitivity
 - 11) Urticaria and angioedema
 - b. Direct contact with patients with the following diagnoses is strongly encouraged:
 - 1) Autoimmune disease
 - 2) Bronchopulmonary aspergillosis
 - 3) Eosinophilic disorders
 - 4) Hypersensitivity pneumonitis
 - 5) Mastocytosis
 - 6) Ocular allergies
 - 7) Occupational lung disease
 - 8) Vasculitis
5. Residents must demonstrate proficiency with the following procedures
 - a. Allergen immunotherapy
 - b. Delayed hypersensitivity skin testing
 - c. Drug desensitization and challenge
 - d. Immediate hypersensitivity skin testing
 - e. IVIG treatment
 - f. Performance and interpretation of pulmonary function tests
 - g. Physical urticaria testing
6. Resident proficiency with the following procedures is highly desirable:
 - a. Exercise challenge
 - b. Methacholine and other bronchial challenge testing
 - c. Nasal cytology
 - d. Oral challenge tests
 - e. Patch testing
 - f. Rhinologyngoscopy

VI. Resident Duty Hours and the Working Environment

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

A. Supervision of Residents

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

B. Duty Hours

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

C. On-call Activities

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

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

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

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

F. Duty Hours Exceptions

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

VII. Evaluation**A. Resident****1. Formative Evaluation**

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance. The structured use of checklists and evaluation forms is encouraged. The direct observation of resident interactions with patients should be included. Innovation in resident evaluation is encouraged.

2. Final Evaluation

The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice com-

petently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty

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

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Allergy and Immunology should communicate with the office of the board regarding the full requirements for certification.

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Common Program Requirements: July 2003

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Program Requirements for Graduate Medical Education in Anesthesiology

Common Program Requirements appear in bold.

Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

The Residency Review Committee (RRC) representing the medical specialty of anesthesiology exists in order to foster and maintain the highest standards of training and educational facilities in anesthesiology, which the RRC defines as the practice of medicine dealing with but not limited to the following:

1. Assessment of, consultation for, and preparation of patients for anesthesia;
2. Relief and prevention of pain during and following surgical, obstetric, therapeutic, and diagnostic procedures;
3. Monitoring and maintenance of normal physiology during the perioperative period;
4. Management of critically ill patients;
5. Diagnosis and treatment of acute, chronic, and cancer-related pain;
6. Clinical management and teaching of cardiac and pulmonary resuscitation;
7. Evaluation of respiratory function and application of respiratory therapy;
8. Conducting of clinical and basic science research;
9. Supervision, teaching, and evaluation of performance of personnel, both medical and paramedical, involved in perioperative care.

B. Duration and Scope of Education

1. Length of Program

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

2. Program Design

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

a) Clinical Base Year

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

The Clinical Base Year must include at least 10 months of clinical rotations, of which at most 1 month may involve training in anesthesiology. Clinical Base Year rotations include training in internal medicine or emergency medicine, pediatrics, surgery or any of the surgical specialties, critical care

medicine, obstetrics and gynecology, neurology, family practice, or any combination of these. At most, 2 months of the Clinical Base Year may be taken in electives or in specialties other than those listed above. If an accredited anesthesiology program offers this year of training, the RRC will verify that the content is acceptable. When the parent institution provides the Clinical Base Year, the anesthesiology program director must approve the rotations for individual residents, and must have general oversight for rotations on the services that are used for the Clinical Base Year.

b) **Clinical Anesthesia Training: CA-1 through CA-3 Years**

These 3 years, usually the second through the fourth years of graduate medical education, consist of training in basic and advanced anesthesia. They must encompass all aspects of perioperative care to include evaluation and management during the preoperative, intraoperative, and postoperative periods. The clinical training must progressively challenge the resident's intellect and technical skills, and must provide experience in direct and progressively responsible patient management. As the resident advances through training, she or he should have the opportunity to learn to plan and to administer anesthesia care for patients with more severe and complicated diseases, as well as patients who undergo more complex surgical procedures. The training must culminate in sufficiently independent responsibility for clinical decision-making and patient care so that the program is assured that the graduating resident exhibits sound clinical judgment in a wide variety of clinical situations and can function as a consultant in anesthesiology.

(1) **CA 1 and 2 years**

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

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

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

(2) **CA-3 year**

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

Clinical assignments in the CA-3 year must include difficult or complex anesthesia procedures and the care of seriously ill patients. Subspecialty rotations are encouraged, but none may be longer than 6 months. A curriculum specific to each of the subspecialty programs offered must be on file in the department. This curriculum must be distinct from the CA-1 and CA-2 years subspecialty curricula, and must reflect increased responsibility and learning opportunities. These assignments must not compromise the learning opportunities for the CA-1 and CA-2 residents.

All CA-3 residents must be certified as providers of advanced cardiac life support (ACLS).

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

c) **Research Track**

The program must have the resources to provide a Research Track of up to 6 months devoted to laboratory or clinical investigation. For the residents who elect this track, it is expected that the results of the investigations will be suitable for presentation at a local, regional, or national scientific meeting. The Research Track generally occurs in the CA-3 year, but at the program director's discretion, it may be taken earlier. A curriculum describing the goals and objectives of this track must be on file in the department.

C. Goals and Objectives

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

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

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

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Require-

ments, and this responsibility extends to resident assignments at all participating institutions. The institution sponsoring an accredited program in anesthesiology must also sponsor or be affiliated with ACGME-approved residencies in at least the specialties of general surgery and internal medicine.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives, and should provide resources not otherwise available to the program. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document per Sections III B and VII A of the Program Requirements;
 - c) specify the duration and content of the educational experience;
 - d) state the policies and procedures that will govern resident education during the assignment; and
 - e) outline the educational goals and objectives to be attained by the resident during the assignment.

C. A participating institution may be either *integrated* or *affiliated* with the parent institution:

1. An *integrated institution* must formally acknowledge the authority of the core program director over the educational program in that hospital, including the appointments of all faculty and all residents. Integrated institutions should be in close geographic proximity to the parent institution to allow all residents to attend joint conferences. If an institution is not in geographic proximity and joint conferences cannot be held, an equivalent educational program in the integrated institution must be fully established and documented. Rotations to integrated institutions are not limited in duration. It is expected, however, that the majority of the program will be provided in the parent institution. Prior approval of the RRC must be obtained for participation of an institution on an integrated basis, regardless of the duration of the rotation.
2. An *affiliated institution* is one that is related to the core program for the purpose of providing limited rotations that complement the experience available in the parent institution. Assignments at affiliated institutions must be made for educational purposes and not to fulfill service needs. Rotations to affiliated institutions may be no more than a maximum of 12 months during the 3 years of clinical anesthesia. Prior approval of the RRC must be obtained if the duration of a rotation at an affiliated institution will exceed 6 months.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program, and should be a member of the staff of the sponsoring or integrated institution. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of RRC through the Web Accreditation Data System of the ACGME.

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership. Frequent changes in leadership or long periods of temporary leadership may adversely affect an educational program and may present serious cause for concern. When a new director, either permanent or acting, has been appointed, the RRC must be notified immediately. The RRC may initiate an inspection of the program in conjunction with this change when it deems it necessary to ensure continuing quality.

3. Qualifications of the program director are as follows:

- a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
- b) The program director must be certified in the specialty by the American Board of Anesthesiology, or possess qualifications judged to be acceptable by the RRC.
- c) The program director must be appointed in good standing and based at the primary teaching site.
- d) The program director must possess faculty experience, leadership, organizational and administrative qualifications, and the ability to function effectively within an institutional governance. The program director must have significant academic achievements in anesthesiology, such as publications, the development of educational programs, or the conduct of research.

4. Responsibilities of the Program Director are as follows:

- a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
- b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
- c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
- d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution as specified in Section II B of this document.
 - (2) a change in the format of the educational program;
 - (3) a change in the approved resident complement for those specialties that approve resident complement.

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

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. The number of faculty must be sufficient to provide each resident with adequate supervision, which shall not vary substantially with the time of day or the day of the week. In the clinical set-

ting, faculty members should not direct anesthesia at more than 2 anesthetizing locations simultaneously.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Anesthesiology, or possess qualifications judged to be acceptable by the RRC. Faculty who are not ABA-certified should be in the process of obtaining certification.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.
6. The faculty should have varying interests, capabilities, and backgrounds, and must include individuals who have specialized expertise in the subspecialties of anesthesiology, which includes but is not limited to critical care, obstetric anesthesia, pediatric anesthesia, neuroanesthesia, cardiothoracic anesthesia, and pain medicine. Didactic and clinical teaching must be provided by faculty with documented interests and expertise in the subspecialty involved. Fellowship training, several years of practice (primarily within a subspecialty), and membership and active participation in national organizations related to the subspecialty may signify expertise.
7. Teaching by residents of medical students and junior residents represents a valid learning experience. The use of a resident as an instructor of junior residents, however, must not substitute for experienced faculty.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

The integration of nonphysician personnel into a department with an accredited program in anesthesiology will not influence the accreditation of such a program unless it becomes evident that such personnel interfere with the training of resident physicians. Interference may result from dilution of faculty effort, dilution of the available teaching experience, or downgrading of didactic material. Clinical instruction of residents by nonphysician personnel is inappropriate, as is excessive supervision of such personnel by resident staff.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. Space and Equipment

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

2. Library Resources

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

IV. Resident Appointments

A. Eligibility Criteria

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

B. Number of Residents

1. The RRC will approve the number of residents based upon criteria that include the adequacy of resources for resident education, i.e., the quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.

Specific criteria evaluated in establishing the number of residents for a program or in considering requests to increase the resident complement include: a) the program's current accreditation status and duration of review cycle; b) the most recent accreditation citations, especially any relating to adequacy of clinical experience and/or faculty coverage; c) documentation of adequate clinical volumes for all residents; and d) the ABA-certification rate of the program's graduates for the most recent 5-year period.

2. Appointment of a minimum of nine residents with, on average, three appointed each year is required. Any proposed increase in the number of residents must receive prior approval by the RRC.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

Substance Abuse Policy: The residency program must have a written policy and an educational program regarding substance abuse that specifically address the needs of anesthesiology.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

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

1. *Patient care* that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. *Medical Knowledge* about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. *Practice-based learning and improvement* that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. *Interpersonal and communication skills* that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;

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

E. Didactic Components

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

F. Clinical Components

1. Clinical Experience

A wide spectrum of disease processes and surgical procedures must be available within the program to provide each resident with broad exposure to different types of anesthetic management. The following list represents the minimum clinical experience that should be obtained by each resident in the program. Although the minimum requirements are for the CA-1 through CA-3 years, the majority of these should be accomplished in the CA-1 and CA-2 years.

- a) Forty anesthetics for vaginal delivery; evidence of direct involvement in cases involving high-risk obstetrics, as well as a minimum of 20 cesarean sections.
- b) Anesthesia for 100 children under the age of 12, including anesthesia for 15 infants less than 1 year of age, including infants less than 45 weeks postconceptual age.
- c) Anesthesia for 20 patients undergoing surgical procedures involving cardiopulmonary bypass.
- d) Twenty other major vascular cases (including endovascular cases).
- e) Twenty intrathoracic (thoracotomy, thoracoscopy) noncardiac cases.
- f) Twenty procedures involving an open cranium, some of which must include intracerebral vascular procedures.
- g) Fifty epidural anesthetics for patients undergoing surgical procedures, including cesarean sections.
- h) Ten major trauma cases.
- i) Fifty subarachnoid blocks performed for patients undergoing surgical procedures.
- j) Forty peripheral nerve blocks for patients undergoing surgical procedures.
- k) Twenty-five new patient evaluations for management of patients with acute, chronic, or cancer pain disorders. Residents should have familiarity with the breadth of pain medicine, including clinical experience with interventional pain procedures.
- l) Documented involvement in the management of acute post-operative pain, including familiarity with patient-controlled intravenous techniques, neuraxial blockade, and other pain-control modalities.
- m) Documented involvement in the systematic process of the preoperative management of the patient.

- n) Significant experience with certain specialized techniques for airway management (such as fiberoptic intubation, double lumen endotracheal tube placement, and laryngeal mask airway management), central vein catheter placement, pulmonary artery catheter placement, peripheral artery cannulation, transesophageal echocardiography, evoked potentials, and electroencephalography.
- o) A postanesthesia care experience of 2 continuous weeks, which must involve direct care of patients in the postanesthesia-care unit and responsibilities for management of pain, hemodynamic changes, and emergencies related to the postanesthesia-care unit. Designated faculty must be readily and consistently available for consultation and teaching.
- p) Critical care rotation, including active participation in patient care by anesthesia residents in an educational environment in which participation and care extend beyond ventilatory management, and active involvement by anesthesiology faculty experienced in the practice and teaching of critical care. This training must take place in units in which the majority of patients have multi-system disease. The postanesthesia-care unit experience does not satisfy this requirement.
- q) Appropriate didactic instruction and sufficient clinical experience in managing problems of the geriatric population.
- r) Appropriate didactic instruction and sufficient clinical experience in managing the specific needs of the ambulatory surgical patient.

2. Clinical Documentation

a) Resident Log

The program director must require residents to maintain an electronic record of their clinical experience. The record must be reviewed by the program director or faculty on a regular basis. It must be submitted annually to the RRC office in accordance with the format and the due date specified by the RRC.

The program should also have the means for monitoring the appropriate distribution of cases among the residents.

b) Patient Records

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

VI. Resident Duty Hours and the Working Environment

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

A. Supervision of Residents

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

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation. Supervision shall not vary substantially with the time of day or day of the week. In the clinical setting, faculty members should not direct anesthesia at more than 2 anesthetizing locations simultaneously.
3. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

B. Duty Hours

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

C. On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period, as well as with the challenges of providing care outside regular duty hours. Therefore, on-call activities, including those that occur throughout the night, are necessary components of the education of all residents. *In-house call* is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. During the 6 additional hours, residents may not administer anesthesia in the operating room for a new operative case or manage new admissions to the ICU. The resident should not manage non-continuity patients in the 6 hours post-call.
3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.
4. At-home call (or *pager call*) is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

- b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
- c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

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

F. Duty Hours Exceptions

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

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final

period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty

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

C. Program

The educational effectiveness of a program must be evaluated at least semiannually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.
3. As part of the overall evaluation of the program, the RRC will take into consideration the information provided by the ABA regarding resident performance on the certifying examinations over the most recent 5-year period. The RRC will also take into account noticeable improvements or declines during the period considered. Program graduates should take the certifying examination, and at least 70% of the program graduates should become certified.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Anesthesiology should communicate with the office of the Executive Vice President of the American Board of Anesthesiology, Inc., 4101 Lake Boone Trail, The Summit - Suite 510, Raleigh, NC 27607-7506 regarding the full requirements for certification.

Editorial Revision: April 16, 2003

Duty Hours Requirements/ACGME approved/effective: July 1, 2003

Editorial Revision: July 1, 2004

Policies and Procedures for Subspecialties of Anesthesiology

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

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

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

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

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

Program Requirements for Residency Education in the Subspecialties of Anesthesiology

Preface

The program requirements set forth here are to be considered common to all specialties, and are complete only when supplemented, where indicated and individually, by each specialty.

These requirements apply to all of the accredited subspecialty areas and should be consulted along with the individual subspecialty Program Requirements.

I. General Information

A. A residency education program in a subspecialty of anesthesiology is an educational experience of at least 1 year designed to develop advanced knowledge and skills in a specific clinical area.

All educational components of the program should be related to program goals. The program design and/or structure must be approved by the Residency Review Committee (RRC) as part of the regular review process.

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

- B. Residency education programs in the subspecialties of anesthesiology may be accredited only in an institution that either sponsors a residency education program in anesthesiology accredited by the ACGME or is related by formal integration agreement with the core program. (The pediatric anesthesiology program is an exception to this requirement. See Program Requirements for Pediatric Anesthesiology, Sec. II.A.) Close cooperation between the subspecialty and residency program directors is required.
- C. Subspecialty programs will not be approved if they have substantial negative impact on the education of the anesthesiology residents in the core program.

II. Institutions

A. Sponsoring Institution

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

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a. identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b. specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c. specify the duration and content of the educational experience; and
 - d. state the policies and procedures that will govern resident education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of program director, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
2. The program director, together with the faculty, is responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:

- a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b. The program director must be certified in the specialty by the American Board of Anesthesiology, or possess qualifications judged to be acceptable by the RRC, and shall have had post residency experience in the subspecialty, preferably fellowship training (See Program Requirements for Residency Education in the individual subspecialties for subspecialty certification requirements.)
 - c. The program director must be appointed in good standing and based at the primary teaching site.
 - d. The program director must be a member of the anesthesiology faculty, spend essentially all professional time in the subspecialty, and devote sufficient time to fulfill all responsibilities inherent in meeting the educational goals of the program.
4. Responsibilities of the program director are as follows:
- a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate supervision of fellows at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - 1) the addition or deletion of a participating institution;
 - 2) a change in the format of the educational program;
 - 3) a change in the number of fellows for which the program is approved by the RRC.

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

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, sound clinical and teaching abilities, a commitment to their own continuing medical education, and participation in scholarly activities, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b. The physician faculty must be certified by the American Board of Anesthesiology, or possess qualifications judged to be acceptable by the RRC.

- c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
- a. the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b. the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c. the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
- a. Nonphysician faculty must be appropriately qualified in their field.
 - b. Nonphysician faculty must possess appropriate institutional appointments.
6. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one fellow representative should participate in these reviews.
7. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of fellows.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the administration and educational conduct of the program.

D. Facilities and Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. Space and Equipment
(See Program Requirements for Residency Education in the individual subspecialties for space and equipment requirements.)
2. Library
Residents must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. Access to computerized literature search facilities is necessary. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Appointment of Fellows

A. Eligibility Criteria

The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements and the Program Requirements for Residency Education in the individual subspecialties of Anesthesiology.

B. Number of Fellows

The RRC will approve the number of fellows based upon the adequacy of resources for education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Transfer of Fellows

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

D. Subspecialty Fellow/Core Residents

The subspecialty fellowship program must not dilute or detract from the educational opportunities available to residents in the core anesthesiology residency program.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

The director and teaching staff must prepare and comply with written goals for the program. All educational components of the program should be related to the program goals. A written statement of the educational objectives must be given to each fellow. A postgraduate residency must provide advanced education so that the fellows can acquire special skill and knowledge in the specific subspecialty. This education should consist of a cognitive and a technical component. The cognitive component should emphasize the scholarly attributes of self-instruction, teaching, skilled clinical analysis, sound judgment, and research creativity. The technical component must provide appropriate opportunity for the fellows to acquire the operative and other psychomotor skills required for the practice of the subspecialty.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

C. Scholarly Activities: Fellows

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. Clinical Components

A sufficient number of patients must be available to ensure appropriate inpatient and outpatient experience for each subspecialty fellow, without adversely affecting the experience of residents in the anesthesiology core program. The total number of fellows is dependent on the program's resources and its capacity to provide an excellent educational experience.

E. Didactic Components

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

VI. Duty Hours and the Working Environment

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

A. Supervision of Fellows

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.
4. A fellow must have the opportunity to provide consultation with faculty supervision. He or she should have clearly defined educational responsibilities for anesthesiology residents, medical students, and professional personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.
5. There must be close interaction between the core residency program in anesthesiology and the subspecialty program. Lines of responsibility for the anesthesiology fellows and the subspecialty fellow must be clearly defined. It is imperative that the educational program for the subspecialty fellow not adversely affect the education of the anesthesiology residents, in terms of either experience or patient responsibility.

B. Duty Hours and Conditions of Work

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

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

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

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

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

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

G. Substance Abuse

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

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing performance of fellows throughout the program, and for utilizing the results to improve of performance.

- a. Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b. Assessment should include the regular and timely performance feedback to fellows that includes at least semi-annual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

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

B. Faculty

The performance of the faculty must be evaluated by the program no less than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effec-

tiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the subspecialty program. The program should maintain a process for using assessment results together with other program evaluation results to improve the subspecialty program.
3. There must be continuing quality improvement, utilization review, and evaluation.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

(See Program Requirements for Residency Education in the individual subspecialties of Anesthesiology for subspecialty certification requirements for program graduates.)

Editorial Revision: July 2004

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

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

I. Scope and Duration of Training

A. Definition and Scope of the Specialty

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

B. Duration of Training

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

C. Objectives

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

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

II. Institutional Organization

A. Relationship to Core Program

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

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

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

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

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

B. Institutional Policy: Resources

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

III. Program Director/Faculty

A. Program Director

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

B. Medical Director

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

C. Faculty

There must be evidence of active participation by qualified anesthesiologists with a continuous and meaningful role in the subspecialty

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

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

IV. Facilities and Resources

A. ICUs

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

B. Patient Population

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

C. Support Services

1. Adequate numbers of specially trained nurses plus technicians with expertise in biomedical engineering and respiratory therapy must be available.
2. There should be readily available, at all times, facilities to provide laboratory measurements pertinent to care of critically ill patients with multiple organ system derangements. These include, but are not limited to, measurement of blood chemistries, blood gases and pH, culture and sensitivity, toxicology, and analysis of plasma drug concentrations.
3. Facilities for special radiologic imaging procedures and echocardiography are essential.
4. Appropriate monitoring and life-support equipment must be readily available and representative of current levels of technology.

D. Library

Conveniently located library facilities and space for research and teaching conferences in CCM are essential. There must be a departmental library with adequate material relevant to critical care. This may be supplemented but not replaced by private faculty book collections and hospital and institutional libraries.

E. Space

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

V. Educational Program

A. Clinical Components

The subspecialty trainee in ACCM must gain clinical experience in the following areas:

1. Airway maintenance and management

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

B. Didactic Components

The teaching curriculum for the subspecialty trainee in ACCM must include the following areas:

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

C. Consultation

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

D. ICU Administration

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

E. Conferences

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

VI. Scholarly Activity

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

VII. Evaluation

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

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

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

VIII. Board Certification

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

ACGME: February 2000 Effective: January 2001

Program Requirements for Residency Education in Anesthesiology Pain Medicine (Anesthesiology)

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

I. Scope and Duration of Training

A. Definition and Scope of the Specialty

Pain medicine is a discipline within the practice of medicine that specializes in the management of patients suffering from acute, chronic, and cancer pain. The management of acute and chronic pain syndromes is a complex matter involving many areas of inter-

est and medical disciplines. Clinical and investigative efforts are vital to the progress of the specialty.

B. Duration of Training

Subspecialty training in pain medicine shall consist of 12 months of full-time training, beginning after satisfactory completion of a core residency program. At least 9 of the 12 months of training must be in clinical pain medicine. The remainder may be in clinical activities or research relevant to pain medicine. All assignments must be directly related to pain medicine.

II. Institutional Organization

A. Relationship to Core Program

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

B. Appointment of Residents

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

C. Institutional Policy: Resources

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

III. Program Director/Faculty

A. Program Director

The program director must be an anesthesiologist who has been certified in pain medicine by the American Board of Anesthesiology, or who possesses qualifications judged to be acceptable by the RRC.

The subspecialty program director has responsibility for the teaching program in pain medicine subject to the approval of the director of the core residency program.

B. Medical Director

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

C. Faculty

Qualified physicians with expertise in pain medicine must have a continuous and meaningful role in the subspecialty training program. Faculty involved in teaching subspecialty residents in pain medicine must possess expertise in the care of patients with acute, chronic, and cancer pain problems. Such expertise frequently crosses specialty boundaries. Thus, the program is encouraged to include faculty from ABMS-recognized medical specialties other

than anesthesiology. Where appropriate, supervision and teaching by faculty in these and other disciplines should be incorporated into the teaching program for subspecialty residents in pain medicine.

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

IV. Facilities and Resources

A. Space and Equipment

A pain medicine center (clinic) must be located within a hospital/medical office complex and must be designed specifically for the management of pain patients. Space for research and teaching conferences in pain medicine must be available.

Appropriate monitoring and life-support equipment must be immediately available wherever invasive pain medicine procedures are performed.

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

B. Support Services

The following functions and support must be available:

1. Appropriate laboratory facilities
2. Appropriate radiologic imaging facilities
3. Psychiatric/psychological services, including behavioral modification
4. Physical and/or occupational therapy
5. Social services
6. Medical record keeping
7. Other services as indicated (vocational, nursing, pharmacy, dietary, etc.)
8. Appropriate electrodiagnostic facilities

C. Patient Population

For each subspecialty pain medicine resident each year, there must be a minimum of 200 new patients. The subspecialty resident must manage a minimum of 200 new patients, which includes a minimum of 30 new patients in each of the three types of pain problems: acute pain, chronic pain, and cancer pain.

There must be ready access to consultation from other disciplines involved in pain medicine.

D. Library

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

V. The Educational Program

A. Educational Environment

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

B. Clinical Components

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

The resident must become familiar with theory, benefits, indications, and practical applications of the following procedures and techniques:

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

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

C. Didactic Components

The pain medicine curriculum must include the following topics in lectures and reading:

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

D. Pain Center Management

Subspecialty residents in pain medicine must gain experience in the management of a pain center (clinic) with regards to appointment and training of nonphysician personnel, establishment of policies relating to management of pain problems, and coordination of

the activities of the pain center with other inpatient and outpatient services.

E. Resident Teaching

The subspecialty resident in pain medicine must become experienced in teaching principles of pain medicine to resident physicians, medical students, and other health-care professionals.

F. Conferences

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

VI. Resident Duty Hours and the Working Environment

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

A. Supervision of Residents

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

B. Duty Hours

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

C. On-Call Activities

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

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

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

D. Moonlighting

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

E. Oversight

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

VII. Scholarly Activity

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

VIII. Evaluation

- A. Faculty responsible for teaching subspecialty residents in pain medicine anesthesiology must provide critical evaluations of each resident's progress and competence to the anesthesiology pain medicine program director at the end of 6 months and 12 months of training. These evaluations should include attitude, interpersonal relationships, fund of knowledge, manual skills, patient medicine, decision-making skills, and critical analysis of

clinical situations. The program director or designee must inform each resident of the results of evaluations at least every 6 months during training, advise the resident on areas needing improvement, and document the communication. Subspecialty residents in pain medicine anesthesiology must obtain overall satisfactory evaluations at completion of 12 months of training to receive credit for training.

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

IX. Board Certification

The record of its graduates in obtaining certification in pain medicine by ABMS certifying bodies represents one measure of the quality of a program. The RRC will consider this information as part of the overall evaluation of the program.

ACGME: June 22, 1998 Effective: July 1, 1999

Revised: December 13, 2000 (editorial)

January 17, 2003 (editorial)

April 23, 2003 (editorial)

October 2004 (editorial)

Program Requirements for Residency Education in Pediatric Anesthesiology (Anesthesiology)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

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

B. Duration and Scope of Education

Subspecialty training in pediatric anesthesiology shall be 12 months in duration, beginning after satisfactory completion of the residency program in anesthesiology as required for entry into the examination system of the American Board of Anesthesiology. Subspecialty training in pediatric anesthesiology is in addition to the minimum requirements described in the Program Requirements for the core program in anesthesiology.

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

C. Goals and Objectives

The subspecialty program in pediatric anesthesiology must be structured to ensure optimal patient care while providing residents the opportunity to develop skills in clinical care and judgment, teaching, administration, and research. The subspecialist in pediatric anesthesiology should be proficient not only in providing anes-

thesia care for neonates, infants, children, and adolescents undergoing a wide variety of surgical, diagnostic, and therapeutic procedures, but also in pain medicine, critical perioperative care, and advanced life support. To meet these goals, the program should provide exposure to the wide variety of clinical problems in pediatric patients, as outlined in V.B., that are necessary for the development of these clinical skills.

II. Institutional Organization

A. Sponsorship

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

If the pediatric anesthesiology program is conducted in a children's hospital, there are two sponsorship options:

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

B. Institutional Policy

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

III. Faculty Qualifications and Responsibilities

A. Program Director

1. Qualifications of the Program Director

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

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

2. Responsibilities of the Program Director

- a. Preparation, periodic review, and, if necessary, revision of a written outline of the educational goals of the program with respect to the knowledge, skills, and other attributes of resi-

dents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.

- b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
- c. Selection and supervision of the teaching staff and other program personnel.
- d. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all residents and faculty. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
- e. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
- f. Preparation of an accurate statistical and narrative description of the program, as requested by the Residency Review Committee (RRC).

B. Faculty

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

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

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

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

IV. Clinical and Educational Facilities and Resources

The following resources and facilities are necessary to the program:

- A. Intensive care units for both newborns and older children.
- B. An emergency department in which children of all ages can be effectively managed 24 hours a day.
- C. Operating rooms adequately designed and equipped for the management of pediatric patients. A postanesthesia care area adequately designed and equipped for the management of pediatric patients must be located near the operating room suite.
- D. Pediatric surgical patients in sufficient volume and variety to provide a broad educational experience for the program. Surgeons with special pediatric training and/or experience in general surgery, cardiovascular surgery, neurosurgery, otolaryngology, ophthalmology, orthopedics, plastic surgery and urology must be available.

E. Monitoring and advanced life-support equipment representative of current levels of technology.

F. Allied health staff and other support personnel.

G. Facilities that are readily available at all times to provide prompt laboratory measurements pertinent to the care of pediatric patients. These include but are not limited to measurement of blood chemistries, blood gases and pH, oxygen saturation, hematocrit/hemoglobin, and clotting function.

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

V. Educational Program

A. Goals and Objectives

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

B. Clinical Components

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

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

In preparation for roles as consultants to other specialists, subspecialty residents in pediatric anesthesiology should have the opportunity to provide consultation under the direction of faculty responsible for teaching in the pediatric anesthesiology program. This should include assessment of the appropriateness of a patient's preparation for surgery and recognition of when an

institution's personnel, equipment, and/or facilities are not appropriate for management of the patient.

C. Didactic Components

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

1. Cardiopulmonary resuscitation
2. Pharmacokinetics and pharmacodynamics and mechanisms of drug delivery
3. Cardiovascular, respiratory, renal, hepatic, and central nervous system physiology, pathophysiology, and therapy
4. Metabolic and endocrine effects of surgery and critical illness
5. Infectious disease pathophysiology and therapy
6. Coagulation abnormalities and therapy
7. Normal and abnormal physical and psychological development
8. Trauma, including burn, management
9. Congenital anomalies and developmental delay
10. Medical and surgical problems common in children
11. Use and toxicity of local and general anesthetic agents
12. Airway problems common in children
13. Pain medicine in pediatric patients of all ages
14. Ethical and legal aspects of care
15. Transport of critically ill patients
16. Organ transplantation in children
17. All pediatric anesthesiology residents should be certified as providers of advanced life support for children.

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

VI. Resident Duty Hours and the Working Environment

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

A. Supervision of Residents

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

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to pa-

tient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

C. On-Call Activities

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

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

D. Moonlighting

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

E. Oversight

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

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

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

D. Periodic evaluation of subspecialty training objectives is encouraged.

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VII. Peer Interaction

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

VIII. Scholarly Activities

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

IX. Additional Required Components

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

X. Evaluation

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

Program Requirements for Graduate Medical Education in Colon and Rectal Surgery

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

I. Introduction

Duration and Scope of Training

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

II. Institutional Support

A. Sponsoring Institution

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

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives and should provide resources not otherwise available to the program. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. Such a letter of agreement should:
 - a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document per sections III.B. and VII.A. of the Program Requirements;
 - c. specify the duration and content of the educational experience; and
 - d. state the policies and procedures that will govern resident education during the assignment.
3. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational

and peer activities. Exceptions must be justified and prior-approved.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership. There should be a minimum of two staff members, including the program director.
3. Qualifications of the program director are as follows:
 - a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b. The program director must be certified in the specialty by the American Board of Colon and Rectal Surgery, or possess qualifications judged to be acceptable by the RRC.
 - c. The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
 - a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
 - b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
 - c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - 1) the addition or deletion of a participating institution;
 - 2) a change in the format of the educational program;
 - 3) a change in the approved resident complement for those specialties that approve resident complement.

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

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:

- a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b. The physician faculty must be certified in the specialty by the American Board of Colon and Rectal Surgery, or possess qualifications judged to be acceptable by the RRC.
 - c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
- a. the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b. the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c. the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.
- Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
- a. Nonphysician faculty must be appropriately qualified in their field.
 - b. Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Facilities and Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

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

IV. Resident Appointments

A. Eligibility Criteria

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

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients

and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

(N.B.: Section V.D. does not apply to certain subspecialties)

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

1. *Patient care* that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. *Medical Knowledge* about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. *Practice-based learning and improvement* that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. *Interpersonal and communication skills* that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;

5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. Didactic Components

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

F. Clinical Components

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

VI. Resident Duty Hours and the Working Environment

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

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

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

C. On-call Activities

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

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

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

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

F. Duty Hours Exceptions

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

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

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

B. Faculty

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

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Colon and Rectal Surgery should communicate with the office of the board regarding the full requirements for certification, prior to beginning their residency to be certain that their general surgical training is acceptable as one of the requirements for certification.

ACGME: June 1995 Effective: July 1996

Competencies: July 2001

Editorial Revision: July 2004

Program Requirements for Graduate Medical Education in Dermatology

Common Program Requirements appear in bold.

Sections of text that are not bolded are specialty-specific requirements.

I. Introduction: Duration and Scope of Training

- A. Accredited training programs in dermatology shall be organized to provide trainees with the educational and practical experience that will enable them to deliver superior specialized care to patients with diseases of the skin, hair, nails and mucous membranes. Such experience must be varied and broad, progressive and systematic, and of sufficient duration. Moreover, it must include instruction in the pertinent basic sciences and in all clinical areas that bear upon the specialty of dermatology and training in research and teaching. Accomplishment of these objectives requires a suitable institutional environment; a cooperative and supportive administrative authority; a stable financial base; an enthusiastic, competent, and available staff; an adequate patient population; modern, efficient equipment and space; and satisfactory liaison with other disciplines that relate to dermatology.
- B. A dermatology residency may be accredited to offer either 3 or 4 years of graduate medical education:
1. A 3-year program is preceded by a broad-based clinical year of training (PGY-1) in an Accreditation Council for Graduate Medical Education (ACGME)-accredited program or similar program accredited in Canada.
 2. A 4-year program must provide a broad-based clinical experience during the first year and 3 years of dermatology education in the second through fourth year of the program.
 3. Approximately 75% of the resident's time during the 3 years of dermatology training must be related to the direct care of dermatologic outpatients and inpatients; this includes consultations, clinical conferences and inpatient rounds.
 4. Dermatopathology, microbiology, and other basic science lectures, seminars, and conferences are essential components of the resident's training.
 5. Exceptionally, accreditation of residency programs of less than 3 years is possible, but only under the following conditions:
 - a. This training must represent an unusual and highly specialized experience, in research or in a selected major area of dermatology, in an institution with extraordinary capability in such fields and with multiple accredited training programs in other disciplines.
 - b. Moreover, training under such conditions will provide the trainee with only 1 year of credit to be applied against the necessary 3 years of training in dermatology. This training may not be used in lieu of the first postgraduate year or the first year of residency training in dermatology.

II. Institutions

A. Sponsoring Institution

1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.
2. The sponsoring institution must assure the financial, technical, and moral support and provide the necessary space, facilities,

and supply of patients for the establishment and maintenance of an approved residency program in dermatology.

3. Adequate exposure to both outpatients and inpatients is necessary, as are opportunities to do research, to teach, and to become acquainted with administrative aspects of the specialty.
4. A cooperative relationship with other disciplines in medicine will result in the most effective implementation of these activities.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern resident education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities, and must have a full-time commitment to the educational program and related activities. Directors should have at least 5 years of experience (following residency) in the care of dermatology patients and as a teacher in a dermatology residency.
 - b) The program director must be certified in the specialty by the American Board of Dermatology, or possess qualifications judged to be acceptable by the RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

- b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
- c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
- d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
- (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved resident complement for those specialties that approve resident complement.
- On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.
5. At times of his or her absence, the program director must designate an interim director. If this period is for 6 months or longer, the RRC must be notified. Appointment of an interim director should not exceed 2 years, as it may have a detrimental effect on the program.
 6. Documentation of resident evaluation, institutional and inter-institutional agreements, resident agreements and departmental statistics should be kept on file and provided upon request to the RRC or site visitor. The accurate and complete execution of application forms, progress reports and replies to other requests from the RRC is the responsibility of the program director. The care and precision given to these responses will be taken into consideration in the assessment of the training program.
 7. Ensuring that a log of surgical procedures performed by residents is kept on file and provided upon request to the RRC or the site visitor.
- B. Faculty**
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. An instructor-to-trainee ratio of at least one-to-three is desirable, as is a minimum of 2 geographic full-time members of the clinical faculty, one of whom must be the training director.
 2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
 3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Dermatology, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
 4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.
 5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.
- C. Other Program Personnel**
1. Faculty from any and all clinical and basic science departments can and should be utilized to provide a complete educational experience for the trainees.
 2. Additional necessary professional, technical, and clerical personnel must be provided to support the program.
- D. Resources**
1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
 2. Projection equipment and facilities for reviewing and taking clinical photographs should be provided.
 3. Space should also be made available for dermatology conferences, preferably space dedicated for that purpose.
 4. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases.
 5. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.
- IV. Resident Appointments**
- A. Eligibility Criteria**
- The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.
- B. Number of Residents**
- The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.
- C. Resident Transfers**
- To determine the appropriate level of education for residents who are transferring from another residency program, the pro-

gram director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical, and must provide equivalent educational experiences for all residents. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Didactic Components

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

a. Basic science content

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

b. Teaching Methods

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

2. Clinical components

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

b. The training should be sufficient to ensure a knowledge of and competence in the performance of procedures in allergy and immunology, cryosurgery, dermatologic surgery, laser surgery, dermatopathology, clinical pathology, parasitology, patch testing, photobiology, and topical and systemic pharmacotherapy and microbiology, including sexually transmitted diseases. Among these disciplines, dermatologic surgery should be given special emphasis in the organization of and implementation into the training program. The surgical training should be directed by faculty who have had advanced training in dermatologic surgery. Dermatologic surgical training should include appropriate anesthesia, electrosurgery, cryosurgery, laser surgery, nail surgery, biopsy techniques, and excisional surgery with appropriate closures, including flaps and grafts when indicated.

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

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

concerning the disease implication and therapeutic application of these energy sources.

- e. Training must be provided in cutaneous allergy and immunology and sexually transmitted diseases. Training should also be provided in appropriate aspects of environmental and industrial medicine, internal medicine, obstetrics and gynecology, ophthalmology, otolaryngology, pathology, pediatrics, physical medicine, preventive medicine, psychiatry, radiology, and surgery.
- f. Experience in the teaching of dermatology to other residents, medical students, nurses, and/or allied health personnel is an important element of the residency program. In addition, trainees should, when possible, be given selected administrative responsibility commensurate with their interests, abilities, and qualifications.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

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

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

VI. Resident Duty Hours and the Working Environment

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

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate

supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

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

C. On-call Activities

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

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

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not inter-

with the ability of the resident to achieve the goals and objectives of the educational program.

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

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

F. Duty Hours Exceptions

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

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

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

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations

should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Dermatology should communicate with the office of the board regarding the full requirements for certification.

*ACGME: February 2002 Effective: July 2002
Editorial Revision: June 2004*

Program Requirements for Graduate Medical Education in Dermatopathology (Dermatology)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Subspecialty

1. Dermatopathology is the subspecialty of dermatology and pathology that is concerned with the study and diagnosis of diseases of the skin and adjacent mucous membranes, cutaneous append-

ages, hair, nails and subcutaneous tissues by histological, histochemical, immunological, ultrastructural, molecular, microbiological, and other related techniques.

2. Graduate medical education programs in dermatopathology must provide an organized educational experience for qualified physicians seeking to acquire the additional competence of a dermatopathologist.
3. Programs must provide organized education in all current aspects of dermatopathology, including basic science, laboratory procedures, laboratory management, quality assurance, and self-assessment.
4. The dermatopathology program must be an equal and joint function of the Department of Dermatology and of the Department of Pathology in the sponsoring institution that has an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency in Dermatology and an ACGME-accredited residency in Anatomic Pathology (AP-3) or Anatomic and Clinical Pathology (APCP-4).

B. Duration and Scope of Education

1. Dermatopathology programs must offer 12 months of education subsequent to the satisfactory completion of an ACGME-accredited residency in either dermatology or pathology.
2. For all dermatopathology fellows, 50% of their education should be devoted to the study of dermatopathology as outlined in II.A.1. For those who have completed a pathology residency, 50% of the 1-year program should be education in clinical dermatology provided by the dermatology teaching staff. For those who have completed a dermatology residency, 50% of the program should be education in anatomic pathology provided by the pathology teaching staff.

II. Institutions

A. Sponsoring Institution

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

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a

change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.

2. The Program Director, together with the faculty, is responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of fellows, and the maintenance of records related to program accreditation, as well as for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership, and must devote sufficient time to the program to ensure the implementation of sound administrative practices and the provision of adequate facilities, teaching staff, fellow staff, and educational resource materials.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in Dermatopathology by the American Board of Dermatology or the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
 - d) The director must be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
 - e) The director must have at least 5 years of experience (following fellowship) in the practice of dermatopathology.
 - f) The director must have had experience as a teacher and/or administrator in a dermatopathology or related program
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.

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

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications in

dermatopathology to instruct and supervise adequately all fellows in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Dermatology or the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

1. The laboratories involved in the program must be directed by qualified physicians who are licensed to practice medicine and are members in good standing of the institution's medical staff.
2. Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. There must be ample case material and supporting facilities to meet the training requirements in dermatopathology, dermatology, and pathology. Each dermatopathology fellow should examine at least 5,000 dermatopathology specimens (i.e., inhouse or referred specimens in the institution's accessions file for which reports are generated.)

3. There must be adequate equipment, laboratory space, office facilities, meeting rooms, classrooms, and research space to support service, teaching, and educational responsibilities.
4. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.
5. Fellows must have ready access to a major medical library either at the institution where the fellows are located or through arrangement with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a fellowship program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
2. Fellows appointed to an ACGME-accredited dermatopathology fellowship must have completed an ACGME-accredited residency in Anatomic Pathology (AP-3), Anatomic Pathology/Clinical Pathology (AP/CP-4), or Dermatology.

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

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

D. Appointment of Other Students

The appointment of fellows from other programs, residents or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also pro-

vide fellows with direct experience in progressive responsibility for patient management.

1. Didactic Components

- a. Lectures, tutorials, seminars, and conferences with clinical services must be regularly scheduled and held.
- b. Instruction should include the use of and access to study sets and files of usual and unusual cases and other educational resources (e.g., the internet, etc.).

2. Clinical Components

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

C. Fellows Scholarly Activities

1. Each program must provide an opportunity for fellows to participate in dermatopathologic research or other scholarly activities, and fellows must participate actively in such scholarly activities.
2. Fellows should have the opportunity to become involved in the teaching of dermatopathology.

VI. Fellow Duty Hours and the Working Environment

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

A. Supervision of Fellows

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided

with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

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

C. On-call Activities

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

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

D. Moonlighting

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

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

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

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

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

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly

activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

Fellows who plan to seek certification by the American Board of Dermatology or the American Board of Pathology should communicate with their respective boards regarding the full requirements for certification.

*ACGME: February 2002 Effective: July 2002
Editorial Revision: March 2004*

Program Requirements for Graduate Medical Education in Procedural Dermatology (Dermatology)

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

I. Introduction

A. Definition and scope of subspecialty

Procedural Dermatology is the subspecialty within dermatology that is concerned with the study, diagnosis, and surgical treatment of

diseases of the skin and adjacent mucous membranes, cutaneous appendages, hair, nails, and subcutaneous tissue. Dermatologic surgical procedures are minimally invasive and may be safely performed in outpatient settings without general anesthesia or other intravascular physiologic alteration. An especially important technique is Mohs micrographic surgical excision, which is used for certain cancers of the skin and incorporates training in clinical dermatology and dermatopathology as they apply to dermatologic surgery. In addition, cutaneous reconstruction of surgical defects, sclerotherapy, chemical peel, hair transplantation, dermabrasion, small-volume liposuction, cutaneous soft tissue augmentation with injectable filler material, rhinophyma correction, and laser surgery are important components of these fellowships.

B. Duration and scope of education

1. Procedural Dermatology fellowships will be accredited to offer 12 months of education and experience subsequent to the satisfactory completion of an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency in Dermatology, when all residents are required to develop initial competence in dermatologic surgery.
2. Graduate medical education programs in procedural dermatology must provide an organized, systematic, and progressive educational experience for physicians seeking to acquire advanced competence as a dermatologic surgeon.
3. Programs must provide organized education in all current aspects of procedural dermatology, including basic science, anatomy, anesthesia, ethics, pre- and post-operative management, surgical technique, wound healing, Mohs micrographic surgery, laboratory technique, interpretation of pathologic specimens related to Mohs micrographic surgery, cutaneous reconstruction of surgical defects, sclerotherapy, chemical peel, hair transplantation, dermabrasion, small-volume liposuction, cutaneous soft tissue augmentation with injectable filler material, rhinophyma correction cutaneous oncology, laser surgery, epidemiology, medicolegal and regulatory issues, quality assurance, and self-assessment.

II. Institutions

A. Sponsoring Institution

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

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;

- b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
- c) specify the duration and content of the educational experience; and
- d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in the specialty by the American Board of Dermatology, or possess qualifications judged to be acceptable by the RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
 - d) Have completed a formal, 12-month PGY-5 fellowship in dermatologic surgery or appropriate clinical experience.
 - e) Have at least five years of patient care experience as a dermatologist and dermatologic surgeon.
 - f) Have at least five years of experience as a teacher in graduate medical education in dermatology and dermatologic surgery as well as an ongoing clinical practice in dermatologic surgery.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.

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

- e) Committing sufficient time (at least 20 hours a week) to the administrative and teaching tasks inherent in achieving the educational goals of the program.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
 - a. All programs should have at least two faculty who are actively involved in the clinical practice of procedural dermatology and have significant responsibility for the instruction and supervision of all fellows during the 12 months of accredited education.
 - b. In the short-term absence of the program director, one member of the teaching staff must assume the responsibility for the direction of the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field. Members of the teaching staff who have responsibility for fellow education in Mohs micrographic surgery must have completed a 12-month PGY-5 dermatologic surgery fellowship or have appropriate clinical experience.
 - b) The physician faculty must be certified in the specialty by the American Board of Dermatology, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

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

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. Adequate space should be dedicated to the performance of dermatologic surgery procedures; this must include a Mohs micrographic frozen section laboratory and examination areas for surgical patients.
3. The frozen section laboratory should be in close proximity to the operating suite or rooms in which dermatologic surgery is performed. The technician must be proficient in performing histologic sections.
4. Program laboratories should be in compliance with all federal, state and local regulations regarding a work environment (e.g., OSHA and CLIA).
5. There should be appropriate space for fellows to read, study, and complete their paperwork.

IV. Fellow Appointments

A. Eligibility Criteria

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

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

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

D. Appointment of Other Students

The appointment of fellows from other programs, residents or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Subspecialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

1. Didactic components

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

- (1) *Cutaneous oncologic surgery* incorporates medical, surgical, and dermatopathological knowledge of cutaneous neoplasms. The fellow is expected to develop in-depth knowledge and abilities in the clinical diagnosis, biology, and pathology of skin tumors as well as laboratory interpretation related to surgical treatment. Further, they must become skilled at the early identification of benign premalignant and malignant skin lesions through morphologic recognition visually as well as with the use of tools such as Woods lamp examination, epiluminescent microscopy and confocal microscopy.
- (2) *Cutaneous reconstructive surgery* includes the repair of skin defects that result from the surgical removal of tumors or other skin disease and scar revision, and is based upon a knowledge of cutaneous wound healing and repair techniques.
- (3) *Cutaneous cosmetic surgery* incorporates medical, surgical, and dermatopathologic knowledge of cutaneous disorders and the aging of the skin. It focuses on the study and performance of procedures that have been developed by dermatologists to improve the appearance of the skin and control cutaneous disease.

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

c. Lectures, tutorials, seminars, and conferences with clinical services must be regularly scheduled and held. There must be systematic study of the body of knowledge upon which

dermatologic surgical procedures are based as well as the review of study materials and files of usual and unusual cases.

2. Clinical components

a. Surgical Volume

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

b. Selection and Referral of Patients

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

c. Procedural Skills

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

- (1) A knowledge of the principles of and the provision of practical training in electrosurgery for benign and malignant lesions (electrocoagulation, electrofulguration, electrodesiccation, electrosection, electrocautery), cryosurgery, curettage and electrosurgery, scalpel surgery, and Mohs micrographic surgery are mandatory. Experience in staged reconstruction techniques, chemical destructive techniques, nail surgery, grafts, local flaps, sclerotherapy, laser surgery, wedge excision (lip and ear), and closures is also required.
- (2) Procedures of an aesthetic nature should be taught. This component of the program should include cutaneous soft tissue augmentation with injectable filler material, small-volume tumescent liposuction and fat transplantation, hair replacement surgery, skin resurfacing techniques, and cosmetic laser procedures (e.g., methods of scar revision or elimination of congenital skin defects).
- (3) The program must provide training in Mohs micrographic surgery, as employed in the management of complicated cancers of the skin. This technique has special importance since it requires both surgical skill and expertise in dermatopathology and in the laboratory methods utilized for the preparation of tissue specimens. Fellow experience in Mohs surgery must include treatment of aggressive tu-

mors, large tumors, tumors arising in difficult anatomic sites (ear, eyelid, nose, lips), tumors requiring complex histopathologic interpretation, basal cell or squamous cell carcinoma that has spread from skin to contiguous tissues, tumors requiring multiple stages of excision, recurrent tumors, tumors for which management requires the involvement of colleagues from other specialties, and tumors in patients with complex medical problems requiring special intraoperative management.

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

d. Laboratory Management

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

e. Quality Assurance Activities and Documentation

- (1) There should be an ongoing quality assurance program.
- (2) Documentation of cases and complications in a case log for departmental files and the personal files of all fellows is required. There should be regularly scheduled conferences to consider complications and outcomes and utilization review.
- (3) There should be documentation of the fellows' surgical experience. This should include a case log with operative reports and pre- and postoperative photographs in appropriate cases. The surgical director should review and confirm the operative experience records of all fellows.

C. Fellows Scholarly Activities

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

VI. Fellow Duty Hours and the Working Environment

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

A. Supervision of Fellows

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

B. Duty Hours

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

C. On-call Activities

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

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

D. Moonlighting

1. Because graduate medical education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

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

VII. Evaluation**A. Fellow****1. Formative Evaluation**

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

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

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effec-

tiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

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Program Requirements for Residency Education in Emergency Medicine

Common Program Requirements appear in bold.

Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

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

B. Duration and Scope of Education

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

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume the ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions. The sponsoring institution must provide evidence of commitment to graduate medical education, including emergency medicine. While it is recognized that the practice of emergency medicine occurs within a variety of organizational structures, the administrative and academic structure must be organized in a way that facilitates the provision of an adequate educational experience. There must be evidence of an adequate financial commitment to the program.

B. Participating Institutions

1. Assignments to participating institutions must be based on a clear educational rationale, integral to the program curriculum, must have clearly-stated activities and objectives and should provide resources not otherwise available to the program. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:

- a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c. specify the duration and content of the educational experience; and
 - d. state the policies and procedures that will govern resident education during the assignment.
- e. such a letter of agreement for Emergency Medicine should also describe resources and facilities in the institution(s) that will be available to residents, including but not limited to library and medical records;
 - f. explain the relationship that will exist between emergency medicine residents and residents and faculty in other programs;
 - g. and, for emergency medicine rotations, identify the physician responsible under the authority of the program director for the teaching and supervision of emergency medicine residents.
3. The program should be based at a primary hospital (hereafter referred to as the *primary clinical site*). More of the didactic and clinical experiences should take place at the primary clinical site than at any other single site. Educationally justified exceptions to this requirement will be considered.
 4. Programs using multiple hospitals must ensure the provision of a unified educational experience for the residents. Each affiliated institution must offer significant educational opportunities to the overall program. The reasons for including each institution must be stated.
 5. To maintain program cohesion, continuity, and critical mass, as well as to reduce stress on the residents and their families, mandated rotations to affiliated institutions that are geographically distant from the sponsoring institution are acceptable only if they offer special resources or a rural EM experience, unavailable locally, that significantly augment the overall educational experience of the program.
 6. The number and geographic distribution of participating institutions must not preclude the satisfactory participation by all residents in conferences and other educational exercises.

C. Affiliation Agreements

1. When there is a cooperative educational effort involving multiple institutions, the commitment of each institution to the program must be made explicit in an affiliation agreement with each institution that conforms to ACGME Institutional Requirements.

D. Medical School Affiliation

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

E. Facilities and Resources

In every hospital in which the emergency department is used as a training site, the following must be provided; exceptions for rotations in rural settings will be considered with appropriate educational justification:

1. adequate space for patient care;
2. adequate space for clinical support services;
3. laboratory and diagnostic imaging results returned on a timely basis; (especially those required on a STAT basis)

4. adequate program support space, including office space for faculty and residents;
5. current medical library resources, including access to appropriate informational resources and medical databases in the emergency department. In addition, residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions; there services should include the electronic retrieval of information from medical databases;
6. adequate and readily accessible instructional space;
7. information systems; and,
8. appropriate security services and systems to ensure a safe working environment.

F. Clinical Services

1. Clinical support services must be provided on a 24-hour basis. These services must be adequate to meet reasonable and expected demands and must include nursing, clerical, intravenous, EKG, respiratory therapy, messenger/transporter, and phlebotomy services.
2. The hospital must assure that all clinical specialty and subspecialty services are available in a timely manner for emergency department consultation and hospital admission. Clinical services should include, but are not limited to, internal medicine and its subspecialties, surgery and its subspecialties, pediatrics and its subspecialties, orthopedics, obstetrics and gynecology. If any clinical services are not available for consultation or admission, the hospital must have a written protocol for provision of these services elsewhere. This may include written agreements for the transfer of these patients to a designated hospital that provides the needed clinical service.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
 2. The program director together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide continuity of leadership. Frequent changes in leadership or long periods of temporary leadership may adversely affect the accreditation status of the program.
 3. Qualifications of the Program Director are as follows:
 - a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b. The program director must be certified in the specialty by the American Board of Emergency Medicine, or possess qualifications judged to be acceptable by the RRC.
 - c. The program director must be appointed in good standing and based at the primary teaching site.
 - d. The program director must function within a sound administrative organizational framework, and have an effective program faculty; both are essential elements of an approved residency program.
 - e. The program director must be a member of the program's core teaching faculty.
 - f. The program director must have at least three years' experience as a clinician, administrator, and educator in emergency medicine.
 - g. The program director must not work more than 20 hours per week clinically, on average, or 960 clinical hours per year.
 - h. The program director must be active full time in emergency medicine, be clinically active, devote sufficient time and effort to the program to provide day-to-day continuity of leadership, and fulfill all of the responsibilities inherent in meeting the educational goals of the program.
 - i. The program director must demonstrate leadership qualities and the capability to mentor emergency medicine residents.
 - j. The program director must demonstrate active involvement in
 - 1) continuing emergency medicine education,
 - 2) state, regional, or national societies; and,
 - 3) presentations, publications, and other scholarly activities.
 - k. The program director must have appropriate authority to oversee and to organize the activities of the educational program, including but not limited to:
 - 1) supervision, direction and administration of the educational activities;
 - 2) evaluation of the residents and residency program; and,
 - 3) participation in the evaluation of faculty.
4. Responsibilities of the Program Director are as follows:
- a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
 - b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
 - c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary. Such changes, for example, include:
 - 1) the addition or deletion of a participating institution to which residents rotate for 4 months or longer;
 - 2) a change in the format of the educational program;
 - 3) a change in the approved resident complement (prior approval is not required for temporary changes in resident numbers due to makeup or remedial time for currently enrolled residents or to fill vacancies at the same level of education in which the vacancy occurs);
 - e. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
 - f. The supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members

of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

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

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. Members of the faculty of the emergency medicine program must be able to devote sufficient time to meet their supervisory and teaching responsibilities. To ensure a sufficient number of faculty to provide adequate on-line 24-hour emergency department attending staff supervision and participation in ongoing scholarly activity and research in support of the emergency medicine residents, there must be a minimum of one core physician faculty member for every three residents in the program. When the total resident complement exceeds 30, the faculty-resident ratio of one core faculty member for every three residents may be altered with appropriate educational justification.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member. A core physician faculty member, a member of the program faculty, is one who provides clinical service and teaching, devotes the majority of his or her professional efforts to the program and has sufficient time protected from direct service responsibilities to meet the educational requirements of the program. To this end, core faculty should not average more than 28 clinical hours per week, or 1344 clinical hours per year.
3. Qualifications of the physician faculty are as follows:
 - a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b. The physician faculty must be certified in the specialty by the American Board of Emergency Medicine or possess qualifications judged to be acceptable by the RRC. *This standard applies to all core physician program faculty and to other attending staff hired to provide resident supervision in any emergency department where emergency medicine residents rotate.*
 - c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
 - d. The physician faculty for emergency medicine must show evidence of participation in a spectrum of professional activities within the institution, as well as within local, state, regional, and national associations.
 - e. The physician faculty for emergency medicine must be engaged in research and have protected time and adequate support services to accomplish these tasks.
 - f. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and

an active research component must be included in each program. Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. Adequate resources for scholarly activities for faculty and residents must be available. The program as a whole must demonstrate broad involvement in scholarly activities. All core faculty must be involved in continuing scholarly activity. **Scholarship is defined as the following:**

- a. the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b. the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c. the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings;
 - d. Active participation in regional or national professional and scientific societies;
 - e. Editorial review services, such as serving on editorial boards or serving as a reviewer for peer-reviewed publications;
 - f. Abstract or grant review services;
5. Qualifications of nonphysician faculty are as follows:
 - a. Nonphysician faculty must be appropriately qualified in their field.
 - b. Nonphysician faculty must possess appropriate institutional appointments.
 6. Core Faculty Development
Each program should encourage the academic growth of its core faculty. Faculty development opportunities should be made available to each core faculty member.
 7. Chair/Chief of Emergency Medicine
The chair/chief of emergency medicine shall
 - a. be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.);
 - b. be a member of the program's core teaching faculty;
 - c. be qualified and have at least three years' experience as a clinician, administrator, and educator in emergency medicine;
 - d. be certified in emergency medicine by the American Board of Emergency Medicine or have possess appropriate qualifications judged to be acceptable by the RRC;
 - e. demonstrate active involvement in emergency medicine through:
 - 1) continuing medical education,
 - 2) professional societies, and
 - 3) scholarly activities, and
 - f. demonstrate leadership qualities and be capable of mentoring faculty, residents, administrators, and other health care professionals.
- ## C. Other Program Personnel
- Additional necessary professional, technical, and clerical must be provided to support the program.
1. A member of the program faculty of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
 2. The program faculty must be organized and have regular documented meetings in order to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.

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

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

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

IV. Resident Appointment

A. Eligibility Criteria

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

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, faculty to resident ratio, institutional funding, and the quality of faculty teaching. In addition, the RRC will consider the number of core and total faculty, faculty clinical supervision, patient acuity, and clinical experience with procedures and resuscitations.

- There should be a minimum of six residents per year of training to achieve a major impact in the emergency department, to ensure meaningful attendance at emergency medicine conferences, to provide for progressive responsibility, and to foster a sense of residency program and departmental identity. Exceptions to these standards will require justification based on sound educational principles and must demonstrate substantial compliance with the intent of this requirement.
- The program should request a number or range (minimum-maximum) of emergency medicine residents per year. The RRC will approve a range (minimum-maximum) or number of residents per year based on the educational resources of the program.

C. Resident Transfers

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

D. Appointment of Fellows and Other Students

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

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

3. Role of Program Director and Faculty

The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Organization and Structure

a. Patient Population

- There must be an adequate number of patients of all ages and both sexes with a wide variety of clinical problems to provide a patient population sufficient to meet the educational needs of emergency medicine residents and other residents who are assigned for training in emergency medicine. The primary clinical site and other emergency departments where residents rotate for 4 months or longer should have at least 30,000 emergency department visits annually. Educationally justifiable exceptions will be considered, such as clinical sites in a rural setting.
- Pediatric experience, defined as the care of patients less than 18 years of age, should be at least 16% of all resident emergency department encounters, or 4 months of full-time-equivalent experience dedicated to the care of infants and children. The program can balance a deficit of patients by offering dedicated rotations in the care of infants and children. The formula for achieving this balance is a 1-month rotation equals 4% of patients. Although this experience should include the critical care of infants and children, at least 50% of the 4 months should be in an emergency setting.
- The number of critically ill or critically injured patients treated in aggregate by the residents at the primary clinical site should be significant, constituting at least 3% or 1,200 of the emergency department patients per year (whichever is greater) who are admitted to monitored care settings, operative care or the morgue following treatment in the emergency department. Additional critical care experience is required during off-service rotations.

2. Curriculum

- The program director must provide each resident and member of the faculty, in writing and in advance of the experience, a

comprehensive curriculum specific to the educational needs of the emergency medicine resident and designed to accomplish the defined goals and core competencies of the emergency medicine training program. The curriculum shall be readily available for review.

- b. The curriculum must include didactic and clinical information to enable the residents to achieve the goals and competencies of the training program. These include knowledge and skill-based competencies as listed in the Model of the Clinical Practice of Emergency Medicine (www.acgme.org) that include, but are not limited to, signs, symptoms, and presentations; abdominal and gastrointestinal disorders; cardiovascular disorders; cutaneous disorders; endocrine, metabolic and nutritional disorders; environmental disorders; head, ear, eye, nose, throat disorders; hematologic disorders; immune system disorders; systemic infectious disorders; musculoskeletal disorders (nontraumatic); nervous system disorders; obstetrics and gynecology; psychobehavioral disorders; renal and urogenital disorders; thoracic-respiratory disorders; toxicologic disorders; and traumatic disorders.
- c. The curriculum must include measurable competency objectives for each year of training, a description of how the objectives will be assessed and remediated when necessary. Measurable objectives should also be developed for each non-EM rotation with assessment tools described.

C. Resident Scholarly Activities: Provision of support for resident participation in scholarly activities.

- 1) Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.
- 2) The curriculum should include resident experience in scholarly activity prior to completion of the program. Some examples of suitable resident scholarly activities are the preparation of a scholarly paper such as a collective review or case report, active participation in a research project, or formulation and implementation of an original research project; and,
- 3) Residents must be taught an understanding of basic research methodologies, statistical analysis, and critical analysis of current medical literature.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

D. ACGME Core Competencies

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

1. **Patient Care:** Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Among other things, residents are expected to:
 - a. Gather accurate, essential information in a timely manner.
 - b. Generate an appropriate differential diagnosis
 - c. Implement an effective patient management plan.
 - d. Competently perform the diagnostic and therapeutic procedures and emergency stabilization.

- e. Prioritize and stabilize multiple patients and perform other responsibilities simultaneously.
- f. Provide health care services aimed at preventing health problems or maintaining health.
- g. Work with health care professionals to provide patient-focused care.

2. **Medical Knowledge:** Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Among other things, residents are expected to:

- a. Identify life-threatening conditions, the most likely diagnosis, synthesize acquired patient data, and identify how and when to access current medical information
- b. Properly sequence critical actions for patient care and generate a differential diagnosis for an undifferentiated patient
- c. Complete disposition of patients using available resources

3. **Practice-Based Learning:** Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Among other things, residents are expected to:

- a. Analyze and assess their practice experience and perform practice-based improvement
- b. Locate, appraise and utilize scientific evidence related to their patient's health problems
- c. Apply knowledge of study design and statistical methods to critically appraise the medical literature
- d. Utilize information technology to enhance their education and improve patient care
- e. Facilitate the learning of students and other health care professionals

4. **Interpersonal and Communication Skills:** Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families and professional associates. Among other things, residents are expected to:

- a. Develop an effective therapeutic relationship with patients and their families, with respect for diversity and cultural, ethnic, spiritual, emotional, and age-specific differences
- b. Demonstrate effective participation in and leadership of the health care team
- c. Develop effective written communication skills
- d. Demonstrate the ability to handle situations unique to the practice of emergency medicine
- e. Effectively communicate with out-of-hospital personnel as well as non-medical personnel

5. **Professionalism:** Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to demonstrate a set of model behaviors that include but are not limited to:

- a. Treats patients/family/staff/paraprofessional personnel with respect
- b. Protects staff/family/patient's interests/confidentiality
- c. Demonstrates sensitivity to patient's pain, emotional state, and gender/ethnicity issues,
- d. Able to discuss death honestly, sensitively, patiently, and compassionately
- e. Unconditional positive regard for the patient, family, staff, and consultants
- f. Accepts responsibility/accountability
- g. Openness and responsiveness to the comments of other team members, patients, families, and peers

6. Systems-Based Practice: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Among other things, residents are expected to:

- a. Understand, access, appropriately utilize, and evaluate the effectiveness of the resources, providers, and systems necessary to provide optimal emergency care
- b. Understand different medical practice models and delivery systems and how to best utilize them to care for the individual patient
- c. Practice cost-effective health care and resource allocation that does not compromise quality of care
- d. Advocate for and facilitates patients' advancement through the health care system.

E. Planned Educational Experiences

1. Each program must offer its residents an average of at least 5 hours per week of planned educational experiences (not including change of shift report) developed by the emergency medicine residency program.
2. The program should ensure that residents are relieved of clinical duties to attend these planned educational experiences. Although release from some off-service rotations may not be possible, the program should require that each resident participate in at least 70% of the planned emergency medicine educational experiences offered (excluding vacations). Attendance should be monitored and documented.
3. These educational experiences should include presentations based on the defined curriculum, morbidity and mortality conferences, journal review, administrative seminars, and research methods. They may include but are not limited to problem-based learning, evidence-based learning, laboratories, and computer-based instruction, as well as joint conferences cosponsored with other disciplines. The Committee will consider the use of alternative methods of education, such as interactive conferencing, with appropriate educational justification.
4. Emergency medicine faculty are expected to attend and meaningfully participate in these planned educational experiences. Participation in resident conferences should be one component in the annual evaluation of the core emergency medicine faculty.
5. The curriculum must include at least 2 months of inpatient critical care rotations, during which the residents should have decision-making experience that allows them to develop the skills and judgment necessary to manage critically ill and injured patients who present to the emergency department.
6. The program must assure that the residents follow-up on a representative sample of patients so as to learn about the results of diagnostic studies, the outcome of interventions, and the final patient diagnosis.
7. Of the total educational experience, no less than 50% should take place under the supervision of emergency medicine faculty. Such experiences can include emergency medical services, toxicology, pediatric emergency medicine, sports medicine, emergency medicine administration, and research in emergency medicine.
8. **Out-of-Hospital Care**
Since out-of-hospital care is an integral and vital part of emergency medicine, there must be a formal, structured resident experience. This should include: participation in paramedic base station communications; emergency transportation and care in the field, including ground units and if possible air ambulance units; teaching and oversight of out-of-hospital personnel; and disaster planning and drills. If residents are required to ride in

ground or air ambulance units, they must be notified of this requirement during the resident recruitment process.

9. Resuscitations and Procedures

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

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

10. Systems-Based Practices and Performance Improvement

Each resident must actively participate in emergency department continuous performance quality improvement (PI) programs. Program components should include

- a. basic principles and application of PI;
- b. formal regular clinical discussions, rounds, and conferences that provide critical review of patient care and promote PI and quality care, such as mortality and morbidity conferences that analyze system factors in medical errors. Efforts should be made to gain permission for postmortem examinations to review the results of these examinations;
- c. evidence of development, implementation and assessment of a project to improve care, such as a clinical pathway, a patient satisfaction survey, or improvement of a recognized problem area.

VI. Resident Duty Hours and the Working Environment

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

A. Supervision of Residents

1. **All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.**
2. **Faculty schedules must be structured to provide residents with continuous supervision and consultation.**

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

4. All residents within the emergency department must be under the supervision of qualified emergency medicine faculty in the emergency department at all times, except when residents from other services provide supervised care to patients on their service. In such circumstances, they must be supervised by emergency medicine faculty or by faculty from their services.
5. Sufficient faculty must be present to provide supervision appropriate to the care of each patient.
6. All residents assigned to the emergency department must have supervision commensurate to their level of training.
7. Allied health professionals, such as physician assistants and nurse practitioners must not compromise the educational objectives of the emergency medicine program by diluting the training experience or preventing appropriate progressive responsibility for the emergency medicine residents.
8. The program director should ensure that all emergency medicine residents, while on rotation on other services, are appropriately supervised and are provided with an educational experience equivalent to that of an ACGME-approved residency in that specialty.
9. The program director must ensure that the degree of professional responsibility accorded to a resident is progressively increased through the course of training commensurate with skill and experience. Included should be opportunities to develop clinical and administrative judgment in the areas of patient care, teaching, administration, and leadership.

10. Fellowships

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

- a. The appointment of other individuals for special training or education, such as fellows, must not dilute or detract from the educational opportunities of regularly appointed emergency medicine residents.
- b. Addition or integration of such individuals into an existing residency program requires a clear statement of the areas of education, clinical responsibilities, duration of training, and overall impact on the educational needs of existing emergency medicine residents.

B. Duty Hours

1. **Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both in-patient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.**
2. **Emergency medicine rotations**
 - a. As a minimum, residents shall be allowed an average of 1 full day in 7 days away from the institution and free of any clinical or academic responsibilities, including planned educational experiences.
 - b. While on duty in the emergency department, residents may not work longer than 12 continuous scheduled hours. There must be at least an equivalent period of continuous time off between scheduled work periods.
 - c. A resident should not work more than 60 scheduled hours per week seeing patients in the emergency department and no more than 72 duty hours per week. Duty hours comprise all

clinical duty time and conferences, whether spent within or outside the educational program, including all on-call hours.

3. **Non-Emergency Department Rotations**
 - a. For rotations on other services, **duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.**
 - b. **Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.**
 - c. **Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.**

C. On-Call Activities

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

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

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

D. Moonlighting

1. **Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.**
2. **The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements.**
3. **Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites**

must be considered part of the 80 hour weekly limit on duty hours. (seventy-two-hour weekly total limit for emergency medicine.) This refers to the practice of *internal moonlighting*.

E. Oversight

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

F. Duty Hour Exception

The RRC will not grant an exception to the applicable duty limits described above.

VII. Evaluation

A. Resident

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

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

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

3. At least annually, there must be a formal evaluation of each resident's competency to progress to the next year of training. The competency evaluation tools should be defined prospectively and take into account the core competencies.
4. At least yearly, competency in chief complaint assessment, procedures and resuscitations must be formally evaluated by the program with remediation plans put in place as needed.

5. Residents on non-EM rotations should be evaluated based on defined competency expectations.
6. Residents should be advanced to positions of higher responsibility on the basis of evidence of their satisfactory progressive scholarship and professional growth.
7. A plan to remedy deficiencies must be in writing and on file. Progress and improvement must be monitored at a minimum of every 3 months if a resident has been identified as needing a remediation plan.
8. A permanent record of evaluation for each resident must be maintained and must be accessible to the resident and other authorized personnel.

B. Faculty

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

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

C. Program Evaluation

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

1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness with which they are achieved. This group must conduct a formal meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program. The RRC will take into consideration performance of program graduates over a period of several years.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved

and must include the educational rationale and a method for evaluating the project. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Emergency Medicine should communicate with the office of the board regarding the full requirements for certification.

X. Other

A. Notice of Changes in the Program

1. The program leadership is responsible for notifying the Executive Director of the RRC within 30 days, in writing, of any major changes in the program that may significantly alter the educational experience for the residents, including the following:
 - a. changes in leadership of the department or the program
 - b. changes in administrative structure, such as an alteration in the hierarchical status of the program/department within the institution
 - c. a drop in the core faculty complement below the required minimum number or if one-third or more of the core faculty leave within 1 year
 - d. a drop below the minimum approved number of residents in the program for 2 consecutive years
 - e. Should the RRC determine that a significant alteration of the educational resources has occurred; an immediate resurvey of the program may be performed.
- B. Guidelines – The RRC will publish guidelines on its Web site for interpretation of some of these requirements, such as minimum numbers of procedures and resuscitations expected. These guidelines are provided for program directors to understand how the RRC evaluates some of the Program Requirements. The guidelines are assessed yearly by the RRC to be consistent with the clinical practice of emergency medicine.

XI. Combined Programs

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

ACGME: June 2004 Effective: January 1, 2005

Program Requirements for Residency Education in the Subspecialties of Emergency Medicine

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

These programs must exist in conjunction with and be an integrated part of an Accreditation Council for Graduate Medical Education (ACGME)-accredited emergency medicine residency

program. Their existence should not compromise the integrity of the core program.

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

I. Program Goals and Objectives

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

A. Program Design

All educational components of a residency program should be related to program goals.

1. The program design and/or structure must be approved by the Residency Review Committee (RRC) for Emergency Medicine as part of the regular review process.
2. Participation by any institution providing more than 3 months of training in a program must be approved by the RRC.

B. Program Evaluation

The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by residents should be utilized in this process.

II. Program Personnel

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

A. Program Director

There must be a single program director responsible for the program.

1. Qualifications of the program director include:
 - a. Requisite and documented clinical, educational, and administrative abilities and experience.
 - b. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
 - c. Certification by one of the following boards: American Board of Emergency Medicine, American Board of Family Practice, American Board of Internal Medicine, or American Board of Pediatrics, and possess a Certificate of Added Qualifications in Sports Medicine from that same board. The RRC will determine the adequacy of alternate qualifications.
 - d. Appointment in good standing to the medical staff of an institution participating in the program.
2. Responsibilities of the program director include:
 - a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
 - b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.

- c. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
- d. The supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
- e. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.

The program director, with participation of members of the teaching staff, shall:

1. At least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures.
 2. Communicate each evaluation to the resident in a timely manner.
 3. Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
 4. Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
- f. The provision of a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.
 - g. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
 - h. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
 - i. Preparation of an accurate statistical and narrative description of the program as requested by a review committee.

B. Teaching Staff

1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.
2. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
3. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
4. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.

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

C. Other Program Personnel

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

III. Program Research and Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

A. Scholarly Activity

The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity.

This activity should include:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. Participation in journal clubs and research conferences.
3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.
4. Participation in research, particularly in projects that are funded following peer review and/or result in publication or presentations at regional and national scientific meetings.
5. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
6. Provision of support for resident participation in scholarly activities.

B. Library

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

ACGME: September 1994 Effective: September 1994

Program Requirements for Residency Education in Medical Toxicology (Emergency Medicine)

I. Introduction

A. Definition and Description of the Subspecialty

1. Medical toxicology is a clinical specialty that includes the monitoring, prevention, evaluation and treatment of injury and illness due to occupational and environmental exposures, pharmaceutical agents, as well as unintentional and intentional poisoning in all age groups. A medical toxicology residency must be organized to provide residents with experience in the clinical practice of medical toxicology for all age groups and to provide a sound basis for the development of physician practitioners, educators, researchers, and administrators capable of practicing medical toxicology in academic and clinical settings.
2. Residencies in medical toxicology must teach the basic skills and knowledge that constitute the foundations of medical toxicology practice and must provide progressive responsibility for and experience in the application of these principles to the management of clinical problems. It is expected that the resident will develop a satisfactory level of clinical maturity, judgment, and technical skill that will, on completion of the program, render the resident capable of independent practice in medical toxicology.
3. Programs must provide a broad education in medical toxicology to prepare the resident to function as a specialist capable of providing comprehensive patient care.

B. Duration and Scope of Education

1. Prerequisite training for entry into a medical toxicology program should include the satisfactory completion of an ACGME-accredited residency. [Note: Candidates who do not meet this criterion should consult the American Board of Emergency Medicine or the American Board of Preventive Medicine regarding their eligibility for subspecialty certification.]
2. The length of the educational program is 24 months. The program must be associated with an ACGME-accredited residency program in emergency medicine or preventive medicine.
3. Prior to entry into the program, each resident must be notified in writing of the required length of the program.

II. Institutional Organization

A. Sponsoring Institution

1. The sponsoring institution must provide sufficient faculty, financial resources, and clinical, research, and library facilities to meet the educational needs of the residents and to enable the program to comply with the requirements for accreditation. It is highly desirable that the program structure include the participation of a medical school, a school of public health, and a school of pharmacy or department of pharmacology.
2. Programs in medical toxicology should be based at a primary hospital (hereafter referred to as the primary clinical site). The majority of the didactic and clinical experiences should take place at the primary clinical site.
3. The following services must be organized and provided at the primary clinical site:
 - a. An emergency service for both adult and pediatric patients, adult and pediatric inpatient facilities, and adult and pediatric intensive care facilities

- b. Renal dialysis services with 24-hour availability
 - c. Toxicology laboratory services with 24-hour availability
 - d. Inpatient and outpatient facilities with staff who consult the toxicology service
 - e. It is desirable that hyperbaric oxygen therapy is available
4. The program must develop an institutional affiliation to provide residents with clinical experiences not provided at the primary clinical site, other than those listed in II.A.3.a-d.

B. Participating Institutions

1. All participating institutions must provide appropriate support services to ensure an adequate educational experience. This includes support personnel in all categories and physical resources to ensure that residents have sufficient time and space to carry out their clinical and educational functions.
2. The program must develop an institutional affiliation with a clinical facility to provide residents with clinical experience in critical care areas should this experience not be provided at the sponsoring institution.
 - a. Approval of participating institutions will be based on the presence of sufficient opportunities for residents to manage, either as primary physicians or consultants, the entire course of critically poisoned patients in both the pediatric and adult categories.
 - b. Institutional resources must be available to support the provision of clinical experience in adult and pediatric critical care areas for residents without prior experience of at least 1 month in an adult intensive care unit and 1 month in a pediatric intensive care unit.
 - c. Programs using multiple participating institutions must ensure the provision of a unified educational experience for the residents. Each participating institution must offer significant educational opportunities to the overall program that do not duplicate experiences otherwise available within the program. An acceptable educational rationale must be provided for each participating institution.
 - d. Participating institutions must not be geographically distant from the sponsoring institution unless special resources are provided that are not available at the primary clinical site.
 - e. The number and geographic distribution of participating institutions must not preclude all residents' participation in conferences and other educational exercises.
 - f. A letter of agreement with each institution participating in the program must be developed to include
 1. the educational objectives and the method to accomplish and to evaluate each objective;
 2. the resources and facilities in the institution(s) that will be available to each resident, including but not limited to library resources;
 3. the resident's duties and responsibilities and duty hours for the assignment; and
 4. the relationship that will exist between medical toxicology residents and residents and faculty in other programs.

C. Library

Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions. Reference material specific to the content of the subspecialty must be available in either text or electronic retrieval form.

D. Appointment of Residents

The Residency Review Committee (RRC) will approve the number of medical toxicology residents in the program. Approval will be based on the number, qualifications, and scholarly activity of the

faculty; the volume and variety of the patient population available for educational purposes; and the institutional resources available to the program.

III. Faculty Qualifications and Responsibilities

- A. In addition to the qualifications and responsibilities of the program director and faculty described in the Program Requirements for Residency Education in the Subspecialties of Emergency Medicine or the Program Requirements for Residency Education in Preventive Medicine, there must be a minimum of two medical toxicology faculty who each devote a minimum of 5 hours per week of direct teaching time to the residents and whose medical practice makes them available to the residents for consultations on cases.
- B. The program director and faculty must be certified in medical toxicology or possess suitable equivalent qualifications as determined by the RRC.
- C. Consultants from appropriate medical subspecialties including those with special expertise in disaster and mass casualty incident management, hyperbaric medicine, immunology, industrial hygiene, occupational toxicology, pulmonary medicine, biostatistics, epidemiology, public health, botany, cardiology, dermatology, gastroenterology, nephrology, ophthalmology, pathology, pharmacology, surgical subspecialty, zoology, hazardous materials and mass exposure to toxins, laboratory toxicology, forensic toxicology and environmental toxicology, and nonmedical specialties, such as botany, herpetology, and mycology should be available for consultation and academic lectures.

IV. The Educational Program

- A. The director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a residency program should be related to program goals. The program design and/or structure must be approved by the RRC.
- B. The curriculum must include the following academic and clinical content:
 1. The clinical manifestations, differential diagnosis, and management of poisoning
 2. The biochemistry of metabolic processes, the pharmacology, pharmacokinetics, and teratogenesis, toxicity, and interactions of therapeutic drugs
 3. The biochemistry of toxins, kinetics, metabolism, mechanisms of acute and chronic injury, and carcinogenesis
 4. Experimental design and statistical analysis of data as related to laboratory, clinical, and epidemiologic research
 5. Laboratory techniques in toxicology
 6. Occupational toxicology, including acute and chronic workplace exposure to intoxicants and basic concepts of the workplace and industrial hygiene
 7. Prevention of poisoning, including prevention of occupational exposures by intervention methodologies, that take into account the epidemiology, environmental factors, and the role of regulation and legislation in prevention
 8. Environmental toxicology, including identification of hazardous materials and the basic principles of management of large-scale environmental contamination and mass exposures
 9. The function, management, and financing of poison control centers
 10. Oral and written communication skills and teaching techniques
 11. Principles of epidemiology and risk communication, analytical laboratory techniques, and research methodologies in toxicology

C. Clinical Experience

Residents must have a minimum of 12 months of clinical experience as the primary or consulting physician responsible for providing direct/bedside patient evaluation, management, screening, and preventive services.

Residents must be provided with experience in evaluating and managing patients with workplace and environmental exposures and must have experience in workplace evaluation, as well as in an occupational medicine or toxicology clinic.

- D. Residents must have opportunities to evaluate and manage patients with acute and long-term workplace and environmental toxic exposures. Clinical training should include experience in an industrial setting or an occupational medicine clinic or access to occupational medicine patients in a referral setting. The resident should also have the opportunity to evaluate and manage intoxicated patients in both industrial and referral setting, including responsibility for providing bedside evaluation, management, screening, and preventive services for a minimum of 12 months or its full-time equivalent.
- E. Regional Poison Information Center
 1. The program must provide residents with educational experiences in a regional poison control center certified by the American Association of Poison Control Centers or its equivalent. It is highly desirable that the poison control center be in physical proximity to the primary clinical site.
 2. Each resident must have 12 months' experience with a referral population of poisoned patients under the supervision of a physician who is certified in medical toxicology or who possesses suitable equivalent qualifications as determined by the RRC.
 3. The poison control center should have at least 1,500 calls annually that require physician telephone consultation or intervention.
- F. Planned Educational Conferences

Each program must offer to its residents an average of at least 5 hours per week of planned educational experiences (not including change-of-shift reports). These educational experiences should include presentations based on the defined curriculum, morbidity and mortality conferences, journal review, administrative seminars, and research methods. They may include but are not limited to problem-based learning, laboratory research, and computer-based instruction, as well as joint conferences cosponsored with other disciplines.
- G. Additional Educational Experiences

The program curriculum must include pharmacology, pharmacokinetics, and drug interactions. This must be accomplished by (1) an affiliation with a school of pharmacy or department of pharmacology that provides regular didactic experience and consultation to residents or (2) the presence of a Doctor of Pharmacology or PhD pharmacologist as a participating member of the teaching faculty.
- H. Additional Clinical Experiences

The program should provide the opportunity for the residents to maintain their primary board skills during training, but it may not require that residents provide more than 12 hours per week of clinical practice not related to medical toxicology as a condition of the educational program.
- I. Communication and Teaching Experience

Residents must have progressive experience and responsibility for the teaching of medical toxicology to health care professionals. Residents in the second year of training should participate in the teaching and supervision of first-year residents and should be responsible for regular contributions to formal didactic experiences within the training program, in other academic depart-

ments in the institution(s), and in the community. Research leading to publication should be encouraged.

V. Board Certification

Those planning to seek a subspecialty certificate from their primary board should communicate with the administrative officer of the board to ascertain the full requirements.

ACGME: June 1998 Effective: June 1998

Program Requirements for Residency Education in Pediatric Emergency Medicine (Emergency Medicine)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics or Emergency Medicine, programs in pediatric emergency medicine must comply with the following requirements.

I. Introduction

The goal of a residency program in pediatric emergency medicine is to produce physicians who are clinically proficient in the practice of pediatric emergency medicine, especially in the management of the acutely ill or injured child, in the setting of an emergency department that is approved as a 911 receiving facility or its equivalent and has an emergency medical services system.

A program in pediatric emergency medicine must be administered by, and be an integral part of, an ACGME-accredited program in either emergency medicine or pediatrics and must be associated with an ACGME-accredited residency program in the corresponding discipline.

There must be written agreements between the director of the program in pediatric emergency medicine and the directors of the participating residencies in pediatrics and emergency medicine specifying the experiences that will compose this subspecialty program. These agreements should address appropriate curriculum content, supervision of the resident, amount and distribution of clinical and nonclinical time, conferences, clinical performance criteria, and mechanisms for resolving performance problems.

Prerequisite training should include satisfactory completion of an ACGME-accredited residency program in either emergency medicine or pediatrics.

II. Duration and Scope of Training

A training period of 2 years is required for all subspecialty residents. [Note: For those planning to seek certification from the American Board of Pediatrics, 3 years of training is required.]

[Note: If a third year is offered, it must be described when the program is reviewed by the Residency Review Committee. Those planning to seek certification should consult with the appropriate certifying board regarding the criteria for eligibility, including duration of training.]

The educational program must be organized and conducted in a way that ensures an appropriate environment for the well-being and care of the patients and their families while providing residents the opportunity to become skilled clinicians, competent teachers, and knowledgeable investigators. The program must emphasize the fundamentals of assessment, diagnosis, and management. Residents also should be exposed to the academic debate, intensive research

review, and the interaction between and among the specialties of pediatrics and emergency medicine.

III. Curriculum

The residents in pediatric emergency medicine must participate in the care of pediatric patients of all ages, from infancy through young adulthood, with a broad spectrum of illnesses and injuries of all severities. At least 12 months of the clinical experience must be obtained seeing children in an emergency department where children, ages 21 years of age or less, are treated for the full spectrum of illnesses and injuries. To provide adequate exposure for selected problems, additional experience with anesthesiologists, intensivists, neurologists, psychiatrists, pre-hospital care providers, orthopedists, surgeons, toxicologists, traumatologists who have training and experience in the care of children and adolescents, and other specialists must be available.

Specialty-specific content must include at least 4 months of training in the reciprocal specialty from which the resident enters the training program. Additional elective months of reciprocal training should be scheduled when deemed appropriate by the program director on the basis of the background of the resident and his/her progress in acquiring the essential skills of a pediatric emergency specialist.

For the emergency medicine graduate, the reciprocal time must include time spent in pediatric subspecialty and ambulatory clinics, inpatient management, neonatal management, and pediatric critical care in an ACGME-accredited residency program in pediatrics.

For the pediatric graduate, this must include 4 months in an adult emergency department that is part of an ACGME-accredited residency program in emergency medicine. One month of that experience may occur off site as approved by the ACGME-accredited program in emergency medicine, in EMS, adult trauma, or toxicology.

Additional experiences may be necessary for residents from both core specialties. For example, adolescents have unique aspects of disease and injury. Experience with blunt and penetrating trauma, and with significant gynecologic and obstetrical emergencies, as well as psychiatric emergencies of the adolescent, must be a part of a resident's training if previous experience in these areas was not adequate. These experiences should be in settings best suited for the resident's training.

The core content must include training in EMS, administration, ethics, legal issues, and procedures. It must also include but not be limited to structured opportunities to develop special competence in such areas as cardiopulmonary resuscitation; trauma; disaster and environmental medicine; transport; triage; sedation; monitoring (biomedical instrumentation); emergencies arising from toxicologic, obstetric, gynecologic, allergic/immunologic, cardiovascular, congenital, dermatologic, dental, endocrine/metabolic, gastrointestinal, hematologic/oncologic, infectious, musculoskeletal, neurologic, ophthalmic, psychosocial, and pulmonary causes; renal/genitourinary and surgical disorders; and physical and sexual abuse.

In addition to achieving an understanding of the pathophysiology, epidemiology, and management of these problems, the resident must learn how to evaluate the patient with an undifferentiated chief complaint such as abdominal pain. The resident must be taught to arrive at a diagnosis, whether it falls in areas traditionally designated medical or surgical, eg, appendicitis, ectopic pregnancy, intussusception, sickle cell anemia; to perform the evaluation rapidly in accordance with any pathophysiologic disturbances in the patient; and to proceed with an appropriate life-saving therapy, such as endotracheal intubation or thoracostomy or administration of antibiotics, before arriving at a definitive diagnosis.

The resident must learn the skills necessary to prioritize and manage the emergency care of multiple patients. Finally, the resident must have supervised experience in a range of technical/procedural skills, as they apply to pediatric patients of all ages.

The resident must be given increasing responsibilities for patient care as she or he progresses through the program. In the final year of training, the resident must be given the opportunities to demonstrate the skills appropriate to a supervisor, teacher, and a decision maker in pediatric emergencies.

There must be an emphasis on developing a compassionate understanding of the stress associated with sudden illness, injury, and death so that the resident may be responsive to the emotional needs of the patients, their families, and the staff of the emergency department. Discussion and appreciation of the many ethical issues involved in pediatric emergency medicine should be part of the educational program.

Residents should be exposed to formal sessions on organizing teaching programs, medical writing, and oral presentation. Residents should have the opportunity to develop teaching skills by conducting lectures, seminars, and clinical conferences and by preparing written reports and teaching materials. These efforts must be reviewed and evaluated by the supervising faculty in light of competency-based objectives developed by the program. The resident must receive instruction and experience in the administrative and management skills necessary to oversee a division or department.

IV. Conferences

There should be opportunities to participate in regularly scheduled, multidisciplinary conferences that include lectures, morbidity and mortality conferences, case conferences, general reviews, and research seminars. The program must include instruction in or other educational exposure to related basic sciences, including physiology, growth and development, pathophysiology, and epidemiology, and prevention of pediatric illnesses and injuries.

The program also should provide education on physician wellness and stress management.

V. Teaching Staff

There must be at least four members of the teaching staff who have experience and knowledge of the care of acute pediatric illness and injuries to provide adequate supervision of residents and to ensure the educational and research quality of the program. Two of the faculty must be certified in pediatric emergency medicine or have equivalent qualifications. For a subspecialty program that functions as an integral part of a pediatric residency program, there must be adequate exposure to faculty who are certified by the American Board of Emergency Medicine. Conversely, for a subspecialty program based in an emergency medicine residency program, there must be adequate exposure to faculty certified by the American Board of Pediatrics.

The availability of consultant and collaborative faculty in related medical and surgical disciplines, as referred to in Section III, must be ensured.

The pediatric emergency medicine faculty must have an active role in curriculum development and in the supervision and evaluation of the subspecialty residents.

VI. Patient Population

A sufficient number of patients must be available to provide adequate opportunity for subspecialty residents to acquire competence in the management of the full spectrum of acutely ill and injured children, adolescents, and young adults. The subspecialty residents must provide the initial evaluation of and treatment to all types of patients.

To meet the educational objectives of the program and to provide both the pediatric and subspecialty residents with an adequate experience to acquire competence in clinical management, there should be a minimum of 15,000 pediatric patient visits per year in the primary emergency department that is used for the program. Patient acuity and the total number of trainees will be considered in assessing the adequacy of the patient population. These must include a sufficient number of patients with major and minor trauma, airway insufficiency, ingestions, obstetric and gynecologic disorders, psychosocial disturbances, and emergent problems from all pediatric medical and surgical subspecialties.

Subspecialty residents should not serve as the only care givers for children seen in the emergency department. They should provide supervision and consultation to other residents who are assigned to the emergency department and will be caring for patients. These subspecialty residents must, however, have the opportunity to manage multiple patients at the same time, to learn the skills necessary to prioritize the evaluation and treatment of these patients. In addition, the program must provide the pediatric emergency medicine residents the opportunity to assume leadership responsibility for the pediatric emergency department.

VII. Facilities

There must be an acute care facility that receives patients via ambulance from the prehospital setting, is equipped to handle trauma, and that has a full range of services associated with residencies in pediatrics and emergency medicine. This facility should be accredited by the Joint Commission on Accreditation of Healthcare Organizations.

The emergency department must be adequately staffed, have appropriate bedside monitoring capability, and be capable of resuscitating medical and trauma patients. Facilities and equipment must meet the generally accepted standards of a modern emergency department and be available within the institution on a 24-hour-a-day basis.

The institution should have comprehensive radiologic and laboratory support systems and readily available operative suites and intensive care unit beds.

VIII. Board Certification

Residents seeking certification in the subspecialty of pediatric emergency medicine should consult their primary specialty board, i.e., the American Board of Pediatrics or the American Board of Emergency Medicine, regarding the criteria for eligibility for certification in this subspecialty.

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Program Requirements for Residency Education in Sports Medicine (Emergency Medicine)

I. Introduction

In addition to complying with the requirements below, each program must comply with the Program Requirements for Residency Education in the Subspecialties of Emergency Medicine.

II. Scope and Duration of Training

An educational program in sports medicine must be organized to provide a well-supervised experience at a level sufficient for the

resident to acquire the competence of a physician with added qualifications in this field. It shall be 12 months in duration.

The practice of sports medicine is the application of the physician's knowledge, skills, and attitudes to those engaged in sports and exercise. Thus, the program must provide training in the development of the clinical competencies needed to diagnose and manage medical illnesses and injuries related to sports and exercise, for example, first-degree sprains, strains, and contusions, including appropriate referrals of, for example, fractures, dislocations, and third-degree sprains. Clinical experience must include injury prevention, preparticipation evaluation, management of acute and chronic illness or injury, and rehabilitation, as applied to a broad spectrum of undifferentiated patients. There must be experience functioning as a team physician and in the promotion of physical fitness and wellness.

The program should emphasize physiology and biomechanics; principles of nutrition; pathology and pathophysiology of illness and injury; pharmacology; effects of therapeutic, performance-enhancing, and mood-altering drugs; psychological aspects of exercise, performance, and competition; ethical principles; and medical-legal aspects of exercise and sports.

III. Teaching Staff

In addition to the program director, each program must have at least one other faculty member with similar qualifications who devotes a substantial portion of professional time to the training program.

The teaching staff must include orthopedic surgeons who are engaged in the operative management of sports injuries and other conditions and who are readily available to teach and provide consultation to the residents. Teaching staff from the disciplines of nutrition, pharmacology, pathology, exercise physiology, physical therapy, behavioral science, physical medicine and rehabilitation, and clinical imaging also should be available to assist in the educational program. Coaches and athletic trainers also should be included.

IV. Facilities and Resources

The program must include the following:

A. Patient Population

A patient population that is unlimited by age or gender and is adequate in number and variety to meet the needs of the training program must be available. The program director must ensure that residents are accorded meaningful patient responsibility with the supervision of a faculty member at all facilities and sites.

B. Sports Medicine Clinic

There must be an identifiable clinic that offers continuing care to patients who seek consultation regarding sports- or exercise-related health problems. The nonsurgical trainees must be supervised by a physician who has qualifications in sports medicine and is certified by the American Board of Emergency Medicine, the American Board of Family Practice, the American Board of Internal Medicine, or the American Board of Pediatrics or who possesses suitable equivalent qualifications.

Adequate, up-to-date diagnostic imaging and rehabilitation services must be readily available and accessible to clinic patients. Consultation in medical and surgical subspecialties, physical therapy, nursing, nutrition, and pharmacy must be available. The opportunity to render continuing care and to organize recommendations from other specialties and disciplines is mandatory and will require that medical records include information pertinent to the assessment and management of patients with health problems related to sports and exercise.

C. Sporting Events/Team Sports/Mass-Participation Events

The program must have access to sporting events, team sports, and mass-participation events during which the resident can have meaningful patient responsibility.

D. Acute-Care Facility

There must be an acute-care hospital with a full range of services associated with and in proximity to the sponsoring residency. This facility must be readily accessible to patients served by the program.

V. Educational Program

The curriculum must provide the educational experiences necessary for the residents to achieve the cognitive knowledge, psychomotor skills, interpersonal skills, professional attitudes, and practical experience required of physicians in the care of patients with health problems related to sports and exercise.

Didactic as well as clinical learning opportunities must be provided as part of the required curriculum for all residents. Conferences or seminars/workshops in sports medicine should be specifically designed for the residents to augment the clinical experiences.

All educational activities must be adequately supervised, while allowing the resident to assume progressive responsibility for patient care. The clinical activities in sports medicine should represent a minimum of 50% of the time in the program. The remainder of the time should be spent in didactic, teaching, and/or research activities and in the primary care or emergency medicine ambulatory facility.

Residents must spend ½ day per week maintaining their skills in their primary specialty.

Participation in the following must be required of all residents:

A. Preparticipation Evaluation of the Athlete

The program must ensure that all sports medicine residents are involved in the development and conduct of preparticipation examination programs.

B. Acute Care

The resident must have appropriate authority and responsibility to participate meaningfully in the medical care that is provided to acute-care patients (see Scope and Duration of Training, above). In addition, the program should arrange for residents to observe representative inpatient and outpatient operative orthopedic procedures.

C. Sports Medicine Clinic Experience

The resident must attend patients in a continuing, comprehensive manner, providing consultation for health problems related to sports and exercise. The resident shall spend at least 1 day per week for 10 months of the training period in this activity.

If patients are hospitalized, the resident should follow them during their inpatient stay and resume outpatient care following the hospitalization. Consultation with other physicians and professionals in other disciplines should be encouraged.

D. On-Site Sports Care

The resident should participate in planning and implementation of all aspects of medical care at various sporting events. The program must ensure that supervised sports medicine residents provide on-site care and management to participants in these events.

In addition, the resident must participate in the provision of comprehensive and continuing care to a sports team. Preferably, the experience should include several teams that engage in seasonal sports.

E. Mass-Participation Sports Events

The resident should participate in the planning and implementation of the provision of medical coverage for at least one mass-participation event. The program must ensure that its residents have experience that includes providing medical consultation, direct patient care, event planning, protection of participants, coordination with local EMS systems, and other medical aspects of those events.

VI. Specific Knowledge and Skills**A. Clinical**

The program must provide educational experiences that enable residents to develop clinical competence in the overall field of sports medicine.

The curriculum must include but not be limited to the following content and skill areas:

1. Anatomy, physiology, and biomechanics of exercise
2. Basic nutritional principles and their application to exercise
3. Psychological aspects of exercise, performance, and competition
4. Guidelines for evaluation prior to participation in exercise and sport
5. Physical conditioning requirements for various activities
6. Special considerations related to age, gender, and disability
7. Pathology and pathophysiology of illness and injury as they relate to exercise
8. Effects of disease, e.g., diabetes, cardiac conditions, arthritis, on exercise and the use of exercise in the care of medical problems
9. Prevention, evaluation, management, and rehabilitation of injuries
10. Understanding pharmacology and effects of therapeutic, performance-enhancing, and mood-altering drugs
11. Promotion of physical fitness and healthy lifestyles
12. Functioning as a team physician
13. Ethical principles as applied to exercise and sports
14. Medical-legal aspects of exercise and sports
15. Environmental effects on exercise
16. Growth and development related to exercise

B. Patient Education/Teaching

The program must provide the experiences necessary for the residents to develop and demonstrate competence in patient education regarding sports and exercise. They must have experience teaching others, e.g., nurses, allied health personnel, medical students, residents, coaches, athletes, other professionals, and members of patients' families. There must also be relevant experience working in a community sports medicine network involving parents, coaches, certified athletic trainers, allied medical personnel, residents, and physicians.

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Program Requirements for Residency Education in Undersea and Hyperbaric Medicine (Emergency Medicine)

I. Introduction**A. Definition and Scope of the Specialty**

1. The subspecialty of Undersea and Hyperbaric Medicine is a discipline that deals with the prevention of injury and illness due to exposure to environments in which the ambient pressure is increased, such as in diving or hyperbaric chamber exposure, and the therapeutic use of high environmental pressure and the delivery of oxygen under high pressure to treat disease. The scope of the subspecialty emphasizes the occupational, environmental, safety, and clinical aspects of diving, hyperbaric chamber operations, compressed air work and hyperbaric oxygen therapy. A program in undersea and hyperbaric medicine must provide a broad educational experience and a sound basis for the development of physician practitioners, educators, researchers, and administrators capable of practicing in academic and clinical settings.
2. Training in undersea and hyperbaric medicine must teach the basic skills and knowledge that constitute the foundations of undersea and hyperbaric medicine practice and must provide progressive responsibility for and experience in the application of these principles to the management of clinical problems. It is expected that the resident will develop a satisfactory level of clinical maturity, judgment, and technical skill that will, on completion of the program, render the resident capable of independent practice in undersea and hyperbaric medicine.
3. Programs must offer a broad education in undersea and hyperbaric medicine to prepare the resident to function as a specialist capable of providing comprehensive patient care.

B. Duration and Scope of Education

1. The length of the educational program must be 12 months. The program must be associated with an ACGME-accredited residency program in emergency medicine or preventive medicine.
2. Prior to entry into the program, each prospective resident must be notified in writing of the required length of the program.

II. Institutional Organization

- A. The sponsoring institution must provide sufficient faculty, financial resources, clinical, research, and library facilities to meet the educational needs of the residents and enable the program to comply with the requirements for accreditation. It is highly desirable that the program structure include the participation of a medical school.
- B. The program should be based at a primary hospital (hereafter referred to as the primary clinical site). More of the didactic and clinical experiences should take place at the primary clinical site than at any other single site. Educationally justified exceptions to this requirement will be considered.
- C. The following services must be organized and provided at the primary clinical site:
 1. Twenty-four hour availability of hyperbaric medicine services, with at least 100 consultations and 1000 patient treatments per year
 2. An emergency service for both adult and pediatric patients, adult and pediatric inpatient facilities, and adult and pediatric surgical and intensive care facilities

3. Inpatient and outpatient facilities with staff who consult the hyperbaric medicine service

D. Participating Institutions

1. All participating institutions must provide appropriate support services to ensure an adequate educational experience. This includes support personnel and physical resources to ensure that residents have sufficient time and space to carry out their clinical and educational functions.
2. The program must develop an institutional affiliation with a clinical facility to provide residents with clinical experience in critical care areas should this experience not be provided at the sponsoring institution.
3. Approval of participating institutions will be based on the presence of sufficient opportunities for residents to manage, as appropriate, either as primary physicians or consultants, the entire course of therapy, including critically ill patients in both adult and pediatric categories.
4. Programs using multiple participating institutions must ensure the provision of a unified educational experience for the residents. Each participating institution must offer significant educational opportunities to the overall program that do not duplicate experiences otherwise available within the program. An acceptable educational rationale must be provided for each participating institution.
5. Participating institutions must not be geographically distant from the sponsoring institution unless special resources are provided that are not available at the primary clinical site.
6. The number and geographic distribution of participating institutions must not preclude all residents' participation in conferences and other educational exercises.
7. A letter of agreement with each institution participating in the program must be developed to include:
 - a. The educational objectives and the method to accomplish and to evaluate each objective;
 - b. The resources and facilities in the institution(s) that will be available to each resident, including but not limited to library resources;
 - c. The resident's duties, responsibilities, and duty hours for the assignment; and
 - d. The relationship that will exist between undersea and hyperbaric medicine residents and the faculty in other programs.
8. Participation by any institution that provides 3 months or more of education in a program must be approved by the RRC.

E. Appointment of Subspecialty Residents

1. The Residency Review Committee (RRC) will approve the number of undersea and hyperbaric medicine residents in the program. Approval will be based on the number, qualifications, and scholarly activity of the faculty; the volume and variety of the patient population available for education purposes; and the institutional resources available to the program.
2. Prerequisite training for entry to an undersea and hyperbaric medicine program is contingent upon completion of an ACGME-accredited residency program involving a minimum of 12 months of preventive, primary, surgical, and/or critical care training.

F. Resident Policies

1. Supervision
 - a. All patient care services must be supervised by appropriately qualified faculty.
 - b. The program director must ensure, direct, and document proper supervision of residents at all times.
 - c. Residents must be provided with rapid, reliable systems for communicating with faculty. Supervising faculty with ap-

propriate experience for the severity and complexity of patient conditions and treatments must be available at all times.

2. Duty hours and conditions of work

It is desirable that residents' work schedules be designed so that on the average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on-call in the hospital no more often than every third night.

III. Faculty Qualifications and Responsibilities

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

A. Program Director

There must be a single program director responsible for the program.

1. Qualifications of the program director

- a. Licensure to practice medicine in the state where the institution that sponsors the program is located.
- b. Certification in undersea and hyperbaric medicine by the American Board of Emergency Medicine or the American Board of Preventive Medicine or possess appropriate educational qualifications as determined by the RRC.
- c. Appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the program director

- a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and faculty. It should be readily available for review.
- b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
- c. Selection and supervision of the faculty and other program personnel at each institution participating in the program.
- d. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff.
- e. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
- f. The program director, with participation of the faculty, shall
 - 1) at least quarterly evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures;
 - 2) communicate each evaluation to the resident in a timely manner;
 - 3) advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth;
 - 4) maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel; and
 - 5) provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice compe-

tently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

- g. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
- h. Monitoring of resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that consistently produce undesirable stress on residents must be evaluated and modified.
- i. Preparation of an accurate statistical and narrative description of the program as requested by a review committee.
- j. Notification of the RRC regarding major programmatic changes.

B. Faculty

1. There must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all the residents in the program at each participating institution. The faculty must be able to devote sufficient time to meet their supervisory and teaching responsibilities. In addition to the program director, one additional faculty member must possess certification by the American Board of Emergency Medicine or the American Board of Preventive Medicine in undersea and hyperbaric medicine or possess appropriate educational qualifications as determined by the RRC.
2. All members of the faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
3. Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. While not all of the faculty must be investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity.
4. A member of the faculty of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
5. Consultants from appropriate medical subspecialties should be available for consultation and didactic teaching, including those with experience and understanding of such fields of medicine as preventive medicine, infectious disease, orthopaedics, vascular surgery, plastic surgery, anesthesiology, critical care, emergency medicine, ophthalmology, oral surgery, podiatry, pulmonary medicine, otolaryngology, rehabilitative medicine, and other disciplines as they pertain to the comprehensive treatment of the clinical hyperbaric patient.

C. Other Program Personnel

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

IV. The Educational Program

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

cational components of a residency should be related to the program goals. Clinical, basic science, and research conferences as well as seminars and critical literature review activities pertaining to the subspecialty must be conducted regularly and as scheduled. The program design and/or structure must be approved by the RRC.

A. The curriculum must include the following academic and clinical content

1. History of undersea and hyperbaric medicine
 2. Decompression theory and physiology, including theory and application of decompression tables
 3. Oxygen physiology in normobaric, hyperbaric and hypobaric environments; oxygen toxicity
 4. Pathophysiology of decompression illness and arterial gas embolism, including iatrogenic gas embolism
 5. Diving operations and human performance in the hypo/hyperbaric environments
 6. Medical examination/standards for divers and personnel working in hypo/hyperbaric environments
 7. Effects of hyperbaric oxygenation on infectious disease
 8. Principles of treatment of toxic gas exposures, such as carbon monoxide poisoning
 9. Effects of hyperbaric oxygenation on irradiated tissues and ischemic wounds
 10. Tissue oxygen measurement
 11. Multiplace and monoplace hyperbaric chamber operations, including safety considerations, management of critically ill patients in the hyperbaric environment, clinical monitoring, and mechanical ventilation
 12. Evaluation of the patient for clinical hyperbaric treatment, including contraindications and side effects
 13. Hazards of standard electrical therapies in hyperbaric environment, e.g., electrical defibrillation and precautions
 14. Emergency procedures for both monoplace and multiplace installations
 15. Saturation diving covering air quality standards and life support requirements, including the physiology and practical (medical) issues associated with heliox, trimix, and hydrogen/oxygen/helium mixtures
 16. Systems management, including administrative aspects of chamber operations, such as billing issues, quality assurance, and peer review
- B. Residents must have a minimum of 10 months of clinical experience as the primary or consulting physician responsible for providing direct/bedside patient evaluation and management. A maximum of 2 elective months can be offered in appropriate related areas.
- C. Residents must have opportunities to evaluate and manage patients with both acute and non-emergency indications for hyperbaric oxygen therapy. The resident should have the opportunity to evaluate and manage 100 or more patients, including responsibility for providing bedside evaluation and management. This experience should be organized for a minimum of 10 months or its full-time equivalent and cover IV.C.1 through IV.C.8. Up to 2 months of elective time may be allowed for additional training in areas of relevance to undersea and hyperbaric medicine, such as critical care, surgery, submarine medicine, toxicology, or radiation oncology. Competencies that will be attained at the end of the 12-month training period must include:
1. Assessment of prospective divers for fitness to dive
 2. Assessment of hyperbaric chamber personnel for fitness to participate as a tender in a multiplace hyperbaric chamber
 3. Assessment of patients with suspected decompression sickness or iatrogenic gas embolism and prescription of treatment

4. Assessment of patients with specific problem wounds with respect to indications for hyperbaric oxygen therapy, fitness for hyperbaric treatment, and prescription of treatment
5. Assessment and management of patients with complications of hyperbaric therapy
6. Management of critically ill patients in the hyperbaric environment
7. Knowledge of the indications for hyperbaric oxygen therapy
8. Assessment of patients with toxic gas exposure (e.g., carbon monoxide)

D. Planned Educational Conferences

Each program must offer to its residents an average of at least 5 hours per week of planned educational experiences (not including change-of-shift reports). These educational experiences should include presentations based on the defined curriculum, morbidity and mortality conferences, journal review, administrative seminars, and research methods. They may include but are not limited to problem-based learning, laboratory research, and computer-based instruction, as well as joint conferences cosponsored with other disciplines.

E. Additional Clinical and Educational Experiences

The program should provide the opportunity for the residents to maintain their primary board skills during training, but it may not require that residents provide more than 12 hours per week of clinical practice not related to hyperbaric medicine as a condition of the educational program.

F. Teaching and Research Experience

Residents must have progressive experience and responsibility for the teaching of undersea and hyperbaric medicine to health care trainees and professionals, including medical students, interns, residents, and nurses. Residents should participate in the formal didactic teaching program. Research leading to publication should be encouraged.

D. Support Services

Support services must include physical therapy, social services, occupational medicine, and psychologic and psychological testing services.

VI. Certification

Those planning to seek a subspecialty certificate from their primary board should communicate with the administrative officer of the Board to ascertain the full requirements.

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V. Facilities and Resources

A. Space and Equipment

Adequate space must be available for faculty to perform their educational, research, and administrative functions. A library containing hyperbaric texts and journals must be readily available. Adequate conference and teaching space must be available for didactic and case conferences.

B. Inpatient, Ambulatory Care, Laboratory, and Other Clinical Facilities

A hyperbaric chamber must be available that is capable of treatment of the full range of conditions amenable to hyperbaric oxygen therapy. A full service clinical laboratory must be available at all times that is capable of measurement of chemist, blood indices, and microbiology of patients needing hyperbaric therapy. Radiologic services must be available within the institution at all times. Inpatient and outpatient facilities, including intensive care units capable of addressing the needs of patients with respiratory poisons, gas forming infections, wound healing problems, gas embolism, and other conditions requiring hyperbaric treatment, must be available.

C. Patient Population

There shall be sufficient patients of all ages and both sexes with medical and surgical conditions requiring hyperbaric therapy. Patients with necrotizing infections, carbon monoxide and cyanide poisoning, diving problems, gas embolism, and osteomyelitis must be present in the patient population.

Program Requirements for Residency Education in Family Medicine

I. Introduction

A. Duration of Training

Residencies in Family Medicine must be 3 years in duration after graduation from medical school and must be planned so that a coherent, integrated, and progressive educational program with progressive resident responsibility is ensured.

B. Scope of Training

The programs must be specifically designed to meet the educational needs of medical school graduates intending to become family physicians and must provide experience and responsibility for the residents in those areas of medicine that will be of importance to their future practice. The goal of the Family Medicine training program is to produce fully competent physicians capable of providing care of high quality to their patients.

Toward this end the residents must learn to gather essential and accurate information about the patient and use it together with up-to-date scientific evidence to make decisions about diagnostic and therapeutic intervention. They must learn to develop and carry out patient management plans.

Family Medicine residency programs should provide opportunity for the residents to learn, in both the hospital and ambulatory settings, those procedural skills that are within the scope of Family Medicine.

The residency program must ensure that its residents, by the time they graduate, provide appropriate, effective, and compassionate clinical care. Residents are expected to gather essential and accurate information about the patient and use it together with up-to-date scientific evidence to make decisions about diagnostic and therapeutic interventions, develop and carry out patient management plans, provide health care services aimed at preventing health problems or maintaining health.

Residents must locate, appraise, and assimilate "best practices" related to their patients' health problems.

C. Clinical Care

The residency program must ensure that its residents, by the time they graduate, possess knowledge in established and evolving psychosocial biomedical and clinical science domains and apply it to clinical care. Residents are expected to demonstrate rigor in their thinking about clinical situations and to know and apply the basic and clinically supportive sciences which are appropriate to their discipline.

Use of the computer to manage information, access on-line medical information, and support clinical care and patient education is required.

The residency program must ensure that its residents, by the time they graduate, demonstrate the fundamental qualities of professionalism. Residents are expected to demonstrate respect, regard, and integrity and a responsiveness to the needs of patients and society that supercedes self-interest. They must assume responsibility and act responsibly, and demonstrate a commitment to excellence.

Residents must learn to apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.

The residency program must ensure that its residents are aware that health care is provided in the context of a larger system and can effectively call on system resources to support the care of patients. Residents are expected to understand how their patient-care practices and related actions impact component units of the health care delivery system and the total delivery system, and how delivery systems impact provision of health care.

They must be taught systems-based approaches for controlling health care costs and allocating resources and must learn to practice cost-effective health care and resource allocation that does not compromise quality of care.

Residents must learn how to advocate for quality patient care and assist patients in dealing with system complexities. They must be taught how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can impact system performance.

The presence of other programs sponsored by the residency, e.g., geriatric medicine and/or sports medicine, must not result in significant dilution of the experience available to the Family Medicine residents.

II. Institutional Organization

A. Sponsoring Institution

There must be one sponsoring institution for each residency, as mandated by the Institutional Requirements. This entity must be identified at the time of each review of the residency.

The sponsoring institution must ensure the existence and availability of those basic educational and patient care resources necessary to provide the Family Medicine resident with meaningful involvement and responsibility in the required clinical specialties.

Since Family Medicine programs are dependent in part on other specialties for the training of residents, the ability and commitment of the institution to fulfill these requirements must be documented. Instruction in the other specialties must be conducted by faculty with appropriate expertise. There must be agreement with specialists in other areas/services regarding the requirement that residents maintain concurrent commitment to their patients in the Family Medicine Center (FMC) during these rotations.

B. Participating Institutions

When a residency relies on multiple institutions to provide curricular components, the arrangements between the program/primary site and each affiliated facility must be described in a written document that is signed by the appropriate administrators of the respective institutions. These arrangements must be specific to the Family Medicine residency and must address the scope of the affiliation, the content and duration of the rotations involved, the duties and patient care responsibilities of the residents during these rotations and the details of the supervision and resident evaluation that will be provided. These documents should be appended to the program information forms each time there is a site visit and review of the program.

Participation by an institution that provides more than 6 of the 36 months of training in the program must be approved by the Residency Review Committee (RRC). A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

C. Appointment of Residents

(Applicants who have had previous graduate training may be considered for admission to Family Medicine residencies. Credit for this other training may be given only in the amount that is compatible with the Program Requirements for Residency Education in

Family Medicine. Directors should consult with the American Board of Family Medicine on each case prior to making a determination regarding the equivalence of such training.)

Programs should appoint only those candidates who intend to complete the full program. As a general rule, programs should appoint residents to the first year of training and those accepted into the first year of training should be assured of a position for the full 3 years, barring the development of grounds for dismissal. A Family Medicine program should endeavor not to function as a transitional year program.

To provide adequate peer interaction a program should offer at least 4 positions at each level and should retain, on average, a minimum complement of 12 residents. Except for periods of transition, the program should offer the same number of positions for each of the 3 years.

In certain cases, for urban or rural areas serving under served communities, tracks may be approved that have a smaller resident complement but with at least one resident at the second and third levels or two residents at one of the levels to ensure peer interaction. In such cases, programs are encouraged to arrange opportunities for the residents to interact with other residents, e.g., through didactic sessions at the parent program.

The degree of resident attrition and the presence of a critical mass of residents are factors that will be considered by the RRC in the evaluation of a program.

III. Faculty Qualifications and Responsibilities

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

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

A. Program Director

There must be a single program director responsible for the residency.

Continuity of leadership over a period of years is important to the stability of a residency program. Frequent changes in leadership or long periods of temporary leadership usually have an adverse effect on an educational program and will be cause for serious concern. The RRC must be notified promptly in writing of any change in the leadership of the program.

In order to provide continuity of leadership and to fulfill the administrative and teaching responsibilities inherent in achieving the educational goals of the program, the director must devote sufficient time to the residency program, i.e., at least 1400 hours per year exclusive of time spent in direct patient care without the presence of residents. Where a program in the 1-2 format operates in conjunction with a three year program, there must be a separate rural site director.

1. Qualifications of the Program Director

The following are the requirements for the program director. An acting or interim director should be similarly qualified.

a. Academic and professional qualifications: The director must have demonstrated ability as a teacher, clinician, and administrator; must be capable of administering the program in an effective manner; and must be actively involved in the care of patients. Prior to assuming this position, the program director must have had a minimum of 2 years full-time professional ac-

tivity in Family Medicine and should have had teaching experience in a Family Medicine residency.

- b. Licensure: The director must be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
- c. Certification requirements: The director must be currently certified by the American Board of Family Medicine or have appropriate educational qualifications, as so judged by the RRC.
- d. Medical staff appointment: The director must hold an appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the Program Director

The program director is responsible for the following:

- a. Written educational goals: The director must have responsibility for a written statement outlining the educational goals of the program. These must be provided in a document that outlines the specific knowledge, skills, and other attitudes expected of residents at each level of training and for each major rotation or other program assignment. The goals must be distributed to residents and teaching staff and should be available for review by the site visitor.
- b. Selection of residents: Residents for appointment to the program must be selected in accordance with institutional and departmental policies and procedures.
- c. Teaching staff and other program personnel: The director must have responsibility for selection and supervision of these staff members at each institution participating in the program.
- d. Supervision of residents: Institutional and program policies and procedures must ensure that all residents are adequately supervised in carrying out their patient care responsibilities. It is the responsibility of the program director and faculty to ensure that residents are appropriately supervised. Supervising policies of the residency should be consistent with those of the institution. They must be in writing and be distributed to all members of the program staff.

Faculty schedules including their time on-call, must be structured to ensure that supervision is readily available to residents on duty.

- e. Resident evaluation: There must be regular and formal evaluation of residents with participation of the teaching staff.
- f. Discipline: The director has responsibility for the implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
- g. Resident well-being: The director must monitor resident stress, including mental or emotional conditions that inhibit performance or learning, and dysfunction related to drugs or alcohol. The director and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support service to residents. To promote physician well-being and prevent impairment, residents should be trained to balance personal and professional responsibilities in a way that can be reflected throughout their careers. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
- h. Provision of accurate information: The director must submit accurate and complete information as requested by the RRC on the program information forms or in special communication as directed by the committee.
- i. Notification of change: The director must notify the RRC regarding major programmatic changes and obtain approval prior to their implementation.

B. Family Physician Faculty

The faculty must contain teachers with the diversified interests and expertise necessary to meet the training responsibilities of the program. There must be a sufficient number of hours contributed by a critical mass of family physician faculty to prevent fragmentation of the learning experience. Where part-time faculty are utilized, there must be evidence of sufficient continuity of teaching and supervision.

In addition to the program director, there must be at least one full-time equivalent (FTE) family physician faculty for each six residents in the program. By the time a program offers all three years of training with the required minimum number of resident positions, i.e., 4-4-4, at least one of the additional Family Physician faculty should be full time. A full-time commitment is at least 1400 hours per year devoted to the residency, exclusive of time spent in direct patient care without the presence of residents. Any program in operation must have at least two family physician faculty members, including the director, regardless of resident complement.

The family physician faculty should have a specific time commitment to patient care to enable them to maintain their clinical skills. Some of the family physician teaching staff must see patients in the FMC to serve as role models for the residents. In addition, the program must have family physician faculty with admitting privileges in the hospital(s) where the FMC patients are hospitalized.

The family physician faculty must be currently certified by the American Board of Family Medicine or must demonstrate appropriate educational qualifications, as so judged by the RRC. The RRC will determine the acceptability of alternate qualifications.

C. Other Faculty

Physicians in the other specialties must devote sufficient time to teaching and supervising the Family Medicine residents and providing consultation to ensure that the program's goals for their specialty areas are accomplished.

Additional teaching staff will be needed to provide training in areas such as behavioral science, nutrition, and the use of drugs and their interaction.

D. Qualifications and Development of Faculty

All of the key members of the teaching staff in the program must demonstrate appropriate qualifications for their specialty areas, e.g., certification by a member board of the American Board of Medical Specialties (ABMS) or appropriate educational qualifications for physician faculty, and appropriate credentials for the non-physician faculty. The RRC will determine the acceptability of alternate qualifications.

There must be an explicit system to develop and maintain academic and clinical skills of the faculty and to foster their continual professional growth and development.

IV. Facilities

A program must provide the facilities required for the education of residents in sufficient proximity to the primary hospital to allow for the efficient functioning of the educational program.

A. Primary and Affiliated Hospitals**1. Multiple Hospitals**

If the primary facility is unable to provide all of the required experiences, additional facilities may be used. Such arrangements will be considered acceptable only if there is no compromise in the quality of the educational program and no significant reduction in attendance of residents at teaching sessions or of camaraderie and exchange of information among residents and with the faculty. These affiliated hospitals may not be at such a distance

from the primary teaching sites that they require excessive travel time or otherwise fragment the educational experience.

2. Number of Beds

It is essential that the participating hospitals, primary and affiliated, be of sufficient size and have an adequate number of occupied teaching beds to ensure a sufficient patient load and variety of problems for the education of the number of residents and other learners on the services. Inpatient facilities must also provide adequate physical, human, and educational resources for training in Family Medicine. In determining the adequacy of the number of occupied beds in the primary and affiliated hospitals, the patient census, the types of patients, and their availability for residency education will be considered.

3. Medical Staff

The medical staff should be organized so that family physician members may participate in appropriate hospital governance activities on a basis equivalent to that of members in other specialties. Where a hospital is departmentalized, there must be a clinical department of Family Medicine.

B. Family Medicine Center**1. Introduction**

The primary setting for training in the knowledge, skills, and attitudes of Family Medicine is the model office or FMC, where each resident must provide continuing, comprehensive care to a panel of patient families. The FMC must be for the exclusive use of the residency, i.e., all activities in the FMC must be residency-related and under the direction of the program director. The center must be clearly and significantly identified as a Family Medicine Center.

An FMC must be in operation on the date the program begins. If a temporary center is used, it must meet the criteria specified below. If multiple centers are used for training, each must be approved by the RRC and must meet the same criteria as the primary center. All of the FMC's used in a program must provide comparable experiences.

Programs that involve training in Community or Migrant Health Centers (C/MHCs) (See Section 330 of the Public Health Service Act.) must provide assurance that these facilities meet the criteria for an FMC, as outlined below, unless an exception is approved by the RRC.

2. Administration and Staffing

The program director must have administrative responsibility for and control of the FMC and its staff. The director of the FMC must report to the program director. In cases where the facility is not owned by the program, its primary hospital, or its sponsoring institution, e.g., a Community Health Center, a letter of agreement must be provided that guarantees the program director's authority over and responsibility for the educational activities that take place in the facility.

The FMC must be appropriately staffed with nurses, technicians, clerks, and administrative and other health professional personnel to ensure efficiency and adequate support for patient care and educational needs.

3. Location and Access

The FMC must be close enough to the hospital to require minimal travel time. It may not be at such a distance as to require travel that interferes with the educational opportunities, efficiency, or patient care responsibility.

When a FMC is at such a distance from the primary hospital that the patients are hospitalized elsewhere, the program director must demonstrate how the residents will efficiently maintain continuity for their hospitalized patients at one hospital while having their required rotations at another and the extent to

which they are able to participate in the program's educational activities, such as attendance at required conferences.

The facility must be designed to ensure adequate accessibility and efficient patient flow, be environmentally sensitive to patient care needs, and provide appropriate access and accommodations for the handicapped.

4. Required Areas

Each FMC must have

- a. a reception area and waiting room that is consistent with the patient care and educational needs of the residency;
- b. suitable resident work space and space for individual and small group counseling;
- c. an office library resource, office laboratory, and a business office;
- d. two examining rooms that are large enough to accommodate the teaching and patient care activities of the program for each physician faculty member and resident when they are providing patient care;
- e. faculty offices, if not in the FMC, then immediately adjacent to the center;
- f. a conference room that is conveniently accessible and readily available, as needed, and is large enough to accommodate the full program. Where multiple FMC's are used in a program, there must be a meeting room within or immediately adjacent to each FMC that is large enough for smaller meetings of all faculty, residents, and staff at that site.

When other learners, e.g., fellows, residents from other specialties, medical students, and nurses, are being trained by family physicians in the FMC, additional space may be required. Efficiency and education of the Family Medicine residents must not be compromised by the training of other health care professionals.

5. Equipment

There must be

- a. appropriate diagnostic and therapeutic equipment in the FMC to meet the basic needs of an efficient and up-to-date Family Medicine office and an acceptable educational program for residents in Family Medicine and
- b. provision for diagnostic laboratory and imaging services so that there is prompt and convenient access by patients and residents for patient care and education.

6. Patient Access to the Family Medicine Center

The FMC must be available for patient services at times commensurate with community medical standards and practice. When the center is not open, there must be a well-organized plan that ensures continuing access to the patient's personal physician or a designated family physician from the FMC.

Patients of the FMC must receive education and direction as to how they may obtain access to their physician or a substitute physician for continuity of care during the hours the center is closed. Patients should have access to printed policies and procedures of the Center.

7. Record System

The FMC patients' records should be maintained in the FMC. However, if a centralized record system is used, easy and prompt accessibility of the records of the FMC patients must be ensured at all times, i.e., during and after hours. The record system should be designed to provide information on patient care and the residents' experience. These records must be well maintained, legible, and up-to-date, and should document the patient's primary physician.

The record system must provide the data needed for patient care audit and chart review of all facets of family care, including

care rendered in the FMC, in the hospital, at home, by telephone, through consultations, and by other institutions.

8. Source of Income

The fiscal operation of the FMC must reflect a balance between education and service. Service demands must not adversely affect educational objectives. A plan should be in place to ensure fiscal stability of the program. Residents, faculty, and staff should be educated periodically on the importance of cost-effective quality health care and the importance of efficiency within the FMC.

C. Library Services

In addition to the office library in the FMC, residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.

Library services should include the electronic retrieval of information from medical databases.

There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program, and these must be readily available during nights and weekends.

D. Patient Population

A patient population of adequate size and representing a broad spectrum of problems, various ages and both sexes should be attended in the hospital, in the FMC, at home, and in institutions for long-term care or rehabilitation. A sufficient number of inpatients must be available to provide a broad spectrum of problems in any area listed in these requirements that involves inpatient care. The disease spectrum available for resident education must be that common to the general community. These experiences must include the opportunity to attain expertise in emergency initial care of unusual or life-threatening problems.

V. The Educational Program

A. Introduction

The curricula and plans for all rotations and experiences must be developed by the Family Medicine faculty. Other specialty faculty should be consulted for assistance as needed. All major dimensions of the curriculum should be structured educational experiences for which written goals and objectives, specific methodologies for teaching, and methods of evaluation exist.

While every residency program must have the required core curriculum as contained in this document, curriculum components may vary, with approval of the RRC, to reflect current regional practice patterns and patient care needs and may be flexible enough to utilize the strengths of the program.

Family physicians must be utilized to the fullest extent as teachers consistent with their experience, training, and current competence.

1. Program design

The program design and/or structure must be approved by the RRC as part of the regular review process. All components of a residency program should be related to the program goals. Programs utilizing multiple sites and/or tracks must describe a core curriculum of at least 20 months that is participated in by all of the residents. If the remaining months are offered at more than one site they must be comparable in terms of their content, duration, and intensity.

Innovative and experimental educational designs and formats will be considered. For example, programs in Family Medicine may propose utilization of a nonrotational format for providing resident education in areas usually taught in block rotations.

Such proposals must demonstrate that the program provides experience equivalent to that of block rotations for its residents and must include documentation that residents will have all of the required experiences during their training, including experience with an adequate volume and mix of patients, the required continuity of care experiences, and appropriate faculty supervision.

2. Approval of Changes

Prior approval of the RRC is required for major changes in the curriculum, format, or design of the program; the addition or deletion of a major participating hospital; and/or the utilization of a new or additional FMC or the alteration of an existing center in any way that might make the facility less suitable.

On review of a proposal for major change in curriculum, facilities, or design of a program, the RRC may determine that a site visit is necessary before a decision can be made.

B. Principles of Family Medicine

Continuity of care and family-oriented comprehensive care must be integral components of all programs. Residents must be taught throughout their training to demonstrate and to articulate clearly the following philosophy and concepts of Family Medicine to patients and colleagues.

1. Continuity of Care

The program must instruct residents in the provision of continuity of care and ensure that each resident has experience with the interrelating roles played by the physician, the patient, the patient's family, the health care system, and the community in optimizing the patient's care.

The learning of continuity of care requires stable, protected physician-patient relationships that are structured to enhance both resident learning and patient care. This must occur primarily with a panel of patients in the FMC. Additional continuity patients, who may not be able to visit the FMC, should be enrolled and assigned as needed to provide residents with continuity experience in home care and long-term care settings.

The program must require that each resident maintain continuity of responsibility for his/her patients when such patients require hospitalization or consultation with other providers, both to integrate each patient's care and to optimize each resident's continuity training. The resident must maintain active involvement in management and treatment decisions.

2. Family-Oriented Comprehensive Care

The family physician assumes responsibility for the total health care of the individual and family, taking into account social, behavioral, economic, cultural, and biologic dimensions. Therefore, a program must emphasize comprehensive, family-oriented care that must be taught in didactic and clinical settings during the entire period of residency training. Residents must have experience in all patient care contexts, including outpatient, inpatient, home, and long-term care settings.

The resident must be given the opportunity to achieve high levels of competence in health maintenance and in disease and problem management and to develop attitudes that reflect expertise in comprehensive patient management and education.

The program must provide the opportunity for residents to acquire knowledge and experience in the provision of longitudinal health care to families, including assisting them in coping with serious illness and loss and promoting family mechanisms to maintain wellness of its members.

Essential elements to be integrated into the teaching of family care to residents include, for the individual patient, health assessment, health maintenance, preventive care, acute and chronic illness and injury, rehabilitation, behavioral counseling, health education, and human sexuality. Elements for the family

include family structure and dynamics, genetic counseling, family development, family planning, child rearing and education, aging, end of life issues, epidemiology of illness in families, the role of family in illness care, family counseling and education, nutrition, and safety.

The resident must be taught patterns of record keeping that incorporate a comprehensive information base, retrievable documentation of all aspects of care, and mechanisms for promotion of health maintenance and quality assessment of care.

C. Family Medicine Center Experience

1. Orientation

First-year residents must have an orientation period in the FMC to introduce the comprehensive approach to health care and to promote resident identity as a family physician.

2. Faculty Supervision

The number of family physician faculty assigned to the FMC must be sufficient to ensure that there is always an appropriate number who, without other obligations, supervise and are immediately available on-site to the residents in the FMC whenever two or more residents are seeing patients. If there is only one resident seeing patients, the preceptor may engage in other activities in the FMC to a maximum of 50%. In addition to their availability when needed by residents, these supervisors must provide active precepting of the residents.

3. Patient Population

Each program must document the availability of a stable patient population of sufficient number and variety to ensure comprehensiveness and continuity of experience for the residents in the FMC. Patient populations seeking only episodic care will not satisfy this requirement.

The majority of the scheduled patient visits in the FMC should be from families for whom a resident is responsible. To achieve this, appointments must be scheduled by regular employees of the FMC or by an employee assigned specifically to scheduling Family Medicine patients. These employees must be cognizant of the significance of the appointment policy on continuity of care and patient access to personal physicians. Wherever possible, assignment of family groups to a resident and priority scheduling with the primary provider should be considered.

4. Continuity Patient Panels

Residents should develop and maintain a continuing physician-patient relationship with an undifferentiated panel of patients and their families throughout the 3-year period. The program must be structured to ensure that residents maintain such continuity at least throughout their second and third years of training. This continuity may be interrupted for a maximum of 1 month in the first year of training. During the last 2 years of training the resident may not be absent longer than 2 months in each year, and these 2 two-month periods may not be consecutive. After the first interruption, the residents must return to provide continuity care for their patient panels for at least 2 months before interrupting continuity again.

Each resident must be assigned to the same FMC for the minimum number of half days specified below. A half-day session must be at least 3 hours. To gain adequate experience, each resident must see, on average, the following required minimum numbers of patients per year:

- a. Each first-year resident must be assigned to the FMC at least one half day per week and see a total of at least 140 patient visits by the end of the year
- b. Each second-year resident must be assigned to the FMC at least two half days per week and see a total of at least 500 patient visits during the year

- c. Each third-year resident must be assigned at least three half days per week in the FMC and see a total of at least 1000 patient visits during the year

D. Focused Experiences

The program should implement a plan to ensure that residents retain their identity and commitment to the principles and philosophical attitudes of Family Medicine throughout the training program, particularly while they rotate on other specialty services.

An appropriately qualified member of the program's faculty must be in attendance on site when the services or procedures needed exceed the capability of the most senior supervising resident or when qualified senior residents are unavailable for supervision of more junior residents.

While the content of a rotation is more important than the time assigned to it, it is necessary to establish guidelines for the allocation of time segments to provide an objective measure of the opportunity provided for residents to achieve the cognitive knowledge, psychomotor skills, attitudinal orientation, and practical experience required of a family physician in each of the curricular elements. Time spent in the FMC seeing continuity patients may not be included when calculating the duration of the specialty rotations for which a number of required hours is specified. It is understood, however, that FMC time is included in the required rotations that are specified in months.

The following curricular areas must be included in each program.

1. Human Behavior and Mental Health

Knowledge and skills in this area should be acquired through a program in which behavioral science and psychiatry are integrated with all disciplines throughout the resident's total educational experience. Training should be accomplished primarily in an outpatient setting through a combination of longitudinal experiences and didactic sessions. Intensive short-term experiences in facilities devoted to the care of chronically ill patients should be limited. Instruction must be provided by faculty who have the training and experience necessary to apply modern behavioral and psychiatric principles to the care of the undifferentiated patient. Family physicians, psychiatrists, and behavioral scientists should be involved in teaching this curricular component.

There must be instruction in the following areas:

- a. Diagnosis and management of psychiatric disorders in children and adults
 - b. Emotional aspects of non-psychiatric disorders
 - c. Psychopharmacology
 - d. Alcoholism and other substance abuse
 - e. The physician/patient relationship
 - f. Patient interviewing skills
 - g. Counseling skills
 - h. Normal psychosocial growth and development in individuals and families
 - i. Stages of stress in a family life cycle
 - j. Sensitivity to gender, race, age, sexual orientation and cultural differences in patients
 - k. Family violence including child, partner, and elder abuse (physical and sexual), as well as neglect, and its effect on both victims and perpetrators
 - l. Medical ethics, including patient autonomy, confidentiality, and issues concerning quality of life
 - m. Factors influencing patient compliance
- ##### 2. Adult Medicine

This experience must provide the resident with the opportunity to acquire the knowledge and skills necessary for the diagnosis, treatment, and management of non-surgical diseases of adults. This experience should enhance the resident's understanding of

the pathophysiologic basis for non-surgical diagnostic and therapeutic techniques and promote development of a disciplined, scientific approach to the practice of adult medicine. Faculty must include family physicians and may include internists or other specialists.

There must be a minimum of 8 months of experience in adult medicine. At least 6 months should occur in the inpatient setting, on either a Family Medicine or an internal medicine service. In all cases, experiences should progress from general to specific content areas, with graduated resident responsibilities and supervision.

This training must include a separate defined critical care experience of at least 1 month's duration, or its equivalent, and a structured clinical experience in cardiology.

The curriculum must also provide instruction in endocrinology, pulmonary diseases, hematology and oncology, gastroenterology, infectious diseases, rheumatology, nephrology, allergy and immunology, and neurology through lectures, rotations, or interaction with consultants.

There must be education in the prevention and detection of diseases in women. Instruction on women should also cover social issues of concern to women, including domestic violence, rape, sexual abuse, and the changing role of women in our society. Residents should have the opportunity to develop an understanding of the effect of the community on women's health care, including the epidemiology of infant mortality and prevention of teenage pregnancy. Residents must have the opportunity to learn about the mental health issues of women, including problems that are seen predominantly in women, such as eating disorders and the *sequelae* of sexual abuse.

3. Maternity and Gynecologic Care

a. Maternity Care

The resident must be provided instruction in the biological and psychosocial impacts of pregnancy, delivery, and care of the newborn on a woman and her family. There must be a minimum of 2 months of experience in maternity care, including the principles and techniques of prenatal care, management of labor and delivery, and postpartum care. This must involve sufficient instruction and experience to enable residents to manage a normal pregnancy and delivery.

The program must have family physician faculty who are engaged in providing these services and who can supervise the residents and serve as role models for them.

The resident must be trained in the recognition and initial management of the high-risk prenatal patient, including consultation and referral. Additionally, the residents must be taught to recognize and manage complications and emergencies in pregnancy, labor, and delivery. Residents also must receive training in genetic counseling. When appropriate for the resident's future practice and patient care, the resident must be trained in the management of the high risk prenatal patient.

Each resident must perform a sufficient number of deliveries to ensure adequate opportunity for the achievement of competencies appropriate to family physicians. A portion of the maternity care experience must be derived from patients seen in continuity. To accomplish the objectives of the curriculum in maternity care, residents must assume the responsibility of longitudinal provision of antenatal, natal, and postnatal care during their 3 years of training. Whenever possible, these patients should be derived from the residents' panels of patients in the FMC.

Supervision of labor and delivery care must be immediately available. For deliveries, and for labor when risk factors are

present, there must be on-site supervision in the delivery suite/labor deck by a family physician, an obstetrician, a senior resident in an ACGME obstetrics residency or by a senior Family Medicine resident who has had sufficient experience. In determining the supervision that is required, the program director must consider the year of training and previous obstetrical experience of the supervising resident. If supervision is provided by a senior resident it must be documented that s/he has had sufficient maternity care experience to function in this capacity. When the direct supervision is provided by a senior resident, there must be on-site physician faculty supervision immediately available in the hospital.

The program must make available additional training in maternity care as an elective within the 36-month curriculum. This elective experience must include high-risk maternity care, including the opportunity for residents to develop technical proficiency in appropriate operative procedures that may form a part of their future practice.

b. Gynecological Care

There must be a minimum of 140 hours of structured experience in the care of the gynecological system in nonpregnant women. This experience must be in addition to the routine care of continuity patients in the FMC and gynecological experience gained during Family Medicine call or during the emergency medicine rotation.

All residents must be provided instruction in normal growth and development; diseases of the female reproductive tract; reproductive physiology including fertility, family planning, and human sexuality; physiology of menopause; and pelvic floor dysfunction. The program also must provide adequate instruction and clinical experience in managing emergency problems of the female reproductive system. This experience should be predominantly ambulatory, but residents must participate in the management of gynecological/surgical emergencies. The training should include some inpatient care, preoperative care, assisting in surgery, and postoperative care. The residents must have the opportunity to learn to perform appropriate procedures.

4. Care of the Surgical Patient

The program must provide instruction with special emphasis on the diagnosis and management of surgical disorders and emergencies and the appropriate and timely referral of surgical cases for specialized care.

Residents must be taught to appreciate the varieties of surgical treatments and the potential risks associated with them to enable them to give proper advice, explanation, and emotional support to patients and their families. The residents should also be taught to recognize conditions that are preferably managed on an elective basis.

The program must provide all residents with training in preoperative and postoperative care, basic surgical principles, asepsis, handling of tissue, and technical skills to assist the surgeon in the operating room. The program should provide the opportunity for residents to develop technical proficiency in those specific surgical procedures that family physicians may be called on to perform. If the residents expect to include surgery as a major aspect of their practice, additional training must be considered.

a. General Surgery

The residents must be required to participate in a structured experience in general surgery of at least 2 months, including ambulatory and operating room experience. Experiences in general surgery must be designed to provide opportunity for residents to achieve competency in the diagnosis and man-

agement of a wide variety of common surgical problems typically cared for by family physicians.

b. Surgical Subspecialties

The required experiences in surgical subspecialties may occur in a block or longitudinal format and are exclusive of time spent caring for patients in the assigned panel of FMC patients and of the learning acquired through consultations.

A minimum of 140 hours of structured experience in the care of orthopaedic disorders is required. If sports medicine experience is integrated with orthopaedics, the time devoted to it must be in addition to the 140 hours required for experience in orthopaedics.

This experience must include caring for a broad variety of acute and emergency musculoskeletal injuries and illnesses, as well as for chronic disorders. Residents must have the opportunity to develop skills in casting and splinting. The program also must provide experience in the initial evaluation and rehabilitation of adult and pediatric musculoskeletal disorders, including the appropriateness of consultation. This educational experience must include didactic conferences and clinical exposure, and should occur primarily in an outpatient setting. Supervision must be provided by faculty with demonstrated expertise in evaluation and treatment of musculoskeletal disorders.

The curriculum also must include structured experiences in the care of genitourinary disorders and disorders of the eye, ear, nose, and throat. Residents must have the opportunity under appropriate supervision to learn to perform appropriate procedures. Most of these experiences should occur in outpatient settings and must be in addition to the experiences residents have during the care of their continuity patients in the FMC.

5. Sports Medicine

The sports medicine experience must include didactic and clinical experience in the areas of preparticipation assessment, injury prevention, evaluation, management, and rehabilitation related to athletic and recreational injuries.

The orthopaedic aspects of sports medicine training may be integrated into the orthopaedic curriculum, but the time devoted to sports medicine should be in addition to the minimum requirement of 140 hours for orthopaedics.

6. Emergency Care

There must be a structured educational experience of at least a 1 month block rotation in the delivery of emergency care. Additional required or elective emergency care experiences may be in either a block or longitudinal format. There must be on-site supervision by qualified physicians whenever residents are on the service.

A sufficient volume and variety of patient visits, adequate numbers and types of support personnel, and suitable facilities must be available to ensure the residents an adequate experience in the initial management of serious illnesses and injuries.

The emergency care training should include didactic as well as clinical experiences. Residents should receive training in all standard current life support skills and procedures for both trauma and medical emergencies in patients of all ages.

7. Care of Neonates, Infants, Children, and Adolescents

There must be a structured educational experience in the care of children that is at least 4 months in duration and involves pediatric ambulatory clinic and inpatient experience with a sufficient volume of patients in each setting. This must include the newborn nursery as well as clinical experience in management of the distressed neonate who may need resuscitation, stabilization, and preparation for transport. The resident should have

the opportunity to develop an understanding of the prenatal period, the growth and development of the newborn through adolescence, child rearing, and emotional problems of children and their management. In addition, the resident should be taught to recognize and manage behavioral, medical, and surgical problems of children and adolescents in home, school, ambulatory, and hospital settings.

8. Community Medicine

Residents must be taught to assess and understand the important health needs of the community in which they work. Instruction and clinical experiences in the following areas must be provided:

- a. Occupational medicine, including disability assessment, employee health, and job-related injury and illness
- b. Community health resources that may be utilized in the care of patients and their families, including school health services and public health (including environmental health) services
- c. Disease prevention/health promotion, including appropriate strategies and behaviors such as immunizations and healthful lifestyle changes that will protect children, adults, and families from illness or injury.

9. Care of the Older Patient

Educational experience must be provided in the common and complex clinical problems of the older patient and must include the preventive aspects of health care, functional assessment, the physiological and psychological changes of senescence, the sociocultural parameters of the patient and his or her greater community, the nutritional and pathological (acute and chronic) entities of aging, and the effective utilization of all members of the health care team.

There must be experience with the older adult patient in the hospital, the FMC, a long-term care facility, and the home.

10. Care of the Skin and Associated Organs

The curriculum must include a required educational experience of at least 60 hours, most of which should be in an outpatient setting and be supplementary to the learning that results from consultations. The experience should be supervised by a physician with competence in this area.

11. Diagnostic Imaging and Nuclear Medicine

The program must provide the residents with a structured opportunity to learn the appropriate application of techniques and specialty consultations in the diagnostic imaging and nuclear medicine therapy of organs and body systems. Instruction should include the limitations and risks attendant to these techniques. The format of the instruction should be adapted to the resources available, but must include radiographic film/diagnostic imaging interpretation and nuclear medicine therapy pertinent to Family Medicine.

12. Conferences

Conferences should be offered to cover the breadth of the specialty of Family Medicine.

There should be a core curriculum that is based in the residency and that is specifically directed to the residents as learners. This core curriculum should be supplemented by conferences during other rotations. Residents and faculty should periodically be presenters at conferences, but residents should not be used excessively in this role. Resident and faculty attendance at conferences must be monitored and documented, and these records should be reviewed periodically by the program director and they should also be available for review by the site visitor.

13. Resident Research and Scholarly Activity

Each program must provide opportunity for residents to participate in research or other scholarly activities. Instruction in the critical evaluation of medical literature, including assessing study validity and the applicability of studies to the residents' patients, must be provided.

The participation of each resident in an active research program should be encouraged as preparation for a lifetime of self-education after the completion of formal training. Generally, this activity should be concurrent with other assignments, provided that the responsibilities of the resident are adjusted to permit a reasonable time for research activity. This experience should be designed to give the residents an awareness of the basic principles of study design, performance, analysis, and reporting, as well as of the relevance of research to patient care.

Other acceptable forms of scholarly activity include presentations at national, regional, state, or local meetings, and presentation and publication of review articles and case presentations.

14. Practice Management

There must be at least 60 hours of formal instruction in practice management in both the didactic and the practical setting. A practice management curriculum should include but not be limited to the areas of personal finance, office and personnel management, business planning, use of computers in practice, managed care, alternative practice models, professional liability, and risk management.

The FMC should be considered a primary site for teaching practice management and should serve as an example on which residents may model their future practice.

15. Electives

Electives are intended primarily to enrich the residents' training with experiences relevant to their plans for future practice or their interests as family physicians. There must be a minimum of 3 and a maximum of 6 months of appropriately supervised electives available to all residents. The choice of electives by the resident, including those for remedial purposes, must be made with the approval of the program director.

E. Resident Workload and Impairment

Each program must ensure an appropriate working environment and a duty hour schedule that are consistent with proper patient care and the educational needs of the residents. The educational goals of the program and the learning objectives of the residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations.

There must be formal written policies on the following matters that demonstrate compliance with these requirements. These documents must be available to the RRC, if requested.

1. Moonlighting

It is the responsibility of the program to see that residents provide patient care in the pursuit of their education without additional remuneration based on productivity. Residency training is a full-time responsibility. The program director should monitor the effects of outside activities, including moonlighting inside or outside the participating institutions, to ensure that the quality of patient care and the resident's educational experience are not compromised.

2. Workload/Duty Hours

Resident assignments must be made in such a way as to prevent excessive patient loads, excessive new admission workups, inappropriate intensity of service or case mix, and excessive length and frequency of call contributing to excessive fatigue and sleep deprivation. The program must also ensure the following:

- a. At least 1 day out of 7, averaged monthly, away from the residency program

- b. On-call duty no more frequently than every third night, averaged monthly
- c. Adequate backup if sudden and unexpected patient care needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods

Programs must have formal mechanisms specifically designed for promotion of physician well-being and prevention of impairment. There also should be a structured and facilitated group designed for resident support that meets on a regular schedule.

F. Faculty Research and Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include

1. Active participation in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship.
2. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals.
3. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
4. Provision of guidance and technical support (e.g., research design, statistical analysis) to residents involved in research.

VI. Evaluation

A. Evaluation of Residents

There must be adequate, ongoing evaluation of the knowledge, skills, and performance of the residents. Entry evaluation assessment, interim testing, and periodic reassessment, as well as other modalities for evaluation, should be utilized. There must be a method of documenting the procedures that are performed by the residents. Such documentation must be maintained by the program, be available for review by the site visitor, and be used to provide documentation for future hospital privileges.

The program must demonstrate that it has developed an effective plan for evaluation and provision of feedback to the residents and that it uses specific performance measure in each resident's evaluation. These must include, at a minimum, the assessment of the resident's competence in patient care, clinical science, practice-based learning and improvement, interpersonal skills and communication, professionalism, and systems-based practice.

The faculty must provide a written evaluation of each resident after each rotation, and these must be available for review by the residents and site visitor. Written evaluation of each resident's knowledge, skills, professional growth, and performance, using appropriate criteria and procedures, must be accomplished at least semiannually and must be communicated to and discussed with the resident in a timely manner.

Residents should be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship, and professional growth.

The program must maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel. The program director and faculty are responsible for provision of a written final evaluation for each resident who

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

B. Evaluation of Faculty

All teaching faculty must be formally evaluated at least annually. Documentation of faculty evaluation should include teaching ability, clinical knowledge, attitudes, and communication skills. There should be a mechanism for confidential input by the residents.

C. Evaluation of the Program

The Family Medicine residency must incorporate all elements of these Program Requirements. The educational effectiveness of a program must be evaluated in a systematic manner at least annually. The program should engage in self-evaluation within the context of the educational goals and objectives, the needs of the residents, teaching responsibilities of the faculty, and the availability of administrative and financial support and of adequate health care resources within the community. This evaluation should include an examination of the balance among education, research, and service. The teaching staff must hold regular, documented meetings to accomplish these reviews. At least one resident representative should participate in these reviews and written evaluations by residents and feedback from the program's graduates should be utilized in the process.

D. Evaluation of Patient Care

A mechanism must be in place to evaluate the care provided in both inpatient and outpatient settings. There should be evidence that this evaluation is used to improve education and the provision of care.

The residency program must ensure that its residents, by the time they graduate, are able to investigate, evaluate, and improve their patient care practices. Residents are expected to analyze practice experience and perform practice-based improvement activities using a systematic methodology.

E. Evaluation of the Graduates

Each program must maintain a system of evaluation of its graduates. The residency should obtain feedback on demographic and practice profiles, licensure and board certification, the graduates' perceptions of the relevancy of training to practice, suggestions for improving the training, and ideas for new areas of curriculum. The suggested format is a written survey after 1 year and every 5 years thereafter.

The data from the evaluation of the graduates should be used as part of the program's determination of the degree to which the program's stated goals are being met.

VII. Evaluation of the Program by the RRC

The program will be evaluated by the RRC at regular intervals, at which times the RRC will judge the degree of its compliance with the Program Requirements.

One measure of the quality of a residency program is the performance of its graduates on the certifying examination of the American Board of Family Medicine. In its evaluation of residency programs, the RRC will take into consideration the information provided by ABFM regarding resident performance on the certifying examinations over a period of several years.

The committee will use scores for a minimum of 3 and a maximum of 5 years and will take into consideration noticeable improvements or declines during the period considered. Poor performance

will be cited if more than 10% of a program's candidates fail on the first examination over a period of consecutive years and/or the program's composite score is consistently at or below the 25th percentile in the nation.

Approved: ACGME September 26, 2000 Effective: July 1, 2001

Program Requirements for Residency Education in Family Medicine Geriatric Medicine and Family Medicine Sports Medicine

The following generic requirements pertain to programs in Family Medicine Geriatric Medicine and Family Medicine Sports Medicine. Each program must comply with the requirements listed below as well as with the specialty content found in the Program Requirements for the respective area.

These programs must exist in conjunction with and be an integrated part of an Accreditation Council for Graduate Medical Education (ACGME)-accredited family medicine residency program. Their existence should not compromise the integrity of the core program.

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

I. Program Organization

A. Program Design

The director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of the residency program must be related to these goals and should be structured educational experiences for which a specific methodology and method of evaluation exist.

The program design and/or structure must be approved by the Residency Review Committee (RRC) as part of the regular review process.

B. Participating Institutions

Participation by any institution providing more than 3 months of training in a program must be approved by the RRC.

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

II. Program Personnel

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

A. Program Director

There must be a single program director responsible for the program, who is based primarily at the teaching center. The director must be fully committed to the program in order to devote sufficient time to the achievement of the educational goals and objectives. She or he must have sufficient authority to manage, control, and direct the program.

1. Qualifications

The program director must possess the following qualifications:

- Requisite and documented clinical, educational, and administrative abilities and experience.
- Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
- Certification by the specialty board in the discipline of the program or demonstrate suitable equivalent qualifications. For directors of programs in geriatric medicine this means certification by the American Board of Family Medicine or the American Board of Internal Medicine and a Certificate of Added Qualification in Geriatric Medicine from the same board. Directors of programs in sports medicine may be certified by any of the following boards: American Board of Emergency Medicine, American Board of Family Medicine, American Board of Internal Medicine, or American Board of Pediatrics, and must possess a Certificate of Added Qualification in Sports Medicine from that same board. The RRC will determine the adequacy of alternate qualifications.
- Appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities

The responsibilities of the program director include:

- Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff and be readily available for review.
- Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
- Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
- Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
- Preparation of an accurate statistical and narrative description of the program as requested by the RRC.

B. Teaching Staff

- There must be a sufficient number of teaching staff with documented qualifications, i.e., board certification for the physician faculty and appropriate credentials for the nonphysician teaching staff, to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.
- All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

C. Other Program Personnel

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

III. Workload/Call Schedule

The schedule for the residents should allow them to make full utilization of their educational experiences without resultant counterproductive stress, fatigue, and depression. There should be adequate staff to prevent excessive patient loads and excessive length and frequency of call. On-call duty should occur no more frequently than every third night, averaged monthly, and residents must be permitted to spend a monthly average of at least 1 day out of 7 away from program duties. Formal written policies on these matters must be established and available for review.

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

IV. Program Research and Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

A. Teaching Staff Research/Scholarly Activity

The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.
3. Participation in research, particularly in projects that are funded following peer review and/or result in publication or presentations at regional and national scientific meetings.

B. Resident Research/Scholarly Activity

The residents must be exposed to and take part in research programs that provide an environment conducive to a questioning attitude and critical analysis. The program must provide support for resident participation in scholarly activities and offer guidance and technical support, e.g., research design, statistical analysis, for residents involved in research. Residents must participate in journal clubs and research conferences.

C. Library

Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.

The library services should include the electronic retrieval of information from medical databases.

There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a

residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

V. Evaluation

A. Evaluation of Residents

There must be regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall

1. Evaluate the knowledge, skills, and professional growth of the residents at least semiannually, using appropriate criteria and procedures.
2. Communicate each evaluation to the resident in a timely manner.
3. Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
4. Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
5. Provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.
6. Implement fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.

B. Evaluation of the Teaching Staff

Formal mechanisms for annual evaluation of the teaching staff must exist and must include confidential resident participation.

C. Program Evaluation

The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. At least one resident representative should participate in these reviews, and written evaluations by residents should be utilized in this process.

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

One measure of the quality of a program will be the performance by its graduates on the examinations of the certifying board.

VI. Certification

Those planning to seek a Certificate of Added Qualifications from their primary board should communicate with the administrative officer of the board to ascertain the full requirements.

ACGME: September 1994 Effective: July 1995

Essentials

Program Requirements for Residency Education in Family Medicine Geriatric Medicine

In addition to complying with the Program Requirements for Residency Education in Family Medicine Geriatric Medicine and Family Medicine Sports Medicine, programs must also comply with the following requirements, which may in some cases exceed the common requirements.

I. Educational Program

An educational program in geriatric medicine must be organized to provide a well-supervised experience at a sufficient level for the resident to acquire the competence of a physician with added qualifications in the field. It shall be 12 months in duration. The program must be conducted by an accredited residency program in internal medicine or Family Medicine.

Clinical experience must include opportunities to manage elderly patients with a wide variety of medical problems on an inpatient and outpatient basis. Residents must be given the opportunity to provide both primary care and consultation for patients in acute, ambulatory, community, and long-term care settings in order to understand the interaction of natural aging and disease as well as the techniques of assessment, therapy, and management. Additionally, residents must be given the opportunity to care for persons who are generally healthy and require primarily preventive health-care measures.

The program should include an emphasis on the physiology of aging, the pathophysiology that commonly occurs in older persons, atypical presentations of illnesses, functional assessment, cognitive status and affective assessment, and concepts of treatment and management in both the acute and long-term care settings, as well as in the community and in the home.

Attention also should be directed to the behavioral aspects of illness, socioeconomic factors, and ethical and legal considerations that may impinge on medical management.

The program must provide the opportunity for residents to maintain their basic primary skills during the course of this training. At least ½ day per week must be spent in a continuity of care experience in the resident's primary discipline

II. Faculty And Staff

A. Program Director

The program director must be fully committed to the program in order to devote sufficient time to the achievement of the educational goals and objectives. The director must have demonstrated experience in geriatric medicine and must have demonstrated experience in education and scholarly activity and have a career commitment to academic geriatric medicine. The director must be primarily based at the teaching center.

B. Other Teaching Staff

In addition to the program director, each program must have at least one other faculty member with similar qualifications who devote a substantial portion of professional time to the training program. For programs with more than two residents, there must be 0.5 additional faculty member for each additional resident. Some of these faculty may be part-time in geriatric medicine or drawn wholly from collaborating programs. The faculty commitment must not attenuate the quality of the core residency training program. The program must ensure that interdisciplinary relationships with

the following specialties occur: physical medicine and rehabilitation, neurology, and psychiatry. Appropriate relationships with other disciplines including but not limited to general surgery, orthopedics, ophthalmology, otolaryngology, urology, gynecology, emergency medicine, dentistry, pharmacy, audiology, physical and occupational therapy, speech therapy, and nursing and social services should be maintained. Additionally, a liaison with the physician assistants, when available, should be established.

C. Geriatric Care Team

The resident must have experience with physician-directed interdisciplinary geriatric teams in an acute-care hospital, in a nursing home, that includes subacute and long-term care, in a home care setting, and in a Family Medicine center or other outpatient settings. Essential members include a geriatrician, a nurse, and a social worker. Additional members may be included in the team as appropriate, including representatives from disciplines such as neurology, psychiatry, physical medicine and rehabilitation, physical therapy, occupational therapy and speech therapy, dentistry, pharmacy, psychology, and pastoral care. Regular team conferences must be held as dictated by the needs of the individual patient.

III. Facilities/Resources

A patient population adequate to meet the needs of the training program must be available in the facilities in which the educational experiences take place. Elderly patients of both sexes with a variety of chronic illnesses, at least some of whom have potential for rehabilitation, must be available. At all facilities utilized by the program the resident must be given opportunities to assume meaningful patient responsibility. At each setting certain activities are mandated and must be supervised and taught by the appropriate clinician.

The program must include the following:

A. Acute-Care Hospital

The acute-care hospital central to the geriatric medicine program must be an integral component of a teaching center. It must have the full range of services usually ascribed to an acute-care general hospital, including intensive care units, emergency medicine, operating rooms, diagnostic laboratory and imaging services, and a pathology department.

B. Long-term Care Institution

One or more long-term care institutions, such as a skilled nursing facility or chronic care hospital, is a necessary component of the geriatric medicine program. Exposure to subacute care and rehabilitation care in the long-term care setting is desirable. The total number of beds available must be sufficient to permit a comprehensive educational experience. The institutions must be approved by the appropriate licensing agencies of the state, and the standard of facilities and care in each must be consistent with those promulgated by the Joint Commission on the Accreditation of Healthcare Organizations.

C. Long-term Noninstitutional Care

Noninstitutional care service, for example, home care, day care, residential care, or assisted living, is a major component of the geriatric medicine program. A home care program or home health agency is a necessary resource to permit residents to learn to provide care for patients who are homebound but not institutionalized. Day care or day hospital centers, life care communities, and residential care facilities for the elderly are also desirable training sites.

D. Ambulatory Care Program

The ambulatory care program must comprise a minimum of 33% of the resident's time. Each resident should evaluate approximately 1 to 3 new geriatric patients and 4 to 8 follow-up geriatric patients

each week. This must include at least ½ day per week spent in a continuity of care experience. This experience must be designed to provide care in a geriatric clinic or Family Medicine center to elderly patients who may require the services of multiple medical disciplines (including but not limited to neurology, gynecology, urology, psychiatry, podiatry, orthopedics, physical medicine and rehabilitation, dentistry, audiology, otolaryngology and ophthalmology, as well as nursing, social work, and nutrition, among other disciplines. The opportunity to provide continuing care and to coordinate the implementation of recommendations from these medical specialties and disciplines is mandatory. In addition, experiences in relevant ambulatory specialty and subspecialty clinics (e.g., geriatric psychiatry and neurology) and those that focus on geriatric syndromes (e.g., falls, incontinence, osteoporosis) are highly desirable.

E. Additional Educational Environment

Peer interaction is essential for residents. To achieve this goal, an accredited training program in at least one relevant specialty other than Family Medicine must be present at the teaching center sponsoring the training program in geriatric medicine. This may be accomplished by affiliation with another educational institution for the enrichment of the educational experience.

Involvement in other health care and community agencies is desirable. There must be a formal affiliation agreement between each long-term care facility included in the program and the sponsoring institution, in which each institution must acknowledge its responsibility to provide high-quality care, adequate resources, and administrative support for the educational mission. In addition, there must be a letter of agreement between each long-term care facility and the office of the director of the geriatric medicine program that guarantees the director appropriate authority at the long-term care institution to carry out the training program.

IV. Specific Program Content

All major dimensions of the curriculum should be structured educational experiences for which written goals and objectives, a specific methodology for teaching, and a method of evaluation exist. A written curriculum that describes the program comprehensively, including sites, educational objectives for each component, and topics to be covered in didactic sessions, should be available to residents and faculty. The curriculum must ensure the opportunity for residents to achieve the cognitive knowledge, psychomotor skills, interpersonal skills, professional attitudes, and practical experience required of a physician who specializes in the care of the aged.

Didactic as well as clinical learning opportunities must be available to the resident. Conferences or seminars/workshops in geriatric medicine should be specifically designed to augment the residents' clinical experiences. Journal club or other activities that foster interaction and develop skills in interpreting the medical literature are necessary.

All deaths of patients who receive care by residents should be reviewed and autopsies performed whenever possible.

As the residents progress through their training, they must have the opportunity to teach personnel such as nurses, allied health personnel, medical students, and residents. Appropriate experiences designed to refine educational and teaching skills of the residents and to develop the necessary administrative skills must be provided.

Appropriate faculty supervision of the residents must be provided during all of their educational experiences.

The following components must be provided:

A. Geriatric Medicine Consultation Program

This program must be formally available in the ambulatory setting, the inpatient service, and/or emergency medicine in the acute-care

hospital or at an ambulatory setting administered by the primary teaching institution.

B. Long-term Care Experience

In the long-term care institutional setting each resident must have 12 months of continuing longitudinal clinical experience with an assigned panel of patients for whom the resident is the primary provider. Additional block time to provide long-term care experience is encouraged. Emphasis during the longitudinal experience should be focused on (1) the approaches to diagnosis and treatment of the acutely and chronically ill, frail elderly in a less technologically sophisticated environment than the acute-care hospital; (2) working within the limits of a decreased staff-patient ratio compared with acute-care hospitals; (3) a much greater awareness of and familiarity with subacute care physical medicine and rehabilitation; (4) the challenge of the clinical and ethical dilemmas produced by the illness of the very old; and (5) administrative aspects of long-term care.

Experience with home visits and hospice care must be included. The resident must be exposed to the organizational and administrative aspects of home health care. Continuity of care with an assigned panel of home or hospice care patients for whom the resident is the primary provider is essential.

C. Geriatric Psychiatry

Identifiable structured didactic and clinical experiences in geriatric psychiatry must be included in the program of each resident. Behavioral sciences such as psychology/social work and others must be included in the curriculum.

D. Curriculum

The training program must provide opportunities for the residents to develop clinical competence in the overall field of geriatric medicine. The curriculum of the program must exhibit, as a minimum, the following content and skill areas:

1. Current scientific knowledge of aging and longevity, including theories of aging, the physiology and natural history of aging, pathologic changes with aging, epidemiology of aging populations, and diseases of the aged.
2. Aspects of preventive medicine, including nutrition, oral health, exercise, screening, immunization and chemoprophylaxis against disease. Instruction about and experience with community resources dedicated to these activities should be included.
3. Geriatric assessment, including medical, affective, cognitive, functional status, social support, economic, and environmental aspects related to health; activities of daily living (ADL); the instrumental activities of daily living (IADL); the appropriate use of the history; physical and mental examination; and laboratory.
4. Appropriate interdisciplinary coordination of the actions of multiple health professionals, including physicians, nurses, social workers, dietitians, and rehabilitation experts, in the assessment and implementation of treatment.
5. Topics of special interest to geriatric medicine, including but not limited to cognitive impairment, depression and related disorders, falls, incontinence, osteoporosis, fractures, sensory impairment, pressure ulcers, sleep disorders, pain, senior (elder) abuse, malnutrition, and functional impairment.
6. Diseases that are especially prominent in the elderly or that have different characteristics in the elderly, including neoplastic, cardiovascular, neurologic, musculoskeletal, metabolic, and infectious disorders.
7. Pharmacologic problems associated with aging, including changes in pharmacokinetics and pharmacodynamics, drug interactions, overmedication, appropriate prescribing, and adherence.

8. Psychosocial aspects of aging, including interpersonal and family relationships, living situations, adjustment disorders, depression, bereavement, and anxiety.
9. The economic aspects of supporting services, including Title III of the Older Americans Act, Medicare, Medicaid, capitation, and cost containment.
10. Ethical and legal issues especially pertinent to geriatric medicine, including limitation of treatment, competency, guardianship, right to refuse treatment, advance directives, wills, and durable power of attorney for medical affairs.
11. General principles of geriatric rehabilitation, including those applicable to patients with orthopedic, rheumatologic, cardiac, and neurologic impairments. These principles should include those related to the use of physical medicine modalities, exercise, functional activities, assistive devices, environmental modification, patient and family education, and psychosocial and recreational counseling.
12. Management of patients in long-term care settings, including palliative care, knowledge of the administration, regulation, and financing of long-term institutions, and the continuum from short- to long-term care.
13. Research methodologies related to geriatric medicine, including clinical epidemiology, decision analysis, and critical literature review.
14. Perioperative assessment and involvement in management.
15. Iatrogenic disorders and their prevention.
16. Communication skills with patients, families, professional colleagues, and community groups, including presenting case reports, literature searches, and research papers, when appropriate, to peers and lectures to lay audiences.
17. The pivotal role of the family in caring for many elderly and the community resources (formal support systems) required to support both patient and family.
18. Cultural aspects of aging, including knowledge about demographics, health care status of older persons of diverse ethnicities, access to health care, cross-cultural assessment, and use of an interpreter in clinical care. Issues of ethnicity in long-term care, patient education, and special issues relating to urban and rural older persons of various ethnic backgrounds should be covered.
19. Home care, including the components of a home visit, accessing appropriate community resources to provide care in the home setting.
20. Hospice care, including pain medicine, symptom relief, comfort care, and end-of-life issues.

V. Certification

Those planning to seek a Certificate of Added Qualifications from the American Board of Internal Medicine or the American Board of Family Medicine should communicate with the administrative officer of the board as listed in the Graduate Medical Education Directory to ascertain the full requirements.

ACGME: February 1998 Effective: July 1998

Program Requirements for Residency Education in Family Medicine Sports Medicine

I. Introduction

In addition to complying with the Program Requirements for Residency Education in Family Medicine Geriatric Medicine and Family Medicine Sports Medicine, programs must also comply with the following requirements, which may in some cases exceed the common requirements.

II. Scope and Duration of Training

An educational program in sports medicine must be organized to provide a well-supervised experience at a level sufficient for the resident to acquire the competence of a physician with added qualifications in this field. It shall be 12 months in duration. The practice of sports medicine is the application of the physician's knowledge, skills, and attitudes to those engaged in sports and exercise. Thus, the program must provide training in the development of the clinical competencies needed to diagnose and manage medical illnesses and injuries related to sports and exercise, for example, first-degree sprains, strains, and contusions, including appropriate referrals of, for example, fractures, dislocations, and third-degree sprains. Clinical experience must include injury prevention, preparticipation evaluation, management of acute and chronic illness or injury, and rehabilitation, as applied to a broad spectrum of undifferentiated patients. There must be experience functioning as a team physician and in the promotion of physical fitness and wellness. The program should emphasize physiology and biomechanics; principles of nutrition; pathology and pathophysiology of illness and injury; pharmacology; effects of therapeutic, performance-enhancing, and mood-altering drugs; psychological aspects of exercise, performance, and competition; ethical principles; and medical-legal aspects of exercise and sports.

III. Teaching Staff

In addition to the program director, each program must have at least one other faculty member with similar qualifications who devotes a substantial portion of professional time to the training program. The teaching staff must include orthopedic surgeons who are engaged in the operative management of sports injuries and other conditions and who are readily available to teach and provide consultation to the residents. Teaching staff from the disciplines of nutrition, pharmacology, pathology, exercise physiology, physical therapy, behavioral science, physical medicine and rehabilitation, and clinical imaging also should be available to assist in the educational program. Coaches and athletic trainers also should be included.

IV. Facilities and Resources

A. Patient Population

A patient population that is unlimited by age or gender and is adequate in number and variety to meet the needs of the training program must be available. The program director must ensure that residents are accorded meaningful patient responsibility with the supervision of a faculty member at all facilities and sites.

B. Sports Medicine Clinic

There must be an identifiable clinic that offers continuing care to patients who seek consultation regarding sports- or exercise-related health problems. The nonsurgical trainees must be supervised by a physician who has qualifications in sports medicine and is certified

by the American Board of Emergency Medicine, the American Board of Family Medicine, the American Board of Internal Medicine, or the American Board of Pediatrics or who possesses suitable equivalent qualifications. Adequate, up-to-date diagnostic imaging and rehabilitation services must be readily available and accessible to clinic patients. Consultation in medical and surgical subspecialties, physical therapy, nursing, nutrition, and pharmacy must be available. The opportunity to render continuing care and to organize recommendations from other specialties and disciplines is mandatory and will require that medical records include information pertinent to the assessment and management of patients with health problems related to sports and exercise.

C. Sporting Events/Team Sports/Mass-Participation Events

The program must have access to sporting events, team sports, and mass-participation events during which the resident can have meaningful patient responsibility.

D. Acute-Care Facility

There must be an acute-care hospital with a full range of services associated with and in proximity to the sponsoring residency. This facility must be readily accessible to patients served by the program.

V. Educational Program

The program must include the following: The curriculum must provide the educational experiences necessary for the residents to achieve the cognitive knowledge, psychomotor skills, interpersonal skills, professional attitudes, and practical experience required of physicians in the care of patients with health problems related to sports and exercise. Didactic as well as clinical learning opportunities must be provided as part of the required curriculum for all residents. Conferences or seminars/workshops in sports medicine should be specifically designed for the residents to augment the clinical experiences. All educational activities must be adequately supervised, while allowing the resident to assume progressive responsibility for patient care. The clinical activities in sports medicine should represent a minimum of 50% of the time in the program. The remainder of the time should be spent in didactic, teaching, and/or research activities and in the primary care or emergency medicine ambulatory facility. Residents must spend 1/2 day per week maintaining their skills in their primary specialty.

Participation in the following must be required of all residents:

A. Preparticipation Evaluation of the Athlete

The program must ensure that all sports medicine residents are involved in the development and conduct of preparticipation examination programs.

B. Acute Care

The resident must have appropriate authority and responsibility to participate meaningfully in the medical care that is provided to acute-care patients (see Scope and Duration of Training, above). In addition, the program should arrange for residents to observe representative inpatient and outpatient operative orthopedic procedures.

C. Sports Medicine Clinic Experience

The resident must attend patients in a continuing, comprehensive manner, providing consultation for health problems related to sports and exercise. The resident shall spend at least 1 day per week for 10 months of the training period in this activity. If patients are hospitalized, the resident should follow them during their inpatient stay and resume outpatient care following the hospitalization. Consultation with other physicians and professionals in other disciplines should be encouraged.

D. On-Site Sports Care

The resident should participate in planning and implementation of all aspects of medical care at various sporting events. The program must ensure that supervised sports medicine residents provide on-site care and management to participants in these events. In addition, the resident must participate in the provision of comprehensive and continuing care to a sports team. Preferably, the experience should include several teams that engage in seasonal sports.

E. Mass-Participation Sports Events

The resident should participate in the planning and implementation of the provision of medical coverage for at least one mass-participation event. The program must ensure that its residents have experience that includes providing medical consultation, direct patient care, event planning, protection of participants, coordination with local EMS systems, and other medical aspects of those events.

VI. Specific Knowledge and Skills

A. Clinical

The program must provide educational experiences that enable residents to develop clinical competence in the overall field of sports medicine. The curriculum must include but not be limited to the following content and skill areas:

1. Anatomy, physiology, and biomechanics of exercise
2. Basic nutritional principles and their application to exercise
3. Psychological aspects of exercise, performance, and competition
4. Guidelines for evaluation prior to participation in exercise and sport
5. Physical conditioning requirements for various activities
6. Special considerations related to age, gender, and disability
7. Pathology and pathophysiology of illness and injury as they relate to exercise
8. Effects of disease, e.g., diabetes, cardiac conditions, arthritis, on exercise and the use of exercise in the care of medical problems
9. Prevention, evaluation, management, and rehabilitation of injuries
10. Understanding pharmacology and effects of therapeutic, performance-enhancing, and mood-altering drugs
11. Promotion of physical fitness and healthy lifestyles
12. Functioning as a team physician
13. Ethical principles as applied to exercise and sports
14. Medical-legal aspects of exercise and sports
15. Environmental effects on exercise
16. Growth and development related to exercise

B. Patient Education/Teaching

The program must provide the experiences necessary for the residents to develop and demonstrate competence in patient education regarding sports and exercise. They must have experience teaching others, e.g., nurses, allied health personnel, medical students, residents, coaches, athletes, other professionals, and members of patients' families. There must also be relevant experience working in a community sports medicine network involving parents, coaches, certified athletic trainers, allied medical personnel, residents, and physicians.

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Program Requirements for Residency Education in Internal Medicine

Common Program Requirements are printed in bold.

I. Introduction

A. Definition and Scope of Specialty

Internal medicine is the discipline encompassing the study and practice of health promotion, disease prevention, diagnosis, care, and treatment of men and women from adolescence to old age, during health and all stages of illness. Intrinsic to the discipline are scientific knowledge, the scientific method of problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of caring derived from humanistic and professional values.

B. Duration and Scope of Education

1. An accredited residency program in internal medicine must provide 36 months of supervised graduate education.
2. A minimum of one-third of the training time must be spent in ambulatory sites and a minimum of one-third of the time in inpatient sites.
3. Over the 36 months of training, at least 1/2 day each week must be spent in a continuity ambulatory experience (continuity clinic) managing a panel of general internal medicine patients.
4. The internal medicine component of special educational tracks must be conducted under the auspices of the Department of Internal Medicine. Although such tracks may differ in educational content, the core experience of residents must provide training in both inpatient and ambulatory general internal medicine to enable the graduates of such special tracks to function as general internists. The Residency Review Committee (RRC) evaluates the internal medicine components of the special educational tracks in the accreditation process.

C. Educational Standards

Residency training is primarily an educational experience. These program requirements define the minimum standards and outcomes for residency education in internal medicine. They balance didactic instruction and education through direct patient care.

II. Institutional Support

A. Sponsoring Institution

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

1. demonstrate a commitment to education and research sufficient to support the residency program;
2. establish the internal medicine residency within a department of internal medicine or an administrative unit whose primary mission is the advancement of internal medicine education and patient care;
3. provide resident compensation and benefits, faculty, facilities, and resources for education, clinical care, and research required for accreditation;
4. designate and support a single program director within the internal medicine administrative unit with the qualifications and appropriate authority (Defined in Section IV.B);
5. provide at least 50% salary support for the program director

6. provide 20 hours per week salary support for each associate program director (APD) required to meet these Program Requirements;
7. notify the RRC within 60 days of:
 - a. a change in departmental leadership.
 - b. a change in the program director. The qualifications and the curriculum vitae of the new program director must be submitted to the RRC.
 - c. changes in institutional governance, affiliation, or resources that affect the educational program.

B. Participating Institutions

1. **Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.**
2. **Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved by the Residency Review Committee (RRC).**
3. **Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should:**
 - a. **identify the faculty who will assume educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV., and VI.A. of the Program Requirements;**
 - b. **outline the educational goals and objectives to be attained by the resident during the assignment;**
 - c. **specify the period of resident assignment to the participating institution, the financial agreements, and the details for insurance and benefits.**
 - d. **establish the policies and procedures that will govern resident education during the assignment.**
4. Participation by any institution that provides 6 months or more of the training in the program must be approved by the RRC.

C. Facilities and Resources

Adequate outpatient and inpatient facilities, support services, and space for teaching and patient care must be available. Residents must have clinical experiences in efficient, effective ambulatory and inpatient care settings.

1. **Space and equipment**

There must be space and equipment for the educational program, including meeting rooms, classrooms, examination rooms, computers, visual and other educational aids, and office space for teaching staff.
2. **Facilities**
 - a. To ensure that a spectrum of cardiovascular disorders is available for resident education, cardiac catheterization facilities should be present at the site(s) where the residents see the majority of their acutely ill, hospitalized patients.
 - b. Additional facilities must include those for: bronchoscopy, gastrointestinal endoscopy, noninvasive cardiology studies, pulmonary function studies, hemodialysis, and imaging studies,

including radionuclide, ultrasound, fluoroscopy, angiography, computerized tomography, and magnetic resonance imaging.

- c. Residents must have sleeping, lounge, and food facilities during assigned duty hours.
- d. When residents are assigned night duty in the hospital, they must be provided with on-call facilities that are convenient and that afford privacy, safety, and a restful environment with a secure space for their belongings.

D. Medical Records

Clinical records that document both inpatient and ambulatory care must be readily available at all times. (See Institutional Requirements)

E. Medical Reference Material

1. There must be a means of access to an on-site library or to reference material (print or electronic) in each participating institution at all times.
2. Residents must have ready access to a computerized literature search system and electronic medical databases at all times.

F. Patient Population

1. The patient population must have a variety of clinical problems and stages of disease.
2. There must be patients of both sexes, with a broad age range, including geriatric patients. (Note: The resident's panels of patients must include at least 25% of patients of each gender.)

G. Pathology Material

1. All deaths of patients who received care by residents must be reviewed, and autopsies performed whenever possible.
2. Residents must receive autopsy reports after autopsies are completed on their patients.

H. Support Services

1. Support must include adequate professional and teaching staff in each of the major subspecialties of internal medicine.
2. Administrative support must include adequate secretarial and administrative staff and technology to support the program director and associate program director(s).
3. It is desirable that each program appoint a professional administrator/coordinator to oversee the program director's office staff and to assist in the administration of the residency program.
4. Inpatient clinical support services must be available on a 24-hour basis to meet reasonable and expected demands, including intravenous services, phlebotomy services, messenger/transporter services, and laboratory and radiologic information retrieval systems that allow prompt access to results.
5. Consultations from other clinical services in the hospital must be available in a timely manner. All consultations should be performed by or under the supervision of a qualified specialist.

III. Resident Appointment

A. Eligibility Criteria

1. The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.
2. The program should demonstrate the ability to retain qualified residents by graduating at the end of the residency at least 80% of the enrolled, first-year, categorical residents.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, fac-

ulty-resident ratio, institutional funding, and the quality of faculty teaching.

1. A program must have a minimum of 12 residents enrolled and participating in the training program at all times.
2. The program director must obtain written approval from the RRC before changing the total number of approved residency positions.
3. A resident who has satisfactorily completed a preliminary training year should not be appointed to additional years as a preliminary resident.

C. Resident Transfer

1. To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in section V. B., prior to acceptance into the program.
2. A program director must provide verification of residency education for any residents who may leave the program prior to completion of their education.
3. Residents must not be accepted for advanced standing from non-ACGME-accredited programs. Exceptions will be permitted for physicians with at least 3 years of verified internal medicine training abroad or other training that has been approved by the American Board of Internal Medicine (ABIM).

D. Appointment of Fellows and Other Students

The presence of fellows, other specialty residents, or students must not dilute or detract from the educational opportunities of internal medicine residents.

IV. Faculty

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

A. Qualifications of the Program Director

1. must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
2. The program director must
 - a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field, including
 - 1) at least 5 years of participation as an active faculty member in an ACGME-accredited internal medicine residency program and
 - 2) at least three years of graduate medical education administrative experience prior to appointment.
 - b. be certified in General Internal Medicine by the American Board of Internal Medicine.
 - c. be appointed in good standing and based at the primary teaching site, i.e., his or her home office must be at the principal clinical training institution. The program director must be responsible to the sponsoring organization.

B. Responsibilities of the program director

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

On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.
7. **Dedicating no less than 50% (at least 20 hours per week) of his or her professional effort to the internal medicine educational program and receive institutional support for this time.** This effort must be devoted to administrative and educational activities of the internal medicine educational program.
8. **Having primary responsibility and appropriate authority for the organization, implementation, and supervision of all aspects of the training program, including the selection and supervision of teaching faculty and other program personnel at each institution participating in the program.**
9. **Having the authority to ensure effective teaching and obtain teaching commitments from other departments involved in the education of internal medicine residents.**
10. **Selecting residents for appointment to the program in accordance with institutional and departmental policies and procedures and evaluate the quality of care rendered by the residents.**
11. **Preparing written educational goals and objectives of the program with respect to the Competencies of residents at each level of training and for each major rotation or other program assignment.**
12. **Ensuring that the written educational goals and objectives are readily available for review and are distributed to residents and faculty members.**
13. **Ensuring that the residency does not place excessive reliance on residents for service as opposed to education.**
14. **Having responsibility for and appropriate authority to accomplish the general administration of the program and the maintenance of records related to program accreditation.**

15. **Establishing a process to teach and document the residents' achievement of milestones in the Competencies.**
16. **Monitoring any internal medicine subspecialty training programs sponsored by the institution to ensure compliance with the ACGME accreditation standards.**
17. **Having supervisory authority over all educational tracks in the internal medicine residency program.**
18. **Outlining in writing the lines of responsibility for and supervision of patient care on all inpatient and ambulatory settings for all members of the teaching teams.**
19. **Participating in academic societies and in educational programs designed to enhance his/her educational and administrative skills.**
20. **Implementing a program of continuous quality improvement in medical education for the faculty, especially as it pertains to the teaching and evaluation of the Competencies.**

C. Faculty Qualifications

1. **The physician faculty must**
 - a. **possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.**
 - b. **be certified in the specialty by the American Board of Internal Medicine or possess qualifications judged by the RRC to be acceptable.**
 - c. **be appointed in good standing to the staff of an institution participating in the program.**
 - d. **must be licensed to practice medicine in the state where the sponsoring institution is located or the major teaching activity occurs. (Certain federal programs are exempted.)**
 - e. **must meet professional standards of ethical behavior.**
2. **Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.**

D. Faculty Responsibilities.

1. **At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.**
2. **Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.**
3. **The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E. While not all faculty members must be investigators, collectively their activity must include all of the elements outlined in that section.**
4. **All clinical faculty members**
 - a. **must have a commitment to the goals and objectives of the teaching program, including mastery of the Competencies and clinical judgment.**
 - b. **should nurture the attributes of the scholar, scientist, teacher, and humanist in residents.**
 - c. **should be available to residents for advice and counseling.**
 - d. **must implement the written curriculum that describes both patient-based and educational elements of the residency.**
 - e. **should participate in prescribed faculty development programs designed to enhance their teaching effectiveness.**
 - f. **should review the written learning objectives and expectations for each rotation or assignment with residents at the beginning of the rotation or assignment.**

E. Other Program Personnel

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

F. Associate Program Directors

Associate program directors (APD's) are faculty who assist the program director in the administrative and clinical oversight of the educational program. Sponsoring organizations must provide associate program directors based on program size. At a minimum, associate program directors are required at resident complements of 24 or greater according to the following parameters: 24 to 40 residents, 1 APD; 41 to 79, 2 APDs; 80 to 119, 3 APDs; 120 to 159, 4 APDs; more than 159, 5 APDs.

1. Qualifications. Associate program directors must
 - a. be an institutionally based faculty appointee;
 - b. be certified in the specialty by the American Board of Internal Medicine or possess qualifications judged by the RRC to be acceptable;
 - c. have documented clinical and academic experience to ensure effective implementation of the Program Requirements; and
 - d. be clinicians with broad knowledge of, experience with, and commitment to internal medicine as a discipline, and to the generalist training of residents, whether they themselves were trained as general internists or as subspecialists.
2. Responsibilities. Associate program directors must
 - a. dedicate an average of at least 20 hours per week to the administrative and educational aspects of the educational program, as delegated by the program director, and receive institutional support for this time;
 - b. assist in the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents as well as the maintenance of records related to program accreditation;
 - c. report directly to the program director; and
 - d. participate in academic societies and in educational programs designed to enhance their educational and administrative skills.

G. Key Clinical Faculty

The residency program must include institutionally based key clinical faculty (KCF) in addition to the program director, associate program directors, and chief residents. KCF are attending physicians who dedicate significant effort to the educational program [Section III.C.]. Sponsoring institutions must provide KCF based on program size. Four KCF are required at resident complements of 79 or less. At resident complements of 80 or greater, minimum KCF are required, according to the following parameters: 80 to 119 residents, 6 KCF; 120 to 159, 8 KCF; more than 159, 10 KCF.

1. Qualifications. Key clinical faculty must
 - a. be active clinicians with broad knowledge of, experience with, and commitment to internal medicine as a discipline, and to the generalist training of residents, and
 - b. be certified in the specialty by the American Board of Internal Medicine or possess qualifications judged by the RRC to be acceptable.
2. Responsibilities. Key clinical faculty must
 - a. dedicate an average of at least 15 hours per week throughout the year to the internal medicine residency program;
 - b. provide teaching and supervision of residents in the clinical setting;
 - c. assist in the preparation of the written curriculum;
 - d. assist in the development and evaluation of the Competencies in the residents; and

- e. assist in monitoring resident stress, with the goal of identifying mental or emotional conditions inhibiting performance or learning (including drug or alcohol-related dysfunction), and advise the program director or associate program director(s) as indicated.

H. Subspecialty Education Coordinators

1. Qualifications: Subspecialty education coordinators.
 - a. In conjunction with division chiefs, the program director must identify a qualified individual (subspecialty education coordinator) in each of the subspecialties of internal medicine (cardiology, critical care, endocrinology, hematology, gastroenterology, geriatric medicine, infectious diseases, nephrology, oncology, pulmonary disease, and rheumatology). The subspecialty education coordinator must be certified in the specialty by the American Board of Internal Medicine or possess qualifications judged by the RRC to be acceptable.
 - b. Each subspecialty education coordinator should have a sufficient term of office to achieve the educational goals and objectives of the residency.
2. Responsibilities: Subspecialty education coordinators. The subspecialty education coordinator must
 - a. dedicate an adequate portion of his or her professional effort throughout the year to the internal medicine training program to accomplish the educational goals in each subspecialty; and
 - b. be accountable to the program director for coordination of the residents' subspecialty educational experiences. (NOTE: KCF can also serve as subspecialty education coordinators.)

I. Site Coordinating Faculty

At each participating inpatient institution where residents spend 6 or more months, the sponsor must ensure that a designated faculty member coordinates the activities of the residents. This faculty member must be based at that participating institution and report to the program director. At a minimum, the site coordinating faculty member must satisfy the qualifications and responsibilities of a KCF member.

V. The Educational Program

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

A. Role of Program Director and Faculty

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

1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment. For each rotation or major learning experience, the written curriculum:
 - a. should include the educational purpose; teaching methods; the mix of diseases, patient characteristics, and types of clinical encounters, procedures, and services; reading lists, pathological material, and other educational resources to be used; and a method of evaluation of resident competence;
 - b. must define the level of residents' supervision by faculty members in all patient-care activities; and
 - c. should be reviewed and revised at least every three years by faculty members and residents to keep it current and relevant.

2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.
3. providing residents with direct experience in progressive responsibility for patient management.
 - a. The program must advance residents to positions of higher responsibility on the basis of their satisfactory demonstration of achievement of program-developed milestones in the Competencies.
 - b. The program must ensure, with each year of training, that each resident has increasing responsibility in patient care, leadership, teaching, and administration.

B. ACGME Competencies

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

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

C. Didactics

1. Formal Teaching Program

a. Inpatient teaching

1) Teaching (attending) rounds.

Teaching or attending rounds must be patient-based sessions in which current cases are presented as a basis for discussion of such points as interpretation of clinical data, pathophysiology, differential diagnosis, specific management of the patient, the appropriate use of technology, the incorporation of evidence and patient values in clinical decision making, and disease preventions.

- i) On all inpatient and consultative teaching services, teaching rounds must be regularly scheduled and formally conducted.
 - ii) Teaching rounds must include direct resident and attending interaction with the patient, and must include bedside teaching and the demonstration of interview and physical examination techniques.
 - iii) Teaching rounds must occur at least 3 days of the week for a minimum of 4.5 hours per week.
- 2) Management (work) rounds by the physician of record.

Management or work rounds involve the bedside review of patients and their clinical data and the development of the daily plan of care (therapeutic and diagnostic) by the physician of record with the residents. Such rounds are distinguished from teaching (attending) rounds by their focus on the care plan (resident order writing; record documentation; communication with nurses, pharmacists, families; etc.).

- i) Each physician of record has the responsibility to make management rounds on his or her patients and to communicate effectively with the residents participating in the care of these patients at a frequency appropriate to the changing care needs of the patients.
 - ii) To avoid interference with the residents' educational experience and ability to accomplish their daily tasks of patient care, including resident work rounds, residents should not be required to relate to an excessive number of physicians of record.
 - iii) Note writing and other coding/documentation activities by the physician of record must not infringe upon teaching rounds or resident education.
- 3) Combined teaching and management rounds
Inpatient teaching rounds and management rounds may be functionally combined when:
- i) there is a single physician of record for most or all patients on the teaching service, and
 - ii) that attending physician of record is also the teaching physician conducting teaching for those same patients, and
 - iii) the total time spent in combined inpatient rounds must exceed by a minimum of 4½ hours per week the time required to supervise the care of the patients, with this time dedicated to fulfill the requirements outlined above for teaching rounds.
- b. Ambulatory teaching
In every ½-day session in the ambulatory setting, each resident should have at least 30 minutes of contact time with the supervising faculty physician.

2. Conferences and Seminars

In addition to morning report and rounds, the program must provide core conferences (e.g., CPC conferences, grand rounds, morbidity and mortality review conferences, literature-review activities, and other seminars covering both general medicine and the internal medicine subspecialties), for a minimum of 150 hours per year of conference-based educational experience.

a. The core conference series must

- 1) cover the major topics in general internal medicine (including issues arising in ambulatory and extended care settings) and the internal medicine subspecialties;
 - 2) be repeated often enough, or be made available for review on tape or electronically, to afford each resident an opportunity to attend or review most of the core conference topics;
 - 3) include the following interdisciplinary topics: adolescent medicine, clinical ethics, medical genetics, quality assessment, quality improvement, risk management, preventive medicine, medical informatics and decision-making skills, law and public policy, pain medicine, end-of-life care, domestic violence, physician impairment, and substance-use disorders; and
 - 4) be made available to residents at each of the program's participating institutions.
- b. Conferences should include information from the basic medical sciences, with emphasis on the pathophysiology of disease

and reviews of recent advances in clinical medicine and biomedical research.

- c. The program must sponsor monthly conferences in which faculty members are involved. These must include
 - 1) a journal club emphasizing critical appraisal of the medical literature and evidence-based medicine; and either
 - 2) clinical pathologic conferences correlating current pathological material, including material from autopsies, surgical specimens, and other pathology material, with the clinical course and management of patients; or
 - 3) clinical quality improvement (morbidity and mortality) conferences focusing on adverse clinical events on the teaching services. It should analyze the causes and consequences of each event, and should result in proposals for actions to avoid recurrence of similar events.
- d. It is desirable that each resident attends at least 60% of these conferences.

D. Clinical

1. Ambulatory Medicine

- a. At least one-third of the residency training must be in the ambulatory care setting. (NOTE: In assessing the contribution of various clinical experiences with ambulatory patients to the 33% minimum, the following guidelines can be used: ½ day per week assigned to an ambulatory setting throughout all 3 years of training is equivalent to 10%; a 1-month block rotation is equivalent to 3%; 1 full day per week throughout a single year of training is equivalent to 7%. Examples of settings that may be counted toward this requirement are general medicine continuity clinics, subspecialty clinics, ambulatory block rotations, physicians' offices, managed health-care systems, emergency medicine, walk-in clinics, neighborhood health clinics, and home-care visits.)
 - 1) In an ambulatory setting, one faculty member must be responsible for no more than five residents or other learners.
 - 2) On-site faculty members' primary responsibilities must include the supervision and teaching of residents. On-site supervision as well as the quality of the educational experience must be documented.
 - 3) Residents must be able to obtain appropriate and timely consultation from other specialties for their ambulatory patients.
 - 4) There should be services available from other health-care professionals such as nurses, social workers, language interpreters, and dietitians.

b. Ambulatory Medicine — Continuity Clinic

- 1) At the program director's discretion, residents may be excused from attending their continuity clinic when they are assigned to an intensive care unit, to emergency medicine, to an away-elective, or to night float.
- 2) Residents must attend a minimum of 108 weekly continuity clinic sessions during the 36 months of training.
- 3) The continuing patient-care experience should not be interrupted by more than 1 month, excluding a resident's vacation.
- 4) The number of patients seen by a first-year resident, when averaged over the year, must not be less than 3 or greater than 5 per scheduled ½-day session.
- 5) The number of patients seen by a second-year resident, when averaged over the year, must not be less than 4 or greater than 6 per scheduled ½-day session.
- 6) The number of patients seen by a third-year resident, when averaged over the year, must not be less than 4 per scheduled ½-day session.

- 7) During the continuity experience, arrangements should be made to minimize interruptions of the experience by residents' duties on inpatient and consultation services.
- 8) Each resident must follow patients with chronic diseases on a long-term basis.
- 9) It is desirable that residents be informed of the status of their continuity patients when they are hospitalized so the resident can make appropriate arrangements to maintain continuity of care.

c. Ambulatory Medicine — Emergency Medicine

- 1) Internal medicine residents assigned to emergency medicine must have first-contact responsibility for a sufficient number of unselected patients to meet the educational needs of internal medicine residents. Triage by other physicians prior to this contact is unacceptable.
- 2) Internal medicine residents must be assigned to emergency medicine for at least 4 weeks of direct experience in blocks of not less than 2 weeks.
- 3) Total required emergency medicine experience must not exceed 3 months in 3 years of training.
- 4) During emergency medicine assignments, continuous duty must not exceed 12 hours.
- 5) Residents must have direct patient responsibility, including participation in diagnosis, management, and admission decisions across the broad spectrum of medical, surgical, and psychiatric illnesses, such that the residents learn how to determine which patients require hospitalization.
- 6) Internal medicine residents assigned to rotations on emergency medicine must have on-site, 24-hour, supervision by qualified faculty members.
- 7) Timely, on-site consultations from other specialties must be available.

2. Inpatient Medicine

a. On Inpatient rotations:

- 1) A first-year resident must not be assigned more than five new patients per admitting day; an additional 2 patients may be assigned if they are in-house transfers from the medical services.
- 2) A first-year resident must not be assigned more than eight new patients in a 48-hour period.
- 3) A first-year resident must not be responsible for the ongoing care of more than 12 patients.
- 4) The program must demonstrate a minimum of 210 admissions per year to the medical teaching services for each first-year resident.
- 5) When supervising more than one first-year resident, the supervising resident must not be responsible for the supervision or admission of more than 10 new patients and 4 transfer patients per admitting day or more than 16 new patients in a 48-hour period.
- 6) When supervising one first-year resident, the supervising resident must not be responsible for the ongoing care of more than 16 patients.
- 7) When supervising more than one first-year resident, the supervising resident must not be responsible for the ongoing care of more than 24 patients.
- 8) First-year residents should interact with second- or third-year internal medicine residents in the care of patients.
- 9) Second- or third-year internal medicine residents or other appropriate supervisory physicians (e.g., subspecialty residents or attendings) with documented experience appropriate to the acuity, complexity, and severity of patient

illness must be available at all times on-site to supervise first-year residents.

- 10) On inpatient rotations, residents should have continuing responsibility for most of the patients they admit.
 - 11) Residents from other specialties must not supervise internal medicine residents on any internal medicine inpatient rotation.
 - 12) Residents must write all orders for patients under their care, with appropriate supervision by the attending physician. In those unusual circumstances when an attending physician or subspecialty resident writes an order on a resident's patient, the attending or subspecialty resident must communicate his or her action to the resident in a timely manner.
 - 13) There must be a resident on-call schedule and detailed check-out and check-in procedures, so residents will learn to work in teams and effectively transmit necessary clinical information to ensure safe and proper care of patients.
 - 14) The on-call system must include a plan for backup to ensure that patient care is not jeopardized during or following assigned periods of duty.
 - 15) There must be a minimum of 6 months of inpatient internal medicine teaching service assignments in the first year,
 - 16) There must be a minimum of 6 months of inpatient internal medicine teaching service assignments over the second and third years of training combined.
 - 17) The required 12 months of inpatient internal medicine must include a minimum of 3 months of inpatient general internal medicine teaching service assignments over the 3 years of training.
 - 18) Geographic concentration of inpatients assigned to a given resident is desirable because such concentration promotes effective teaching and fosters interaction with other health-care personnel.
- b. Inpatient Medicine — Critical Care
- 1) Residents must be assigned to critical care rotations (e.g., medical or respiratory intensive care units, cardiac care units) no fewer than 3 months in 3 years of training.
 - 2) Total required critical care experience must not exceed 6 months in 3 years of training. (NOTE: When elective experience occurs in the critical care unit, it must not result in more than a total of 8 months of critical care in 3 years of training for any resident.)
 - 3) All critical care training must occur in critical care units that are directed by ABMS-certified critical care specialists.
 - 4) All coronary intensive care unit training must occur in critical care units that are directed by ABIM-certified cardiologists.
 - 5) Timely and appropriate consultations must be available from other internal medicine subspecialists and specialists from other disciplines.
3. Subspecialty Experience
- a. Clinical experience in each of the subspecialties of internal medicine must be included in the training program and may occur in either inpatient or ambulatory settings (see IV.H.1.a. for the list of required specialties).
 - b. Although it is not necessary that each resident be assigned to a dedicated rotation in every subspecialty, the curriculum must be designed to ensure that each resident has sufficient clinical exposure to the diagnostic and therapeutic methods of each of the recognized internal medicine subspecialties.

- c. Residents must have formal instruction and assigned clinical experience in geriatric medicine. The curriculum and clinical experience should be directed by an ABMS-certified geriatrician. These experiences may occur at one or more specifically designated geriatric inpatient units, geriatric consultation services, long-term care facilities, geriatric ambulatory clinics, and/or in home-care settings.

- d. Total required transplant rotations in dedicated units should not exceed 1 month in 3 years.

4. Other Specific Experiences and Skills

a. Gender-specific health care

Residents should receive instruction and clinical experience in the prevention, counseling, detection, and diagnosis and treatment of gender-specific diseases of women and men. (NOTE: This clinical experience may occur in general medicine clinics or other specialty clinics.)

b. Experiences in other specialties

- 1) The program must provide residents with instruction and sufficient clinical experience in neurology to acquire the knowledge needed to diagnose, follow, and treat patients with common neurologic disorders and to recognize those disorders that should be referred to a neurologist.
- 2) Residents should have sufficient instruction and clinical experience in psychiatry, dermatology, medical ophthalmology, office gynecology, otorhinolaryngology, non-operative orthopedics, and rehabilitation medicine to become familiar with those aspects of care in each specialty area that can be diagnosed and managed by general internists and those that should be referred to, or managed jointly with, other specialists. (NOTE: This experience may occur in clinical rotations or consultative interactions with specialists in these disciplines.)

c. Procedures and technical skills

1) Procedures

- i) All residents must be instructed in the indications, contraindications, complications, limitations, and interpretations of findings, and they must develop technical proficiency in performing the following procedures: advanced cardiac-life support (American Heart Association documentation of successful training within the teaching institution), abdominal paracentesis, arterial puncture, arthrocentesis, central venous line placement, lumbar puncture, nasogastric intubation, pap smear and endocervical culture, and thoracentesis.
- ii) Residents should have the opportunity to achieve competence in additional procedures that may be required in their future practice settings. These may include arterial line placement, cryosurgical removal of skin lesions, elective cardioversion, endotracheal intubation, skin biopsies, soft tissue and joint injections, temporary pacemaker placement, and treadmill exercise testing.

2) Interpretative skills

- i) All residents must develop competency in interpretation of electrocardiograms.
- ii) All residents should develop competency in interpretation of chest roentgenograms, peripheral blood smears, Gram stains of sputum, microscopic examinations of urine, spirometry, and KOH and wet prep examinations of vaginal discharge.
- iii) Residents should have the opportunity to achieve competence in additional common interpretive skills required in the residents' expected practice settings. These include but are not limited to ambulatory elec-

trocardiography, ambulatory blood pressure monitoring, and spirometry.

- 3) Consultative experience
Residents must have a structured clinical experience to act, under supervision, as consultants to physicians in other specialties.

E. Scholarly Activities

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

F. Resident Duty Hours and the Work Environment

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

1. Supervision of Residents
 - a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
 - b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

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

2. Duty Hours

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

3. On-Call Activities

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

- a. In-house call must occur no more frequently than every third night.
- b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient continuity clinics and maintain continuity of medical and surgical care.
- c. No new patients may be accepted after 24 continuous hours on duty. A new patient is defined as any patient for whom the resident has not previously provided care.
- d. At-home call (pager call) is defined as call taken from outside the assigned institution.

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

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

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

4. Moonlighting

- a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- b. The program director must comply with the sponsoring institution's written policies and procedures regarding moon-

lighting, in compliance with the Institutional Requirements III. D.1.k

- c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight

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

6. Duty Hour Exception

The RRC for Internal Medicine will not consider requests for exceptions to the limit to 80 hours per week, averaged monthly.

7. Service versus education

- a. A sponsoring institution must not place excessive reliance on residents to meet the service needs of the participating training sites.
- b. To this end, the sponsoring and participating institutions must have written policies and procedures and provide the resources to ensure the implementation of the following:
 - 1) Residents must not be required to provide routine intravenous, phlebotomy, or messenger/transporter services.
 - 2) Residents' service responsibilities must be limited to patients for whom the teaching service has diagnostic and therapeutic responsibility. (NOTE: "Teaching Service" is defined as those patients for whom internal medicine residents [PGY 1, 2, or 3] routinely provide care.)
 - 3) The admission and continuing care of patients by residents must be limited to those on the teaching service.
 - 4) Residents must not be assigned more than 1.5 months of night float during any year of training, or more than 4 months of night float over the 3 years of residency training. Residents must not be assigned to more than 1 month of consecutive night float rotation.
 - 5) For each rotation or major clinical assignment, the teaching ratio must not exceed a total of 8 residents and students (excluding subspecialty residents in special care units) to one teaching attending.
 - 6) Emergency medicine or night float assignments should be separated by at least 10 hours without residency-related activities.

8. Graded Responsibility

- a. Each resident must be assigned at least 24 months of the 36 months of residency education in settings where the resident personally provides, or supervises junior residents who provide, direct patient care in inpatient or ambulatory settings.
- b. These inpatient and ambulatory assignments must include development of diagnostic strategies, planning, record keeping, order or prescription writing, management, discharge summary preparation, and decision making commensurate with residents' abilities and with appropriate supervision by the attending physician.

9. Grievance procedures and due process

- a. In the event of an adverse annual evaluation, a resident must be offered an opportunity to address a judgment of academic deficiencies or misconduct before a constituted clinical competence committee.
- b. There must be a written policy that ensures that academic due process provides fundamental fairness to the resident and protects the institution by ensuring accurate, proper, and definitive resolution of disputed evaluations.

VI. Evaluation

A. Resident Evaluation

1. Formative Evaluation

The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include

- a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b. mechanisms for providing regular and timely performance feedback to residents that includes at least
 - 1) written semiannual evaluation that is communicated to each resident in a timely manner and include formal evaluations of knowledge, skills, and professional growth of residents and required counseling by the program director or designee
 - 2) the maintenance of a record of evaluation for each resident that is accessible to the resident; that is, permanent records of both of the evaluation and counseling sessions (and any others that occur) for each resident must be maintained in the resident's file and must be accessible to the resident and other authorized personnel.
 - a) The record of evaluation should be based on close observation of residents performing specific tasks of patient management such as the interview and physical examination, choice of diagnostic studies, formulation of differential diagnosis or problem lists, development of plans for short-term and long-term medical management, communication of treatment plans, invasive procedures, and (when on inpatient services) discharge planning.
 - b) It should document
 - (1) that residents have demonstrated an in-depth understanding of the basic mechanisms of human biology, and the application of current knowledge to practice, by the integration of pathophysiologic processes into the diagnosis, treatment, and management of clinical disorders.
 - (2) that prior to the completion of training, each resident has demonstrated
 - (a) acceptable scholarly activity such as: original research, comprehensive case reports, or review of assigned clinical and research topics.
 - (b) basic science literacy and understands the fundamental principles of clinical study design and evaluation of research findings.
 - (c) the effective application of knowledge and clinical skills (patient care), utilizing the synthetic skills of clinical judgment.
 - (3) that structured clinical evaluations were conducted during the first year (for examples see ACGME Website's Outcome Toolbox).

- (4) that the review of residents' clinical documentation for format, quality of data entry, accuracy of the assessment, and appropriateness of the plan was completed on resident inpatient and outpatient records (including inpatient discharge summaries) during each rotation, with feedback to the residents. The program director should ensure that the review of medical records is incorporated into residents' evaluation.
 - (5) that records were maintained by documentation log-book or by an equivalent method to demonstrate that residents have achieved competence in the performance of invasive procedures. These records must state the indications and complications and include the names of the supervising physicians. Such records must be of sufficient detail to permit use in future credentialing.
 - (6) that residents were evaluated in writing and their performance reviewed with them verbally on completion of each rotation period.
 - (7) that residents were evaluated in writing and their performance in continuity clinic reviewed with them verbally on at least a semiannual basis.
- c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff, including nurses.**

2. Summative Evaluation

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

- a. The program director must also prepare a written summative evaluation of the clinical competence of each resident annually. (NOTE: This is in addition to the completion of the ABIM tracking form.)
- b. The summative evaluation must stipulate the degree to which the resident has achieved the level of performance expected in each Competency (i.e., patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice).

B. Faculty Evaluation

- 1. The performance of the faculty must be evaluated by the program annually. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Provision must be made for residents to confidentially provide written evaluations of each teaching attending at the end of a rotation and for the evaluations to be reviewed with faculty annually.
- 2. The results of the evaluations must be used for faculty-member counseling and for selecting faculty members for specific teaching assignments.

C. Program Evaluation

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

- 1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one resident,

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

- a. The evaluation should include the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the effectiveness of inpatient and ambulatory teaching, the performance of faculty members, and the quality of supervision of residents.
- b. The residents must have the opportunity to formally assess the effectiveness of ambulatory teaching on an ongoing basis.

2. Outcome assessment

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

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

- a. A program's graduates must achieve a pass rate on the certifying examination of the ABIM of at least 70% for first-time takers of the examination for the most recent defined 3-year period.
- b. At least 80% of those completing their training in the program for the most recent defined 3-year period must have taken the certifying examination.

VII. Experimentation and Innovation

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

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

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

D. Performance Improvement Process

- 1. The program should identify and participate in at least two ongoing performance improvement (PI) activities which relate to the competencies.
- 2. The PI activities must involve both residents and faculty in planning and implementing.
- 3. The PI activities should result in measurable improvements in patient care or residency education.

VIII. Certification

Residents who plan to seek certification by the American Board of Internal Medicine should communicate with the registration sec-

tion of the board regarding fulfillment of requirements for certification. Residents must be certified in internal medicine prior to seeking certification in a subspecialty.

Effective: July 1, 2003

Policies and Procedures for Fellowship Education in the Subspecialties of Internal Medicine

1. As a general rule, subspecialty programs will be surveyed and reviewed in conjunction with the parent residency program in internal medicine. In the case of applications, or as determined by the Residency Review Committee (RRC), a subspecialty program may be surveyed and reviewed separately.
2. Subspecialty program information forms will be distributed to the director of the parent internal medicine residency program, who will coordinate the collection of information, completion of the forms, and submission of required materials to the RRC for all subspecialty programs to be reviewed.
3. The survey may be conducted by a member of the Field Staff or by a specialist selected by the RRC. The surveyor will submit a report on the internal medicine residency program as well as on each of the subspecialty programs under review.
4. Subspecialty programs will be designated as "accredited" or "non-accredited." No other delineation of accreditation categories will be used. The accreditation status of subspecialty programs will be directly related to that of the parent internal medicine program as follows:
 - a. Applications for accreditation of new subspecialty programs will be considered only if the parent residency program in internal medicine carries the status of full accreditation.
 - b. Applications for accreditation of new subspecialty programs will not be considered if the parent residency program in internal medicine is (1) accredited on a provisional or probationary basis; or (2) involved in the process of implementing appeal procedures.
 - c. Application for combined subspecialty training programs such as hematology and oncology or pulmonary disease and critical care medicine will not be considered if the application is based on an existing subspecialty program accredited with warning.
 - d. When a subspecialty program is found not to be in substantial compliance with the *Essentials of Accredited Residencies*, the program director will be warned that accreditation will be withdrawn if the program is found not to be in substantial compliance with the *Essentials* at the time of the next scheduled review, regardless of the accreditation status of the parent internal medicine program.
 - e. If the parent internal medicine program is accredited on a probationary basis, or accredited on a provisional basis with a warning that adverse action will be taken if the program is not in substantial compliance with the *Essentials of Accredited Residencies* at the time of the next scheduled review, the subspecialty programs will be informed that their accreditation status is in jeopardy.

In addition, if the primary subspecialty program is accredited with a warning that an adverse action will be taken if the program is not in substantial compliance with the *Essentials of Accredited Residencies* at the time of the next scheduled review, the linked secondary subspecialty program (e.g., cardiovascular disease and clinical cardiac electrophysiology) will be

informed that its accreditation status is in jeopardy. Further, accreditation of the secondary subspecialty program will be administratively withdrawn if the RRC withdraws accreditation of the primary subspecialty program.

Thereafter, accreditation of the subspecialty programs will be administratively withdrawn if the RRC (1) continues accreditation of the parent residency program in internal medicine on a probationary basis beyond 2 years; (2) withdraws accreditation of the parent residency program in internal medicine.

- f. Withdrawal of accreditation of the parent internal medicine residency program under circumstances other than those described above will also result in simultaneous withdrawal of all subspecialty programs.
5. In case of withholding accreditation or withdrawing accreditation of subspecialty programs, the Procedures for Proposed Adverse Actions and the Procedures for Appeal of Adverse Actions apply.

General Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine

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

I. Introduction

A. Definition and Scope of Specialty

1. Subspecialty training in internal medicine is a voluntary component in the continuum of the educational process; such training should take place after satisfactory completion of an accredited program in internal medicine.
2. When averaged over any five-year period, a minimum of 75% of fellows in each subspecialty training program must be graduates of an ACGME accredited internal medicine training program. Non-ACGME internal medicine trained fellows must have at least three (3) years of internal medicine training prior to starting fellowship. Prior to appointment, the program director must inform non-ACGME trained applicants in writing of the ABIM policies and procedures that may affect the fellow's eligibility for ABIM certification. (N.B.: Fellows in the subspecialty of geriatric medicine may be graduates of an ACGME-accredited family practice training program.)
3. Subspecialty programs must provide advanced training to allow the fellow to acquire competency in the subspecialty with sufficient expertise to act as a consultant.

B. Duration and Scope of Education

1. To be eligible for accreditation, a subspecialty program must function as an integral part of an accredited residency program in internal medicine.
2. There must be a reporting relationship, to ensure compliance with the ACGME accreditation standards, from the program director of the subspecialty program to the program director of the parent internal medicine residency program.
3. The discipline must be one for which a certificate or a certificate of added qualifications is offered by the American Board of Internal Medicine. (For editorial purposes, the term "subspecialty" is used throughout the document for both types of training programs.)

C. Educational Standards

Fellowship training is primarily an educational experience. These program requirements define the minimum standards and outcomes for fellowship education in the subspecialties of internal medicine. They balance didactic instruction and education through direct patient care.

II. Institutions

A. Sponsoring Institution

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

1. The sponsoring institution must demonstrate a commitment to education and research sufficient to support the fellowship program;
2. The sponsoring institution must establish the internal medicine subspecialty fellowship within a department of internal medicine or an administrative unit whose primary mission is the advancement of internal medicine education and patient care;
3. The sponsoring institution must provide fellow compensation and benefits, faculty, facilities, and resources for education, clinical care, and research required for accreditation;
4. The sponsoring institution must assure that adequate salary support is provided to the program director for the administrative activities of the internal medicine subspecialty program. The program director must not be required to generate clinical or other income to provide this administrative support. It is suggested that this support be 25-50% of the program director's salary, depending on the size of the program. (See Section III A 4 f))
5. The sponsoring institution must notify the RRC within 60 days of changes in institutional governance, affiliation, or resources that affect the educational program.
6. Graduate education in the subspecialties of internal medicine requires a major commitment to education by the sponsoring institution. Evidence of such a commitment includes each of the following:
 - a) The minimum number of fellowship positions supported by the institution in each training program must not be less than the number of accredited training years in the program.
 - b) The institution must assure significant research in each subspecialty for which it sponsors a training program.

B. Participating Institutions

Participating institutions include both the Primary Training Site and other training sites. The Primary Training Site is defined as the health-care facility that provides the required training resources, should be the location of the program director's major activity, the location where the fellow spends the majority of their clinical training time, and the primary location of the core program in internal medicine.

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;

- c) specify the duration and content of the educational experience at the participating institution, the financial agreements, and the details for insurance and benefits; and
- d) state the policies and procedures that will govern fellow education during the assignment.

3. The RRC must give prior approval for participation by any institution providing 3 months or more of training in a 12 or 24 month program, or 6 months or more of training in a 36 month program.
4. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved by the RRC.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite subspecialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in the subspecialty by the American Board of Internal Medicine, or possess qualifications judged to be acceptable by the RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site, i.e., his or her home office must be at either the sponsoring institution, or the site where fellows receive the majority of their training. The program director must be responsible to the sponsoring organization.
 - d) The program director must have at least 5 years of participation as an active faculty member in an ACGME-accredited internal medicine subspecialty fellowship program.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as es-

established by the sponsoring institution and in compliance with the Institutional Requirements.

- d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
- (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement, i.e., any temporary or permanent increase in the total number of enrolled fellows.

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

- e) The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.
- f) The program director must dedicate an average of 20 hours per week of his or her professional effort to the internal medicine subspecialty educational program, with sufficient time for administration of the program, and receive institutional support for that administrative time (see Section II A 4 of this document).
- g) The program director must participate in academic societies and in educational programs designed to enhance his or her educational and administrative skills.
- h) The program director must implement a program of continuous quality improvement in medical education for the faculty, especially as it pertains to the teaching and evaluation of the ACGME Competencies (as outlined in Section V D of this document).

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite subspecialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the subspecialty by the American Board of Internal Medicine, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
 - d) The physician faculty must be licensed to practice medicine in the state where the sponsoring institution is located or the major teaching activity occurs. (N.B.: Certain federal programs are exempted.)
 - e) The physician faculty must meet professional standards of ethical behavior.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and

an active research component must be included in each program. Scholarship is defined as the following:

- a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.
- Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.
- d) The majority of faculty must be involved in scholarship as defined in III B 4 a), b), or c) above.
- e) The majority of key clinical faculty must demonstrate evidence of productivity in the scholarship as defined in III B 4 a) or b) above.
- f) At least one faculty member must be active in the scholarship of discovery as defined in III B 4 a) above.

5. Qualifications of the nonphysician faculty are as follows:

- a) Nonphysician faculty must be appropriately qualified in their field.
- b) Nonphysician faculty must possess appropriate institutional appointments.

6. Key Clinical Faculty

In addition to the program director, each program must have two key clinical faculty (KCF). KCF are attending physicians who dedicate, on average, 10 hours per week throughout the year to the training program. For programs with more than five fellows enrolled during the accredited portion of the training program, a ratio of KCF to fellows of at least 1:1.5 must be maintained. (N.B.: The required number of KCF may vary by subspecialty.)

- a) Qualifications of the key clinical faculty are as follows:
 - (1) Key clinical faculty must be active clinicians with broad knowledge of, experience with, and commitment to the internal medicine subspecialty as a discipline; and
 - (2) Key clinical faculty must be certified in the subspecialty by the American Board of Internal Medicine or possess qualifications judged by the RRC to be acceptable.
 - b) Responsibilities for the key clinical faculty are as follows:

In addition to the responsibilities of all individual faculty, the key clinical faculty with the program director, are responsible for the planning, implementation, monitoring and evaluation of the fellow's clinical and research training.
7. All clinical faculty members should participate in prescribed faculty development programs designed to enhance the effectiveness of their teaching.

C. Other Program Personnel

Additional professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. Fellows must have clinical experiences in efficient, effective ambulatory and inpatient care settings.

a) Space and equipment

There must be space and equipment for the educational program, including meeting rooms, classrooms, examination rooms, computers, visual and other educational aids, and work/study space.

b) Facilities

(1) Fellows must have lounge and food facilities during assigned duty hours.

(2) When fellows are assigned night duty in the hospital or called in from home, they must be provided with on-call facilities that are convenient and that afford privacy, safety, and a restful environment with a secure space for their belongings.

3. Medical Records

Clinical records that document both inpatient and ambulatory care must be readily available at all times. (See Institutional Requirements, Section II D 3 d)

4. Medical Reference Material

Fellows must have access at all times and in each participating institution to:

a) reference material (i.e., textbooks and journals) either print or electronic

b) a computerized literature search system and electronic medical databases.

5. Patient Population

a) The inpatient and ambulatory care population must provide experience with patients whose illnesses are encompassed by, and help to define, the subspecialty.

b) There must be patients of both sexes, with a broad age range, including geriatric patients.

c) A sufficient number of patients must be available to ensure adequate inpatient and ambulatory experience for each subspecialty fellow without diluting the experience of the residents in the general internal medicine residency program.

6. Pathology Material

a) All deaths of patients who received care by fellows must be reviewed and autopsies performed whenever possible.

b) Fellows must receive autopsy reports after autopsies are completed on their patients.

7. Support Services

a) Administrative support must include adequate secretarial and administrative staff and technology to support the program director.

b) Inpatient clinical support services must be available on a 24-hour basis to meet reasonable and expected demands, including intravenous services, phlebotomy services, messenger/transporter services, and laboratory and radiologic information retrieval systems that allow prompt access to results.

c) Consultations from other clinical services in the hospital must be available in a timely manner. All consultations should be performed by or under the supervision of a qualified specialist.

IV. Fellow Appointment

A. Eligibility Criteria

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

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfer

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

D. Appointment of Specialty Fellows and Other Students

The appointment of fellows, other specialty residents, or students or trainees from programs not accredited by the ACGME must not dilute or detract from the educational opportunities of internal medicine fellows.

E. Fellows responsibilities and professional relationships

Fellows must have clearly defined written lines of responsibility for all clinical experiences.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments. For each rotation or major learning experience, the written goals and objectives:

- should include the educational purpose; teaching methods; the mix of diseases, patient characteristics, and types of clinical encounters, procedures, and services; reading lists, pathological material, and other educational resources to be used; and the method for evaluation of fellows competence;
- must define the level of fellows' supervision by faculty members in all patient-care activities; and
- should be reviewed and revised at least every three years by faculty members and fellows to keep it current and relevant.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

C. Fellows Scholarly Activities and Research

- Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.
- Participation in an active research program is an essential component for fellows enrolled in subspecialty fellowship training programs of 24 months or greater duration.
 - The program must ensure a meaningful, supervised research experience with appropriate protected time for each fellow—either in blocks or concurrent with clinical rotations—while maintaining the essential clinical experience.
 - Fellows must be advised and supervised by qualified faculty members in the conduct of research.
 - Fellows must learn the standards of ethical conduct of research, design and interpretation of research studies, respon-

sible use of informed consent, and research methodology, and interpretation of data.

- d) The majority of fellows must demonstrate evidence of recent research productivity through:
- (1) publication (manuscripts or abstracts) in peer-reviewed journals, or
 - (2) abstracts presented at national specialty meetings
- (N.B.: Training programs in critical care medicine, internal medicine-geriatric medicine, and internal medicine-sports medicine are exempt from this requirement relative to research productivity by fellows.)

D. ACGME Competencies

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

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

E. Didactics

1. Inpatient and Consultation Teaching
 - a) Teaching and management rounds are usually combined in subspecialty training programs. These rounds must be patient-based sessions in which current cases are presented as a basis for discussion of such points as interpretation of clinical data, pathophysiology, differential diagnosis, specific management of the patient, the appropriate use of technology, the incorporation of evidence and patient values in clinical decision making, and disease prevention.
 - b) The total teaching time spent in combined management and teaching rounds must exceed by a minimum of 5 hours per week the time required to supervise the care of patients.
2. Conferences and Seminars
 - a) Conferences must be conducted regularly as scheduled and must be attended by faculty and fellows. At a minimum, these must include:
 - (1) at least one clinical conference weekly,
 - (2) one literature review conference (journal club) monthly, and
 - (3) one research conference monthly.
 - (4) at least one core curriculum conference weekly, when averaged over 1 year.

- (a) The core curriculum conference series must include the basic sciences relevant to the subspecialty;
 - (b) The core curriculum conference series must cover the major clinical topics in the subspecialty;
 - (c) The core curriculum conference series must repeat often enough, or be made available for review on tape or electronically, to afford each fellow an opportunity to attend or review most of the core conference topics;
- b) Fellows must participate in formal review of gross and microscopic pathological material from patients who have been under their care.
- c) Fellows must participate in planning and in conducting conferences.
3. Interdisciplinary Topics
 - a) Fellows should become proficient in the critical assessment of medical literature, medical informatics, clinical epidemiology, and biostatistics.
 - b) Educational experiences should include instruction in the following: clinical ethics, medical genetics, quality assessment, quality improvement, patient safety, risk management, preventive medicine, pain medicine, end-of-life care, and physician impairment.

F. Clinical

1. Ambulatory medicine

- a) There must be on-site faculty whose primary responsibilities must include the supervision and teaching of fellows.
- b) Fellows must be able to obtain appropriate and timely consultation from other specialties for their ambulatory patients.
- c) There should be services available from other health-care professionals such as nurses, social workers, language interpreters, and dietitians.

2. Experience with continuity ambulatory patients

- a) Fellows must have a continuity ambulatory clinic experience 1/2-day each week to develop a continuous healing relationship with patients for whom they provide subspecialty care. This continuity experience should expose fellows to the breadth and depth of the subspecialty. (N.B.: May vary by subspecialty.)

This may be accomplished by either

 - (1) A single continuity clinic for the length of the accredited fellowship, or
 - (2) Blocks of at least 6 months duration for the length of the accredited fellowship.
- b) Each fellow should, on average, be responsible for four to eight patients during each 1/2-day session.
- c) Over the course of accredited training, each fellow's panel of patients must include at least 25% of patients from each gender.
- d) Each fellow's clinical experiences with ambulatory patients must provide fellows the opportunity to observe and to learn the course of disease.
- e) The continuing patient-care experience should not be interrupted by more than 1 month, excluding a fellow's vacation.
- f) During the continuity experience, arrangements should be made to minimize interruptions of the experience by fellows' duties on inpatient and consultation services.
- g) It is suggested that fellows be informed of the status of their continuity patients when they are hospitalized so the fellow can make appropriate arrangements to maintain continuity of care.

3. Procedures

- a) Fellows must develop a comprehensive understanding of indications, contraindications, limitations, complications, tech-

niques, and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline.

- b) Fellows must acquire knowledge of and skill in educating patients about the rationale, technique, and complications of procedures and in obtaining procedure-specific informed consent.
- c) Faculty supervision of procedures performed by each fellow must occur until proficiency has been acquired and documented by the program director
- d) Each program must
 - (1) identify key procedures.
 - (2) define a standard for proficiency.
 - (3) document achievement of proficiency.
 - (4) assure that fellows log all key procedures performed.

VI. Fellow Duty Hours and the Work Environment

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

A. Supervision of Fellows

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

B. Duty Hours

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

C. On-Call Activities

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

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

D. Moonlighting

1. Because fellowship education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hour Exception

The RRC for Internal Medicine will not consider requests for exceptions to the limit to 80 hours per week, averaged monthly.

G. Service versus education

A sponsoring institution must not place excessive reliance on fellows to meet the service needs of the participating training sites.

1. Fellows must not be required to provide routine intravenous, phlebotomy, or messenger/transporter services.
2. Fellows' service responsibilities must be limited to patients for whom the teaching service has diagnostic and therapeutic responsibility.

3. The admission and continuing care of patients by fellows must be limited to those patients on the teaching service.

H. Grievance Procedures and Due Process

1. In the event of an adverse annual evaluation, a fellow must be offered an opportunity to address a judgment of academic deficiencies or misconduct before a formally constituted clinical competence committee.
2. There must be a written policy that ensures that academic due process is provided.

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the fellowship program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b) Assessment should include the regular and timely performance feedback to fellows that includes at least semi-annual written evaluations, and a formal evaluation of knowledge, skills, and professional growth of fellows and required counseling by the program director. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.

c) Permanent records of both of the evaluation and counseling sessions (and any others that occur) for each fellow must be maintained in the fellow's file and must be accessible to the fellow and other authorized personnel.

(1) The record of evaluation should document the fellow's achievement of the competencies using appropriate evaluation methods.

(2) The record of evaluation should document that records were maintained by documentation logbook or by an equivalent method to demonstrate that fellows have achieved competence in the performance of invasive procedures. These records must state the indications and complications and include the names of the supervising physicians. Such records must be of sufficient detail to permit use in future credentialing.

(3) The record of evaluation should document that fellows were evaluated in writing and their performance reviewed with them verbally on completion of each rotation period, and at least quarterly for longitudinal assignments.

(4) The record of evaluation should document that fellows were evaluated in writing and their performance in continuity clinic reviewed with them verbally on at least a semi-annual basis.

d) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, including nurses, to achieve progressive improvements in fellows' competence and performance.

2. Final (Summative) Evaluation

The program director must provide a final evaluation for each fellow who completes the program. The evaluation must include a review of the fellow's performance during the final pe-

riod of education and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty and Rotation Assessment

1. The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows. Provision must be made for fellows to confidentially provide written evaluations of each teaching attending at the end of a rotation or assignment, and for the evaluations to be reviewed with faculty annually.

2. In addition to evaluation of the effectiveness of teaching of the faculty, fellows must evaluate the effectiveness of the rotation or assignment in achievement of the goals and objectives identified in the curriculum for that rotation or assignment.

3. The results of the evaluations must be used for counseling faculty, for selecting faculty for teaching assignments, and for annual program review (see below).

C. Program

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' annual confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

a) In addition, annually the fellows must evaluate in writing the effectiveness of the program in achievement of the goals and objectives identified in the curriculum. The evaluation should include the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the effectiveness of inpatient and ambulatory teaching, the performance of faculty members, and the quality of supervision of fellows.

2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the fellowship program.

a) At least 80% of those eligible to take an ABIM subspecialty certifying examination upon completion of their training for the most recently 5 year period must have taken an ABIM subspecialty certifying examination.

(Note: Five-year rolling pass rate for first time takers of the ABIM certifying examination will be examined at each program review.)

VIII. Experimentation and Innovation

A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

B. Performance Improvement Process

1. The program should identify and participate in at least one ongoing performance improvement (PI) activity which relates to the competencies.
2. The PI activity must involve both fellows and faculty in planning and implementing.
3. The PI activity should result in measurable improvements in patient care or fellowship education.

IX. Board Certification

Fellows who plan to seek certification in the specific subspecialty by the American Board of Internal Medicine should communicate with the office of the board regarding the full requirements for certification.

X. Subspecialty Specific Program Requirements

The Program Requirements for training programs in a specific subspecialty may exceed the minimum requirements set forth above.

Approved ACGME: September 28, 2004 Effective: July 1, 2005

Program Requirements for Fellowship Education in Cardiovascular Disease (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program

- A. A subspecialty educational program in cardiology must be organized to provide training and supervised experience in the evaluation and management of a wide variety of patients with acute and chronic cardiovascular conditions. The training and experience must be at a sufficient level for the fellow to acquire the competency of a specialist in the field.
- B. The program must have, at a minimum, the following experiences.
1. The training program must be 3 years in duration.
 2. There must be at least 24 months of clinical training, including inpatient and special experiences.
 - a) A minimum of 12 months must be spent in the following areas:
 - (1) Four months in the cardiac catheterization laboratory
 - (2) Six months in noninvasive cardiac evaluations, consisting of:
 - (a) three months of echocardiography and Doppler;

- (b) two months of nuclear cardiology, to include the fellow's active participation in daily nuclear cardiology study interpretation (a minimum of 80 hours) during the rotation; and
- (c) one month of other noninvasive cardiac evaluations, which includes at least
 - (i) exercise stress testing,
 - (ii) ECG interpretation, and
 - (iii) ambulatory ECG monitoring.
 - (iv) cardiovascular magnetic resonance and other techniques (e.g., electron beam or fast helical computed tomography)

These rotations may be done in conjunction with other block rotations or concurrently with other clinical rotations.

- (3) Two months devoted to electrophysiology, pacemaker follow-up and ICDs.

b) Additional Clinical Experience

There must be at least 9 months of non-laboratory clinical practice activities (e.g., consultations, cardiac care units, postoperative care of cardiac surgery patients, congenital heart disease, heart failure/cardiac transplantation, preventive cardiology, and vascular medicine).

XII. Faculty

- A. The program must provide a minimum of four institutionally based key clinical faculty members, including the program director.
- B. In programs with a total of more than six fellows enrolled, a ratio of key clinical faculty to fellows of at least 1:1.5 must be maintained.

XIII. Facilities and Resources

In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

- A. Diagnostic Laboratory Services.
No additional resources required.
- B. Imaging
Cardiac radionuclide laboratories must be available.
- C. Surgery and Pathology
1. An active cardiac surgery program.
 2. A cardiac surgery intensive care unit.
- D. Other Facilities, Resources or Support Services
1. ECG, ambulatory ECG, and exercise testing laboratories
 2. Echocardiography laboratories, including Doppler and transesophageal echocardiography
 3. Cardiac catheterization laboratories, including cardiac hemodynamics and a full range of interventional cardiology
 4. Invasive electrophysiology laboratories (N.B.: These may be located at institutions other than at the primary training site.)
 5. Coronary intensive care unit
 6. Services for placement of pacemakers, implantable cardioverter/defibrillator, and follow-up
 7. Pulmonary function laboratories
 8. Peripheral vascular laboratories
- E. Patient Population.

See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIV. Specific Program Content

A. Clinical Experience

1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the prevention, evaluation and management of both inpatients and outpatients with the following:
 - a) chronic coronary heart disease
 - b) congestive heart failure
 - c) arrhythmias
 - d) acute myocardial infarction and other acute ischemic syndromes
 - e) lipid disorders
 - f) hypertension
 - g) cardiomyopathy
 - h) valvular heart disease
 - i) pulmonary heart disease and pulmonary embolism
 - j) peripheral vascular disease
 - k) infections and inflammatory heart disease
 - l) cardiovascular rehabilitation
2. Fellows must have formal instruction and clinical experience in the prevention, evaluation and management of both inpatients and outpatients with the following:
 - a) adult congenital heart disease
 - b) pericardial disease
 - c) cardiovascular trauma

B. Technical and Other Skills

1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the performance of the following:
 - a) elective cardioversion
 - b) insertion and management of temporary pacemakers, including transvenous and transcutaneous
 - c) programming and follow-up surveillance of permanent pacemakers
 - d) bedside right heart catheterization
 - e) right and left heart catheterization including coronary arteriography; fellows must participate in a minimum of 100 catheterizations.
 - f) exercise stress testing; fellows must perform a minimum of 50 stress ECG tests
 - g) echocardiography; fellows must perform a minimum of 75 and interpret a minimum of 150 studies, including transesophageal cardiac studies
2. Fellows must have formal instruction, clinical experience, and demonstrate competence in the interpretation of the following:
 - a) chest x-rays
 - b) electrocardiograms; a minimum of 3500 electrocardiograms
 - c) ambulatory ECG recordings; a minimum of 150 ambulatory ECG recordings
 - d) radionuclide studies of myocardial function and perfusion
3. Fellows must have formal instruction and clinical experience in performing the following:
 - a) intracardiac electrophysiologic studies
 - b) intra-aortic balloon counterpulsation
 - c) percutaneous transluminal coronary angioplasty and other interventional procedures
 - d) programming and follow-up surveillance of ICDs
 - e) pericardiocentesis

C. Formal Instruction

The training program must provide formal instruction for the fellows to acquire knowledge of the following content areas:

1. Basic science, including
 - a) cardiovascular anatomy
 - b) cardiovascular physiology

- c) cardiovascular metabolism
 - d) molecular biology of the cardiovascular system
 - e) cardiovascular pharmacology, including drug metabolism, adverse effects, indications, the effects on aging, relative costs of therapy, and the effects of non-cardiovascular drugs upon cardiovascular function
 - f) cardiovascular pathology
 - g) genetic causes of cardiovascular disease
2. Prevention of cardiovascular disease, including
 - a) epidemiology and biostatistics
 - b) risk factors
 - c) lipid disorders
 3. Evaluation and management of patients with
 - a) cerebrovascular disease
 - b) heart disease in pregnancy
 4. Management of
 - a) preoperative and postoperative patients
 - b) cardiac transplant patients
 - c) geriatric patients with cardiovascular disease
 5. Diagnostic techniques, including
 - a) magnetic resonance imaging
 - b) fast computed tomography
 - c) positron emission tomography

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Program Requirements for Fellowship Education in Clinical Cardiac Electrophysiology (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program

- A. A subspecialty educational program in clinical cardiac electrophysiology (CCEP) must function as an integral component of an accredited subspecialty fellowship in cardiovascular disease and must be organized to provide training and supervised experience at a sufficient level for the fellow to acquire the competency of a specialist in the field.
- B. The CCEP program must be 1 year in length.
- C. All applicants entering CCEP must have completed an ACGME-accredited cardiovascular disease program. (N.B.: For exceptions, see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.)

XII. Faculty

- A. There must be a minimum of two key clinical CCEP faculty members, including the program director.
- B. In programs with a total of more than two fellows, a ratio of key clinical faculty to fellows of at least 1:1 must be maintained.

XIII. Facilities and Resources

In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

- A. Diagnostic Laboratory Services
No additional resources required.

B. Imaging

Cardiac radionuclide laboratories.

C. Surgery and Pathology

1. An active cardiac surgery program.
2. A cardiac surgery intensive care unit.

D. Other Facilities, Resources or Support Services

1. A clinical cardiac electrophysiologic laboratory for invasive intracardiac electrophysiologic studies and catheter ablation ECG. The electrophysiology laboratory must contain appropriate cardiac fluoroscopic equipment, programmable stimulator, recording devices, and resuscitative equipment.
2. An outpatient clinic.
3. A follow-up program to care for patients with pacemakers and implantable cardioverters/defibrillators (ICDs).
4. A cardiac intensive care unit.

E. Patient Population

See *Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine*.

(3) The program director of the CCEP training program will be expected to ensure the competency of the fellow in the following:

- (a) Electrode catheter introduction
- (b) Electrode catheter positioning in atria, ventricles, coronary sinus, His bundle area, and pulmonary artery
- (c) Stimulating techniques to obtain conduction times and refractory periods and to initiate and terminate tachycardias
- (d) Recording techniques, including an understanding of amplifiers, filters, and signal processors
- (e) Measurement and interpretation of data

c) therapeutic catheter ablation procedures

- (1) A minimum of 75 catheter ablative procedures, including postdiagnostic testing, will be required for each fellow
- (2) These cases must include a mix of AV nodal reentrant tachycardia and accessory pathway modification, atrial tachycardia and atrial flutter, AV junctional ablation and modification, and ventricular tachycardia ablation.

d) implantation of cardioverter/defibrillators and pacemakers

- (1) Participation in a minimum of 25 initial ICD and 50 pacemaker procedures will be required for each fellow.
- (2) Device programming, with a minimum of 100 interrogations.
- (3) Noninvasive programmed stimulation for arrhythmia induction through the device
- (4) Defibrillation threshold testing
- (5) Final prescription of anti-tachycardia pacing and defibrillation therapies

2. Fellows must have formal instruction, clinical experience, and demonstrate competence in the interpretation of the following:

- a) activation sequence mapping recordings
- b) invasive intracardiac electrophysiologic studies, including endocardial electrogram recording
- c) relevant imaging studies, including chest radiography
- d) tilt testing
- e) electrocardiograms and ambulatory ECG recordings
- f) continuous in-hospital ECG recording
- h) advanced electrocardiographic methods of risk stratification
- i) stress test ECG recordings
- j) transtelephonic ECG readings

XIV. Specific Program Content

A. Clinical Experience

1. Special Clinical Experiences

Fellows must have formal instruction, clinical experience, and demonstrate competence in:

- a) the prevention, evaluation and management of both inpatients and outpatients with the following disorders:
 - (1) disorders of cardiac rhythm, including but not limited to
 - (a) sinus node dysfunction,
 - (b) atrioventricular (AV) and intraventricular block, and
 - (c) supraventricular and ventricular tachyarrhythmias.
 - (2) unexplained syncope
 - (3) aborted sudden cardiac death
 - (4) palpitations
 - (5) Wolff-Parkinson-White (WPW) syndrome, and
 - (6) Prolonged QT syndrome.
- b) consultation to physicians in other disciplines
- c) the care of patients in the cardiac care unit, emergency room, or other intensive care settings.
- d) the care of the patient before and after an electrophysiologic procedure.
- e) the care of patients with postoperative arrhythmias.
- f) outpatient follow-up of patients treated with drugs, devices, or surgery.
- g) electrocardiography; proficiency in the interpretation of the standard 12-lead ECG, stress testing, ambulatory ECG recording, signal-averaged ECG, and telephone-transmitted ECGs.
- h) the care of patients with temporary and permanent pacemakers.
- i) the care of patients with ICDs.

B. Technical and Other Skills

1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the performance of the following:

- a) noninvasive testing relevant to arrhythmia diagnoses and treatment,
- b) invasive electrophysiologic testing
 - (1) The fellow must perform an average of three or more electrophysiology invasive diagnostic/interventional catheter procedures per week as the primary operator or as an assistant closely involved with data collection and analysis.
 - (2) A minimum of 150 intracardiac procedures must be performed by each fellow. Of these procedures, at least 75 studies related to supraventricular arrhythmia are required.

C. Formal Instruction

The training program must provide formal instruction for the fellows to acquire knowledge of the following content areas:

1. basic cardiac electrophysiology, including but not limited to genesis of arrhythmias, normal and abnormal electrophysiologic responses, autonomic influences, effects of ischemia, drugs, and other interventions.
2. clinical cardiac electrophysiology.
3. arrhythmia control device management
4. the genetic basis of pathological arrhythmias.
5. epidemiology of arrhythmias.
6. clinical trials of arrhythmia management and their impact on clinical practice.

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Program Requirements for Fellowship Education in Critical Care Medicine (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program

- A. A subspecialty educational program in critical care medicine must be organized to provide training and supervised experience at a sufficient level for the fellow to acquire competency in managing critically ill patients and in supervising critical care units.
- B. It must be 2 years in duration, except under the following circumstances:
1. Programs that accept only those who have completed training in an accredited program in one of the subspecialties of internal medicine may be organized to offer a single year of training.
 2. Programs organized to provide critical care medicine training in association with an accredited program in one of the subspecialties of internal medicine may fulfill training requirements by devoting 12 months to critical care in addition to the required training in the other subspecialty.
- C. A minimum of 12 months must be devoted to clinical experiences in critical care.
- D. The program must provide fellows with 9 months of clinical training, of which
1. at least 6 months of which must be devoted to the care of critically ill medical patients (i.e., MICU/CICU or equivalent), and
 2. at least 3 months to the care of critically ill non-medical patients (i.e., SICU, Burn Unit, Transplant Unit, Neurointensive Care, or equivalent). This experience should consist of at least one month of direct patient care activity, with the remainder being fulfilled with either consultative activities or with direct care of such patients.

XII. Faculty

- A. The program director and the critical care teaching staff must have primary responsibility for the admission, treatment, and discharge of all patients under the care of critical care fellows.
- B. The critical care clinical teaching faculty at the primary training site must include each of the following:
1. There must be a minimum of 3 key clinical faculty members, including the program director.
 2. For programs with more than three fellows, there must be one key clinical faculty member per additional fellow.
 3. There must be American Board of Internal Medicine (ABIM) subspecialty certified clinical faculty members in nephrology, gastroenterology, pulmonary, cardiology, infectious disease, hematology, oncology, and geriatric medicine who participate in the educational program.
 4. Faculty members in anesthesiology, neurology, and neurosurgery must be certified in their specialty by the American Board of Medical Specialties (ABMS) Board.
- C. Faculty from several related disciplines such as general surgery, thoracic surgery, urology, orthopedic surgery, obstetrics-gynecology, neurology, neurosurgery, emergency medicine, anesthesiology, cardiovascular surgery, and vascular surgery must be available to participate in the training program.

XIII. Facilities and Resources

In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

A. Diagnostic Laboratory Services

A supporting laboratory must be available to provide complete and prompt laboratory evaluation.

B. Imaging

Timely bedside imaging services.

C. Surgery and Pathology

1. An active open heart surgery program.
2. An accredited residency program in general surgery.

D. Other Facilities, Resources or Support Services

1. To provide opportunities for peer interaction in the care of critically ill patients, the primary training site should sponsor three accredited subspecialty programs from the following disciplines: cardiovascular disease, gastroenterology, infectious diseases, nephrology, or pulmonary disease.
2. An active emergency service must be available.
3. The critical care unit(s) must be located in a designated area within the hospital and must be constructed and designed specifically for the care of critically ill patients
4. Whether operating in separate locations or in combined facilities, the program must provide the equivalent of a medical intensive care unit (MICU), a surgical intensive care unit (SICU), and a coronary intensive care unit (CICU).
5. The MICU must be at the primary training site and should be the focus of a teaching service in which the program director in critical care medicine is responsible for the educational program.
6. Facilities must be adequate to care for patients with acute myocardial infarction, severe trauma, shock, recent open heart surgery, recent major thoracic or abdominal surgery, and severe neurologic and neurosurgical conditions.
7. A sufficient number of knowledgeable personnel and the necessary equipment to care for critically ill patients must be available. Personnel must include specially trained nurses and technicians who are skilled in critical care instrumentation, respiratory function, and laboratory medicine.
8. Nutritional support services must be available.

E. Patient Population

1. In units to which a fellow is assigned, an average census of at least five patients per fellow is required.
2. Because critical care medicine is multidisciplinary in nature, the program must provide opportunities to manage adult patients with a wide variety of serious illnesses and injuries requiring treatment in a critical care setting
3. The program must provide additional clinical experience with other critically ill patients, which may include surgical, shock/trauma, and neurologic/neurosurgical intensive care units; pediatric intensive care unit; burn unit; dialysis unit; anesthesia service; cardiac catheterization laboratory; high-risk pregnancy intensive care unit; and transplant unit.

XIV. Specific Program Content

A. Clinical Experience

1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the evaluation and management of patients with
 - a) Circulatory disorders

- b) Shock Syndromes
 - c) Cardiovascular diseases
 - d) Sepsis and sepsis syndrome
 - e) Hypertensive emergencies
 - f) Acute and chronic respiratory failure
 - g) Acute metabolic disturbances, including overdosages and intoxication syndromes
 - h) Multi-organ system failure
 - i) Electrolyte and acid-base disorders
 - j) Metabolic, nutritional, and endocrine effects of critical illnesses
 - k) Hematologic and coagulation disorders associated with critical illness
2. Fellows must have formal instruction, clinical experience and demonstrate competence in:
- a) Management of the immunosuppressed patient
 - b) Management of anaphylaxis and acute allergic reactions
 - c) Hemodynamic and ventilatory support of patients with organ system damage or in the post operative period
 - d) Use of paralytic agents and sedative and analgesic drugs
 - e) Detection and prevention of iatrogenic and nosocomial problems in critical care medicine
 - f) Psychosocial and emotional effects of critical illnesses on patients and their families
 - g) Management of end of life issues and palliative care
3. Fellows must have formal instruction and clinical experience in the evaluation and management of patients:
- a) With trauma
 - b) With neurosurgical emergencies
 - c) With disorders of the cardiovascular, respiratory, renal, gastrointestinal, genitourinary, neurologic, endocrine, hematologic, musculoskeletal, and immune systems as well as of infectious diseases
 - d) With critical obstetric and gynecologic disorders
 - e) After discharge from the critical care unit. To assess the various aspects of critical care, the fellow should learn about former critical care patients after hospital discharge.

B. Technical and Other Skills

The program must be structured to permit all critical care fellows to develop the requisite procedural and technical skills, including the ability to interpret data derived from various bedside devices commonly employed to monitor patients in the critical care setting.

1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the following:
- a) Airway Management
 - b) Use of a variety of positive pressure ventilatory modes, to include:
 - (1) initiation, maintenance, and weaning of ventilatory support
 - (2) respiratory care techniques;
 - (3) withdrawal of mechanical ventilatory support
 - c) Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry
 - d) Management of pneumothorax (needle insertion and drainage system)
 - e) Insertion of chest tubes and drainage systems
 - f) Insertion of arterial, central venous, and pulmonary artery balloon flotation catheters
 - g) Emergency cardioversion
 - h) Interpretation of intracranial pressure monitoring
 - i) Operation of bedside hemodynamic monitoring systems
 - j) Nutritional support

C. Formal Instruction

The training program must provide formal instruction for the fellows to acquire knowledge of the following content areas:

1. Pericardiocentesis
2. Transvenous pacemaker insertion
3. Percutaneous needle biopsies
4. Renal replacement therapy
5. Pharmacokinetics, pharmacodynamics, and drug metabolism and excretion in critical illness
6. Principles and techniques of administration and management of an MICU.
7. Ethical, economic, and legal aspects of critical illness
8. Skills required to organize, administer, and direct a critical care unit and to work effectively as a member of a multidisciplinary team.
9. Skills required to organize, administer and direct a respiratory therapy section and to work effectively as a member of a multidisciplinary team.
10. Recognition and management of the critically ill from disasters, including those caused by chemical and biological agents.
11. Management of critical illness in pregnancy.
12. Quality improvement and patient safety activities in the intensive care unit.

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Program Requirements for Fellowship Education in Endocrinology, Diabetes, and Metabolism (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program

- A. A subspecialty educational program in endocrinology, diabetes, and metabolism must be organized to provide training and experience at a sufficient level for the fellow to acquire the competency of a specialist in the field.
- B. It must be 2 years in duration.
- C. A minimum of 12 months must be devoted to clinical experiences.

XII. Faculty

See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIII. Facilities and Resources

In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, other facilities and resources must be present at the primary training site:

A. Diagnostic Laboratory Services

1. Complete biochemistry laboratory and facilities for hormonal immunoassay.
2. Access to karyotyping and immunohistologic studies.

B. Imaging Services

Imaging services must include nuclear, ultrasound, and radiologic facilities, including bone densitometry.

C. Surgical and Pathological Services

No additional facilities required.

D. Other Facilities, Resources or Services

There must be a close working relationship with dietary and/or nutrition services, as well as specialists in surgery, nephrology, neurology and neurosurgery, obstetrics and gynecology, ophthalmology, pediatrics, podiatry, and urology.

E. Patient Population

1. There must be a sufficient population of inpatients and outpatients representing the full range of endocrinologic disorders.
2. Adolescents must be included in this patient population.

XIV. Specific Program Content

A. Clinical Experience

1. The fellows must be given opportunities to assume responsibility for and follow patients throughout the training period in both inpatient and outpatient settings to observe the evolution and natural history of endocrine disorders, as well as the effectiveness of therapeutic interventions. To accomplish these goals, the program must include a minimum of 2 half days of ambulatory care per week averaged over the 2 years of training, which includes the continuity ambulatory experience. Yet, the RRC suggests that 3 half days of ambulatory care per week occur.
2. The fellows must be given opportunities to function in the role of an endocrinology consultant in both the inpatient and outpatient settings.
3. Fellows must have formal instruction, clinical experience, and demonstrate competence in the evaluation and management of hormonal problems including diseases, infections, neoplasms and other causes of dysfunction of the following endocrine organs:
 - a) Hypothalamus and pituitary
 - b) Thyroid
 - c) Adrenal cortex and medulla
 - d) Pancreatic islets
 - e) Ovaries and testes
 - f) Parathyroid
4. Fellows must have formal instruction, clinical experience, and demonstrate competence in the evaluation and management of type 1 and type 2 diabetes including:
 - a) Acute, life-threatening complications of hyper- and hypoglycemia
 - b) Intensive insulin management in critical care and surgical patients
 - c) Long term goals, counseling, education and monitoring
 - d) Intensive management of glycemic control in the ambulatory setting
 - e) Prevention and surveillance of microvascular and macrovascular complications
 - f) Diabetes detection and management during pregnancy
 - g) Multidisciplinary diabetes education and treatment program
5. Fellows must have formal instruction, clinical experience, and demonstrate competence in the evaluation and management of multifactorial disorders associated with hormonal regulation including:
 - a) Disorders of fluid, electrolyte, and acid-base metabolism
 - b) Disorders of bone and mineral metabolism with particular emphasis on the diagnosis and management of osteoporosis
 - c) Calcium, phosphorus, and magnesium imbalance.
 - d) Diagnosis and management of ectopic hormone production
 - e) Endocrine adaptations and maladaptations to systemic diseases

- f) Endocrine aspects of psychiatric diseases
- g) Parenteral nutrition support
- h) Nutritional disorders of obesity, anorexia nervosa, and bulimia
- i) Diagnosis and management of lipid and lipoprotein disorders
- j) Genetic screening and counseling for endocrine and metabolic disorders

B. Technical and Other Skills

1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the performance of the following:
 - a) Interpretation of laboratory studies, including the effects of non-endocrine disorders on these studies.
 - (1) Interpretation of hormone assays
 - (2) Performance and interpretation of stimulation and suppression tests
 - b) Interpretation of radiologic studies for diagnosis and treatment of endocrine and metabolic diseases
 - (1) radionuclide localization of endocrine tissue
 - (2) ultrasonography of the soft tissues of the neck
 - c) Performance of fine needle aspiration of the thyroid.
2. Fellows must have formal instruction and clinical experience with the following:
 - a) Radiologic measurement of bone density and other tests used in the management of osteoporosis and other metabolic bone diseases.
 - b) Radiologic studies used in the evaluation of patients with endocrine disorders, such as CT, and MRI.

C. Formal Instruction

The curriculum must emphasize biochemistry and physiology, including cell and molecular biology, as they relate to endocrinology, diabetes, and metabolism. The appropriate utilization and interpretation of clinical laboratory, radionuclide, and radiologic studies for the diagnosis and treatment of endocrine and metabolic diseases must be stressed. Formal instruction must include:

1. Genetics as it relates to endocrine diseases
2. Developmental endocrinology, including growth and development, sexual differentiation, and pubertal maturation
3. Endocrine physiology and pathophysiology in systemic diseases and principles of hormone action
4. Biochemistry and physiology, including cell and molecular biology and immunology, as they relate to endocrinology and metabolism
5. Signal transduction pathways and biology of hormone receptors performance of endocrine clinical laboratory and radionuclide studies and basic laboratory techniques, including quality control, quality assurance, and proficiency standards.
6. Pathogenesis and epidemiology of diabetes mellitus
7. Whole organ and islet cell pancreatic transplantation

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Program Requirements for Fellowship Education in Gastroenterology (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program

- A. A subspecialty educational program in gastroenterology must be organized to provide training and experience at a sufficient level for the fellow to acquire the competency of a specialist in the field.
- B. It must be 3 years in duration.
- C. A minimum of 18 months must be devoted to clinical experiences. Hepatology should comprise at least 5 months of this experience.
- D. The training program must provide opportunities for fellows to develop clinical competence in the field of gastroenterology, including hepatology, endoscopy, clinical nutrition, and gastrointestinal oncology.

XII. Faculty

- A. The program must provide a minimum of four institutionally based key clinical faculty members, including the program director.
- B. In programs with a total of more than six fellows enrolled, a ratio of key clinical faculty to fellows of at least 1:1.5 must be maintained.
- C. At least one key clinical faculty member should have demonstrated expertise and primary focus in hepatology and one or more in all aspects of endoscopy including advanced procedures.

XIII. Facilities and Resources

In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

A. Diagnostic Laboratory Services

1. There must be a procedure laboratory completely equipped to provide modern capability in gastrointestinal procedures. This equipment must include an up-to-date array of complete diagnostic and therapeutic endoscopic instruments and accessories plus esophageal motility instrumentation.
2. Facilities for parasitology testing should be provided.

B. Imaging

No additional resources required.

C. Surgery and Pathology

No additional resources required.

D. Other Facilities, Resources or Support Services

1. Supporting services including pathology, diagnostic radiology, interventional radiology, medical imaging and nuclear medicine, general surgery, and oncology also must be available.
2. Facilities for the intensive care of critically ill patients with gastrointestinal disorders must be provided, including a working relationship with surgery, oncology, pediatrics, radiology, and pathology services.

E. Patient Population

See *Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine*

XIV. Specific Program Content

A. Clinical Experience

Fellows must have formal instruction, clinical experience, and demonstrate competence in the evaluation and management of the following disorders:

1. Diseases of the esophagus

2. Acid peptic disorders of the gastrointestinal tract
3. Motor disorders of the gastrointestinal tract
4. Irritable bowel syndrome
5. Disorders of nutrient assimilation
6. Inflammatory bowel diseases
7. Vascular disorders of the gastrointestinal tract
8. Gastrointestinal infections, including retroviral, mycotic, and parasitic diseases
9. Gastrointestinal diseases with an immune basis
10. Gallstones and cholecystitis
11. Alcoholic liver diseases
12. Cholestatic syndromes
13. Drug-induced hepatic injury
14. Hepatobiliary neoplasms
15. Chronic liver disease
16. Gastrointestinal manifestations of HIV infections
17. Gastrointestinal neoplastic disease
18. Acute and chronic hepatitis
19. Biliary and pancreatic diseases
20. Women's health issues in digestive diseases
21. Geriatric gastroenterology
22. Gastrointestinal bleeding
23. Cirrhosis and portal hypertension
24. Genetic/inherited disorders
25. Medical management of patients under surgical care for gastrointestinal disorders
26. Management of GI emergencies in the acutely ill patient

B. Technical and Other Skills

1. Fellows must have formal instruction, clinical experience and demonstrate competence in the performance of the following procedures. A skilled preceptor must be available to teach and to supervise the fellows in the performance of these procedures which must be documented in each fellow's record, giving indications, outcomes, diagnoses, and supervisor(s). Assessment of procedural competence should not be based solely on a minimum number of procedures performed, but by a formal evaluation process. These evaluations should include objective performance criteria, for example, rate of successful cecal intubation for colonoscopy.
 - a) Esophagogastroduodenoscopy; fellows must perform a minimum of 130 supervised studies.
 - b) Esophageal dilation; fellows must perform a minimum of 20 supervised studies.
 - c) Flexible sigmoidoscopy; fellows must perform a minimum of 30 supervised studies.
 - d) Colonoscopy with polypectomy; fellows must perform a minimum of 140 supervised colonoscopies and 30 supervised polypectomies.
 - e) Percutaneous liver biopsy; fellows must perform a minimum of 20 supervised studies.
 - f) Percutaneous endoscopic gastrostomy; fellows must perform a minimum of 15 supervised studies.
 - g) Biopsy of the mucosa of esophagus, stomach, small bowel, and colon
 - h) Gastrointestinal motility studies and 24-hour pH monitoring
 - i) Nonvariceal hemostasis (upper and lower); fellows must perform 25 supervised cases, including 10 active bleeders.
 - j) Variceal hemostasis; fellows must perform 20 supervised cases, including five active bleeders.
 - k) Other diagnostic and therapeutic procedures utilizing enteral intubation
 - l) Moderate and conscious sedation

2. Fellows must have formal instruction and clinical experience in the interpretation of the following diagnostic and therapeutic techniques and procedures:
 - a) Gastric, pancreatic, and biliary secretory tests
 - b) Enteral and parenteral alimentation
 - c) Pancreatic needle biopsy
 - d) ERCP, in all its diagnostic and therapeutic applications
 - e) Imaging of the digestive system, including:
 - (1) Ultrasound, including endoscopic ultrasound
 - (2) Computed tomography
 - (3) Magnetic resonance imaging
 - (4) Vascular radiography
 - (5) Contrast radiography
 - (6) Nuclear medicine
 - (7) Percutaneous cholangiography

C. Formal Instruction

The program must include emphasis on the pathogenesis, manifestations, and complications of gastrointestinal disorders, including the behavioral adjustments of patients to their problems. The impact of various modes of therapy and the appropriate utilization of laboratory tests and procedures should be stressed. In addition to formal instruction in the areas outlined above, specific content areas that must be included in the formal educational program (lectures, conferences, seminars, and journal clubs) include the following:

1. Anatomy, physiology, pharmacology, pathology and molecular biology related to the gastrointestinal system, including the liver, biliary tract and pancreas
2. The natural history of digestive diseases
3. Factors involved in nutrition and malnutrition
4. Surgical procedures employed in relation to digestive system disorders and their complications
5. Prudent, cost-effective, and judicious use of special instruments, tests, and therapy in the diagnosis and management of gastroenterologic disorders
6. Liver transplantation
7. Sedation and sedative pharmacology
8. Interpretation of abnormal liver chemistries

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Program Requirements for Residency Education in Internal Medicine Geriatric Medicine

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

I. Educational Program

An educational program in geriatric medicine must be organized to provide a well-supervised experience at a sufficient level for the resident to acquire the competence of a physician with added qualifications in the field. It shall be 12 months in duration. The program must be conducted by an accredited residency program in internal medicine or family practice.

Clinical experience must include opportunities to manage elderly patients with a wide variety of medical problems on an inpatient and outpatient basis. Residents must be given the opportunity to provide both primary care and consultation for patients in acute,

ambulatory, community, and long-term care settings in order to understand the interaction of natural aging and disease as well as the techniques of assessment, therapy, and management. Additionally, residents must be given the opportunity to care for persons who are generally healthy and require primarily preventive health-care measures.

The program should include an emphasis on the physiology of aging, the pathophysiology that commonly occurs in older persons, atypical presentations of illnesses, functional assessment, cognitive status and affective assessment, and concepts of treatment and management in both the acute and long-term care settings, as well as in the community and in the home.

Attention also should be directed to the behavioral aspects of illness, socioeconomic factors, and ethical and legal considerations that may impinge on medical management.

The program must provide the opportunity for residents to maintain their basic primary skills during the course of this training. At least ½ day per week must be spent in a continuity of care experience in the resident's primary discipline.

II. Faculty and Staff

A. Program Director

The program director must be fully committed to the program in order to devote sufficient time to the achievement of the educational goals and objectives. The director must have demonstrated experience in geriatric medicine and must have demonstrated experience in education and scholarly activity and have a career commitment to academic geriatric medicine. The director must be primarily based at the teaching center.

B. Other Teaching Staff

In addition to the program director, each program must have at least one other faculty member with similar qualifications who devotes a substantial portion of professional time to the training program. For programs with more than two residents, there must be 0.5 additional faculty member for each additional resident. Some of these faculty may be part-time in geriatric medicine or drawn wholly from collaborating programs. The faculty commitment must not attenuate the quality of the core residency training program. The program must ensure that interdisciplinary relationships with the following specialties occur: physical medicine and rehabilitation, neurology, and psychiatry. Appropriate relationships with other disciplines, including but not limited to general surgery, orthopedics, ophthalmology, otolaryngology, urology, gynecology, emergency medicine, dentistry, pharmacy, audiology, physical and occupational therapy, speech therapy, and nursing and social services should be maintained. Additionally, a liaison with the physician assistants, when available, should be established.

C. Geriatric Care Team

The resident must have experience with physician-directed interdisciplinary geriatric teams in an acute-care hospital, in a nursing home that includes subacute and long-term care, in a home care setting, and in a family practice center or other outpatient settings. Essential members include a geriatrician, a nurse, and a social worker. Additional members may be included in the team as appropriate, including representatives from disciplines such as neurology, psychiatry, physical medicine and rehabilitation, physical therapy, occupational therapy and speech therapy, dentistry, pharmacy, psychology, and pastoral care. Regular team conferences must be held as dictated by the needs of the individual patient.

III. Facilities/Resources

A patient population adequate to meet the needs of the training program must be available in the facilities in which the educational experiences take place. Elderly patients of both sexes with a variety of chronic illnesses, at least some of whom have potential for rehabilitation, must be available. At all facilities utilized by the program the resident must be given opportunities to assume meaningful patient responsibility. At each setting certain activities are mandated and must be supervised and taught by the appropriate clinician. The program must include the following:

A. Acute-Care Hospital

The acute-care hospital central to the geriatric medicine program must be an integral component of a teaching center. It must have the full range of services usually ascribed to an acute-care general hospital, including intensive care units, emergency medicine, operating rooms, diagnostic laboratory and imaging services, and a pathology department.

B. Long-term Care Institution

One or more long-term care institutions, such as a skilled nursing facility or chronic care hospital, is a necessary component of the geriatric medicine program. Exposure to subacute care and rehabilitation care in the long-term care setting is desirable. The total number of beds available must be sufficient to permit a comprehensive educational experience. The institutions must be approved by the appropriate licensing agencies of the state, and the standard of facilities and care in each must be consistent with those promulgated by the Joint Commission on Accreditation of Healthcare Organizations.

C. Long-term Noninstitutional Care

Noninstitutional care service, for example, home care, day care, residential care, or assisted living, is a major component of the geriatric medicine program. A home care program or home health agency is a necessary resource to permit residents to learn to provide care for patients who are homebound but not institutionalized. Day care or day hospital centers, life care communities, and residential care facilities for the elderly are also desirable training sites.

D. Ambulatory Care Program

The ambulatory care program must comprise a minimum of 33% of the resident's time. Each resident should evaluate approximately one to three new geriatric patients and four to eight follow-up geriatric patients each week. This must include at least ½ day per week spent in a continuity of care experience. This experience must be designed to provide care in a geriatric clinic or family practice center to elderly patients who may require the services of multiple medical disciplines (including but not limited to neurology, gynecology, urology, psychiatry, podiatry, orthopedics, physical medicine and rehabilitation, dentistry, audiology, otolaryngology, and ophthalmology), as well as nursing, social work, and nutrition, among other disciplines. The opportunity to provide continuing care and to coordinate the implementation of recommendations from these medical specialties and disciplines is mandatory. In addition, experiences in relevant ambulatory specialty and subspecialty clinics (e.g., geriatric psychiatry and neurology) and those that focus on geriatric syndromes (e.g., falls, incontinence, osteoporosis) are highly desirable.

E. Additional Educational Environment

Peer interaction is essential for residents. To achieve this goal, an accredited training program in at least one relevant specialty other than internal medicine must be present at the teaching center sponsoring the training program in geriatric medicine.

Involvement in other health care and community agencies is desirable. There must be a formal affiliation agreement between each

long-term care facility included in the program and the sponsoring institution, in which each institution must acknowledge its responsibility to provide high-quality care, adequate resources, and administrative support for the educational mission. In addition, there must be a letter of agreement between each long-term care facility and the office of the director of the geriatric medicine program that guarantees the director appropriate authority at the long-term care institution to carry out the training program.

IV. Specific Program Content

All major dimensions of the curriculum should be structured educational experiences for which written goals and objectives, a specific methodology for teaching, and a method of evaluation exist. A written curriculum that describes the program comprehensively, including sites, educational objectives for each component, and topics to be covered in didactic sessions, should be available to residents and faculty. The curriculum must ensure the opportunity for residents to achieve the cognitive knowledge, psychomotor skills, interpersonal skills, professional attitudes, and practical experience required of a physician who specializes in the care of the aged.

Didactic as well as clinical learning opportunities must be available to the resident. Conferences or seminars/workshops in geriatric medicine should be specifically designed to augment the residents' clinical experiences. Journal club or other activities that foster interaction and develop skills in interpreting the medical literature are necessary.

All deaths of patients who receive care by residents should be reviewed and autopsies performed whenever possible.

As the residents progress through their training, they must have the opportunity to teach personnel such as nurses, allied health personnel, medical students, and residents.

Appropriate faculty supervision of the residents must be provided during all of their educational experiences.

The following components must be provided:

A. Geriatric Medicine Consultation Program

This program must be formally available in the ambulatory setting, the inpatient service, and/or emergency medicine in the acute-care hospital or at an ambulatory setting administered by the primary teaching institution.

B. Long-term Care Experience

In the long-term care institutional setting each resident must have 12 months of continuing longitudinal clinical experience with an assigned panel of patients for whom the resident is the primary provider. Additional block time to provide long-term care experience is encouraged. Emphasis during the longitudinal experience should be focused on (1) the approaches to diagnosis and treatment of the acutely and chronically ill, frail elderly in a less technologically sophisticated environment than the acute-care hospital; (2) working within the limits of a decreased staff-patient ratio compared with acute-care hospitals; (3) a much greater awareness of and familiarity with subacute care physical medicine and rehabilitation; (4) the challenge of the clinical and ethical dilemmas produced by the illness of the very old; and (5) administrative aspects of long-term care.

Experience with home visits and hospice care must be included. The resident must be exposed to the organizational and administrative aspects of home health care. Continuity of care with an assigned panel of home or hospice care patients for whom the resident is the primary provider is essential.

C. Geriatric Psychiatry

Identifiable structured didactic and clinical experiences in geriatric psychiatry must be included in the program of each resident. Be-

havioral sciences such as psychology/social work and others must be included in the curriculum.

D. Curriculum

The training program must provide opportunities for the residents to develop clinical competence in the overall field of geriatric medicine. The curriculum of the program must exhibit, as a minimum, the following content and skill areas:

1. Current scientific knowledge of aging and longevity, including theories of aging, the physiology and natural history of aging, pathologic changes with aging, epidemiology of aging populations, and diseases of the aged.
2. Aspects of preventive medicine, including nutrition, oral health, exercise, screening, immunization, and chemoprophylaxis against disease. Instruction about and experience with community resources dedicated to these activities should be included.
3. Geriatric assessment, including medical, affective, cognitive, functional status, social support, economic, and environmental aspects related to health; activities of daily living (ADL); the instrumental activities of daily living (IADL); the appropriate use of the history, physical and mental examination, and laboratory.
4. Appropriate interdisciplinary coordination of the actions of multiple health professionals, including physicians, nurses, social workers, dietitians, and rehabilitation experts, in the assessment and implementation of treatment.
5. Topics of special interest to geriatric medicine, including but not limited to cognitive impairment, depression and related disorders, falls, incontinence, osteoporosis, fractures, sensory impairment, pressure ulcers, sleep disorders, pain, senior (elder) abuse, malnutrition, and functional impairment.
6. Diseases that are especially prominent in the elderly or that have different characteristics in the elderly, including neoplastic, cardiovascular, neurologic, musculoskeletal, metabolic, and infectious disorders.
7. Pharmacologic problems associated with aging, including changes in pharmacokinetics and pharmacodynamics, drug interactions, overmedication, appropriate prescribing, and adherence.
8. Psychosocial aspects of aging, including interpersonal and family relationships, living situations, adjustment disorders, depression, bereavement, and anxiety.
9. The economic aspects of supporting services, including Title III of the Older Americans Act, Medicare, Medicaid, capitation, and cost containment.
10. Ethical and legal issues especially pertinent to geriatric medicine, including limitation of treatment, competency, guardianship, right to refuse treatment, advance directives, wills, and durable power of attorney for medical affairs.
11. General principles of geriatric rehabilitation, including those applicable to patients with orthopedic, rheumatologic, cardiac, and neurologic impairments. These principles should include those related to the use of physical medicine modalities, exercise, functional activities, assistive devices, environmental modification, patient and family education, and psychosocial and recreational counseling.
12. Management of patients in long-term care settings, including palliative care, knowledge of the administration, regulation, and financing of long-term institutions, and the continuum from short- to long-term care.
13. Research methodologies related to geriatric medicine, including clinical epidemiology, decision analysis, and critical literature review.
14. Perioperative assessment and involvement in management.
15. Iatrogenic disorders and their prevention.

16. Communication skills with patients, families, professional colleagues, and community groups, including presenting case reports, literature searches, and research papers, when appropriate, to peers and lectures to lay audiences.
17. The pivotal role of the family in caring for many elderly and the community resources (formal support systems) required to support both patient and family.
18. Cultural aspects of aging, including knowledge about demographics, health care status of older persons of diverse ethnicities, access to health care, cross-cultural assessment, and use of an interpreter in clinical care. Issues of ethnicity in long-term care, patient education, and special issues relating to urban and rural older persons of various ethnic backgrounds should be covered.
19. Home care, including the components of a home visit, and accessing appropriate community resources to provide care in the home setting.
20. Hospice care, including pain medicine, symptom relief, comfort care, and end-of-life issues.

V. Certification

Those planning to seek a Certificate of Added Qualifications from the American Board of Internal Medicine or the American Board of Family Practice should communicate with the administrative officer of the board as listed in the *Graduate Medical Education Directory* to ascertain the full requirements.

ACGME: February 1998 Effective: July 1998

Program Requirements for Fellowship Education in Hematology (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program

- A. A subspecialty educational program in hematology must be organized to provide training and supervised experience at a sufficient level for the fellow to acquire the competency of a specialist in the field.
- B. The training program must be 2 years in duration.
- C. At least 12 months of the program must be devoted to clinical training.
- D. The program should provide at least 1 month of clinical experience in autologous and allogeneic bone marrow transplantation.
- E. Ambulatory Clinics:
 1. The program must provide fellows with continuity experiences of at least 6 months in duration in an ambulatory care setting at least 1/2 day each week over the 24 months of training.
 2. In addition to continuity clinic, at least 10% of the required 12 months of clinical training must be spent in an ambulatory setting (i.e., the equivalent of 48 half-day sessions).

XII. Faculty

See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIII. Facilities and Resources

In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

A. Diagnostic Laboratory Services

1. hematology laboratory
2. access to a specialized coagulation laboratory (N.B.: These may be located at institutions other than the primary training site.)

B. Radiology and Imaging

1. nuclear medicine imaging,
2. radiation oncology facilities

C. Surgery and Pathology

1. There must be advanced pathology services, including
 - a) immunopathology resources
 - b) blood banking, (N.B.: These may be located at institutions other than the primary training site.)
 - c) transfusion and apheresis facilities.
3. general surgery and surgical specialties.

D. Other Facilities, Resources or Support Services

1. Faculty members who are subspecialty certified by the American Board of Internal Medicine in their respective disciplines in infectious disease, pulmonary disease, endocrinology, gastroenterology, and oncology must be available to participate in the education of fellows in hematology.
2. The program must also participate in a multidisciplinary case management or tumor conference that includes discussion of neoplastic blood disorders and hematologic-oncology protocol studies.
3. There should be a medical oncology clinical program with which hematology fellows can interact formally in an educational experience
4. So that the fellow may see the role of other specialties in the total care of patients with hematologic and/or neoplastic diseases, the program should have the support of
 - a) nursing
 - b) rehabilitation medicine
 - c) pain medicine
 - d) dietetics, and
 - e) social services

E. Patient Population

See *Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine*.

XIV. Specific Program Content**A. Clinical Experience**

1. Fellows must have formal instruction, clinical experience, or opportunities to acquire knowledge and demonstrate competence in the prevention, evaluation, and management of
 - a) Acquired and congenital disorders of red cells, white cells, platelets and stem cells
 - b) Hematopoietic and lymphopoietic malignancies, including disorders of plasma cells
 - c) Congenital and acquired disorders of hemostasis and thrombosis including the use of antithrombotic therapy
 - d) Transfusion medicine, including the evaluation of antibodies, blood compatibility, and the indications for and complications of blood component therapy and apheresis procedures
 - e) Effects of systemic disorders and drugs on the blood, blood-forming organs, and lymphatic tissues

- f) Chemotherapeutic drugs, biologic products, and growth factors; their mechanisms of action, pharmacokinetics, clinical indications, and limitations, including their effects, toxicity, and interactions
 - g) Management and care of indwelling venous access catheters
 - h) Correlation of clinical information with cytology, histology, and immunodiagnostic imaging techniques
 - i) Principles and application of radiation medicine to hematopoietic and lymphopoietic malignancies
 - j) Management of the neutropenic and the immunocompromised patient
 - k) Treatment of patients with disorders of hemostasis and the biochemistry and pharmacology of coagulation factor replacement therapy
 - l) Indications and application of imaging techniques in patients with blood disorders
 - m) Personal development, attitudes, and coping skills of physicians and other health-care professionals who care for critically ill patients
 - n) Pain medicine in patients with blood disorders
 - o) Rehabilitation and psychosocial aspects of clinical management of patients with hematologic disorders
 - p) Palliative care, including hospice and home care
 - q) Recognition and management of paraneoplastic disorders
 - r) Participate in a multidisciplinary case management conference or discussion
 - s) Human immunodeficiency virus-related malignancies
 - t) Care and management of geriatric patients with hematologic disorders
 - u) Principles of, indications for, and complications of autologous and allogeneic bone marrow or peripheral blood stem cell transplantation and peripheral stem cell harvests, including the management of posttransplant complications
 - v) Concepts of supportive care, including hematologic, infectious disease, and nutritional
2. Hematology consultation to other physicians.
 3. Other Experiences
Fellows must have experiences in the use of chemotherapeutic agents and biological products through all therapeutic routes.

B. Technical and Other Skills

1. Fellows must demonstrate competence in the performance and/or (where applicable) interpretation of the following
 - a) Bone marrow aspiration and biopsy
 - b) Preparation, staining, and interpretation of blood smears, bone marrow aspirates, and touch preparations as well as interpretation of bone marrow biopsies
 - c) Complete blood count, including platelets and white cell differential, by means of automated or manual techniques, with appropriate quality control
2. The program should provide formal instruction and clinical experience of the following:
 - a) Apheresis procedures
 - b) Performance and interpretation of partial thromboplastin time, prothrombin time, platelet aggregation, and bleeding time as well as other standard coagulation assays
 - c) Blood banking and current blood bank practice
 - d) Clinical experience in bone marrow or peripheral stem cell harvest for transplantation
 - e) Formal instruction and at least one month of clinical experience in allogeneic and autologous bone marrow or peripheral blood stem cell transplantation and the nature and management of posttransplant complications
 - f) Test of hemostasis

C. Formal Instruction

The training program must provide formal instruction for the fellows to acquire knowledge of the following content areas:

1. Pathogenesis, diagnosis and treatment of disease
 - a) Basic molecular and pathophysiologic mechanisms, diagnosis, and therapy of diseases of the blood, including anemias, diseases of white blood cells and stem cells, and disorders of hemostasis and thrombosis
 - b) Etiology, epidemiology, natural history, diagnosis, pathology, staging, and management of neoplastic diseases of the blood, blood-forming organs, and lymphatic tissues
2. Genetics and Developmental biology
 - a) molecular genetics,
 - b) prenatal diagnosis,
 - c) the nature of oncogenes and their products, and
 - d) cytogenetics,
3. Physiology and Pathophysiology
 - a) cell and molecular biology,
 - b) hematopoiesis,
 - c) principles of oncogenesis
 - d) tumor immunology,
 - e) molecular mechanisms of hematopoietic and lymphopoietic malignancies
 - f) basic and clinical pharmacology, pharmacokinetics, toxicity,
 - g) pathophysiology and patterns of tumor metastases
4. Clinical epidemiology and Biostatistics
 - a) clinical epidemiology and medical statistics,
 - b) clinical study and experimental protocol design, data collection, and analysis
5. Basic principles of laboratory and clinical testing, quality control, quality assurance and proficiency standards
6. Immune markers, immunophenotyping, flow cytometry, cytochemical studies, and cytogenetic and DNA analysis of neoplastic disorders
7. Malignant and hematologic complications of organ transplantation
8. Gene therapy

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Program Requirements for Fellowship Education in Hematology and Oncology (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program

- A. A subspecialty educational program in combined hematology and oncology must be organized to provide training and supervised experience at a sufficient level for the fellow to acquire the competency of a specialist in the field.
- B. The training program must be 3 years in duration.
- C. Clinical experience must include opportunities to observe and manage both inpatients and outpatients with a wide variety of blood and neoplastic disorders.
- D. At least 18 months of the program must be devoted to clinical training.
- E. The fellow must develop competency as a consultant in these disorders, and assume continuing responsibility for acutely and

chronically ill patients in order to observe the evolution of blood diseases and the natural history of cancer as well as the benefits and adverse effects of therapy.

- F. Inpatient assignments should be of sufficient duration to permit continuing care of a majority of the patients throughout their hospitalization.
- G. The program must provide at least 1 month of clinical experience in autologous and allogeneic bone marrow transplantation.
- H. Ambulatory Clinics:
 1. The program must provide fellows with continuity experiences of at least 6 months in duration in an ambulatory care setting at least 1/2 day each week over the 36 months of training.
 2. In addition to continuity clinic, at least 10% of the required 18 months of clinical training must be spent in an ambulatory setting (i.e., the equivalent of 72 half-day sessions).

XII. Faculty

- A. The combined subspecialty program faculty must include a minimum of six qualified key clinical teaching faculty members, including the program director.
- B. At least three of the key clinical faculty must be certified in hematology and at least three must be certified in oncology.
- C. In programs with a total of more than nine fellows enrolled, a ratio of key clinical faculty to fellows of at least 1:1.5 must be maintained.

XIII. Facilities and Resources

In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

A. Diagnostic Laboratory Services

1. hematology laboratory
2. access to specialized coagulation laboratory (N.B.: These may be located at institutions other than the primary training site)

B. Radiology and Imaging

1. nuclear medicine imaging,
2. radiation oncology facilities

C. Surgery and Pathology

1. There must be advanced pathology services, including
 - a) immunopathology resources
 - b) blood banking (N.B.: These may be located at institutions other than the primary training site.)
 - c) transfusion and apheresis facilities.
2. general surgery and surgical specialties, including surgeons with special interest in oncology

D. Other Facilities, Resources or Support Services

1. Faculty members who are subspecialty certified by the American Board of Internal Medicine in their respective disciplines in infectious disease, pulmonary disease, endocrinology, and gastroenterology, must be available to participate in the education of fellows in hematology and oncology.
2. The program also must have the support of other clinical specialties, including gynecology, neurology, neurosurgery, and dermatology.
3. The program must also participate in a multidisciplinary case management or tumor conference and cancer protocol studies.
4. So that the fellow may see the role of other specialties in the total care of the cancer patient, the program should have the support of:
 - a) psychiatry

- b) oncologic nursing
- c) rehabilitation medicine
- d) pain medicine
- e) dietetics
- f) social services, and
- g) genetic counseling

E. Patient Population

See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine

XIV. Specific Program Content:

A. Clinical Experience

1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the prevention, evaluation and management of
 - a) Diagnosis, pathology, staging, and management of neoplastic disorders of the:
 - (1) lung
 - (2) gastrointestinal tract (esophagus, stomach, colon, rectum, anus)
 - (3) breast
 - (4) pancreas
 - (5) liver
 - (6) testes
 - (7) lymphoid organs
 - (8) hematopoietic system
 - (9) central nervous system
 - (10) head and neck
 - (11) thyroid and other endocrine organs, including MEN syndromes
 - (12) skin, including melanoma
 - (13) genitourinary tract
 - (14) cancer family syndromes
 - (15) gynecologic malignancies
 - b) Principles of multidisciplinary management of organ-specific cancers, in particular, gynecologic malignancy
 - c) Indications and application of imaging techniques in patients with neoplastic and blood disorders
 - d) Chemotherapeutic drugs, biologic products, and growth factors; their mechanisms of action, pharmacokinetics, clinical indications, and limitations, including their effects, toxicity, and interactions
 - e) Multiagent chemotherapeutic protocols and combined modality therapy of neoplastic disorders
 - f) Management and care of indwelling access catheters
 - g) Principles of, indications for, and limitations of surgery in the treatment of cancer
 - h) Principles of, indications for, and limitations of radiation therapy in the treatment of cancer
 - i) Principles of, indications for, and complications of autologous and allogeneic bone marrow or peripheral blood stem cell transplantation and peripheral stem cell harvests, including the management of posttransplant complications
 - j) Concepts of supportive care, including hematologic, infectious disease, and nutritional
 - k) Management of the neutropenic and the immunocompromised patient
 - l) Management of pain, anxiety, and depression in patients with cancer and hematologic disorders
 - m) Rehabilitation and psychosocial aspects of clinical management of patients with cancer and hematologic disorders
 - n) Palliative care, including hospice and home care
 - o) Recognition and management of paraneoplastic disorders

- p) Cancer prevention and screening, including competency in genetic testing and for high-risk individuals
- q) Participation in a multidisciplinary case management conference or discussion
- r) Personal development, attitudes, and coping skills of physicians and other health-care professionals who care for critically ill patients
- s) Human immunodeficiency virus-related malignancies
- t) Care and management of the geriatric patient with malignancy and hematologic disorders
- u) The appropriate use of tumor markers for cancer screening and monitoring cancer therapy.
- v) Correlation of clinical information with cytology, histology, and immunodiagnostic imaging techniques
- w) Effects of systemic disorders and drugs on the blood, blood-forming organs, and lymphatic tissues
- x) Tests of hemostasis and thrombosis for both congenital and acquired disorders and regulation of antithrombotic therapy
- y) Treatment of patients with disorders of hemostasis and the biochemistry and pharmacology of coagulation factor replacement therapy
- z) Transfusion medicine, including the evaluation of antibodies, blood compatibility, and the indications for and complications of blood component therapy and apheresis procedures
- aa) Acquired and congenital disorders of red cells, white cells, platelets and stem cells
- bb) Hematopoietic and lymphopoietic malignancies, including disorders of plasma cells
- cc) Congenital and acquired disorders of hemostasis and thrombosis including the use of antithrombotic therapy
2. The fellows must be given opportunities to function in the role of a hematology and oncology consultant in both the inpatient and outpatient settings.

B. Technical and Other Skills

1. Fellows must develop competence in the performance and/or (where applicable) interpretation of the following:
 - a) Use of chemotherapeutic agents and biological products through all therapeutic routes
 - b) Serial measurement of tumor masses
 - c) Assessment of tumor imaging by computed tomography, magnetic resonance, PET scanning and nuclear imaging techniques
 - d) Complete blood count, including platelets and white cell differential, by means of automated or manual techniques, with appropriate quality control
 - e) Bone marrow aspiration and biopsy
 - f) Preparation, staining, and interpretation of blood smears, bone marrow aspirates, and touch preparations as well as interpretation of bone marrow biopsies
2. The program should provide experience or observation of the following:
 - a) Apheresis procedures
 - b) Performance and interpretation of partial thromboplastin time, prothrombin time, platelet aggregation, and bleeding time as well as other standard coagulation assays
 - c) Clinical experience in bone marrow or peripheral stem cell harvest for transplantation
 - d) Formal instruction and at least one month of clinical experience in allogeneic and autologous bone marrow or peripheral blood stem cell transplantation and the nature and management of posttransplant complications

C. Formal Instruction

The training program must provide formal instruction for the fellows to acquire knowledge of the following content areas:

1. Pathogenesis, diagnosis and treatment of disease
 - a) Basic molecular and pathophysiologic mechanisms, diagnosis, and therapy of diseases of the blood, including anemias, diseases of white blood cells and stem cells, and disorders of hemostasis and thrombosis
 - b) Etiology, epidemiology, natural history, diagnosis, pathology, staging, and management of neoplastic diseases of the blood, blood-forming organs, and lymphatic tissues
2. Genetics and Developmental biology
 - a) molecular genetics
 - b) prenatal diagnosis
 - c) the nature of oncogenes and their products
 - d) cytogenetics
3. Physiology and Pathophysiology
 - a) cell and molecular biology
 - b) hematopoiesis
 - c) principles of oncogenesis
 - d) tumor immunology
 - e) molecular mechanisms of hematopoietic and lymphopoietic malignancies
 - f) basic and clinical pharmacology, pharmacokinetics, and toxicity
 - g) pathophysiology and patterns of tumor metastases
4. Clinical epidemiology and Biostatistics
 - a) clinical epidemiology and medical statistics
 - b) clinical study and experimental protocol design, data collection, and analysis
5. Basic principles of laboratory and clinical testing, quality control, quality assurance, and proficiency standards
6. Immune markers, immunophenotyping, flow cytometry, cytochemical studies, and cytogenetic and DNA analysis of neoplastic disorders
7. Malignant and hematologic complications of organ transplantation

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Program Requirements for Fellowship Education in Infectious Disease (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program

- A. A subspecialty educational program in infectious disease must be organized to provide training and supervised experience at a sufficient level for the fellow to acquire the competency of a specialist in the field.
- B. The training program must be 2 years in duration.
- C. A minimum of 12 months must be devoted to clinical experiences.
- D. Ambulatory medicine experience
Continuity ambulatory care experience of 24 months must be included in the training program. During their ambulatory experience, fellows must have training in both consultative services and continuing care in infectious disease including human immunodeficiency virus (HIV) infection.

XII. Faculty

See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIII. Facilities and Resources

In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

A. Diagnostic Laboratory Services

Fellows must have convenient access to a laboratory for clinical microbiology, such that direct and frequent interaction with microbiology laboratory personnel is readily available. (N.B.: Does not need to be located at the primary training site.)

B. Imaging

No additional facilities required.

C. Surgery and Pathology

No additional facilities or services required.

D. Other Facilities, Resources, or Support Services

1. Facilities for the isolation of patients with infectious disease must be available.
2. It is suggested that the training program be conducted in a setting in which training programs in surgery, obstetrics, gynecology, pediatrics, and other medical and surgical specialties and subspecialties are available.

E. Patient Population

See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIV. Specific Program Content

A. Clinical Experience

1. Clinical experience must include opportunities to manage adult and geriatric patients with a wide variety of infectious disease in both an inpatient and ambulatory basis. Such opportunities must encompass longitudinal experiences in a continuum of care to observe the course of illness and the effects of therapy. Therapeutic modalities should include management of antibiotic administration in such settings as the acute care hospital, the office, and in conjunction with the non-acute care facility or home-care services.
2. Experience with pediatric infectious disease is suggested.

B. Technical and Other Skills

1. Fellows must receive formal instruction and gain practical experience in hospital epidemiology and infection control. This can be accomplished by didactic or practical experience, as offered through organized coursework, service on an infection control committee, or by an assigned rotation on a hospital epidemiology service.
2. Fellows must receive formal instruction and gain practical experience in clinical microbiology.
3. Fellows must have clinical experience and demonstrate competence in the evaluation and management of infections in patients with major impairments of host defense.
 - a) The teaching services on which fellows work must provide an average of at least 50 consultations per fellow during the period the fellows are rotating on these services for their clinical training.
 - b) This experience includes, but is not limited to,
 - (1) patients who are neutropenic

- (2) patients with leukemia, lymphoma or other malignancies
 - (3) patients following solid organ or bone marrow transplantation
 - (4) patients with HIV/AIDS or patients immunocompromised by other diseases or medical therapies.
 - c) Documentation of the consult numbers above can be done for the teaching service overall rather than per fellow, if these numbers are available for the service; in this case, individual fellow logs are not necessary. Otherwise, fellows should document consult numbers by an individual log.
4. Fellows must have formal instruction or clinical experience and demonstrate competence in the evaluation and management of the following disorders:
- a) Infections of the reproductive organs
 - b) Infections in solid organ transplant patients
 - c) Infections in bone marrow transplant recipients
 - d) Sexually transmitted diseases
 - e) Viral hepatitis, including hepatitis B and C
 - f) Infections in travelers

5. Consultation Experience

The inpatient teaching services on which fellows work must provide an average of at least 250 consultations per fellow during the period the fellows are rotating on these services for their clinical training. These consultations must be provided in a variety of clinical settings including

- a) Inpatient General Medical and Surgical Wards and Intensive Care Units

In these settings, fellows must have clinical experience and demonstrate competence in the evaluation and management of patients with the following disorders:

- (1) Pleuropulmonary infections
- (2) Infections and other complications in patients with HIV/AIDS
- (3) Cardiovascular infections
- (4) Central nervous system infections
- (5) Gastrointestinal and intra-abdominal infections
- (6) Skin and soft tissue infections
- (7) Bone and joint infections
- (8) Infections of prosthetic devices
- (9) Infections related to trauma
- (10) Sepsis syndromes
- (11) Nosocomial infections
- (12) Urinary tract infections

6. Ambulatory Medicine Experience

- a) Ambulatory training must include longitudinal care (at least 12 months of direct supervision of each patient) of at least 20 patients with HIV infection.
- b) Direct oversight of the longitudinal care of patients with HIV infection by the fellows must be provided by an experienced HIV physician.
- c) At a minimum, 25% of patients of either gender must be represented in the fellow's panel of patients. If this gender distribution is not feasible due to the local epidemiology of HIV, then alternative clinical experiences or didactic instruction must be provided.

C. Formal Instruction

- 1. The training program must provide formal instruction for the fellows in the cognitive aspects of the following:
 - a) Mechanisms of action and adverse reactions of antimicrobial agents; antimicrobial and antiviral resistance; drug-drug interactions between antimicrobial agents and other compounds; the appropriate use and management of antimicrobial agents in a variety of clinical settings, including the hospital, ambulatory practice, non acute-care units, and the home.

- b) Methods of determining antimicrobial activity of a drug; techniques to determine concentration of antimicrobial agents in the blood and other body fluids; interpretation of antibiotic levels in blood.
- c) Appropriate procedures for specimen collection relevant to infectious disease, including but not limited to bronchoscopy, thoracentesis, arthrocentesis, lumbar puncture, and aspiration of abscess cavities.
- d) Principles of prophylaxis and immunoprophylaxis to enhance resistance to infection.
- e) Characteristics, use, and complications of antiretroviral agents, mechanisms and clinical significance of viral resistance to antiretroviral agents, and recognition and management of opportunistic infections in patients with HIV/AIDS.
- f) Methods for accessing databases of relevance to the care and management of individuals with infectious disease.
- g) The epidemiology, clinical course, manifestations, diagnosis, treatment and prevention of mycobacterial infections and major parasitic diseases.

2. Conferences and Seminars

As part of the required conferences and seminars outlined in the Program Requirements for Fellowship Education in the Subspecialties in Internal Medicine, a minimum of 25 hours each year must be devoted to discussion of HIV-related topics.

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Program Requirements for Fellowship Education in Interventional Cardiology (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program

- A. Interventional cardiology encompasses the special knowledge and skill required of cardiologists to care for patients receiving cardiac interventional procedures. Interventional cardiology is the practice of techniques that improve coronary circulation and alleviate valvular stenosis, treat valvular and structural heart disease.
- B. The interventional cardiology program must be 1 year in length. The subspecialty educational program in interventional cardiology must function as an integral component of an accredited subspecialty fellowship in cardiovascular disease.
- C. The interventional cardiology program is accredited for 12 continuous months of clinical training. All applicants entering interventional cardiology must have completed an ACGME-accredited cardiovascular disease program. (N.B.: For exceptions, see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.)
- D. In all clinical experiences, fellows must:
 - 1. Participate in preprocedural planning, including the indications for the procedure and the selection of the appropriate procedure or instruments
 - 2. Perform the critical technical manipulations of the procedure
 - 3. Demonstrate substantial involvement in postprocedure care
 - 4. Be supervised by teaching faculty responsible for the procedure

XII. Faculty

- A. There must be a minimum of two key clinical faculty members, including the program director, and no fewer than one key clinical faculty member per 1.5 fellows.
- B. All faculty involved in supervising fellows in the performance of interventional procedures must perform a minimum of 75 interventions per year at the Primary Training Site.

XIII. Facilities and Resources.

In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

A. Diagnostic Laboratory Services

No additional resources required.

B. Imaging

Cardiac radionuclide laboratories must be available.

C. Surgery and Pathology

1. An active cardiac surgery program.
2. A cardiac surgery intensive care unit.

D. Other Facilities, Resources or Support Services

1. A cardiac catheterization laboratory wherein a minimum of 400 interventional procedures of the heart are performed per year. Cardiac catheterization laboratories must be equipped with cardiac fluoroscopic equipment, recording devices, and resuscitative equipment
2. The primary laboratory must perform a minimum of 400 interventional procedures per year, and each secondary laboratory must perform a minimum of 200 interventional procedures per year.
3. Laboratories other than those located at the primary training site may participate in the educational program under the following conditions:
 - a) The participating catheterization laboratory must perform a minimum of 400 interventional procedures.
 - b) Fellow activities at participating sites must be supervised by a key clinical faculty member, as defined in Section IX above, who conducts a minimum of 75 interventions annually at the participating site
 - c) A cardiac surgery program must be active at the participating institution.
4. A cardiac intensive care unit.
5. Access to faculty with expertise in radiation safety, hematology, pharmacology, congenital heart disease in adults, and research laboratories is suggested.
6. An outpatient program must exist to provide follow-up care for patients.

E. Patient Population

See *Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine*.

XIV. Specific Program Content

A. Clinical Experience

1. Special Clinical Experiences
Fellows must have formal instruction, clinical experience, and demonstrate competence in the prevention, evaluation and management of both inpatients and outpatients with the following disorders:
 - a) chronic ischemic heart disease
 - b) acute ischemic syndromes

- c) valvular and structural heart disease
- d) bleeding disorders or complications associated with percutaneous intervention or drugs, including but not limited to
 - (1) bleeding after thrombolytic usage
 - (2) direct or indirect thrombin inhibitor usage
 - (3) glycoprotein IIb/IIIa inhibitor usage
 - (4) thienopyridine or other antiplatelet usage
- e) use and limitations of intra-aortic balloon counterpulsation (IABP) and other hemodynamic support devices (as available)
- f) consultation and informed consent
- g) care of patients in the cardiac care unit, emergency department, or other intensive care settings
- h) care of the patient before and after interventional procedures
- i) outpatient follow-up of patients treated with drugs, interventions, devices, or surgery
- j) use of antiarrhythmic drugs, including knowledge of pharmacokinetics and pharmacodynamics related to acute ischemic events occurring during and after interventional cardiac procedures
- k) use of thrombolytic and antithrombotic, antiplatelet, and antithrombin agents
- l) use of vasoactive agents for epicardial and microvascular spasm

B. Technical and Other Skills

1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the performance of the following:
 - a) coronary arteriograms
 - b) ventriculography
 - c) hemodynamic measurements
 - d) intravascular ultrasound
 - e) Doppler flow, intracoronary pressure measurement and monitoring, and coronary flow reserve
 - f) coronary interventions; Each fellow must perform a minimum of 250 coronary interventions. (N.B.: A single coronary intervention is defined as all coronary interventions performed during one hospitalization.)
 - (1) Femoral and brachial/radial cannulation of normal and abnormally located coronary ostia
 - (2) Application and usage of balloon angioplasty, stents, and other commonly used interventional devices
 - g) Management of mechanical complications of percutaneous intervention, including but not limited to:
 - (1) coronary dissection
 - (2) thrombosis
 - (3) spasm
 - (4) perforation
 - (5) "slow reflow"
 - (6) cardiogenic shock
 - (7) left main trunk dissection
 - (8) cardiac tamponade including pericardiocentesis
 - (9) peripheral vessel occlusion, and retained components
 - (10) pseudoaneurysm

C. Formal Instruction

The training program must provide formal instruction for the fellows to acquire knowledge of the following content areas:

1. Role of platelets and the clotting cascade in response to vascular injury
2. Pathophysiology of restenosis
3. Role and limitations of established and emerging therapy for treatment of restenosis
4. Physiology of coronary flow and detection of flow-limiting conditions

5. Detailed coronary anatomy
6. Radiation physics, biology, and safety related to the use of x-ray imaging equipment
7. Role of randomized clinical trials and registry experiences in clinical decision making
8. The clinical importance of complete vs incomplete revascularization in a wide variety of clinical and anatomic situations
9. Strengths and limitations, both short- and long-term, of percutaneous vs surgical and medical therapy for a wide variety of clinical and anatomic situations related to cardiovascular disease
10. Strengths and limitations, both short- and long-term of differing percutaneous approaches for a wide variety of anatomic situations related to cardiovascular disease
11. The role of emergency coronary bypass surgery in the management of complications of percutaneous intervention
12. Strengths and weaknesses of mechanical vs. lytic approach for patients with acute myocardial infarction
13. Use of pharmacologic agents appropriate in the postintervention management of patients
14. Strengths and limitations of both noninvasive and invasive coronary evaluation during the recovery phase after acute myocardial infarction
15. Understanding the clinical utility and limitations of the treatment of valvular and structural heart disease
16. The assessment of plaque composition and response to intervention

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Program Requirements for Fellowship Education in Nephrology (Internal Medicine)

For sections I through X, see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program

- A. A subspecialty educational program in nephrology must be organized to provide training and supervised experience at a sufficient level for the fellow to acquire the competency of a specialist in the field.
- B. The training program must be 2 years in duration.
- C. A minimum of 12 months must be devoted to clinical experiences.

XII. Faculty

See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIII. Facilities and Resources

In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

A. Diagnostic Laboratory Services

There must be biochemistry and serologic laboratories.

B. Imaging

Available imaging services must include ultrasound, computerized tomography, magnetic resonance imaging, and a diagnostic radionuclide laboratory.

C. Surgery and Pathology

1. There must be surgical and pathological support available for the modern practice of nephrology.
2. Surgery for vascular and peritoneal dialysis access must be available.
3. Renal transplantation services must be available. The Primary Training Site must be approved to perform renal transplantation, or must have a formal written agreement with such an institution ensuring that nephrology fellows receive the requisite experience with renal transplantation.
4. Electron and immunofluorescence microscopy, and other special studies for the preparation and evaluation of renal biopsy material must be available. (N.B.: These may be located at institutions other than the primary training site.)

D. Other Facilities, Resources or Support Services

1. There must be facilities for:
 - a) acute and chronic hemodialysis
 - b) continuous renal replacement therapy
 - c) acute and chronic peritoneal dialysis
 - d) renal biopsy
2. There must be a close working relationship with dietary and/or nutrition services, social services, as well as specialists in surgery, urology, obstetrics, gynecology, psychiatry, pathology, pediatrics, if available, and radiology.

E. Patient Population

1. The training program must have access to a sufficient population of inpatients and outpatients representing the full range of nephrologic disorders.
2. The training program must have access to at least 10 new renal transplants per year per first year fellow and demonstrate a sufficient population of transplant recipients to permit the longitudinal follow-up (at least 3 months) of at least 20 patients with transplants per fellow.
3. The training program must afford the fellows the opportunity to care for patients with renal and other disorders in the intensive care unit setting.
4. The training program should be of sufficient size to ensure adequate exposure of fellows to patients with acute renal failure and a chronic dialysis patient population, including patients who utilize home dialysis treatment modalities, to ensure adequate training in chronic dialysis.

XIV. Specific Program Content

A. Clinical Experience

1. Special Clinical Experiences

Fellows must have formal instruction, clinical experience, and demonstrate competence in the prevention, evaluation, and management of the following:

 - a) Disorders of mineral metabolism, including nephrolithiasis and renal osteodystrophy
 - b) Disorders of fluid, electrolyte, and acid-base regulation
 - c) Acute renal failure
 - d) Chronic renal failure and its management by conservative methods, including nutritional management of uremia
 - e) End-stage renal disease
 - f) Hypertensive disorders
 - g) Renal disorders of pregnancy

- h) Urinary tract infections
 - i) Tubulointerstitial renal diseases, including inherited diseases of transport, cystic diseases, and other congenital disorders
 - j) Glomerular and vascular diseases, including the glomerulonephritides, diabetic nephropathy, and atheroembolic renal disease
 - k) Disorders of drug metabolism, pharmacokinetics, and nephrotoxicity
 - l) Genetic and inherited renal disorders
 - m) Geriatric aspects of nephrology, including disorders of the aging kidney and urinary tract
2. Fellows must have formal instruction, specialized clinical experiences, and demonstrate competence in dialysis, and extracorporeal therapy.
- a) Each fellow should have exposure to dialysis and extracorporeal therapies during the equivalent of at least 4 months of the training program.
 - b) Clinical experience must entail supervised involvement in decision making for patients undergoing these therapies. This experience must include:
 - (1) evaluation and selection of patients for acute hemodialysis or continuous renal replacement therapies
 - (2) evaluation of end-stage renal disease patients for various forms of therapy and their instruction regarding treatment options
 - (3) modification of drug dosage during dialysis and other extracorporeal therapies
 - (4) evaluation and management of medical complications in patients during and between dialyses and other extracorporeal therapies, including dialysis access, and an understanding of the pathogenesis and prevention of such complications
 - (5) long-term follow-up of patients undergoing chronic dialysis, including their dialysis prescription and modification and assessment of adequacy of dialysis
 - (6) the principles and practice of peritoneal dialysis, including the establishment of peritoneal access, the principles of dialysis catheters, and how to choose appropriate catheters
 - (7) the technology of peritoneal dialysis, including the use of automated cyclers
 - (8) assessment of peritoneal dialysis efficiency, using peritoneal equilibration testing and the principles of peritoneal biopsy
 - (9) writing a peritoneal dialysis prescription and how to assess peritoneal dialysis adequacy
 - (10) the pharmacology of commonly used medications and their kinetic and dosage alteration with peritoneal dialysis
 - (11) the complications of peritoneal dialysis, including
 - (a) peritonitis and its treatment, exit site and tunnel infections and their management,
 - (b) hernias, pleural effusions, and other less common complications and their management
 - (12) the special nutritional requirements of patients undergoing hemodialysis and peritoneal dialysis
 - (13) the psychosocial and ethical issues of dialysis
 - (14) end of life care and pain medicine in the care of patients undergoing chronic dialysis
3. Fellows must have formal instruction and specialized clinical experiences in renal transplantation.
- a) Each fellow must have instruction in, and have a minimum of 2 months of clinical experience, preferably consecutively, on an active renal transplant service.

- b) Clinical experience must entail supervised involvement in the decision making for patients during the pre- and post-transplant care. This experience must include
 - (1) evaluation and selection of transplant candidates
 - (2) preoperative evaluation and preparation of transplant recipients and donors
 - (3) immediate postoperative management of transplant recipients, including administration of immunosuppressants to a minimum of 10 new renal transplant recipients
 - (4) clinical and laboratory diagnosis of all forms of rejection
 - (5) medical management of rejection, including use of immunosuppressive drugs and other agents
 - (6) recognition and medical management of the surgical and nonsurgical complications of transplantations
 - (7) management in the ambulatory setting for at least 3 months of a minimum of 20 renal transplant recipients per fellow
 - (8) the psychosocial and ethical issues of renal transplantation

B. Technical and Other Skills

1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the performance of the following:
- a) urinalysis
 - b) percutaneous biopsy of both autologous and transplanted kidneys
 - c) placement of temporary vascular access for hemodialysis and related procedures
 - d) peritoneal dialysis
 - e) acute and chronic hemodialysis
 - f) continuous renal replacement therapy
2. Fellows must have formal instruction and clinical experience in the use or interpretation of the results of the following:
- a) Radiology of vascular access
 - b) Balloon angioplasty of vascular access, or other procedures utilized in the maintenance of chronic vascular access patency
 - c) Therapeutic plasmapheresis
 - d) Management of peritoneal catheters
 - e) Renal ultrasound

C. Formal Instruction

The curriculum must emphasize biochemistry and physiology, including cell and molecular biology, as they relate to nephrology. The appropriate utilization and interpretation of clinical laboratory, radionuclide, and radiologic studies for the diagnosis as well as nephrologic interventions utilized in the treatment of renal disease must be stressed.

1. In addition to formal instruction in the areas outlined above, specific content areas that must be included in the formal educational program (lectures, conferences, seminars, and journal clubs) include the following:
- a) renal anatomy, physiology, and pathology
 - b) pathogenesis, natural history, and management of congenital and acquired diseases of the kidney and urinary tract and renal diseases associated with systemic disorders
 - c) normal mineral metabolism and its alteration in renal diseases, metabolic bone disease, and nephrolithiasis
 - d) normal and abnormal blood pressure regulation
 - e) clinical pharmacology, including drug metabolism and pharmacokinetics and the effects of drugs on renal structure and function
 - f) nutritional aspects of renal disorders
 - g) immunology, including
 - (1) basic principles
 - (2) immunologic mechanisms of renal disease

- (3) fundamental aspects of diagnostic laboratory immunology relevant to renal diseases
- h) transplantation—the structured curriculum for renal transplantation must, as a minimum, include
 - (1) biology of transplantation rejection
 - (2) indications for and contraindications to renal transplantation
 - (3) principles of transplant recipient evaluation and selection
 - (4) principles of evaluation of transplant donors, both living and cadaveric, including histocompatibility testing
 - (5) principles of organ harvesting, preservation, and sharing
 - (6) psychosocial aspects of organ donation and transplantation
 - (7) the pathogenesis and management of urinary tract infections
 - (8) the pathogenesis and management of acute renal failure in the transplant setting
- i) disorders of fluids and electrolytes and acid-base balance
- j) management of renal disorders in non-renal organ transplantation
- k) indications for and interpretations of radiologic tests of the kidney and urinary tract
- l) dialysis and extracorporeal therapy, including
 - (1) the kinetic principles of hemodialysis and peritoneal dialysis
 - (2) the indication for each mode of dialysis
 - (3) the short-term and long-term complications of each mode of dialysis and their management
 - (4) the principles of dialysis access (acute and chronic vascular and peritoneal), including indications, techniques, and complications
 - (5) urea kinetics and protein catabolic rate
 - (6) dialysis modes and their relation to metabolism
 - (7) dialysis water treatment, delivery systems, and reuse of artificial kidneys
 - (8) the artificial membranes used in hemodialysis and biocompatibility; and
- m) geriatric medicine, including
 - (1) physiology and pathology of the aging kidney and
 - (2) drug dosing and renal toxicity in elderly patients
- n) Lithotripsy

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Program Requirements for Fellowship Education in Oncology (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program

- A. A subspecialty educational program in oncology must be organized to provide training and supervised experience at a sufficient level for the fellow to acquire the competency of a specialist in the field.
- B. The training program must be 2 years in duration.
- C. A minimum of 12 months must be devoted to clinical experiences.

- D. Clinical experience must include opportunities to observe and manage patients with a wide variety of neoplastic diseases on an inpatient, outpatient and continuity basis.
- E. The fellow must develop competency as a consultant in these disorders and assume continuing responsibility for both acutely and chronically ill patients to learn the natural history of cancer as well as the effectiveness of therapeutic programs.
- F. Inpatient assignments should be of sufficient duration to permit continuing care of a majority of the patients throughout their hospitalization.
- G. The program should provide at least 1 month of clinical experience in autologous and allogeneic bone marrow transplantation.
- H. Ambulatory Clinics:
 - 1. The program must provide fellows with continuity experiences of at least 6 months in duration in an ambulatory care setting at least 1/2 day each week over the 24 months of training.
 - 2. In addition to continuity clinic, at least 10% of the required 12 months of clinical training must be spent in an ambulatory setting (i.e., the equivalent of 48 half-day sessions).

XII. Faculty

See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIII. Facilities and Resources

In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

A. Diagnostic Laboratory Services

- 1. hematology laboratory
- 2. access to a specialized coagulation laboratory (N.B.: These may be located at institutions other than the primary training site.)

B. Radiology and Imaging

- 1. nuclear medicine imaging
- 2. radiation oncology facilities

C. Surgery and Pathology

- 1. There must be advanced pathology services, including
 - a) immunopathology resources
 - b) blood banking (N.B.: These may be located at institutions other than the primary training site.)
 - c) transfusion and apheresis facilities
- 2. general surgery and surgical specialties

D. Other Facilities, Resources or Support Services

- 1. Faculty members who are subspecialty certified by the American Board of Internal Medicine in their respective disciplines in infectious disease, pulmonary disease, endocrinology, gastroenterology, and hematology must be available to participate in the education of fellows in oncology.
- 2. The program also must have the support of other clinical specialties, including gynecology, neurology, neurosurgery, orthopedics, otolaryngology, urology, and dermatology.
- 3. The program must also participate in a multidisciplinary case management or tumor conference and cancer protocol studies.
- 4. There should be a hematology clinical program with which medical oncology fellows can interact formally in an educational experience.
- 5. So that the fellows may see the role of other specialties in the total care of the cancer patient, the program should have the support of:
 - a) psychiatry

- b) oncologic nursing
- c) rehabilitation medicine
- d) pain medicine
- e) dietetics
- f) social services, and
- g) genetic counseling

E. Patient Population

See *Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine*.

XV. Specific Oncology Program Content

A. Clinical Experience

1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the prevention, evaluation and management of
 - a) Diagnosis, pathology, staging, and management of neoplastic disorders of the
 - (1) lung
 - (2) gastrointestinal tract (esophagus, stomach, colon, rectum, anus)
 - (3) breast
 - (4) pancreas
 - (5) liver
 - (6) soft tissue and bone
 - (7) lymphoid organs
 - (8) hematopoietic system
 - (9) central nervous system
 - (10) head and neck
 - (11) thyroid and other endocrine organs, including MEN syndromes
 - (12) skin, including melanoma
 - (13) genitourinary tract
 - (14) cancer family syndromes
 - (15) gynecologic malignancies
 - b) Principles of multidisciplinary management of organ-specific cancers
 - c) Indications and application of imaging techniques in patients with neoplastic disorders
 - d) Chemotherapeutic drugs, biologic products, and growth factors; their mechanisms of action, pharmacokinetics, clinical indications, and limitations, including their effects, toxicity, and interactions
 - e) Multiagent chemotherapeutic protocols and combined modality therapy of neoplastic disorders
 - f) Management and care of indwelling access catheters
 - g) Principles of, indications for, and limitations of surgery in the treatment of cancer
 - h) Principles of, indications for, and limitations of radiation therapy in the treatment of cancer
 - i) Principles of, indications for, and complications of autologous and allogeneic bone marrow or peripheral blood stem cell transplantation and peripheral stem cell harvests, including the management of post-transplant complications
 - j) Concepts of supportive care, including hematologic, infectious disease, and nutritional
 - k) Management of the neutropenic and the immunocompromised patient
 - l) Management of pain, anxiety and depression in the cancer patient
 - m) Rehabilitation and psychosocial aspects of clinical management of the cancer patient
 - n) Palliative care, including hospice and home care
 - o) Recognition and management of paraneoplastic disorders

- p) Cancer prevention and screening, including competency in genetic testing for high-risk individuals
 - q) Participation in a multidisciplinary case management conference or discussion
 - r) Personal development, attitudes, and coping skills of physicians and other health-care professionals who care for critically and terminally ill patients
 - s) Human immunodeficiency virus-related malignancies
 - t) Care and management of the geriatric patient with malignancy
 - u) The appropriate use of tumor markers for cancer screening and monitoring cancer therapy.
 - v) Correlation of clinical information with cytology, histology, and immunodiagnostic imaging techniques
2. The fellows must be given opportunities to function in the role of an oncology consultant in both the inpatient and outpatient settings.

B. Technical and Other Skills

Fellows must demonstrate competence in the performance and/or (where applicable) interpretation of the following:

1. Bone marrow aspiration and biopsy
2. Use of chemotherapeutic agents and biological products through all therapeutic routes
3. Serial measurement of tumor masses
4. Assessment of tumor imaging by computed tomography, magnetic resonance, PET scanning, and nuclear imaging techniques
5. Complete blood count, including platelets and white cell differential, by means of automated or manual techniques, with appropriate quality control

C. Formal Instruction

The training program must provide formal instruction for the fellows to acquire knowledge of the following content areas:

1. Pathogenesis, diagnosis and treatment of disease
 - a) Basic molecular and pathophysiologic mechanisms, diagnosis, and therapy of neoplastic diseases
 - b) Etiology, epidemiology, natural history, diagnosis, pathology, staging, and management of neoplastic diseases.
2. Genetics and Developmental biology
 - a) prenatal diagnosis,
 - b) oncogenesis and molecular biology of cancer, and
 - c) cytogenetics.
3. Physiology and Pathophysiology
 - a) cell and molecular biology,
 - b) tumor immunology,
 - c) molecular mechanisms of hematopoietic and lymphopoietic malignancies
 - d) pathophysiology and patterns of tumor metastases
4. Clinical epidemiology and Biostatistics
 - a) clinical epidemiology and medical statistics,
 - b) clinical study and experimental protocol design, data collection, and analysis
5. Basic principles of laboratory and clinical testing, quality control, quality assurance and proficiency standards
6. Immune markers, immunophenotyping, flow cytometry, cytochemical studies, and cytogenetic and DNA analysis of neoplastic disorders
7. Malignant complications of organ transplantation
8. Gene therapy

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Program Requirements for Fellowship Education in Pulmonary Disease (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program

- A. A subspecialty educational program in pulmonary disease must be organized to provide training and supervised experience at a sufficient level for the fellow to acquire the competency of a specialist in the field.
- B. The training program must be 2 years in duration.
- C. A minimum of 12 months must be devoted to clinical experiences.
 1. A minimum of 9 months of training must be spent in non-critical care pulmonary disease rotations.
 2. A minimum of 3 months of training must be spent in the medical intensive care unit.

XII. Faculty

See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIII. Facilities and Resources

In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

A. Diagnostic Laboratory Services

No additional services required.

B. Imaging

1. Ventilation Perfusion Scan
2. Helical CT Scan

C. Surgery and Pathology

1. Pathology services, including exfoliative cytology
2. Thoracic Surgery service

D. Other Facilities, Resources or Support Services

1. Pulmonary function testing laboratory
2. Bronchoscopy suite, including appropriate space and staffing for pulmonary procedures
3. Critical care, postoperative care, and respiratory care services
4. Diagnostic Laboratory for Sleep Disorders (N.B.: These may be located at institutions other than the primary training site.)
5. There should be a close liaison with other services, including pediatrics, radiology, pathology, microbiology, laboratory medicine, occupational medicine, immunology, physical medicine, rehabilitation, otolaryngology and anesthesiology services.

E. Patient Population

See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIV. Specific Program Content

A. Clinical Experience

1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the prevention, evaluation and man-

agement of both inpatients and outpatients with the following disorders:

- a) Obstructive lung diseases, including asthma, bronchitis, emphysema, bronchiectasis
- b) Pulmonary malignancy—primary and metastatic
- c) Pulmonary infections, including tuberculous, fungal, and those in the immunocompromised host, e.g., human immunodeficiency virus-related infections
- d) Diffuse interstitial lung disease
- e) Pulmonary vascular disease, including primary and secondary pulmonary hypertension and the vasculitis and pulmonary hemorrhage syndromes
- f) Occupational and environmental lung diseases
- g) Iatrogenic respiratory diseases, including drug-induced disease
- h) Acute lung injury, including radiation, inhalation, and trauma
- i) Management of circulatory failure
- j) Pulmonary manifestations of systemic diseases, including collagen vascular disease and diseases that are primary in other organs
- k) Respiratory failure, including the acute respiratory distress syndrome, acute and chronic respiratory failure in obstructive lung diseases, and neuromuscular respiratory drive disorders
 - l) Disorders of the pleura and the mediastinum
 - m) Sleep disorders, including the recognition and differential diagnosis of common sleep symptoms, the effects of sleep on pulmonary diseases and treatments, the utility and interpretation of cardiopulmonary monitoring, critical review of polysomnographic reports, and management of sleep-disordered breathing.
 - n) Pulmonary embolism and pulmonary embolic disease
2. Fellows must have formal instruction and clinical experience in the prevention, evaluation, and management of both inpatients and outpatients:
 - a) With genetic and developmental disorders of the respiratory system, including cystic fibrosis
 - b) In pulmonary rehabilitation

B. Technical and Other Skills

1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the following:
 - a) Airway Management
 - b) Use of a variety of positive pressure ventilatory modes, to include initiation;
 - (1) ventilatory support,
 - (2) weaning, and respiratory care techniques;
 - (3) maintenance and withdrawal of mechanical ventilatory support
 - c) Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry
 - d) A minimum of 50 flexible fiber-optic bronchoscopy procedures
 - e) Management of pneumothorax (needle insertion and drainage system)
 - f) Chest tubes and drainage systems
 - g) Insertion of arterial, central venous, and pulmonary artery balloon flotation catheters
 - h) Pulmonary function tests to assess respiratory mechanics and gas exchange, including spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, and exercise studies
 - i) Diagnostic and therapeutic procedures, including thoracentesis, endotracheal intubation, and related procedures

- j) Operation of hemodynamic bedside monitoring systems
 - k) Examination and interpretation of sputum, bronchopulmonary secretions, pleural fluid
2. Fellows must have formal instruction and clinical experience in performing the following:
- a) Emergency cardioversion
 - b) Inhalation challenge studies
 - c) Thoracostomy tube insertion and drainage
 - d) Examination and interpretation of lung tissue for infectious agents, cytology, and histopathology

C. Formal Instruction

The training program must provide formal instruction for the fellows to acquire knowledge of the following content areas:

1. Imaging techniques commonly employed in the evaluation of patients with critical illness and/or pulmonary disorders.
2. Monitoring and supervising special services, including:
 - a) Respiratory care units
 - b) Pulmonary function laboratories, including quality control, quality assurance, and proficiency standards.
 - c) Respiratory care techniques and services
3. The basic sciences, with particular emphasis on
 - a) Genetics and molecular biology as they relate to pulmonary diseases
 - b) Developmental biology
 - c) Pulmonary physiology and pathophysiology in systemic diseases
 - d) Biochemistry and physiology, including cell and molecular biology and immunology, as they relate to pulmonary disease
4. Indications, complications and outcomes of lung transplantation
5. Skills required to organize, administer and direct a respiratory therapy section and to work effectively as a member of a multidisciplinary team.
6. Recognition and management of the critically ill from disasters, including those cause by chemical and biological agents.

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Program Requirements for Fellowship Education in Pulmonary Disease and Critical Care Medicine (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program

- A. A combined subspecialty educational program in pulmonary disease and critical care medicine must be organized to provide training and supervised experience at a sufficient level for the fellow to acquire the competency of a specialist in both disciplines.
- B. The combined training program must be 3 years in duration and all of the educational experiences and program content explicitly required for a training program in each area must be present in the combined program.
- C. It is suggested that a program be structured to provide 24 months of clinical training. However, the program must provide 18 months of clinical training which includes
 1. at least 9 months of meaningful patient care responsibility for inpatients and outpatients with a wide variety of pulmonary

- disease. There should be an educational emphasis on pulmonary physiology and its correlation with clinical disorders.
2. at least 9 months of clinical training in critical care medicine of which
 - a) at least 6 months of which must be devoted to the care of critically ill medical patients (i.e., MICU/CICU or equivalent), and
 - b) at least 3 months to the care of critically ill non-medical patients (i.e., SICU, Burn Unit, Transplant Unit, Neurointensive Care, or equivalent.) This experience should consist of at least one month of direct patient care activity, with the remainder being fulfilled with either consultative activities or with direct care of such patients.
 3. Fellows must have a continuity care clinic experience throughout the length of the training program.
 - a) In programs with fewer than 24 months of required clinical experience, an additional ambulatory experience of one half-day per week must be provided for fellows for six months, such as longitudinal experiences in cystic fibrosis, interstitial lung disease, etc. This ambulatory experience must not occur during the 18 months of clinical training.
 - b) Fellows may be excused from their continuity care clinic experience while on critical care rotations.
 4. Regardless of the required clinical experience in the training program, the total required intensive care unit experiences must not exceed 15 months in the 3 years of training.

XII. Faculty

- A. The program director and the critical care teaching staff must have primary responsibility for the admission, treatment, and discharge of all patients on the critical care teaching service.
- B. The critical care clinical teaching faculty at the primary training site must include each of the following:
 1. A training program must be under the direction of an internist who is Board certified in pulmonary disease and/or critical care medicine or who has obtained equivalent training and experience. If the program director does not have appropriate credentials in both specialties, an appropriately credentialed full-time key clinical faculty member must be identified as responsible for the education program in the second specific area.
 2. There must be a minimum of six key clinical faculty, including the program director. At least three of these key clinical faculty members must be certified in pulmonary disease (or possess equivalent qualifications), and at least three must be certified in critical care medicine.
 3. In programs with a total of more than nine fellows enrolled, a ratio of key clinical faculty to fellows of at least 1:1.5 must be maintained. Fifty percent of the key clinical faculty must be certified in each discipline.
 4. There must be American Board of Internal Medicine (ABIM) subspecialty certified clinical faculty members in nephrology, gastroenterology, cardiology, infectious disease, hematology, oncology and geriatric medicine who participate in the educational program.
- C. Faculty from several related disciplines such as general surgery, thoracic surgery, urology, orthopedic surgery, obstetrics-gynecology, neurology, neurosurgery, emergency medicine, anesthesiology, cardiovascular surgery, and vascular surgery must be available to participate in the training program.

XIII. Facilities and Resources

In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of In-

ternal Medicine, each of the following must be present at the primary training site:

A. Diagnostic Laboratory Services

A supporting laboratory available to provide complete and prompt laboratory evaluation.

B. Imaging

1. Timely bedside imaging services available to patients in the critical care units.
2. Ventilation Perfusion Scan
3. Helical CT Scan

C. Surgery and Pathology

1. An active open heart surgery program.
2. An accredited residency program in general surgery.
3. Pathology services, including exfoliative cytology
4. Thoracic Surgery service

D. Other Facilities, Resources or Support Services

1. To provide opportunities for peer interaction in the care of critically ill patients, the primary training site should sponsor at least three accredited subspecialty programs from the following disciplines: cardiovascular disease, gastroenterology, infectious diseases, nephrology, or pulmonary disease.
2. An active emergency service must be available
3. The critical care unit(s) must be located in a designated area within the hospital and must be constructed and designed specifically for the care of critically ill patients.
4. Whether operating in separate locations or in combined facilities, the program must provide the equivalent of a medical intensive care unit (MICU), a surgical intensive care unit (SICU), and a coronary intensive care unit (CICU).
5. The MICU must be at the primary training site and should be the focus of a teaching service in which the program director in critical care medicine is responsible for the educational program.
6. Facilities must be adequate to care for patients with acute myocardial infarction, severe trauma, shock, recent open heart surgery, recent major thoracic or abdominal surgery, and severe neurologic and neurosurgical conditions.
7. Pulmonary function testing laboratory
8. Bronchoscopy suite, including appropriate space and staffing for pulmonary procedures
9. Postoperative care, and respiratory care services
10. Diagnostic Laboratory for Sleep Disorders (N.B.: These may be located at institutions other than the primary training site.)
11. Nutritional support services must be available.
12. A sufficient number of knowledgeable personnel and the necessary equipment to care for critically ill patients must be available. Personnel must include specially trained nurses and technicians who are skilled in critical care instrumentation, respiratory function, and laboratory medicine.
13. There should be a close liaison with other services, including pediatrics, radiology, pathology, microbiology, laboratory medicine, occupational medicine, immunology, physical medicine, rehabilitation, otolaryngology and anesthesiology services.

E. Patient Population

1. With respect to pulmonary disease, the fellows must be given opportunities to assume continuing responsibility for both acutely and chronically ill patients in order to learn the natural history of pulmonary disease as well as the effectiveness of therapeutic programs.

2. With respect to critical care medicine, in units to which a fellow is assigned, an average census of at least five patients per fellow is required.
3. Because critical care medicine is multidisciplinary in nature, the program must provide opportunities to manage adult patients with a wide variety of serious illnesses and injuries requiring treatment in a critical care setting.
4. The program must provide additional clinical experience with other critically ill patients, which may include surgical, shock/trauma, and neurologic/neurosurgical intensive care units; pediatric intensive care unit; burn unit; dialysis unit; anesthesia service; cardiac catheterization laboratory; high-risk pregnancy intensive care unit; and transplant unit.

XIV. Specific Program Content

A. Clinical Experience

1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the prevention, evaluation and management of both inpatients and outpatients with the following:
 - a) Obstructive lung diseases, including asthma, bronchitis, emphysema, bronchiectasis
 - b) Pulmonary malignancy — primary and metastatic
 - c) Pulmonary infections, including tuberculous, fungal, and those in the immunocompromised host, e.g., human immunodeficiency virus-related infections
 - d) Diffuse interstitial lung disease
 - e) Pulmonary embolism and pulmonary embolic disease
 - f) Pulmonary vascular disease, including primary and secondary pulmonary hypertension and the vasculitis and pulmonary hemorrhage syndromes
 - g) Occupational and environmental lung diseases
 - h) Iatrogenic respiratory diseases, including drug-induced disease
 - i) Acute lung injury, including radiation, inhalation, and trauma
 - j) Management of circulatory failure
 - k) Pulmonary manifestations of systemic diseases, including collagen vascular disease and diseases that are primary in other organs
 - l) Respiratory failure, including the acute respiratory distress syndrome, acute and chronic respiratory failure in obstructive lung diseases, and neuromuscular respiratory drive disorders
 - m) Disorders of the pleura and the mediastinum
 - n) Sleep disorders, including the recognition and differential diagnosis of common sleep symptoms, the effects of sleep on pulmonary diseases and treatments, the utility and interpretation of cardiopulmonary monitoring, critical review of polysomnographic reports, and management of sleep-disordered breathing.
 - o) Perioperative management of critically ill patients
2. Fellows must have formal instruction, clinical experience, and demonstrate competence in the evaluation and management of patients with
 - a) Circulatory disorders
 - b) Shock syndromes
 - c) Cardiovascular diseases
 - d) Sepsis and sepsis syndrome
 - e) Hypertensive emergencies
 - f) Acute and chronic respiratory failure
 - g) Acute metabolic disturbances, including overdosages and intoxication syndromes
 - h) Multi-organ system failure
 - i) Electrolyte and acid-base disorders
 - j) Metabolic, nutritional, and endocrine effects of critical illness

- k) Hematologic and coagulation disorders associated with critical illness
- 3. Fellows must have formal instruction, clinical experience, and demonstrate competence in:
 - a) Management of the immunosuppressed patient
 - b) Management of anaphylaxis and acute allergic reactions
 - c) Hemodynamic and ventilatory support of patients with organ system damage in the post operative period
 - d) Use of paralytic agents and sedative and analgesic drugs
 - e) Detection and prevention of iatrogenic and nosocomial problems in critical care medicine
 - f) Psychosocial and emotional effects of critical illness on patients and their families
 - g) Management of end of life issues and palliative care
- 4. Fellows must have formal instruction and clinical experience in the evaluation and management of patients:
 - a) With genetic and developmental disorders of the respiratory system, including cystic fibrosis
 - b) In pulmonary rehabilitation
 - c) With trauma
 - d) With neurosurgical emergencies
 - e) With disorders of the cardiovascular, respiratory, renal, gastrointestinal, genitourinary, neurologic, endocrine, hematologic, musculoskeletal, and immune systems as well as of infectious diseases
 - f) With critical obstetric and gynecologic disorders
 - g) After discharge from the critical care unit.

B. Technical and Other Skills

1. The program must be structured to permit all fellows to develop the requisite procedural and technical skills, including the ability to interpret data derived from various bedside devices commonly employed to monitor patients. Fellows must have formal instruction, clinical experience, and demonstrate competence in the following:
 - a) Airway Management
 - b) Use of a variety of positive pressure ventilatory modes, to include:
 - (1) initiation, maintenance, and weaning of ventilatory support
 - (2) respiratory care techniques;
 - (3) withdrawal of mechanical ventilatory support
 - c) Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry
 - d) A minimum of 50 flexible fiber-optic bronchoscopy procedures
 - e) Management of pneumothorax (needle insertion and drainage system)
 - f) Pulmonary function tests to assess respiratory mechanics and gas exchange, including spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, and exercise studies
 - g) Diagnostic and therapeutic procedures, including thoracentesis, endotracheal intubation, and related procedures
 - h) Examination and interpretation of sputum, bronchopulmonary secretions, pleural fluid
 - i) Chest tubes and drainage systems
 - j) Insertion of arterial, central venous, and pulmonary artery balloon flotation catheters
 - k) Emergency cardioversion
 - l) Interpretation of intracranial pressure monitoring
 - m) Operation of bedside hemodynamic monitoring systems
 - n) Nutritional support
 - o) Quality improvement activities in the intensive care unit

2. Fellows must have formal instruction and clinical experience in performing the following:
 - a) Emergency cardioversion
 - b) Inhalation challenge studies
 - c) Thoracostomy tube insertion and drainage
 - d) Examination and interpretation of lung tissue for infectious agents, cytology, and histopathology

C. Formal Instruction

The training program must provide formal instruction for the fellows to acquire knowledge of the following content areas:

1. Imaging techniques commonly employed in the evaluation of patients with critical illness and/or pulmonary disorders.
2. Monitoring and supervising special services, including:
 - a) Respiratory care units
 - b) Pulmonary function laboratories, including quality control, quality assurance, and proficiency standards.
 - c) Respiratory care techniques and services
3. The basic sciences, with particular emphasis on
 - a) Genetics and molecular biology as they relate to pulmonary diseases
 - b) Developmental biology
 - c) Pulmonary physiology and pathophysiology in systemic diseases
 - d) Biochemistry and physiology, including cell and molecular biology and immunology, as they relate to pulmonary disease
4. Indications, complications, and outcomes of lung transplantation
5. Pericardiocentesis
6. Transvenous pacemaker insertion
7. Percutaneous needle biopsies
8. Renal replacement therapy
9. Pharmacokinetics, pharmacodynamics, and drug metabolism and excretion in critical illness
10. Principles and techniques of administration and management of an MICU
11. Ethical, economic, and legal aspects of critical illness
12. Skills required to organize, administer, and direct a critical care unit and to work effectively as a member of a multidisciplinary team.
13. Skills required to organize, administer and direct a respiratory therapy section and to work effectively as a member of a multidisciplinary team.
14. Recognition and management of the critically ill from disasters, including those caused by chemical and biological agents.
15. Quality improvement and patient safety activities in the intensive care unit

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Program Requirements for Fellowship Education in Rheumatology (Internal Medicine)

For sections I. through X., see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XI. Educational Program

- A. A subspecialty educational program in rheumatology must be organized to provide training and supervised experience at a level sufficient for the fellow to acquire competence in the field.
- B. The training program must be 2 years in duration.

C. At least 12 months of the program must be devoted to clinical experiences.

D. Ambulatory Medicine Experience

The program must include a minimum of 2 half days of ambulatory care per week averaged over the 2 years of training, which includes the continuity ambulatory experience. Yet, the RRC suggests that 3 half days of ambulatory care per week occur.

XII. Faculty

See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIII. Facilities and Resources

In addition to the facilities and resources outlined in the Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine, each of the following must be present at the primary training site:

A. Diagnostic Laboratory Services

No additional services required.

B. Imaging

Computerized tomography, bone densitometry, and magnetic resonance imaging.

C. Surgery and Pathology

No additional services required.

D. Other Facilities, Resources, or Support Services

1. A compensated polarized light microscope for use by fellows.
2. Rehabilitation medicine facilities.
3. Resources for specialized tests used by rheumatologists must be available on the premises or by contract arrangement.
4. There must be a meaningful working relationship, including availability for teaching and consultation, with faculty in radiology and orthopedic surgery and also with allied health professionals in physical therapy and occupational therapy.

E. Patient Population

See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

XIV. Specific Program Content

A. Clinical Experience

Clinical experience as a multidisciplinary team member must include supervised opportunities to manage both inpatients and outpatients with a wide variety of rheumatic and musculoskeletal diseases and other illnesses with rheumatologic musculoskeletal manifestations.

1. Fellows must have formal instruction, clinical experience, and demonstrate competence in the prevention, evaluation and management of the following disorders:
 - a) rheumatoid arthritis
 - b) systemic lupus erythematosus
 - c) scleroderma/systemic sclerosis
 - d) polymyositis
 - e) spondyloarthropathies
 - f) vasculitis
 - g) crystal-induced synovitis
 - h) osteoarthritis
 - i) regional musculoskeletal pain syndromes, and acute and chronic musculoskeletal pain syndromes
 - j) nonarticular rheumatic diseases, including fibromyalgia
 - k) nonsurgical, exercise-related (sports) injury
 - l) systemic diseases with rheumatic manifestations

m) metabolic diseases of bone

n) osteoporosis

o) infection of joints and soft tissues

p) Sjogren's Syndrome

2. It is suggested that programs with the qualified faculty and facilities provide training in pediatric rheumatic disease.

B. Technical and Other Skills

1. Fellows must have formal instruction, clinical experience and demonstrate competence in the:
 - a) examination of patients, to include a specific examination of structure and function of all joints, both axial and peripheral, as well as periarticular structure and muscle units.
 - b) diagnostic aspiration and analysis by light and compensated polarized light microscopy of synovial fluid.
 - c) therapeutic injection of diarthrodial joints, bursae, tenosynovial structures, and entheses.
 - d) use of nonsteroidal anti-inflammatory drugs, disease-modifying drugs, biologic response modifiers, glucocorticoids, cytotoxic drugs, antihyperuricemic drugs, and antibiotic therapy for septic joints.
2. Fellows must have formal instruction and clinical experience in the performance or interpretation of
 - a) biopsies of tissues relevant to the diagnosis of rheumatic diseases
 - b) bone and joint imaging techniques
 - c) bone density measurements
 - d) controlled clinical trials in rheumatic diseases
 - e) indications for arthroscopy.
 - f) electromyograms, nerve conduction studies, and muscle/nerve biopsy

C. Formal Instruction

In the study of rheumatic diseases, musculoskeletal disorders, metabolic diseases of bone, osteoporosis, and acute and chronic musculoskeletal pain, the following specific content areas as a minimum, must be included in the formal educational program (lectures, conferences, seminars, and journal clubs):

1. Anatomy, pathology, genetics, immunology, biochemistry, and physiology of connective tissue, bone, and muscle, including purine metabolism
2. The scientific basis of the methodology, indications, and interpretations of laboratory tests and imaging procedures used in diagnosis and management
3. Indications for and interpretation of electromyograms, nerve conduction studies, and muscle/nerve biopsy
4. Pharmacology and pharmacokinetics, including drug metabolism, adverse effects, interactions, and relative costs of therapy
5. Principles of physical medicine and rehabilitation in patients with rheumatologic disorders
6. Evaluation, management, and rehabilitation of exercise-related (sports) illnesses
7. Indications for surgical and orthopedic consultation
8. Geriatric and aging influences

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Program Requirements for Graduate Medical Education in Sleep Medicine (Internal Medicine)

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

I. Introduction

A. Definition and Scope of the Specialty

Sleep medicine is a discipline of medical practice in which sleep disorders are assessed, monitored, treated, and prevented by using a combination of techniques (clinical evaluation, physiologic testing, imaging, and intervention) and medication. Specialists in sleep medicine are expected to:

1. participate in an interdisciplinary care of patients of all ages that incorporates aspects of psychiatry, neurology, internal medicine, epidemiology, surgery, pediatrics and basic science;
2. acquire detailed knowledge of the sleep and respiratory control centers, physiology, and neurobiology underlying sleep and wakefulness;
3. diagnose and manage sleep disorder patients in outpatient and inpatient settings.

B. Duration and Scope of Education

1. All prerequisite fellowship education must be taken within programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.
2. The ACGME recognizes the following educational formats for entry into sleep medicine fellowships:
 - a) Fellows must complete 12 months of sleep fellowship education after the successful completion of one of the following prerequisite educational programs:
 - (1) 3 years of internal medicine; or
 - (2) 3 years of pediatrics
 - (3) 4 years of psychiatry;
 - (4) 4 years of neurology; or
 - (5) 5 years of otolaryngology.
3. Training must be separate and distinct from all training required for certification in internal medicine, pediatrics, pulmonology, psychiatry, neurology, and otolaryngology, and include as well as didactic and clinical experience in the care of patients with sleep disorders in both inpatient and outpatient settings.
4. Training should provide clinical exposure to the following disciplines as related to sleep disorders:
 - Cardiology
 - Neurology
 - Otolaryngology
 - Oral Maxillofacial Surgery
 - Pediatrics
 - Pulmonary Medicine
 - Psychiatry
 - Psychology, including Neuropsychology
5. Relation of the Subspecialty to Core Programs
Fellowship programs in the subspecialty of sleep medicine may only be accredited in institutions where the sponsoring specialty has an ACGME-accredited residency program. The sponsoring program may be in internal medicine, psychiatry, pediatrics, neurology, or otolaryngology.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions. There is a limit of one accredited sleep medicine program per sponsoring institution.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern fellow education during the assignment.

C. Institutional Facilities and Resources

1. Patient Population
 - a) There must be an adequate number and variety of patients of all ages in both inpatient and outpatient settings to expose fellows to the board spectrum of sleep disorders. This should include experience across the major categories of sleep disorders, including: apnea and other sleep-related breathing disorders; parasomnias; circadian rhythm disorders; insomnia; narcolepsy and related excessive daytime sleepiness disorders; and sleep problems related to other factors and diseases such as medications, and psychiatric and medical disorders.
 - b) Inpatient experience should include evaluation of a sufficient number of sleep disorder patients. Experience should include longitudinal management of patients for whom the fellow is the primary physician but acting under the supervision of a faculty member.
2. Facilities
 - a) The facility should be appropriately equipped, and have a minimum of two fully-equipped polysomnography bedrooms and support space.
 - b) There must be adequate space and equipment for the educational program, including meeting rooms, classrooms with audiovisual and other educational aids, office space for staff and fellows, pertinent library materials, and diagnostic, therapeutic, and research facilities.
3. Institutional Resources
 - a) The sponsoring institution must provide sufficient institutional resources—including GME staff, space, equipment, supplies, and time—to allow for effective oversight of its programs accredited by the ACGME.
 - b) In addition, there must be sufficient institutional resources to ensure that the programs accredited by the ACGME are implemented and developed effectively and in compliance with both the program and institutional requirements.
 - c) The American Academy of Sleep Medicine or an equivalent body should accredit for the use of both adults and children

the sleep laboratories and other related facilities and equipment.

4. Library

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

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program; he or she must be fully committed to the fellowship program, and devote sufficient time to provide leadership and supervision to the program and its fellows. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified by the specialty board in sleep medicine or be certified in sleep medicine by an ABMS Member Board, or possess qualifications judged to be acceptable by the sponsoring RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.
 On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
 - a) The program that provides training in sleep medicine must have at least two core faculty, including the director, who are specialists in Internal Medicine, Pulmonology, Psychiatry, Pediatrics, Neurology, or Otolaryngology and who are certified in sleep medicine by the specialty board in sleep medicine or by the applicable ABMS board, or who possess qualifications judged acceptable by the sponsoring RRC.
 - b) For programs with more than four fellows, a ratio of one core faculty to every two fellows must be maintained.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
 - a) Appropriate expertise in the areas defined in Section I.B. above must be present between the director and faculty. The RRC recognizes that expertise in sleep medicine is available from physicians who are board certified in many medical specialties, particularly in Internal Medicine, Pulmonology, Psychiatry, Pediatrics, Neurology, and Otolaryngology; the RRC actively encourages multidisciplinary cooperation in the training of fellows.
 - b) There must be designated faculty available to participate in consultation and teaching from the following disciplines as they relate to sleep medicine and the management of sleep disorders:
 - Cardiology
 - Neurology
 - Otolaryngology
 - Oral Maxillofacial Surgery
 - Pediatrics
 - Pulmonary Medicine
 - Psychiatry
 - Psychology including neuropsychology
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified by the applicable ABMS Board, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;

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

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

- a) Nonphysician faculty must be appropriately qualified in their field.
- b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

IV. Fellow Appointments

A. Eligibility Criteria

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

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

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

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

E. Fellow/Patient Ratio

The number of patients must be sufficient to provide a sound educational program. The program director must ensure an adequate number and variety of patients, with particular attention to balance in the age and gender of patients, as well as in patients with short- and long-term sleep disorders, inpatients, and outpatients.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

C. Fellows Scholarly Activities

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies

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

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

E. Didactic Program

1. Fellows must have formal instruction in, and demonstrate comprehensive knowledge of:
 - a) Major theories in sleep medicine, together with a thorough grounding in the generally accepted facts and basic sleep mechanisms.
 - b) Biological, psychological, social, economic, ethnic, and familial factors, which significantly influence the evaluation and treatment of sleep disorders.
 - c) Etiologies, prevalence, diagnosis, and treatment of all of the sleep disorders in the current nosology of sleep medicine.

- d) The use, reliability, and validity of the generally accepted techniques for diagnostic assessment.
- e) Medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g., the relationship between hypertension and snoring)
- f) The nature of the interactions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment; experience and/or familiarity with the major types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments, and other somatic therapies
- g) Administration and interpretation of psychological tests
- h) Financing and regulation of sleep medicine.
- i) Medical ethics and its application in sleep medicine.
- j) Legal aspects of sleep medicine.
- k) Research methods in the clinical and basic sciences related to sleep medicine.
- l) Technical skills including:
 - (1) skills necessary to perform polysomnographies from preparation and hookup of the patient to the completion of the study, including multiple sleep latency and maintenance of wakefulness tests.
 - (2) Scoring and interpretation of polysomnograms and recognition of artifacts, including full montages with additional EEG leads for seizure detection
 - (3) Consultative skills in sleep medicine in a variety of medical, surgical, and psychiatric settings
- 2. The Curriculum

The curriculum must include instruction in the following:

 - a) Fundamental mechanisms of sleep
 - b) Etiopathogenic characterization of sleep disorders
 - c) Clinical manifestations of sleep disorders
 - d) Diagnostic strategies in sleep disorders
 - e) Treatment strategies in sleep disorders
 - f) Epidemiological issues
 - g) Airway anatomy
- 3. Seminars and Conferences
 - a) The training program must conduct a monthly, multidisciplinary teaching conference and a monthly journal club organized by the faculty on topics that cover the scope of sleep medicine.
 - b) The training program must conduct seminars and core conferences, that include didactic instruction in the following; this instruction must be relevant for pediatric and adult patients:
 - (1) Basic neurological sleep mechanisms
 - (2) Chronobiological mechanisms
 - (3) Respiratory physiology during sleep and pathophysiology
 - (4) Cardiovascular physiology during sleep and pathophysiology
 - (5) Endocrine physiology during sleep and pathophysiology
 - (6) Gastrointestinal physiology during sleep and pathophysiology
 - (7) Ontogeny of sleep
 - (8) Sleep across the life span
 - (9) Operation of polysomnographic monitoring equipment
 - (10) Polysomnographic troubleshooting
 - (11) Ambulatory monitoring methodology
 - (12) Polysomnogram interpretation
 - (13) SIDs and related respiratory distress
 - (14) Nosology for sleep disorders: The International Classification of Sleep Disorders
 - (15) Evaluation of patients presenting with excessive sleepiness
 - (16) Evaluation of patients presenting with difficulty initiating or maintaining sleep
 - (17) Evaluation of patients presenting with parasomnias
 - (18) Biological rhythm disorders
 - (19) Pediatric and neonatal sleep medicine
- (20) Treatment approaches for obstructive sleep apnea, to include nasal CPAP, bilevel PAP, upper airway surgery, oral appliances, and position training
- (21) Treatment approaches for insomnia, to include cognitive-behavioral therapies and pharmacological therapy
- (22) Treatment approaches for narcolepsy and idiopathic CNS hypersomnolence
- (23) Treatment approaches for parasomnias
- (24) Treatment of circadian rhythm disorders
- (25) Pharmacology of sleep (i.e. medication effects on sleep)

F. Clinical Components

1. Clinical Skills

- Fellows must have formal instruction, clinical experience, and demonstrate competence at the completion of training in the management of sleep disorders in all age groups including following:
- a) interviewing
 - b) clear and accurate history taking
 - c) performing competent physical, neurological, and mental status examinations
 - d) recording of findings completely and systematically
 - e) relating history and clinical findings to the relevant medical, neurologic, psychiatric, and social issues associated with etiology and treatment
 - f) formulating a differential diagnosis for all conditions in the current standard nosology, taking into consideration all relevant data.
 - g) diagnosing medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurologic, and psychiatric conditions
 - h) formulating appropriate treatment plans and making appropriate referrals
 - i) providing continuous care for a variety of patients from different age groups, seen regularly and frequently over an extended time, in a variety of treatment modalities; being able to relate to patients and their families, as well as other members of the health care team, with compassion, respect, and professional integrity
 - j) Certification in cardiopulmonary resuscitation

2. Clinical Training

- Fellows must have formal instruction, clinical experience, and demonstrate competence at the completion of training in the following:
- (1) The observation, evaluation, and management of patients of all ages with a wide variety of sleep disorders
 - (2) The integration of information obtained from patient history, physical examination, physiologic recordings, imaging studies, psychometric testing, pulmonary function testing, and biochemical and molecular tests results to arrive at an accurate and timely diagnosis and treatment plan.
 - (3) The indications for and potential pitfalls and limitations of diagnostic tests and the interpretation of the results in the context of the clinical situation. These diagnostic tests must include the following: polysomnography, multiple sleep latency testing, maintenance of wakefulness testing, actigraphy, and portable monitoring related to sleep disorders, imaging studies, magnetic resonance imaging, scoring and interpretation of polysomnograms and recognition of artifacts, including montages with additional EEG leads for seizure detection, and psychological and psychometric tests as they relate to sleep disorders.
 - (4) The development and execution of plans for evaluation and treatment, including the appropriate technical skills necessary to perform polysomnography from preparation and

hookup of the patient to the completion of the study, including multiple sleep latency tests, maintenance of wakefulness tests, and other diagnostic studies

- (5) The critical appraisal of the professional and scientific literature and application of new contributions to management and care of patients.
- b) Fellows must have formal instruction and clinical experience in systems-based skills that include working in outpatient and inpatient settings and effectively utilizing health care resources, including pathology and radiology services.
 - (1) Clinical experiences that provide for basic and advanced training and education, as well as professional development
 - (2) Opportunities to formulate a clinical diagnosis and to order and use laboratory data to clinically evaluate a patient's condition and to support outpatient and inpatient diagnostic evaluations
 - (3) Progressive experience for training that includes caring for a sufficient number of sleep disorder patients to achieve competence in the assessment of patients with a wide range of sleep medicine disorders
 - (4) Experience with medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g. the relationship between hypertension and snoring); ability to diagnose medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurologic, and psychiatric conditions; to formulate appropriate treatment plans; and to make appropriate referrals.
 - (5) Experience with interactions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment; experience and/or familiarity with the major types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments, and other somatic therapies; competence in sleep medicine consultation in a variety of medical, surgical and psychiatric settings.
 - (6) Experience in sleep disorders center administration, especially leadership of interdisciplinary teams.
 - (7) Supervised experience in teaching sleep medicine to students in the health professions.
 - (8) Trainees should make regular patient management rounds and record reviews with the attending faculty.

VI. Fellow Duty Hours and the Working Environment

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

A. Supervision of Fellows

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.

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

B. Duty Hours

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

C. On-call Activities

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

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

D. Moonlighting

1. Because fellowship education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

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

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the fellowship program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance. Fellows' evaluation by faculty must be made at least once every two months so that areas of weakness and strength may be communicated to the fellows.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

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

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evalua-

tion must include annual written confidential evaluations by fellows.

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the fellowship program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

Fellows who plan to seek certification in Sleep Medicine by the American Board of Medical Specialties should communicate with the office of the board regarding the full requirements for certification.

Approved by ACGME: June 2004 Effective: June 2004

Program Requirements for Residency Education in Internal Medicine Sports Medicine

I. Introduction

In addition to complying with the requirements below, each program must comply with the Program Requirements for Residency Education in the Subspecialties of Internal Medicine.

II. Scope and Duration of Training

An educational program in sports medicine must be organized to provide a well-supervised experience at a level sufficient for the resident to acquire the competence of a physician with added qualifications in this field. It shall be 1 year in duration.

The practice of sports medicine is the application of the physician's knowledge, skills, and attitudes to those engaged in sports and exercise. Thus, the program must provide training in the development of the clinical competencies needed to diagnose and manage medical illnesses and injuries related to sports and exercise, for example, first-degree sprains, strains, and contusions, including appropriate referrals of, for example, fractures, dislocations, and third-degree sprains. Clinical experience must include injury prevention, preparticipation evaluation, management of acute and chronic illness or injury, and rehabilitation as applied to a broad spectrum of undifferentiated patients. There must be experience functioning as a team physician and in the promotion of physical fitness and wellness.

The program should emphasize physiology and biomechanics; principles of nutrition; pathology and pathophysiology of illness and injury; pharmacology; effects of therapeutic, performance-enhancing, and mood-altering drugs; psychological aspects of exercise, performance, and competition; ethical principles; and medical-legal aspects of exercise and sports.

III. Teaching Staff

In addition to the program director, each program must have at least one other faculty member with similar qualifications who devotes a substantial portion of professional time to the training program.

The teaching staff must include orthopedic surgeons who are engaged in the operative management of sports injuries and other conditions and who are readily available to teach and provide consultation to the residents. Teaching staff from the disciplines of nutrition, pharmacology, pathology, exercise physiology, physical therapy, behavioral science, physical medicine and rehabilitation, and clinical imaging also should be available to assist in the educational program. Coaches and athletic trainers also should be included.

IV. Facilities and Resources

The program must include the following:

A. Patient Population

A patient population that is unlimited by age or gender and is adequate in number and variety to meet the needs of the training program must be available. The program director must ensure that residents are accorded meaningful patient responsibility with the supervision of a faculty member at all facilities and sites.

B. Sports Medicine Clinic

There must be an identifiable clinic that offers continuing care to patients who seek consultation regarding sports- or exercise-related health problems. The nonsurgical residents must be supervised by a physician who has qualifications in sports medicine and is certified by the American Board of Emergency Medicine, the American Board of Family Practice, the American Board of Internal Medicine, or the American Board of Pediatrics or who possesses suitable equivalent qualifications.

Adequate, up-to-date diagnostic imaging and rehabilitation services must be readily available and accessible to clinic patients. Consultation in medical and surgical subspecialties, physical therapy, nursing, nutrition, and pharmacy must be available. The opportunity to render continuing care and to organize recommendations from other specialties and disciplines is mandatory and will require that medical records include information pertinent to the assessment and management of patients with health problems related to sports and exercise.

C. Sporting Events/Team Sports/Mass-Participation Events

The program must have access to sporting events, team sports, and mass-participation events during which the resident can have meaningful patient responsibility.

D. Acute-Care Facility

There must be an acute-care hospital with a full range of services associated with and in proximity to the sponsoring residency. This facility must be readily accessible to patients served by the program.

V. Educational Program

The curriculum must provide the educational experiences necessary for the residents to achieve the cognitive knowledge, psychomotor skills, interpersonal skills, professional attitudes, and practical experience required of physicians in the care of patients with health problems related to sports and exercise.

Didactic as well as clinical learning opportunities must be provided as part of the required curriculum for all residents. Conferences or seminars/workshops in sports medicine should be specifically designed for the residents to augment the clinical experiences.

All educational activities must be adequately supervised while allowing the resident to assume progressive responsibility for patient care. The clinical activities in sports medicine should represent a minimum of 50% of the time in the program. The remainder of the time should be spent in didactic, teaching, and/or research activities and in the primary care or emergency medicine ambulatory facility.

Residents must spend ½ day per week maintaining their skills in their primary specialty.

Participation in the following must be required of all residents:

A. Preparticipation Evaluation of the Athlete

The program must ensure that all sports medicine residents are involved in the development and conduct of preparticipation examination programs.

B. Acute Care

The resident must have appropriate authority and responsibility to participate meaningfully in the medical care that is provided to acute-care patients (see Scope and Duration of Training, above). In addition, the program should arrange for residents to observe representative inpatient and outpatient operative orthopedic procedures.

C. Sports Medicine Clinic Experience

The resident must attend patients in a continuing, comprehensive manner, providing consultation for health problems related to sports and exercise. The resident shall spend at least 1 day per week for 10 months of the training period in this activity.

If patients are hospitalized, the resident should follow them during their inpatient stay and resume outpatient care following the hospitalization. Consultation with other physicians and professionals in other disciplines should be encouraged.

D. On-Site Sports Care

The resident should participate in planning and implementation of all aspects of medical care at various sporting events. The program must ensure that supervised sports medicine residents provide on-site care and management to participants in these events.

In addition, the resident must participate in the provision of comprehensive and continuing care to a sports team. Preferably, the experience should include several teams that engage in seasonal sports.

E. Mass-Participation Sports Events

The resident should participate in the planning and implementation of the provision of medical coverage for at least one mass-participation event. The program must ensure that its residents have experience that includes providing medical consultation, direct patient care, event planning, protection of participants, coordination with local EMS systems, and other medical aspects of those events.

VI. Specific Knowledge and Skills**A. Clinical**

The program must provide educational experiences for the residents to develop clinical competence in the overall field of sports medicine.

The curriculum must include but not be limited to the following content and skill areas:

1. Anatomy, physiology, and biomechanics of exercise
2. Basic nutritional principles and their application to exercise
3. Psychological aspects of exercise, performance, and competition
4. Guidelines for evaluation prior to participation in exercise and sport
5. Physical conditioning requirements for various activities
6. Special considerations related to age, gender, and disability
7. Pathology and pathophysiology of illness and injury as it relates to exercise
8. Effects of disease, e.g., diabetes, cardiac conditions, and arthritis, on exercise and the use of exercise in the care of medical problems
9. Prevention, evaluation, management, and rehabilitation of injuries
10. Understanding pharmacology and effects of therapeutic, performance-enhancing, and mood-altering drugs
11. Promotion of physical fitness and healthy lifestyles
12. Functioning as a team physician
13. Ethical principles as applied to exercise and sports
14. Medical-legal aspects of exercise and sports
15. Environmental effects on exercise
16. Growth and development related to exercise

B. Patient Education/Teaching

The program must provide the experiences necessary for the residents to develop and demonstrate competence in patient education regarding sports and exercise. They must have experience teaching others, e.g., nurses, allied health personnel, medical students, residents, coaches, athletes, other professionals, and members of patients' families. There also must be relevant experience working in a community sports medicine network involving parents, coaches, certified athletic trainers, allied medical personnel, residents, and physicians.

ACGME: June 2000 Effective: June 2000

Program Requirements for Graduate Medical Education in Medical Genetics

Common Program Requirements appear in bold.

Sections of text that are not bolded are specialty-specific requirements.

I. Introduction**A. Definition**

1. Clinical medical geneticists are physicians who provide comprehensive diagnostic, management, and genetic counseling services for patients with (or possibly with) genetic disorders. Clinical medical geneticists also plan and coordinate large-scale screening programs for inborn errors of metabolism, hemoglobinopathies, chromosome abnormalities, neural tube defects, and other genetically-influenced conditions.
2. Clinical medical geneticists are able to (a) diagnose and manage genetic disorders; (b) provide patient and family counseling; (c) use their knowledge of heterogeneity, variability, and natural history of genetic disorders in patient-care decision making; (d) elicit and interpret individual and family medical histories; (e) interpret clinical genetic and specialized laboratory testing information; (f) explain the causes and natural history of genetic disorders and genetic risk assessment; and (g) interact with other health-care professionals in the provision of services for patients with genetically influenced disorders.

B. Scope of Education

1. Accredited graduate medical education programs in medical genetics must provide the formal instruction and appropriately-clinical experience necessary for residents to develop the knowledge, skills, and attitudes essential to the practice of clinical medical genetics.
2. Programs must provide (a) opportunities for residents to become involved in research and teaching and (b) education in the basic sciences and clinical areas pertinent to medical genetics, including mendelian genetics, cytogenetics, diagnosis and treatment of inborn errors of metabolism, molecular diagnosis, syndrome identification and dysmorphology, teratology, reproductive genetics, congenital malformations, multifactorial disorders, mental retardation and developmental disabilities, genetic screening, social and ethical issues in medical genetics, genetic counseling, and quantitative human genetics.

C. Program Length

1. A residency in clinical medical genetics may be accredited to provide 2 and/or 4 years of graduate medical education.
 - a) Physicians who have completed a residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) are eligible for appointment to a 2-year medical genetics residency.
 - b) A medical genetics program director may appoint a resident to a 2-year program following 2 or more years of residency education accredited by the ACGME.
 - c) A 4-year program must include 2 years of pregenetics education in other residencies accredited by the ACGME, followed by 2 years of education in clinical medical genetics. A 4-year program must be designed prospectively by the director of the medical genetics residency and by the directors of the programs to which residents will be assigned during the 2 years of pregenetics education.

2. In both 2-year and 4-year programs, the 24 months of genetics education must include at least 18 months of broad-based, clinically-oriented medical genetics activities.

II. Institutions

A. Sponsoring Institution

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

Institutions sponsoring medical genetics programs should also sponsor programs in pediatrics, internal medicine, and obstetrics/gynecology which are accredited by the ACGME.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern resident education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the ACGME.
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership. Institutions must develop and implement policies and procedures to ensure continuity when the program director departs, is on sabbatical, or is unable to meet his or her duties for any other reason.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in Clinical Genetics by the American Board of Medical Genetics (ABMG), or possess qualifications judged to be acceptable by the RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that par-

ticipate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

- b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
- c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
- d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved resident complement for those specialties that approve resident complement.On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.
- e) The program director must maintain a continuing involvement in scholarly activities, participate in key national scientific human genetics meetings, and contribute to medical education, both locally and nationally.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
 - a) There must be at least 3 members of the teaching staff (including the program director) who are certified by the ABMG (or possess equivalent qualifications) and who are members of the medical staffs at program institutions. At least 2 of these individuals must be certified in clinical medical genetics.
 - b) The person responsible for resident education in biochemical genetics must be certified by the ABMG in biochemical genetics; the person responsible for resident education in molecular genetics must be certified by the ABMG in molecular genetics; and the person responsible for resident education in clinical cytogenetics must be certified by the ABMG in clinical cytogenetics.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Medical Genetics, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and

an active research component must be included in each program. *Scholarship* is defined as the following:

- a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
- b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
- c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. Program institutions should have a clinical cytogenetics laboratory, a clinical biochemical genetics laboratory, and a clinical molecular genetics laboratory, each of which provides an appropriate volume and variety of services related to medical genetics, as well as an adequate number of qualified staff. If a laboratory is not located in a program institution, a written letter of agreement from the laboratory director detailing the laboratory's contributions to the education of medical genetics residents must be prepared and kept on file by the program director.
2. Program institutions must provide a sufficient number and variety (e.g., pregnant and non-pregnant, all ages) of inpatients and outpatients to permit residents to gain experience with the natural history of a wide range of genetic disorders.
3. Adequate space and equipment must be available to meet the educational goals of the program. In addition to space for patient care activities, this requires meeting rooms, classrooms, office space, research facilities, and facilities for record storage and retrieval.
4. Office and laboratory space must be provided for the residents for both patient-care work and participation in scholarly activities.
5. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions. The institutional library should contain standard journals and texts in genetics and related fields of medicine, and provide services for the electronic retrieval of information from national medical databases to permit the timely review of literature.
6. Residents must have access to an on-site library or to a collection of appropriate texts and journals at each institution participating in a residency program. On-site libraries and/or collections of

texts and journals must be readily available during nights and weekends.

7. Residents should have access to computer-based genetic diagnostic systems.
8. The audiovisual resources available for educational purposes should be adequate to meet the goals and objectives of the program.

IV. Resident Appointments

A. Eligibility Criteria

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

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents. The presence of other learners in medical genetics and in other specialties within program institutions is essential to the maintenance of a stimulating educational environment.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process. The residency must be organized to provide a well-structured, integrated, and progressive educational experience in clinical medical genetics. Residents must have the opportunity to develop the abilities to diagnose genetic disorders, counsel patients, and manage the broad range of clinical problems that are encompassed within medical genetics. Because of the complex nature and its involvement with multiple systems, residents must be exposed to multidisciplinary and interdisciplinary models during the program, and must become proficient at organizing teams of health-care professionals to provide the necessary resources for their patients. Because medical genetics involves individuals of all ages and their families, residents must be competent to work with adults and children, and must have an opportunity to gain an understanding of family dynamics as they relate to issues of diagnosis, counseling, and management.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be dis-

tributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management. The responsibility given to residents for patient care should depend on their knowledge, skill, and experience, as well as on the complexity of the patient's counseling or medical problems. This includes responsibility in such areas as patient care, leadership, teaching, organization, and administration. The program must provide residents with experience in direct and progressively-responsible patient management as they advance through the program so that those completing the program will have developed sound clinical judgment.

1. Didactic Components

a) Basic Sciences

Each resident must participate formally, through lectures or other didactic sessions, in the equivalent of a one-year graduate level course in basic, human, and medical genetics, including but not limited to population and quantitative genetics, mendelian and non-mendelian genetics, cytogenetics, biochemical genetics, and molecular genetics. (An introductory medical genetics course for medical students does not satisfy this requirement.)

b) Research seminars should be a part of the training experience, but shall not be considered an acceptable alternative to this basic science didactic component.

c) Clinical Conferences

Clinical teaching conferences must be organized by the faculty for the residents, and attendance by the residents and the faculty must be documented. These conferences must be distinct from the basic science lectures and didactic sessions. Clinical teaching conferences may include formal didactic sessions on clinical laboratory topics, medical genetics rounds, journal clubs, and follow-up conferences for genetic clinics.

2. Clinical Components

a) Patient Population

Residents must have the opportunity to care for patients and their families in sufficient number to permit them to develop an understanding of the wide variety of medical genetic problems, including mendelian disorders, inborn errors of metabolism, diseases of chromosome number and structure, multifactorial disorders, syndromes, congenital malformations, other birth defects, and other genetically-influenced conditions. Typically, this will mean that programs will care for at least 100 different patients or families per year for each resident. These patients and families must be seen in both outpatient and inpatient settings.

b) Correlation of Laboratory and Clinical Experiences

Clinical biochemical genetic, molecular genetic, and cytogenetic laboratories must be integral components of each program. Residents must spend a minimum of 2 continuous weeks in each type of laboratory so that they will be able to develop their abilities to understand and critically interpret laboratory data. Residents must develop an understanding of the appropriate use of laboratories during diagnosis, counseling, and management of patients with genetic disorders. Toward this end, resident education must include participation in the working conferences of laboratories, as well as ongoing discussion of laboratory data during other clinical conferences.

c) Other Health Care Professionals

Residents must have regular opportunities to work with genetic counselors, nurses, nutritionists, and other health care

professionals who are involved in the provision of clinical medical genetics services.

d) Responsibilities for Patient Care

The development of mature clinical judgement requires that residents, properly supervised, be given responsibility for patient care commensurate with their ability. This can be achieved only if the resident is involved in the decision-making process and in the continuity of patient care. Residents must be given the responsibility for direct patient care in all settings, including planning and management, both diagnostic and therapeutic, subject to review and approval by the attending physician.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

The residency program must require its residents to obtain competence in the 6 areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health. Residents are expected to:

- a) gather essential and accurate information about the patient using the following clinical skills:
 - (1) medical interviewing, including the taking and interpretation of a complete family history (including construction of a pedigree);
 - (2) physical examination; and
 - (3) diagnostic studies, including the interpretation of laboratory data generated from biochemical genetic, cytogenetic, and molecular genetic analyses.
- b) make informed decisions about diagnostic and therapeutic interventions based on patient and family information and preferences, up-to-date scientific evidence, and clinical judgment by:
 - (1) demonstrating effective and appropriate clinical problem-solving skills;
 - (2) understanding the limits of one's knowledge and expertise; and
 - (3) the appropriate use of consultants and referrals.
- c) develop and carry out patient management plans;
- d) prescribe and perform medical interventions essential for the care of patients with heritable disorders;
- e) counsel and educate patients and their families in order to:
 - (1) take measures needed to enhance or maintain health and function and to prevent disease and injury;
 - (2) encourage the family to participate actively in their care and in order to provide information that will contribute to their care; and
 - (3) empower patients to make informed decisions, interpret risk assessment, and to use predictive testing for themselves and family members.
- f) use information technology to support patient care decisions and patient education;
- g) assist patients in accomplishing their personal health goals; and
- h) work with health care professionals, including those from other disciplines, to provide patient-focused care.

- 2. Medical Knowledge** about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care. Residents must:
- know, critically evaluate, and use current medical information and scientific evidence for patient care, including:
 - results from genetics laboratory tests;
 - quantitative risk assessment; and
 - available bioinformatics.
 - be able to locate, appraise, and assimilate evidence from scientific research studies related to their patients' health problems.
- 3. Practice-based learning and improvement** that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care. Residents are expected to:
- obtain and use information about their own patients and the larger population from which their patients are drawn;
 - use information technology to manage information, access on-line medical information, and support their own education;
 - facilitate the education of patients, families, students, residents, other health care professionals, and the general public.
- 4. Interpersonal and communication skills** that result in the effective exchange of information and collaboration with patients, their families, and other health professionals. Residents must be able to:
- communicate effectively and demonstrate caring and respectful behavior when interacting with patients and their families;
 - communicate effectively with patients and families to create and sustain a professional and therapeutic relationship;
 - communicate effectively with physicians, other health care professionals, health-related agencies, and the general public;
 - work effectively as a member or leader of a health care team or organization; and
 - maintain comprehensive, timely, and legible medical records.
- 5. Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds. Residents are expected to:
- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development;
 - demonstrate a commitment to ethical principles pertaining to patient privacy and autonomy, the provision or withholding of clinical care, confidentiality of patient information, informed consent, conflict of interest, and business practices; and
 - demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
- 6. Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents must be able to:
- advocate for quality patient care and assist patients in dealing with system complexities;
 - work effectively in various health care delivery settings and systems;
 - provide optimal value for the patient by incorporating the considerations of cost-awareness and risk-benefit analysis;
 - promote health and function and prevent disease and injury in populations; and
 - possess the basic economic and business knowledge necessary to function effectively in one's practice setting.

VI. Resident Duty Hours and the Working Environment

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

A. Supervision of Residents

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

B. Duty Hours

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

C. On-call Activities

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

- In-house call must occur no more frequently than every third night, averaged over a 4-week period.
- Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
- No new patients may be accepted after 24 hours of continuous duty.
- At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.
 - The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must

be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

- b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
- c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

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

F. Duty Hours Exceptions

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

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

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

B. Faculty

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

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Medical Genetics should communicate with the office of the board regarding the full requirements for certification.

ACGME: June 1996 Effective: July 1997
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Program Requirements for Graduate Medical Education in Molecular Genetic Pathology (Medical Genetics)

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

I. Introduction

A. Definition of the Subspecialty

Molecular Genetic Pathology (MGP) is the subspecialty of Medical Genetics and Pathology in which the principles, theory, and technologies of molecular biology and molecular genetics are used to make or confirm clinical diagnoses of Mendelian genetic disorders, disorders of human development, infectious diseases and malignancies, to assess the natural history of those disorders, and to provide the primary physician with information by which to improve the ability to provide optimal care for individuals affected with these disorders. Molecular Genetic Pathology includes a body of knowledge and techniques necessary to study diseases associated with alterations in genes, provides information about gene structure, function, and alteration, and applies laboratory techniques for the diagnosis, treatment, and prognosis of individuals with these disorders.

B. Duration and Scope of Education

Educational programs in molecular genetic pathology must be 1 year in length and provide a structured educational experience for qualified physicians seeking to acquire additional competence in all current aspects of the discipline including basic science, diagnostic laboratory procedures, laboratory management, and consultation. Programs must be designed to teach trainees to integrate molecular genetic pathology into medical consultations with clinicians in the diagnosis and care of patients.

II. Institutions

A. Sponsoring Institution

1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. Postgraduate fellowships in molecular genetic pathology will be accredited in institutions that also sponsor ACGME-accredited residencies in medical genetics and pathology. Requests for exceptions to this policy will be reviewed on a case by case basis.
3. The molecular genetic pathology program must be jointly sponsored by the Department of Pathology and the Department of Medical Genetics. Further, the sponsoring institution must ensure that activity is supported by other disciplines, including internal medicine, pediatrics, and obstetrics-gynecology.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in by the American Board of Medical Genetics (in clinical Medical Genetics) or the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC and certification in Molecular Genetics Pathology or possess qualifications judged to be acceptable by the Residency Review Committees.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGMEs Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;

(3) a change in the approved fellow complement for those specialties that approve fellow complement.

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

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in by the American Board of Medical Genetics or the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. A sufficient volume and variety of current specimens from adult and pediatric patients must be available to provide MGP fellows a broad exposure to consultation regarding medical genetic test-

ing for congenital and acquired diseases without diluting the educational experience of fellows in affiliated Pathology and Medical Genetics residencies.

3. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.
4. Fellows must have ready access to a major medical library. Library services should include electronic retrieval of information from national medical databases.
5. Fellows must have ready on-site access to appropriate texts and journals in each institution participating in the program.

IV. Fellow Appointments

A. Eligibility Criteria

1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
2. MGP fellows should have completed training in an ACGME accredited residency in either Medical Genetics or Pathology, or be a physician who is certified by the American Board of Medical Genetics.

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

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

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format
The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum

1. The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.
2. Programs should be structured so that fellows are involved in MGP throughout the year. The program must include didactic in-

struction and practical experience with the molecular biology and the biochemistry of nucleic acids and proteins including structure, function, replication mechanisms, *in vitro* synthesis, and the roles of DNA and various RNA classes and proteins in cellular biology. Programs should instruct fellows in an understanding of the mechanism of regulation of gene expression in prokaryotes and eukaryotes, and the biochemical mechanisms of mutations. The program should instruct fellows in the detailed knowledge of disease processes at the molecular level and the methods used for their detection. These diseases include but are not limited to: solid tumors, leukemia-lymphomas, infectious diseases, inherited Mendelian diseases, non-Mendelian and acquired genetic diseases (e.g., mitochondrial disorders, triplet repeats, expansion disorders, cytogenetic aberrations, and imprinting disorders). In addition, fellows should be instructed in tissue typing/identity testing and the principles of linkage analysis. The program should instruct fellows in their role as a consultant and the application of molecular techniques and interpretation of results with regard to diagnosis, prognosis, treatment and recurrence risk in patient care decision making.

3. Fellows must maintain a logbook of MGP cases in which they were involved in sufficient detail to ascertain the fellows involvement in establishing the primary diagnosis and the transmittal of this information. A "case" is defined as the complete laboratory evaluation of an individual or an individual specimen (e.g., for tumor specimens). If a family study is involved, the entire family is considered as a single case. Completion of the case will involve appropriate communication of the results (e.g., written report, verbal communication to referring physician and/or counseling of the individual/family). The logbook should contain sufficient information to demonstrate experience with the breadth of techniques and variety of diseases necessary to direct an MGP diagnostic laboratory service.
4. The program must provide a sufficient volume and variety of MGP specimens and other educational material for the fellow to acquire the qualifications of a consultant in MGP. The fellow must be instructed to create and must keep a logbook of each accession in which they are involved.
5. Fellows must gain experience as consultants in clinical decision making in collaboration with professionals from related disciplines and in the cost-effective use of molecular genetic pathology testing.
6. The program must provide the fellow with the experience required to set up and to operate a MGP laboratory and to supervise and train laboratory personnel in other advanced techniques as they are developed.
7. MGP fellows who are pathologists must participate in the diagnosis, management, and treatment of patients with genetic disorders and in the counseling of the patient and the family. MGP fellows who are medical geneticists must have exposure to autopsy and surgical pathology. This experience should emphasize contemporary diagnostic techniques and require involvement in autopsies, surgical pathology, the review of slide sets of diseases relevant to Molecular Genetic Pathology, and other relevant pathology activities.
8. There must be regularly scheduled inter-departmental MGP conferences as well as intra-departmental conferences, lectures, seminars, journal clubs and other structured educational activities. Both teaching staff and fellows must attend and actively participate in these sessions on a regular basis.
9. Instruction should include the use of study sets and files of usual and unusual cases and other educational materials.

C. Fellows Scholarly Activities

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies

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

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

VI. Fellow Duty Hours and the Working Environment

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

A. Supervision of Fellows

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

B. Duty Hours

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

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

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

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

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institutions written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsors primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An REC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institutions GMEC, however, is required.

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows competence and performance.

2. Final Evaluation

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

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of ac-

tion, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

Fellows who plan to seek certification in Molecular Genetic Pathology should communicate with the office of their respective office regarding the full requirements for certification.

ACGME: June 2001 Effective: June 2001
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Program Requirements for Residency Education in Neurological Surgery

I. Introduction

A. Definition of Discipline

Neurological surgery is a discipline of medicine and that specialty of surgery which provides the operative and nonoperative management (i.e., prevention, diagnosis, evaluation, treatment, critical care, and rehabilitation) of disorders of the central, peripheral, and autonomic nervous systems, including their supporting structures and vascular supply; the evaluation and treatment of pathological processes which modify the function or activity of the nervous system, including the hypophysis; and the operative and nonoperative management of pain. As such, neurological surgery encompasses treatment of adult and pediatric patients with disorders of the nervous system: disorders of the brain, meninges, skull, and their blood supply, including the extracranial carotid and vertebral arteries; disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column; and disorders of the cranial and spinal nerves throughout their distribution.

B. Duration and Scope of Education

1. The educational program must be diversified and well-balanced.
2. The training program in neurological surgery must include a minimum of 1 year of training in an Accreditation Council for Graduate Medical Education (ACGME)-accredited program in general surgery or at least 1 year of a program accredited for the acquisition of fundamental clinical skills, which must include at least 6 months of surgical disciplines other than neurological surgery. This training should be completed prior to the third year of neurological surgery training.
3. The neurological surgery training program is 60 months in duration, in addition to the year of acquisition of fundamental clinical skills, and must provide 36 months of clinical neurological surgery at the sponsoring institution or one of its approved participating institutions.
4. Twenty-one months of the total 60 months should be devoted to any of several aspects of the training program, depending on the needs of the resident. It may be spent in the study of the basic sciences, neuroradiology, neuropathology, or other appropriate subject matter related to the neurosciences as agreed on by individual residents and the program director. [Note: The program director should consult the American Board of Neurological Surgery for certification requirements concerning any training conducted outside the approved institutions of the program.]
5. A block of training of 3 months minimum in an ACGME-accredited neurology training program must be arranged for all residents, unless they have previously had a minimum of 1 year of formal residency training in an accredited neurology training program. This training may be taken during the year of fundamental clinical skills.
6. There must be a 12-month period of time as chief resident on the clinical service of neurological surgery in the sponsoring institution or its approved participating institutions. This is considered an essential component in each resident's planned program. The program must provide the residents with experience in direct and progressively responsible patient management as they advance through training.
 - a. The chief resident must have major or primary responsibility for patient management with faculty supervision.

b. The chief resident should also have administrative responsibility as designated by the program director.

The specific portion of the clinical training that constitutes the 12 months of chief residency must be specifically designated as the chief residency experience and must be identified at the time of program review.

7. Residents must be introduced to the practice of neurosurgery in an outpatient setting where nonemergency patients are seen by the resident for evaluation before and after surgical procedures. A crucial element of this experience is the clear understanding by the patient that the resident is involved in making decisions concerning diagnosis and participates in operative procedures and follow-up care.
8. Prior to entry into the program, each resident must be notified in writing of the length of training. The prescribed length of training for a particular resident may not be changed without mutual agreement during his or her program unless there is a break in his or her training or the resident requires remedial training. Any training added to the accredited residency must be based on a clear educational rationale and must not interfere with the education and training of the residents enrolled in the program.

C. Accreditation Guidelines

1. Training programs in neurological surgery are accredited by the Residency Review Committee (RRC) by authority of the ACGME. A list of accredited training programs in neurological surgery is published annually in the *Graduate Medical Education Directory*.
2. To be accredited by the ACGME, an educational program in neurological surgery must be in substantial compliance with both the Program Requirements for Residency Education in Neurological Surgery and the Institutional Requirements of the *Essentials of Accredited Residencies in Graduate Medical Education*. Programs must be able to demonstrate their compliance with these requirements at the time of their site visit and subsequent review by the RRC.
3. When a change in leadership occurs within an accredited neurological surgery residency, the program must be site-visited within 18 months and reviewed by the RRC within approximately 2 years following the appointment of the new program director.

II. Institutional Organization

A. Sponsoring Institution

An educational program in neurological surgery must have one sponsoring institution in a single geographic location with primary responsibility for the entire program. Appropriate institutions include medical schools, hospitals, and medical foundations. The institution must demonstrate commitment to the program in terms of financial and academic support, including timely appointment of a permanent department or division chairperson of Neurological Surgery.

B. Participating Institutions

Participating institutions include the sponsoring institution and other integrated and/or affiliated institutions approved by the RRC for training purposes (see Program Requirements for Residency Education in General Surgery, II.B.1). Participating institutions must promote the educational goals of the program rather than simply enlarge the program and must not be added primarily for the purpose of meeting service needs.

1. An integrated institution must function as a single neurological surgery service with the sponsoring institution or, in exceptional circumstances, with an approved affiliate of the sponsoring institution. The program director must demonstrate to the RRC that

the clinical service operates as a single unit in the assignment of residents and their faculty supervisors, the formulation of call and backup schedules, and the convening of teaching conferences and related educational activities.

2. An affiliated institution functions as a separate neurological surgical service with a local training director under the direction of the program director and should be sufficiently close to the sponsoring institution to ensure peer interaction and regular attendance at joint conferences and other activities. Appropriate exceptions may be considered for special resource hospitals (e.g., pediatrics, trauma, and spine).
3. Training at an additional institution, proposed for affiliated status, may be approved on a provisional basis for a maximum of 2 years, at which time such training must be either fully approved or withdrawn at the discretion of the RRC. Ordinarily, a site visit will not be necessary to confirm the permanent approval of a provisionally approved participating institution.
4. The number and distribution of participating institutions must not preclude satisfactory participation by residents in teaching and training exercises.
5. Affiliated institutions that are geographically separated from the sponsoring institution are not desirable and are acceptable only if they offer special resources that significantly augment the overall educational experience of the training program.
6. Rotations to affiliated and integrated institutions must be based on a clear statement of the value of such institutions to the teaching program as a whole.

C. Number and Quality of Residents

1. One of the measures of a training program is the quality of residents chosen and the ability of the program to ensure a steady increase in the resident's knowledge and skills.
2. The RRC will review the selection process of residents and seek evidence that the program evaluates the progression of the residents during training.
3. Where there is demonstrated excellence in providing educational experience for the residents, as determined by the RRC, a program may be authorized to enroll more than one resident per year. The ability to do so does not depend on any multiplication of the minimum requirements as established by the Program Requirements for Residency Education in Neurological Surgery. In determining the size of a resident complement, the RRC will consider the following:
 - a. Presence of a faculty of national stature in neurological surgery
 - b. Quality of the educational program
 - c. Quality of clinical care
 - d. Total number and distribution of cases
 - e. Quality of clinical and basic research
 - f. Quality of residents trained by the program, including numbers of residents starting and finishing the program, number of graduates who take written and oral examinations of the American Board of Neurological Surgery, and the number of graduates passing these written and oral examinations
 - g. Facilities
4. The number of residents at each year of training in a given program, except as provided below, shall not exceed the number approved by the most recent accreditation review of that program. Should a vacancy occur at any level of training in a program, the program director has the option of appointing a new resident at a level that might overlap with that of another resident in training, provided that such appointments do not adversely affect the training experience of residents already in the program. Furthermore, over a 5-year period, commencing at the time when the resident whose departure created the vacancy would have com-

pleted training, the average number of residents graduating yearly must not exceed the number approved by the RRC.

III. Faculty Qualifications and Responsibilities

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

A. Program Director Qualifications

1. There must be a single program director responsible for the program.
2. The program director shall be a neurological surgeon who possesses and practices the necessary administrative, teaching, and clinical skills and has experience to conduct the program.
3. The program director shall be certified by the American Board of Neurological Surgery or possess suitable equivalent qualifications in neurological surgery satisfactory to the RRC.
4. The program director shall be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
5. The program director shall have an appointment in good standing to the medical staff of an institution participating in the program.

B. Program Director Responsibilities

The program director must assume responsibility for all aspects of the training program and devote sufficient time to the educational program, including the following:

1. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
2. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
3. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
4. The supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff.
5. Regular evaluation of each resident's knowledge, skills, operative experience, and overall performance, including the development of professional attitudes consistent with being a physician.
6. The provision of a written final evaluation for each resident who completes the program, as specified in paragraph VI.I.
7. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
8. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
9. Preparation of an accurate statistical and narrative description of the program as requested by the RRC for Neurological Surgery.

10. Notifying the executive director of the RRC in writing of any major change in the program that may significantly alter the educational experience for the residents, including
 - a. changes in leadership of the department, such as the appointment of a permanent or acting program director and/or departmental chairman.
 - b. changes in administrative structure, such as alteration in the hierarchical status of the program/department within the institution.
11. The director of the program must obtain prior approval of the RRC for the following changes in the program to determine if an adequate educational environment exists to support these changes:
 - a. The addition or deletion of any participating institution to which residents rotate
 - b. The addition or deletion of any institutional rotation
 - c. Any change in the resident complement of the program
 - d. Any change in the format of the training program (including fellowships within the program)
 - e. Any change in the period of time defined as the chief resident experience

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

C. Other Teaching Faculty Qualifications and Number

1. All clinical faculty members shall possess the necessary experience and administrative, teaching, and clinical skills to conduct the program.
2. All clinical faculty members who are neurological surgeons shall be certified by, or be in the certification process of, the American Board of Neurological Surgery or possess equivalent qualifications in neurological surgery satisfactory to the RRC.
3. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities. Under most circumstances, there should be a minimum of three neurological surgeons associated with the training program.
4. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities. Neurological surgery faculty participation in undergraduate medical education is desirable.
5. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.
6. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

D. Training Directors at Participating Institutions

1. The training director shall be a qualified neurological surgeon appointed by and responsible to the program director in each geographically separate institution. This individual must be responsible for the education of the residents and also will supervise the educational activities of other neurological surgeons relating to resident education in that institution. Appropriate exceptions may be considered for special resource hospitals.

2. These appointments will generally be for a 1-year period and can be renewable to ensure continuity of leadership.
3. The training director in neurological surgery at each participating institution must have major clinical responsibilities at that institution.

E. Scholarly Activity of Faculty

The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include the following:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. Participation in journal clubs and research conferences.
3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.
4. Participation in research, particularly in projects that are funded following peer review and/or result in publication or presentations at regional and national scientific meetings.
5. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
6. Provision of support for resident participation in scholarly activities.

F. Other Program Personnel

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

IV. Facilities and Resources

A. Inpatient Facilities

1. Inpatient facilities available for training programs in neurological surgery should be geographically identifiable and have an adequate number of beds, support personnel, and proper equipment to ensure quality education.
2. Inpatient facilities may vary from one participating institution to another but should support essential prerequisites for excellence in patient care and teaching.
3. The presence of a neurological surgery operating room with microsurgical capabilities and an intensive care unit specifically for the care of neurological surgery patients is desirable to a training program, as are other units for specialized neurological surgery care.
4. Similarly, neurological surgery beds should be on a unit designated for the care of neurosurgery patients.

B. Outpatient Facilities

Residents must have available appropriate outpatient facilities, clinic, and office space for training purposes in the regular preoperative evaluation and postoperative follow-up for cases for which the resident has responsibility.

C. Research Facilities

1. There should be space and support personnel for research identifiable in the neurological surgery division or department, and some activity should be ongoing in this area.
2. Clinical and/or basic research opportunities should be available to the neurological surgery resident with appropriate faculty supervision.

D. Library

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

V. Educational Program

The director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a residency program should be related to program goals. The program design and/or structure must be approved by the RRC for Neurological Surgery as part of the regular review process.

A. ACGME Competencies

The residency program must require its residents to obtain competencies in the six areas below to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following

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

B. Clinical Components

A current, well-organized, written plan for rotation of residents among the various services and institutions involved must be maintained and must be available to the residents and faculty.

1. Patient Requirements

- There shall be sufficient patients admitted each year to ensure that the resident participates in the care of patients suffering from the full spectrum of neurosurgical diseases.
2. This participation must include substantial experience in the management (including critical care) and surgical care of adult and pediatric patients and should include disorders of the spine and of the peripheral nerves, cerebrovascular disease including extracranial vascular disease, trauma, and tumors of the nervous system.
 - a. A program must demonstrate to the satisfaction of the RRC that it has both the volume of patients under neurological care and the breadth and depth of academic support to ensure that

it has the capability of providing excellent neurological surgery training to residents.

- b. The former must be substantiated in part by a compilation of annual institutional operative data and resident operative data (including that from residents rotating on the service from other programs) provided in a fashion prescribed by the RRC. Under some circumstances, the program may be required to include data for a period of up to 3 years prior to the date of the submitted program information forms for accreditation or reaccreditation. The entire surgical experience of the most recently graduating resident(s) must be submitted each time the program has its periodic review.
 - c. The profile of clinical experience reported to the RRC must be limited to that utilized in the resident's educational program. It also is understood that the educational requirements of the resident must be considered at all times, and assignment to a clinical service that limits or precludes educational opportunities will be adversely considered in evaluation of the program.
 - d. Within the total clinical facilities available to the training program, there should be a minimum of 500 major neurological surgery procedures per year per finishing resident. It must be understood that achievement of this minimum number of clinical procedures will not ensure accreditation of a training program.
 - e. The minimum number of clinical procedures (see paragraph V.A.2.d) is suggested with the understanding that the majority of the procedures must occur at the sponsoring institution.
 - f. The presence within a given training program of this neurological surgery workload and the distribution of the surgical experience are equally important. For instance, the cases should be appropriately distributed among cranial, extracranial, spinal, and peripheral nerve surgical procedures and should represent a well-balanced spectrum of neurological surgery in both adults and children. This spectrum should include craniotomies for trauma, verified neoplasms, aneurysms, and vascular malformations; extracranial carotid artery surgery; transsphenoidal and stereotaxic surgery (including radiosurgery); pain medicine; and spinal procedures of a sufficient number and complexity using modern techniques that encompass a variety of disorders (such as trauma, neoplasia, infection, and degenerative disorders).
 - g. No affiliated hospital unit in the training program should be a component of a training program unless there are a minimum of 100 major neurological surgery procedures per year distributed appropriately among the spectrum of cases as described in paragraph f, above. Exception may be made if a hospital offers special clinical resources, e.g., stereotaxic surgery, trauma, or pediatric neurological surgery, that significantly augment the resources of the training program as a whole.
3. Residents must have opportunities to evaluate patients referred for elective surgery in an outpatient environment. Under appropriate supervision, this experience should include obtaining a complete history, conducting an examination, ordering (if necessary) and interpreting diagnostic studies, and arriving independently at a diagnosis and plan of management. Consonant with their skills and level of experience, residents should be actively involved in preoperative decision making and subsequent operative procedures under the supervision of the attending physician who has ultimate responsibility for the patient. Residents should similarly be actively involved in postsurgical care and follow-up evaluation of their patients to develop skills in assessing postoperative recovery, recognizing and treating complications, communicating with referring physicians, and developing the physician-patient relationship. Preoperative interview and

examination of patients already scheduled for a surgical procedure will not satisfy these requirements.

C. Didactic Components

There must be a well-coordinated schedule of teaching conferences, rounds, and other educational activities in which both the neurological surgery faculty and the residents participate. Conferences must be coordinated among institutions in a training program to facilitate attendance by a majority of staff and residents. A conference attendance record for both residents and faculty must be maintained.

D. Resident Policies

1. Supervision

The program director must ensure, direct, and document proper supervision of residents at all times. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians. Attending physicians or supervising residents with appropriate experience for the severity and complexity of the patient's condition must be available at all times on site. The responsibility or independence given to residents in patient care should depend on their knowledge, their technical skill, their experience, the complexity of the patient's illness, and the risk of the operative procedures.

2. Progressive Responsibility

Resident participation in and responsibility for operative procedures embracing the entire neurosurgical spectrum should increase progressively throughout the training period.

3. Continuity of Care

Graduate training in neurological surgery requires a commitment to continuity of patient care, as practiced by qualified neurological surgeons. This continuity of care must take precedence—without regard to the time of day, day of the week, number of hours already worked, or on-call schedules. At the same time, patients have a right to expect a healthy, alert, responsible, and responsive physician dedicated to delivering effective and appropriate care.

4. Duty Hours

a. The program director must establish an environment that is optimal for both resident education and patient care, while ensuring that undue stress and fatigue among residents are avoided. It is his or her responsibility to ensure assignment of appropriate in-hospital duty hours so that residents are not required to perform excessively difficult or prolonged duties regularly. It is desirable that residents' work schedules be designed so that, on average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on-call in the hospital no more often than every third night. Different rotations may require different working hours and patterns. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty.

b. A distinction must be made between on-call time in the hospital and on-call availability at home vis-a-vis actual hours worked. The ratio of hours worked to on-call time will vary, particularly at the senior levels, and therefore necessitates flexibility.

c. During these hours residents must be provided with adequate sleeping, lounge, and food facilities. Support services must be such that the resident does not spend an inordinate amount of time in noneducational activities that can be discharged properly by other personnel.

5. Extracurricular Activities

Residency training in neurological surgery is a full-time responsibility. Activities outside the educational program must not inter-

with the residents' performance in the educational process, as determined by the program director, and must not interfere with the residents' opportunities for rest, relaxation, and study.

E. Other Required Educational Components

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

1. Educational experience in neuroradiology and neuropathology must be an integral part of the training program designed for the education of the neurological surgery residents. Such experience should be under the direction of qualified neuroradiologists and neuropathologists.
2. The program must provide opportunities for experience and instruction in the basic neurosciences.
3. The residents should participate in scholarly activities such as ongoing clinical and/or basic research projects with which appropriate faculty are involved.
4. Resident participation in undergraduate medical education is desirable.
5. Related Disciplines
 - a. Recognizing the nature of the specialty of neurological surgery, it is unlikely that a program can mount an adequate educational experience for neurological surgery residents without approved training programs in related fields. Clinically oriented training programs in the sponsoring institution of the neurological surgery program should include accredited training programs in neurology, general surgery, internal medicine, pediatrics, and radiology.
 - b. There should be clinical resources for the education of neurological surgery residents in anesthesiology, critical care, emergency medicine, endocrinology, ophthalmology, orthopedics, otolaryngology, pathology, and psychiatry. A lack of such resources will adversely affect the accreditation status of the neurological surgery program.
6. Appointment of Fellows
 - a. The appointment of other individuals for special training or education, such as fellows, must not dilute or detract from the educational opportunities of regularly appointed residents.
 - b. Programs must notify the RRC when they sponsor or participate in any clinical fellowships to take place within institutions participating in the program. This notification must occur before the commencement of such training and at each subsequent review of the program. Documentation must be provided describing the fellowship's relationship to and impact on the residency.
 - c. If fellows so appointed will, in the judgment of the RRC, detract from the education of the regularly appointed residents, the accreditation status of the program may be adversely affected.

VI. Evaluation

The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by residents should be utilized in this process.

A. Evaluation of Residents

The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing assessment results to improve resident performance. This plan should include:

1. use of dependable measures to assess residents' competence in patient care, medical knowledge, practice-based learning

and improvement, interpersonal and communication skills, professionalism, and systems-based practice

2. mechanisms for providing regular and timely performance feedback to residents
3. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance

Programs that do not have a set of measures in place must develop a plan for improving their evaluations and must demonstrate progress in implementing the plan.

B. Program Evaluation

1. The residency program should use resident performance and outcome assessment results in their evaluation of the educational effectiveness of the residency program.
 2. The residency program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.
- C. The program director is responsible for the annual collection, compilation, and retention of the number and types of neurological surgery operative procedures performed in all institutions and facilities utilized in the clinical education of residents. This information must be provided on request in the format and form specified by the RRC.
- D. Annually, the program director must ensure the compilation of a comprehensive record of the number and type of operative procedures performed by each resident completing the program. This record must include all of the procedures in which the neurological surgery resident was either surgeon or assistant and must be signed by both the resident and the program director as a statement of its accuracy. This information must be provided upon request in the format specified by the RRC. These records must be accurately maintained by the program director.
- E. The knowledge, skills, operative experience, professional growth, and progress of each resident, including professional conduct, must be evaluated by the program director in consultation with the teaching staff in a semiannual, written review. These evaluations must be provided to and discussed with each resident in a timely manner. Appropriate criteria and procedures must be used.
- F. Residents must be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
- H. The program must maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
- I. At least annually, all individual faculty members must be formally evaluated by the program director of neurological surgery as well as by the residents. A mechanism for sharing the results of such evaluations with the faculty that preserves individual resident confidentiality must be employed.
- J. At least annually, the program rotations and conferences must be evaluated by both residents and faculty. The results of these evaluations should be kept on file.
- K. The thoroughness of resident, faculty, and program evaluations, as well as the accurate and timely provision of program-related information to the RRC, will be monitored in the overall review of the residency program.
- L. The program director must provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently

and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

VII. Board Certification

A. Performance on Examination

One measure of the quality of a program is the participation in and performance of its graduates on the examinations of the American Board of Neurological Surgery. The number of residents completing training and taking and passing the certification examinations will be part of the RRC's evaluation of the program. All residents must pass the ABNS primary examination before completing the program.

B. Certification Requirements

Residents who seek certification by the American Board of Neurological Surgery should communicate with the secretary of the board to be sure that the requirements for certification have been fulfilled. The current address of this office is published in each edition of the *Graduate Medical Education Directory*. Requests regarding evaluation of educational programs in neurological surgery and all related program inquiries should be addressed to the Executive Director of the Residency Review Committee for Neurological Surgery, 515 N State St/Ste 2000, Chicago, IL 60610.

ACGME: June 2001 Effective: July 2001

ACGME General Competencies Implementation Date: July 1, 2002

Program Requirements for Residency Education in Endovascular Surgical Neuroradiology (Neurological Surgery)

I. Definitions and Objectives

Endovascular surgical neuroradiology is a subspecialty that uses catheter technology, radiologic imaging, and clinical expertise to diagnose and treat diseases of the central nervous system. The unique clinical and invasive nature of this subspecialty requires special training and skills. The program must include training and experience in the following:

- A. Signs and symptoms of disorders amenable to diagnosis and treatment by endovascular surgical neuroradiology techniques.
- B. Neurological examinations to evaluate patients with neurological disorders.
- C. Pathophysiology and natural history of these disorders.
- D. Indications and contraindications to endovascular surgical neuroradiology procedures.
- E. Clinical and technical aspects of endovascular surgical neuroradiology procedures.
- F. Medical and surgical alternatives.
- G. Preoperative and postoperative management of endovascular patients.
- H. Neurointensive care management.
- I. Fundamentals of imaging physics and radiation biology.
- J. Interpretation of radiographic studies pertinent to the practice.

In this subspecialty, the objective of training is to give residents an organized, comprehensive, supervised, full-time educational experience in endovascular surgical neuroradiology. This experience includes the management of patients with neurological disease, the

performance of endovascular surgical neuroradiology procedures, and the integration of endovascular surgical neuroradiology therapy into the clinical management of patients.

Training in endovascular surgical neuroradiology must be conducted in an environment conducive to investigative studies of a clinical or basic science nature.

A program in endovascular surgical neuroradiology must be jointly administered by Accreditation Council for Graduate Medical Education (ACGME)-accredited programs in neurological surgery, diagnostic radiology, and neuroradiology, which must be present within the same institution. Exceptions to this requirement will be subject to the review and approval, on a case-by-case basis, by the RRCs for Neurological Surgery and Diagnostic Radiology. The program is not intended to replace or duplicate the ACGME-accredited program in neuroradiology.

II. Duration of Training

The program shall offer 1 year of graduate medical education in endovascular surgical neuroradiology.

III. Program Director

The program director must be certified by either the American Board of Radiology or the American Board of Neurological Surgery or possess appropriate educational qualifications as determined by the RRC. The program director must have special expertise in endovascular surgical neuroradiology techniques and concentrate at least 50% of his/her practice in endovascular surgical neuroradiology therapy. In addition, the program director must devote sufficient time to the program to fulfill all the responsibilities inherent in meeting its educational goals. The program director should hold appointments to the teaching staff in both neurological surgery and radiology. The program director is responsible for establishing and maintaining the curriculum, selecting and supervising the residents, and selecting faculty members. The program director must have adequate support from the institution and both departments to carry out the mission of the program.

The director of the endovascular surgical neuroradiology training program must be appointed by and be responsible to the program director of the sponsoring training program.

IV. Faculty

Besides the program director, the program faculty must include at least one full-time member with expertise in endovascular surgical neuroradiology techniques, who (1) is certified by either the American Board of Radiology or the American Board of Neurological Surgery or (2) possesses appropriate educational qualifications as determined by the RRC. The faculty must provide didactic teaching and direct supervision of residents' performance in clinical patient management and in the procedural, interpretive, and consultative aspects of endovascular surgical neuroradiology therapy. The faculty also should stimulate scholarly activities and be able to direct residents in the conduct of such activities. Faculty members should hold appointments jointly in radiology and neurological surgery departments. Evaluation of the faculty should be accomplished at least annually.

V. Faculty-to-Resident Ratio

The total number of residents in the program must be commensurate with the capacity of the program to offer an adequate educational experience in endovascular surgical neuroradiology therapy. To ensure adequate teaching supervision and evaluation of a resident's academic progress, the faculty-to-resident ratio must be at least one full-time faculty person for every resident enrolled in the program.

VI. Educational Program

A. Curriculum

The training program must offer didactic and clinical experiences that encompass the full clinical spectrum of endovascular surgical neuroradiology therapy.

1. Preparatory requirements

- a. Common requirements: All endovascular surgical neuroradiology residents must have completed at least 12 months, preferably consecutive, in neuroradiology. In addition, all endovascular surgical neuroradiology residents must have skills and knowledge in catheter techniques.
- b. Trainees accepted into an ACGME-accredited program in endovascular surgical neuroradiology who do not come from a radiology training program shall have access to a 1-year period of training in neuroradiology in the institution sponsoring the endovascular surgical neuroradiology program.
- c. Residents entering from a neurosurgery background must have fulfilled the following preparatory requirements, in addition to the common requirements:
 - 1) Completed an ACGME accredited residency in neurological surgery.
 - 2) Completed a course in basic radiology skills acceptable to the program director where the neuroradiology training will occur. The basic radiology skills and neuroradiology training may be acquired during elective time in the neurological surgery residency.
- d. Residents entering from a neurology background must have fulfilled the following preparatory requirements, in addition to the common requirements:
 - 1) Completed an ACGME-accredited residency in neurology;
 - 2) Completed an ACGME-accredited 1-year vascular neurology program;
 - 3) Completed a 3-month course in basic radiology skills acceptable to the program director where the neuroradiology training will occur. The basic radiology skills and neuroradiology training may be acquired during elective time in the neurology residency.
 - 4) Completed 3 months of clinical experience in an ACGME-accredited neurological surgery program, which may be acquired during elective time in neurology and/or vascular neurology training.
- e. Residents entering from a radiology background must have fulfilled the following preparatory requirements, in addition to the common requirements:
 - 1) Completed an ACGME accredited residency in diagnostic radiology.
 - 2) Completed 3 months of clinical experience in an ACGME accredited neurological surgery program, which may be acquired during elective time in diagnostic radiology and/or neuroradiology training.
- f. Specifically, the preparatory training must provide residents skills and knowledge in the following areas:
 - 1) The use of needles, catheters, guidewires, and angiographic devices and materials.
 - 2) The basic radiological sciences, including radiation physics, radiation protection, and the pharmacology of radiographic contrast materials.
 - 3) Angiography and image interpretation.
 - 4) The proper use and interpretation of laboratory tests and methods that are adjunctive to endovascular surgical neuroradiology procedures, such as physiological monitoring, noninvasive neurovascular testing, and noninvasive neurovascular imaging
 - 5) The evaluation of patients with neurological disease.

- 6) The basic and clinical neurosciences, including neuroanatomy, neurobiology, and the pathophysiology and natural history of neurologic disorders, especially cerebrovascular and neoplastic conditions.
- 7) The clinical aspects of patient assessment, treatment planning, and patient management related to endovascular surgical neuroradiology therapy, including the fundamentals of invasive monitoring and neurointensive care management.
- 8) The clinical indications, risks, and limitations of endovascular surgical neuroradiology procedures.
- 9) The use and administration of analgesics, antibiotics, anticoagulation agents, neuroanesthetic agents, and other drugs commonly used in endovascular surgical neuroradiology procedures.
- 10) The director of the Endovascular Surgical Neuroradiology Program is responsible for documenting that the applicant has completed the appropriate preparatory training.

2. Endovascular surgical neuroradiology clinical training

A period of 12 continuous months must be spent in clinical endovascular surgical neuroradiology training, during which the resident has the opportunity to carry out all of the following under close supervision: perform clinical preprocedure evaluations of patients, interpret preliminary diagnostic studies, consult with clinicians on other services, perform diagnostic and therapeutic endovascular surgical neuroradiology procedures, generate procedural reports, and participate in short-term and long-term postprocedure follow-up care, including neurointensive care. The continuity of care must be of sufficient duration to ensure that the resident is familiar with the outcome of all endovascular surgical neuroradiology procedures. Residents should serve as consultants under the supervision of staff endovascular surgical neuroradiology practitioners. Direct interactions of residents with patients must be closely observed to ensure that appropriate standards of care and concern for patient welfare are strictly maintained. Communication, consultation, and coordination of care with the referring clinical staff and clinical services must be maintained and documented with appropriate notes in the medical record.

The program must provide adequate opportunity for residents to participate in and personally perform and analyze a broad spectrum of endovascular procedures in adults, children, and neonates. Specific training should be provided in the following areas:

- a. Anatomical and physiologic basic knowledge:
 - 1) Basic knowledge in arterial angiographic anatomy of the brain, spine, spinal cord, and head and neck.
 - 2) Venous angiographic anatomy of the brain, spine, spinal cord, and head and neck.
 - 3) Collateral circulation
 - 4) Dangerous anastomosis
 - 5) Cerebral blood flow
 - 6) Autoregulation
 - 7) Pharmacology of CNS vasculature
- b. Technical aspects of endovascular surgical neuroradiology, including:
 - 1) Catheter and delivery systems
 - 2) Embolic agents in cerebral, spinal, and head and neck embolization
 - 3) Flow-controlled embolization
 - 4) Complication of cerebral embolization
 - 5) Flow control between the extracranial and intracranial circulation
 - 6) Electrophysiology

- 7) Provocative testing (pretherapeutic evaluation)
- 8) Complications of brain, spine, spinal cord, and head and neck embolization.
- 9) Imaging of vascular system
- c. Pharmacology
 - 1) Contrast materials
 - 2) Provocative testing with anesthetics and sedatives
 - 3) Anticoagulants
 - 4) Thrombolytics
- d. Coagulation cascade
- e. Brain arteriovenous malformation, spinal cord, arteriovenous fistulas of the brain, spine, spinal cord, head and neck vascular malformations, is chemic stroke, and cerebral aneurysms
 - 1) Classification
 - 2) Clinical presentation
 - 3) Natural history
 - 4) Epidemiology
 - 5) Hemodynamic basis
 - 6) Indications for treatment
 - 7) Contraindication for treatment
 - 8) Therapeutic modalities
 - 9) Combined therapies
- f. Tumors of the head, neck, spine, and central nervous system
- g. Revascularization for occlusive vascular diseases
 - 1) Arteriopathy
 - 2) Atherosclerotic lesions
 - 3) Techniques of revascularization: balloon angioplasty, thrombolytics, and stenting.
- h. Embolization for epistaxis or other causes of hemorrhage
- i. Invasive functional testing
- j. Balloon test occlusions
3. Conferences and didactic training

Residents must make daily rounds with the attending faculty during which patient management decisions are discussed and made. Conferences should be organized by the faculty and held to allow discussion of topics selected to broaden knowledge in the field of endovascular surgical neuroradiology. Specifically, teaching conferences should embrace the scope of endovascular surgical neuroradiology as outlined in Section I (Definitions and Objectives) of these Program Requirements. Conferences should include journal clubs, pathology meetings, and neuroanatomy dissection courses related to endovascular surgical neuroradiology.

There must be didactic and interactive conference time, including interdepartmental meetings with neurosurgeons and neuroradiologists. Regular review of all mortality and morbidity related to the performance of endovascular surgical neuroradiology procedures must be documented. Residents must participate actively in these reviews, which should be held at least monthly. Residents should be encouraged to attend and participate in local extramural conferences and should attend at least one national meeting or postgraduate course in endovascular surgical neuroradiology therapy while in training.

VII. Patient Population

The institution's patient population must have a diversity of illnesses from which broad experience in endovascular surgical neuroradiology therapy can be obtained. The case material should encompass a range of neurological diseases, including neurovascular. An adequate variety and number of endovascular surgical neuroradiology procedures must be available for each resident. Each program must perform at least 100 therapeutic endovascular surgical neuroradiology procedures per year. These procedures include the treatment of aneurysms, brain

arteriovenous malformations, arteriovenous fistulas of the brain, tumors of the central nervous system, occlusive vascular diseases, revascularization, traumatic injury, maxillofacial vascular malformation, and tumors. In addition, the program must provide adequate training and experience in invasive functional testing.

Each resident must maintain a personal case log, which the program director must certify at the completion of training.

The program director must submit the entire clinical experience of the endovascular surgical neuroradiology program and the residents in the format prescribed by the RRC. The list of procedures and the logs must be made available to the RRC at the time of its review of the core program and the endovascular neuroradiology training program.

The subspecialty program in endovascular surgical neuroradiology must not have an adverse impact on the educational experience of diagnostic radiology, neuroradiology, neurological surgery, or vascular surgery residents in the same institution.

VIII. Equipment and Facilities

Modern imaging/procedure rooms and equipment must be available and must permit the performance of all endovascular surgical neuroradiology procedures. Rooms in which endovascular surgical neuroradiology procedures are performed should be equipped with physiological monitoring and resuscitative equipment. The following state-of-the-art equipment must be available: MRI scanner, CT scanner, digital subtraction angiography equipment, ultrasound, and a radiographic-fluoroscopic room(s) with a tilt table. Facilities for storing catheters, guidewires, contrast materials, embolic agents, and other supplies must be next to or within procedure rooms. There must be adequate space and facilities for image display and interpretation and for consultation with other clinicians.

The institutions where endovascular surgical neuroradiology training is conducted must include appropriate inpatient, outpatient, emergency, and intensive care facilities for direct resident involvement in providing comprehensive endovascular surgical neuroradiology care.

IX. Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include

1. active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. participation in journal clubs and research conferences.
3. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals.
4. participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
5. offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
6. provision of support for resident participation in scholarly activities

X. Research

A subspecialty program should have an investigational component such that the residents may become familiar with the design, implementation, and interpretation of clinical research studies. Facilities should be made available for research activity.

Review Committee on a regular basis. Written evaluations by residents should be utilized in this process.

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XI. Research Facilities

The institution should provide laboratory facilities to support research projects pertinent to endovascular therapies.

XII. Interchange With Residents in Other Specialties and Students

Residents should be encouraged to participate in research activities with residents and staff in other related specialties. They also should be encouraged to attend and participate in clinical conferences. It is desirable that they participate in the clinical teaching of neurological surgery and radiology residents and medical students.

XIII. Duty Hours and Conditions of Work

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning duty hour requirements.)

XIV. Evaluation

A. Residents

Subspecialty program directors must establish clearly defined procedures for regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The assessment must include cognitive, motor, and interpersonal skills as well as judgment. The program director, with participation of members of the teaching staff, shall

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

B. Faculty

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

C. Program

The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed by the subspecialty program director, the core diagnostic radiology program director, and the Institutional

Program Requirements for Residency Education in Neurology

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

I. Introduction

A. Definition

Neurology is a medical specialty concerned with the diagnosis and treatment of all categories of disease involving the central, peripheral, and autonomic nervous systems, including their coverings, blood vessels, and all effector tissue, such as muscle. For these diseases, the neurologist is often the principal care physician, and may render all levels of care commensurate with his or her training.

B. Duration and Scope of Training

A complete neurology residency requires 48 months of training. Approved residencies in neurology must provide at least 36 months of this education. The program meeting these requirements may be of two types:

1. Those that provide 4 years of residency training, the first year of which training (accredited in the United States or Canada) must include a broad clinical experience in general internal medicine. This year must include at least one of the following: (a) 8 months in internal medicine with primary responsibility in patient care or (b) 6 months in internal medicine with primary responsibility in patient care and a period of at least 2 months time comprising 1 or more months of pediatrics, emergency medicine, internal medicine, or family medicine. Residents must spend no more than 2 months in neurology during this year.
2. Those that provide 3 years of residency training but accept only residents who have had an initial first year of graduate training in the United States or Canada. This first year must meet the minimum requirements as noted in I. B.1. above.

C. Goals and Objectives for Residency Education

The purpose of the training program is to prepare the physician for the independent practice of clinical neurology. This training must be based on supervised clinical work with increasing responsibility for outpatients and inpatients. It must have a foundation of organized instruction in the basic neurosciences.

D. Program Design

1. All educational components of a residency program must be related to program goals. The program design and structure must be approved by the Residency Review Committee (RRC) for Neurology as part of the regular review process.
2. Programs that cosponsor combined training in neurology and another specialty must so inform the RRC. Residents in such training must be informed of the necessary requirements of the specialty boards in question.

II. Institutions

A. Sponsoring Institution

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

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with

clearly-stated activities and objectives, and should provide resources not otherwise available to the program. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern resident education during the assignment.
3. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience, and should provide sufficient opportunity or continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals as well as educational and peer activities. Exceptions must be justified and prior-approved by the RRC.
4. Participation by any institution providing 6 months or more of training in a program of 3 or more years must be approved by the RRC.

III. Program Personnel and Resources

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

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME). Notification of a change in the program directorship must include a copy of the new director's curriculum vitae, including details of his or her experience and qualifications in graduate medical education.
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in the specialty by the American Board of Psychiatry and Neurology or possess qualifications judged to be acceptable by the RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:

- a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
- b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
- c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution, and to address resident grievances and due process in compliance with the Institutional Requirements.
- d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved resident complement for those specialties that approve resident complement;
 - (4) changes in administrative structure, such as a change in the hierarchical status of the program and/or department within the institution.

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

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

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. The faculty must include a program director, a child neurologist, and a minimum of 4 neurology faculty who provide clinical service and teaching and who devote sufficient time to the program to ensure basic and clinical education for residents. A faculty to resident ratio of 1 to 1 must be maintained. The program director may be counted as one of the faculty in determining the ratio. All faculty should have American Board of Psychiatry and Neurology certification in neurology and one of its subspecialties, or have appropriate educational qualifications as judged by the RRC, to provide teaching in the subspecialties of neurology.
 - a) There must be faculty who have diverse interests and skills in an appropriate range of teaching and research; who ensure adequate clinical opportunities for residents; and who provide continued instruction through seminars, conferences, and teaching rounds.
 - b) Faculty with special expertise in all the disciplines related to neurology, including neuro-ophthalmology, neuromuscular disease, cerebrovascular disease, epilepsy, movement disorders, critical care, clinical neurophysiology, behavioral neurology, neuroimmunology, infectious disease, neuro-otology,

neuroimaging, neuro-oncology, pain medicine, neurogenetics, child neurology, the neurology of aging, sleep disorders, and psychiatry must be available on a regular basis to neurology residents.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, and must support the goals and objectives of the educational program of which they are a member, and demonstrate commitment to their own continuing medical education by participating in scholarly activities.

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

3. Qualifications of the physician faculty are as follows:

- a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
- b) The physician faculty must be certified in the specialty by the American Board of Psychiatry and Neurology, or possess qualifications judged to be acceptable by the RRC.
- c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:

- a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
- b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
- c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

- a) Nonphysician faculty must be appropriately qualified in their field.
- b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. Patient Population

It is the program director's responsibility to ensure that the number of patients is appropriate. They must be diversified as to age and sex, short-term and long-term neurological problems, and inpatients and outpatients. Neurology residents must have management responsibility for patients with neurological disorders. Neurology residents must be involved in the management of patients with neurological disorders who require emergency and intensive care.

2. Facilities

There must be adequate inpatient and outpatient facilities, examining areas, conference rooms, and research laboratories. There must also be adequate space for offices for faculty members. Space for study, chart work, and dictation must be available for the residents. There must be adequate contemporary clinical laboratory facilities that report rapidly the results of necessary laboratory evaluations, including clinical-pathological, electrophysiological, imaging, and other studies needed by neurological services. Adequate chart and record-keeping systems must be in use for patient treatment.

3. Library

Residents must have access to an adequate medical library. Library services must include the electronic retrieval of information from medical databases. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries, collections of texts and journals, and electronic retrieval of information from medical databases must be readily available during nights and weekends.

IV. Resident Appointments

A. Eligibility Criteria

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

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. The exact number of residents that may be appointed to a given program is not specifically designated. However, the number of residents appointed to the program must be commensurate with the educational resources specifically available to the residents in terms of faculty, the number and variety of patient diagnoses, and the availability of basic science and research education.
2. The program director will establish the maximum number of resident positions that can be supported by the educational resources for the program, subject to the approval of the RRC. The program director must report any increase or decrease in the resident complement (at the beginning of the academic year), and any resulting change in the structure of the program, to the RRC. A permanent change in resident complement must be approved in advance by the RRC. Programs that fail to recruit any new residents for 2 consecutive years may be subject to adverse action because of inactivity in the educational program.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an

assessment of competence in the 6 areas described in Section V.D. prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents must not dilute or detract from the educational opportunities of the regularly appointed specialty residents.

E. Leave and Vacation Policy

Each program must have an equitable level and vacation policy for residents, in accordance with overall institutional policy.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments, i.e., those block or longitudinal experiences comprising at least 1-month FTE of curriculum time.

3. The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by
 - a) preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.
 - b) providing residents with direct experience in progressive responsibility for patient management.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Didactic Components – Seminars and Conferences

Residents must regularly attend seminars and conferences in the following disciplines: neuropathology, neuroradiology, neuro-ophthalmology, neuromuscular disease, cerebrovascular disease, epilepsy, movement disorders, critical care, clinical neurophysiology, behavioral neurology, neuroimmunology, infectious disease, neuro-otology, neuroimaging, neuro-oncology, sleep disorders, pain medicine, neurogenetics, rehabilitation, child neurology, the neurology of aging, and general neurology. There must be gross and microscopic pathology conferences and clinical pathological conferences. Residents must have increasing responsibility for the planning and supervision of the conferences. Residents must learn about major developments in both the basic and clinical sciences relating to neurology. Residents must attend periodic seminars, journal clubs, lectures in basic science, didactic courses, and meetings of local and national neurological societies.

2. Clinical Components – Basic Curriculum

- a) Patient care, teaching, and research must be present in every training program. Patient care responsibilities must ensure a balance between patient care and education that achieves for the trainee an optimal educational experience consistent with the best medical care. Patient care responsibilities must include inpatient, outpatient, and consultation experiences.
- b) The program must include a minimum of 18 months (full-time equivalent) of clinical adult neurology with management responsibility for patient care. This must include at least 6 months of inpatient experience in adult neurology and at least 6 months (full-time equivalent) of outpatient experience in clinical adult neurology. The outpatient experience also must include a resident longitudinal/continuity clinic with attendance by each resident ½ day weekly throughout the program. The continuity clinic may be counted toward the required 6 months of outpatient experience (i.e., assuming that one full day clinic assignment per week for 3 years is equal to 3.6 months). All clinics may be credited toward the 6 month outpatient requirement assuming that a half-day clinic comprises a 1/10 FTE/week or 1/40 FTE/month. (Residents may be excused from this clinic when a rotation site is more than 1 hour's travel time from the clinic site.)
- c) Residents in neurology must have experience with neurological disorders in children under the supervision of a child neurologist with ABPN certification or suitable equivalent qualifications. This must consist of a minimum of 3 months (full-time equivalent) in clinical child neurology with management responsibility in patient care.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

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

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

E. Teaching Rounds

Clinical teaching rounds must be supervised by faculty. They must occur at least 5 days per week. Residents must present cases and their diagnostic and therapeutic plans.

F. Clinical Teaching

1. Residents must have instruction and practical experience in obtaining an orderly and detailed history from the patient, in conducting a thorough general and neurological examination, and in organizing and recording data. The training must include the indications for and limitations of clinical neurodiagnostic tests and their interpretation. Residents must learn to correlate the information derived from these neurodiagnostic studies with the clinical history and examination in formulating a differential diagnosis and management plan.
2. Residents must participate in the evaluation of and decision-making for patients with disorders of the nervous system requiring surgical management. The existence of a neurosurgical service with close interaction with the neurology service is essential.
3. The residents must participate in the management of patients with psychiatric disorders. The program must include at least 1 month FTE experience in clinical psychiatry, including cognition and behavior. The experience should take place under the supervision of a psychiatrist certified by the American Board of Psychiatry and Neurology, or who possesses qualifications judged acceptable to the RRC. They must learn about the psychological aspects of the patient-physician relationship and the importance of personal, social, and cultural factors in disease processes and their clinical expression. Residents must learn the principles of psychopathology, psychiatric diagnosis, and therapy and the indications for and complications of drugs used in psychiatry.
4. Residents must learn the basic principles of rehabilitation for neurological disorders.
5. Residents must participate in the management of patients with acute neurological disorders in an intensive care unit and an emergency department.
6. Residents in neurology must have experience in neuroimaging that ensures a familiarity with and knowledge of all relevant diagnostic and interventional studies necessary to correlate findings with other clinical information for the care of patients. At a minimum this must include magnetic resonance imaging, computerized tomography and neurosonology. This may be accomplished as an integral part of supervised inpatient or outpatient care during required adult and pediatric neurology rotations, where neurology residents should review and interpret their own patients' neuroimaging studies under supervision. Additional experience is desirable during rotations on neurosurgery or in subspecialty areas where neuroimaging is particularly relevant to patient care, such as cerebrovascular disease, neuro-oncology, neurointensive care, behavioral/cognitive neurology and epilepsy. An organized elective rotation in neuroradiology should be available to those with interests that will require an in-depth understanding of neuroradiology. An elective rotation in neuroradiology may also provide additional opportunities to gain experience in supervised interpretation of neuroimages and to learn the basic concepts of neuroradiology.
7. Residents must receive instruction in the principles of bioethics and in the provision of appropriate and cost-effective evaluation and treatment for patients with neurological disorders.
8. Residents must receive instruction in appropriate and compassionate methods of end-of-life palliative care, including adequate pain relief and psychosocial support and counseling for patients and family members about these issues.

9. Residents must receive instruction on recognition and management of physical, sexual, and emotional abuse.
 10. A formal curriculum is required for bioethics, cost-effective care, and palliative care, including adequate pain relief as well as psychosocial support and counseling for patients and families. If formal lectures are not provided by the institution, they must be provided by the program.
- G. Teaching of other residents, medical students, nurses, and other health care personnel, formally and informally, is a required aspect of the resident's education in neurology.

H. Progressive Responsibility

Programs must provide opportunities for increasing responsibility and professional maturation of residents. Early clinical assignments must be based on direct patient responsibility for a limited number of patients. Subsequent assignments must place residents in a position of taking increased responsibility for patients. Night call is essential in accomplishing these goals. Adequate faculty supervision is essential throughout the program. Neurological training must include assignment on a consultation service to the medical, surgical, obstetric and gynecologic, pediatric, rehabilitation medicine, and psychiatry services.

I. Basic and Related Science

Residents must learn the basic sciences on which clinical neurology is founded, including neuroanatomy, neuropathology, neurophysiology, neuroimaging, neuropsychology, neural development, neurochemistry, neuropharmacology, molecular biology, genetics, immunology, epidemiology, and statistics. The didactic curriculum developed to satisfy this requirement must cover basic science and must be organized and complete. Concentrated training in 1 or more of these areas, accomplished with a full-time equivalent experience of at least 2 months total, is required for each resident. The basic science component should be explicitly described and specific goals and objectives must be developed for the basic science experience.

J. Electives

Resident assignments need not be identical for each resident, and elective time should accommodate an individual resident's interests and previous training. Elective time should be a minimum of 3 months.

VI. Resident Duty Hours and the Working Environment

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

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty. There must be explicit and current written supervisory lines of supervision circulated to all members of the program staff.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

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

C. On-call Activities

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

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period. In-house call is required to provide the experience of primary coverage for all ready-hospitalized inpatients and initial evaluation and treatment of urgent admissions to neurology or consultation patients. In most instances, practicality and optimal quality of care will necessitate that residents sleep in the hospital when providing such care. Under some conditions, it may be permissible for this call to be taken from home. If at-home call causes frequent interruption or significant deprivation of sleep, it should be considered equivalent to in-house call with respect to duty hours; that is, the entire night must be included in the calculation of total on-duty hours per week, and the 10 hour rest period and the 24 and 6 rule must be triggered. It will be program director's responsibility in consultation with residents and other faculty to establish rules to assure that the spirit of the duty hours is respected, regardless of the nature of call.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as one who requires a comprehensive evaluation with significant management responsibilities by the resident.
4. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educa-

tional and clinical responsibilities, averaged over a 4-week period.

- b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
- c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

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

F. Duty Hours Exception

The RRC for Neurology will not consider requests for exceptions to the limit to 80 hours per week, averaged over a four week period.

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance (e.g., the resident in-service examination (RITE) and objective skills assessment tools).

- a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and

other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

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

B. Faculty

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

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Psychiatry and Neurology should communicate with the office of the board regarding the full requirements for certification.

One measure of the quality of a training program is the proportion of its residents who take the examinations of the ABPN and the proportion who pass those examinations. This information must be used in the evaluation of the educational effectiveness of the program. A program will be judged deficient by the RRC if during the most recent 5-year period fewer than 60% of its graduates who take

the examinations pass either the written (Part I) or oral (Part II) examination on the first attempt.

ACGME: June 2004 Effective: January 2005

Policies and Procedures for Residency Education in the Subspecialties of Neurology

1. The initial application for a subspecialty program will not require a site visit, but will require submission of all application materials and information and must be signed by the director of the subspecialty program and the director of the core program in neurology. (Applications for programs in child neurology must be cosigned by the directors of the accredited programs in both pediatrics and neurology.) The Residency Review Committee (RRC) for Neurology will take initial action based on a "paper review" of the program, namely, a review without a site visit.
2. Subsequent review of subspecialty programs will be in conjunction with the survey and review of the core program in neurology. The subspecialty program director will complete a separate set of forms for review of the subspecialty program. In special cases determined by the RRC, a subspecialty program may be surveyed and reviewed separately. The RRC will also entertain interim requests and, on occasion, ask for interim progress reports.
3. The RRC will designate programs as being accredited or not accredited. No further delineation of accreditation categories will be utilized. The accreditation of a program will be directly tied to that of the core. If the core program (either neurology or pediatrics for child neurology programs) is subsequently accredited on a probationary basis, this is simultaneously a warning to the related subspecialty program that accreditation is in jeopardy. Withdrawal of accreditation of the core program (either neurology or pediatrics for child neurology programs) will result in a simultaneous loss of accreditation of the subspecialty program.
4. If the core program (either neurology or pediatrics for child neurology programs) remains in good standing but the RRC judges the subspecialty program to be in noncompliance with the applicable program requirements, a warning will be issued. If the areas of noncompliance are not corrected, accreditation may be withdrawn from the subspecialty program. The Procedures for Proposed Adverse Actions and the Procedures for Appeal of Adverse Actions may be utilized by programs from which accreditation has been withdrawn in an action separate from withdrawal of accreditation of a core program.
5. Inquiries about accreditation of subspecialty programs should be directed to the Executive Secretary of the RRC for Neurology.

Program Requirements for Residency Education in Child Neurology (Neurology)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

[Note: This material constitutes the program requirements for residency education in child neurology. The reader should refer as well to the Program Requirements for Residency Education in Neurology

for information on requirements for core programs, to which programs in child neurology must be attached. The reader is also referred to the Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education and to other publications of the Accreditation Council for Graduate Medical Education (ACGME), which outline the composition and function of all Residency Review Committees (RRCs); indicate the actions that any RRC may take, as well as the actions that the ACGME may take; and describe the appeals procedure, types of programs, and the relationships among the RRCs, their parent organizations, and the ACGME.

Requests to have a program accredited to train residents in child neurology (or related inquiries regarding residency programs) should be addressed to Executive Director, RRC for Neurology, 515 N State St, Suite 2000, Chicago, IL 60610. All inquiries concerning prerequisite training or whether a physician is qualified to be examined for certification in neurology with special qualification in child neurology should be addressed to Executive Vice President, American Board of Psychiatry and Neurology (ABPN), 500 Lake Cook Rd, Ste 335, Deerfield, IL 60015.]

I. Introduction

A. Duration and Scope of Training

Training in child neurology shall encompass a total of 3 years. One year of training must be in clinical adult neurology. One year of training shall be referred to as flexible, and the resident must learn the principles of neurophysiology, neuropathology, neuroradiology, neuro-ophthalmology, psychiatry, rehabilitation, neurological surgery, neurodevelopment, and the basic neurosciences. One year of training shall be in clinical child neurology.

B. Prerequisite Training

The training can be initiated following one of three options: (1) 2 years of residency training in pediatrics in the United States or Canada; (2) one PG-1 year (as described in the Program Requirements for Residency Education in Neurology, Section I.A.1) and 1 year of residency training in pediatrics; or (3) 1 year of pediatrics plus 1 year of basic neuroscience training. The program director must review and determine the acceptability of these initial 2 years of training.

C. Goals and Objectives for Residency Training

The purpose of the training program is to prepare the physician for the independent practice of clinical child neurology. This training must be based on supervised clinical work with increasing responsibility for outpatients and inpatients. It must have a foundation of organized instruction in the basic neurosciences.

D. Relation to Core Programs

The 3 years of training in child neurology must take place in a center in which there are accredited residency programs in both pediatrics and neurology and with the approval and support of the program directors of both of these departments.

E. Leave and Vacation Policy

Each program must have an equitable leave and vacation policy for residents, in accordance with overall institutional policy.

II. Institutions

A. Sponsoring Institution

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

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c. specify the duration and content of the educational experience; and
 - d. state the policies and procedures that will govern resident education during the assignment.
3. Participation by any institution providing 6 months or more of training in a program must be approved by the RRC.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
2. The director and teaching staff of a program must prepare and comply with written educational goals for the program. The program director, together with the faculty, is responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents, and the maintenance of records related to program accreditation, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a. The program director must possess the requisite specialty expertise, as well as documented clinical, educational and administrative abilities and experience.
 - b. The program director must be certified in the specialty by the American Board of Psychiatry and Neurology (ABPN) with Special Qualification in Child Neurology or possess qualifications judged to be acceptable by the RRC.
 - c. The program director must be appointed in good standing and based at the primary teaching site.
 - d. licensure to practice medicine in the state where the institution that sponsors the program is located (Certain federal programs are exempted.)
4. Responsibilities of the program director are as follows:
 - a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

- b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
- c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
- d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - 1) the addition or deletion of a participating institution;
 - 2) a change in the format of the educational program;
 - 3) a change in the approved resident complement for those specialties that approve resident complement.On review of a proposal for any such major change in the program, the RRC may determine that a site visit is necessary.
- e. notification in writing of the Executive Director of the RRC within 60 days of the following:
 - 1) changes in the program directorship or the departmental leadership and
 - 2) changes in administrative structure, such as a change in the hierarchical status of the program and/or department within the institution.Notification of a change in the program directorship must include a copy of the new director's curriculum vitae, including details of his or her experience and qualifications in graduate medical education.
- f. devotion of sufficient time and full commitment to provide leadership to the program and supervision of the residents.
- g. monitoring the content and ensuring the quality of the program.
- h. selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
- i. supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
- j. supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
- k. implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
- l. monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

B. Faculty

1. **At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.**
 - a. In addition to the program director, the program providing training in child neurology must have at least two child neurology faculty, in addition to the adult neurology faculty, fully committed to the residency program who devote sufficient time to the training program to ensure adequate clinical training of the child neurology residents. Within the section of child neurology, a faculty-to-resident ratio of at least 1:1 in the total program is required. The program director may be counted as one of the faculty in determining the ratio.
 - b. There must be enough faculty with diverse interests and skills to make the breadth of teaching and research appropriate to a program meeting these program requirements; to ensure adequate clinical opportunities for residents; and to provide continued instruction through seminars, conferences, and teaching rounds.
 - c. Faculty with special expertise in the disciplines related to child neurology, including cognitive development, neuro-ophthalmology, neuromuscular disorders, critical care, clinical neurophysiology, neuroimmunology, infectious disease, neuro-otology, neuroimaging, neurogenetics, neuro-oncology, and pain medicine must be available to child neurology residents.
2. **The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, a commitment to their own continuing medical education, and participation in scholarly activities and must support the goals and objectives of the educational program of which they are a member.**
3. **Qualifications of the physician faculty are as follows:**
 - a. **The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.**
 - b. **The physician faculty must be certified in the specialty by the ABPN in neurology with Special Qualification in Child Neurology, or possess qualifications judged to be acceptable by the RRC.**
 - c. **The physician faculty must be appointed in good standing to the staff of an institution participating in the program.**
4. **The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, and child neurology training must be conducted in centers where there is active research activity both in clinical and basic neuroscience fields. *Scholarship* is defined as the following:**
 - a. **the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;**
 - b. **the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;**
 - c. **the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.**

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

5. **Qualifications of the nonphysician faculty are as follows:**
 - a. **Nonphysician faculty must be appropriately qualified in their field.**
 - b. **Nonphysician faculty must possess appropriate institutional appointments.**
6. The program must have a sufficient number of qualified staff involved in the teaching of residents in each of the component institutions of the program.
7. The staff must actively pursue scholarly activity in the neurosciences and encourage residents to engage in scholarly activity.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the administration and educational conduct of the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. **Patient Population**
During the year of training in clinical child neurology, the resident must work in the outpatient clinic and on the inpatient service on a regular basis. The number and type of patients must be appropriate. The patient population must be diversified as to age and sex, short-term and long-term neurologic problems, and inpatients and outpatients. Child neurology residents must have management responsibility for hospitalized patients with neurological disorders. Neurology residents must be involved in the management of patients with neurological disorders who require emergency and intensive care.
2. **Facilities**
 - a. The department or division of child neurology shall be part of the department of pediatrics and/or the department of neurology.
 - b. There must be adequate inpatient and outpatient facilities, examining areas, conference rooms, and research laboratories. There must be adequate space for offices for faculty members. Space for study, chart work, and dictation must be available for the residents. There must be adequate contemporary clinical laboratory facilities that report rapidly the results of necessary laboratory evaluations, including clinical-pathological, electrophysiological, imaging, and other studies needed by neurological services. Adequate chart and record-keeping systems must be in use for patient treatment.
3. **Library**
Residents must have access to an adequate medical library. Library services must include the electronic retrieval of information from medical databases. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries, collections of texts and journals, and electronic retrieval of information from medical databases must be readily available during nights and weekends.

IV. Resident Appointments

A. Eligibility Criteria

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

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

The exact number of residents that may be appointed to a given program is not specifically designated. However, the number of residents appointed to the program must be commensurate with the educational resources specifically available to the residents in terms of faculty, the number and variety of patient diagnoses, and the availability of basic science and research education.

All additional trainees in the program other than regularly appointed residents must be identified and designated as such and must not compromise resident education.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design

1. Format

All educational components of a residency program should be related to program goals. The program design and/or structure will be approved by the RRC for Neurology as part of the regular review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. These goals and objectives must be consistent with and linked to the program's overall goals and objectives, the educational experiences in the curriculum (both didactic and clinical), and the program requirements. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments. The program director also must develop criteria to use in the assessment of the extent to which the program's goals and objectives are met.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

(N.B.: Section V. D. does not apply to certain subspecialties)

E. Basic Curriculum

1. Patient care, teaching, and research must be present in every training program. Patient care responsibilities must ensure a balance between patient care and education that achieves for the trainee an optimal educational experience consistent with the best medical care. Patient care responsibilities must include inpatient, outpatient, and consultation experiences.
2. In the program there must be a minimum of 12 months (full-time equivalent) of clinical child neurology with management responsibility for patient care. This must include at least 4 months (full-time equivalent) of outpatient experience in clinical child neurology. The outpatient experience also must include a resident longitudinal/continuity clinic with attendance by each resident at least one-half day weekly throughout the program. (The resident may be excused from this clinic when a rotation site is more than 1 hour travel time from the clinic site.)

F. Teaching Rounds

Clinical teaching rounds must be supervised and directed by the faculty of the child neurology department or division. They must occur at least 5 days per week. The resident in child neurology must present cases and their diagnostic and therapeutic plans.

G. Clinical Teaching

1. The resident must have instruction and practical experience in obtaining an orderly and detailed history from the patient, in conducting a thorough general and neurological examination, and in organizing and recording data. The training must include the indications for neurodiagnostic tests and their interpretation. The resident must learn to correlate the information derived from these neurodiagnostic studies with the clinical history and examination in formulating a differential diagnosis and management plan.
2. Residents must participate in the evaluation of and decision making for patients with disorders of the nervous system requiring surgical management. This experience must be part of the clinical child neurology experience. The existence of a neurosurgical service with close interaction with the neurology service is essential.
3. The residents must participate in the management of children and adolescents with psychiatric disorders. They must learn about the psychological aspects of the patient-physician relationship and the importance of personal, social, and cultural factors in disease processes and their clinical expression. Residents must become familiar with the principles of psychopathology, psychiatric diagnosis and therapy, and the indications for and complications of drugs used in psychiatry. This must be accomplished by at least a 1-month experience (full-time equivalent) under the supervision of a qualified child and adolescent psychiatrist.
4. Residents must learn the basic principles of rehabilitation for neurological disorders, including pediatric neurological disorders.
5. The resident must participate in the management of pediatric patients with acute neurological disorders in an intensive care unit and an emergency department.

6. The resident must receive instruction in the principles of bioethics and in the provision of appropriate and cost-effective evaluation and treatment for children with neurologic disorders.
7. The resident must receive instruction in appropriate and compassionate methods of terminal palliative care, including adequate pain relief, and psychosocial support and counseling for patients and family members about these issues.

H. Progressive Responsibility

Programs must provide opportunities for increasing responsibility and professional maturity of residents. Early clinical assignments must be based on direct patient responsibility for a limited number of patients. Subsequent assignments must place the resident in a position of taking increased responsibility for patients and in a liaison relationship with staff and referring physicians. Night call is essential in accomplishing this goal. Adequate faculty supervision is essential throughout the program. Neurological training must include assignment on a consultation service to the medical, surgical, and psychiatric services.

I. Basic and Related Science

Residents must learn the basic sciences on which clinical child neurology is founded, including neuroanatomy, neural and behavioral development, neuropathology, neurophysiology, neuroimaging, neuropsychology, neurochemistry, neuropharmacology, molecular biology, genetics, immunology, and epidemiology and statistics. Concentrated training in one or more of these areas, accomplished with a full-time equivalent experience of at least 2 months total, is required for each resident. Specific goals and objectives must be developed for this experience.

J. Electives

Resident assignments need not be identical for each resident. Elective time should accommodate individual resident interests and previous training. Elective time should be a minimum of 3 months.

K. Seminars and Conferences

1. Residents must regularly attend seminars and conferences in the following disciplines: neuropathology, clinical neurophysiology, neuroradiology, neuro-ophthalmology, cognitive development, neuromuscular disease, epilepsy, movement disorders, critical care, neuroimmunology, infectious disease, neuro-otology, neuroimaging, neurogenetics, neuro-oncology, pain medicine, and general and child neurology. There must be gross and microscopic pathology conferences and clinical pathological conferences. The resident must have increasing responsibility for the planning and supervision of the conferences.
2. The resident must learn about major developments in both the basic and clinical sciences relating to child neurology. Residents must attend periodic seminars, journal clubs, lectures, didactic courses, and meetings of local and national neurological societies.

L. Resident Responsibility for Teaching

Teaching of other residents, medical students, nurses, and other health care personnel, formally and informally, are required aspects of the resident's education in neurology.

VI. Resident Duty Hours and the Working Environment

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

recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

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

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.
5. There must be adequate physician coverage if unexpected patient care needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods.

C. On-call Activities

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

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call (or pager call)* is defined as a call taken from outside the assigned institution.
 - a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

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

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

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

F. Duty Hours Exceptions

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

VII. Evaluation

A. Resident

The program must have an evaluation system that provides information about each resident's educational progress and the extent to which each resident has accomplished the program's learning and performance objectives.

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident. The program director or his or her designee must meet with each resident semiannually in a formal feedback session to discuss the resident's standing in relation to specific learning and performance objectives. Plans to correct any deficiencies must be discussed. Each resident must be an active participant in formulating plans for his or her development. Evaluation

data should be used to advise the resident and to make decisions regarding the progression in the resident's level of responsibility.

- c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.
- d. A written evaluation of the resident's attainment of objectives specific to the rotation must be made after each rotation and reviewed with the resident so that areas of weakness and strength can be communicated to the resident. This evaluation must incorporate evaluations obtained from faculty in the department of neurology during the resident's rotation on the adult clinical service and flexible year experiences, together with evaluations obtained from other faculty in the department or division of child neurology.

2. Final Evaluation

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

At the conclusion of the resident's period of training in the program, the program director must prepare a detailed, written evaluation of the resident's performance in relation to the program's learning and performance objectives and discuss this evaluation with the resident.

3. Records

- a. A written record of the contents of the semiannual review session must be prepared and filed in the resident's permanent record. The written record of the evaluation and the review must be signed by the resident. The resident must have the opportunity to append a written response to the written record of the evaluation and review.
- b. Each resident's permanent record must include the written evaluations completed for each defined educational experience, the written records from the semiannual reviews, results of formal assessments, and the resident's final evaluation. Written descriptions of any deficiencies and problem areas, plans for correcting the deficiencies, disciplinary actions, and commendations, where appropriate, should be included.

B. Faculty

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

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Annual written evaluations by residents must be used in the process.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this

purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.
3. Evaluations of residents' attainment of the program's learning and performance objectives must be used as the basis for program evaluation. Comparisons of these data against the program's own criteria, performance criteria set by the RRC, and attainment levels of residents at comparable levels of training should be performed as a primary means of assessing attainment of goals and objectives.
4. The teaching staff should periodically evaluate the use of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Psychiatry and Neurology (ABPN) with Special Qualification in Child Neurology should communicate with the office of the board regarding the full requirements for certification

One measure of the quality of a training program is the proportion of its graduates who take the examinations of the ABPN and their performance on those examinations.

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Program Requirements for Residency Education in Clinical Neurophysiology (Neurology)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition

1. Clinical neurophysiology is an area of medicine in which selected neurological disorders involving central, peripheral, and autonomic nervous systems and muscles are assessed, monitored, and treated using a combination of clinical evaluation and electrophysiological testing. A derangement of the normal physiology of the nervous system underlies these selected disorders, and an assessment of the electrophysiological abnormalities is an integral part of the evaluation process. Clinical neurophysiology requires a detailed knowledge of the normal physiology of the nervous system; the altered, abnormal electrophysiology; and the disease states involved.
2. Clinical neurophysiology is not confined to diagnostic techniques but includes the application of electrical, magnetic, and mechanical methods to the evaluation and treatment of a wide range of diseases, including:
 - a. epilepsies,
 - b. cerebrovascular disease,
 - c. dementia and encephalopathies (coma, stupor, confusion, developmental delay, regression),
 - d. multiple sclerosis (including other demyelinating disorders),
 - e. movement disorders,
 - f. brain tumors and other mass lesions,
 - g. encephalitis/meningitis,
 - h. sleep disorders,
 - i. traumatic disorders,
 - j. myelopathies,
 - k. motor neuron disease,
 - l. radiculopathies and plexopathies,
 - m. mononeuropathies,
 - n. polyneuropathies and
 - o. myopathies and neuromuscular transmission disorders.

Another application of increasing importance is the use of intraoperative monitoring to guide surgical interventions.

B. Duration and Scope of Training

Training in neurophysiology shall encompass a total of one year which must be preceded by the completion of a residency program in neurology, child neurology, or general psychiatry accredited in the United States or Canada. The training must be separate and distinct from all training required for certification in neurology, child neurology, or general psychiatry. The training must include significant didactic and clinical experience in two of the following:

1. electroencephalography
2. electromyography and nerve conduction studies, or
3. polysomnography and assessment of disorders of sleep,

The one year in clinical neurophysiology should be in a program that provides training in the broad area of clinical neurophysiology. The training must cover this broad area, with clinical or didactic experience in the following:

1. electroencephalography,
2. electromyography and nerve conduction studies,
3. polysomnography and assessment of disorders of sleep,

4. movement disorder assessment, including tremor, spasticity, and dystonia,
5. evoked potential studies,
6. single fiber electromyography,
7. video EEG monitoring,
8. intraoperative monitoring and analysis, and
9. testing of autonomic function.

C. Objective

The objective of the total training outlined above is to provide the resident with the opportunity to develop the expertise necessary to evaluate and manage patients using the procedures and techniques of clinical neurophysiology.

II. Institutions

A. Sponsoring Institution

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

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c. specify the duration and content of the educational experience; and
 - d. state the policies and procedures that will govern resident education during the assignment.
3. Participation by any institution providing 2 months or more of training in a program must be approved by the RRC.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
2. The program director, together with the faculty, is responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation, and for the establishment and maintenance of a stable educational environment. The director and teaching staff of a program must prepare and comply with written educational goals for the program. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:

- a. The program director must possess the requisite specialty expertise, as well as documented clinical, educational and administrative abilities
- b. The program director must be certified in the specialty by the American Board of Psychiatry and Neurology (ABPN) in Clinical Neurophysiology, or possess appropriate educational qualifications judged to be acceptable by the RRC.
- c. The program director must be appointed in good standing and based at the primary teaching site.
- d. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)

4. Responsibilities of the program director are as follows:

- a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
- b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
- c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
- d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - 1) the addition or deletion of a participating institution;
 - 2) a change in the format of the educational program;
 - 3) a change in the approved resident complement for those specialties that approve resident complement.On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.
- e. Full commitment to the residency program and devotion of sufficient time to provide leadership to the program and supervision of the residents in the program.
- f. Monitoring the content and ensuring the quality of the program.
- g. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
- h. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
- i. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall
 - 1) at least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures;
 - 2) communicate each evaluation to the resident in a timely manner;

- 3) advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth;
- 4) maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
- j. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
- k. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

B. Faculty

- 1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
- 2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, a commitment to their own continuing medical education, and participation in scholarly activities, and must support the goals and objectives of the educational program of which they are a member. The program providing training in clinical neurophysiology must have at least two faculty neurologists, including the director, who have completed training in this subspecialty. It is desirable that they be full-time members of the Department of Neurology.
- 3. Qualifications of the physician faculty are as follows:
 - a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b. The physician faculty must be certified in the specialty by the American Board of Psychiatry and Neurology in clinical neurophysiology or possess qualifications judged to be acceptable by the RRC.
 - c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
- 4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, and clinical neurophysiology training must be conducted in centers where there is research in clinical neurophysiology. The program must include opportunities for the resident to participate in research projects and scholarly work relating to the field of clinical neurophysiology. **Scholarship** is defined as the following:
 - a. the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b. the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c. the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

- 5. Qualifications of the nonphysician faculty are as follows:
 - a. Nonphysician faculty must be appropriately qualified in their field.
 - b. Nonphysician faculty must possess appropriate institutional appointments.
- 6. Appropriate expertise in the areas defined in Section I.B., above, must be present among the director and the faculty. The RRC recognizes that expertise in clinical neurophysiology is available from physicians board certified in many medical specialties, particularly in Physical Medicine and Rehabilitation and in Psychiatry, and actively encourages multidisciplinary cooperation in the training of residents.
- 7. The faculty shall devote sufficient time to the training program to ensure adequate clinical training of the resident in clinical neurophysiology and will be primarily involved in direction of the resident during the one year training.
- 8. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
- 9. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative must participate in these reviews.
- 10. The teaching staff must periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

- 1. Facilities
 - The section of clinical neurophysiology shall be within the Department or Division of Neurology and have facilities adequate for the educational program.
- 2. Library
 - a. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.
 - b. Library services should include the electronic retrieval of information from medical databases.
 - c. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of

texts and journals must be readily available during nights and weekends.

E. Other Teaching Staff

In addition, faculty with suitable training and experience from other disciplines may be included in the teaching program.

IV. Resident Appointments

A. Eligibility Criteria

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

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design

All educational components of a residency program should be related to program goals.

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management. The training program is largely a clinical experience in which the resident develops and executes a plan of evaluation and treatment, including the appropriate technical skills to deal with patients with various neurological disorders.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

(N.B.: Section V. D. does not apply to certain subspecialties)

E. Seminars and Conferences

The section of clinical neurophysiology must conduct formal lectures and teaching conferences in clinical neurophysiology on a regular basis. These must include clinical applications for each of the required neurophysiological studies and their correlation with the pertinent neurological disease processes as outlined in Section I.A., paragraph 2, above. Participation in clinical conferences dealing with epilepsy and neuromuscular disorders is of particular importance.

F. Teaching and Supervision

1. Supervisory faculty and staff must be available on a full-time basis. The resident must be exposed to a one-on-one relationship with the faculty. The teaching staff members must be available on site during both the neurophysiological studies and the clinical correlation of the results.
2. The resident in clinical neurophysiology must be given an active role in the teaching and training of neurology residents in which the section resides.

G. Clinical and Neurophysiological Basic Science Teaching

1. Clinical Science: The resident must have instruction and practical experience to permit him or her to develop diagnostic, procedural, technical, and interventional skills essential to the performance of clinical neurophysiology. The experience must include opportunities to observe, evaluate, and manage patients of all ages with a wide variety of disorders of the nervous system and muscles, as well as to learn the effectiveness of procedures. It should provide for basic and advanced training and education, as well as professional development. Experience must include appropriate outpatient care, inpatient care and support services in the fields of pathology and radiology. Examples of problems that must be included in the experience of the resident for the development of knowledge and skills specific to clinical neurophysiology are outlined in detail in Section I.A., paragraph 2, above. There must be experience in the development and execution of a plan of evaluation and treatment, including the appropriate technical skills to deal with patients with the specified disorders. The opportunity must include experience in clinical diagnosis and accumulation/interpretation of laboratory data relevant to these disorders as part of outpatient and inpatient diagnostic evaluations.

Experience should include training in the various areas outlined in Section I.B., above. The resident's experience must include independent EEG, EMG, and/or sleep studies of a sufficient number of patients to achieve competence in the assessment of patients with a wide range of clinical disorders.

2. Basic Science: Residents must be provided with an advanced and extensive background in those basic sciences on which clinical neurophysiology is founded. These include neurophysiology, neuroanatomy, neuropharmacology, and neuropathology. Didactic lectures and seminars must include the basic neurological sciences as they pertain to clinical neurophysiology. Clinical neurophysiology residents should participate in the teaching of residents during their neurophysiology laboratory rotations at academic hospitals and major clinics.

H. Resident/Patient Ratio

The number of patients must be adequate to provide a sound educational program. It is the program director's responsibility to ensure that the number of patients is appropriate. They must be diversified as to age, sex, short-term and long-term neurological problems, and inpatients and outpatients. Making patients available to the clinical

neurophysiology resident must not interfere with the training of residents in the core neurology training program.

I. Faculty/Resident Ratio

In general, there should be enough faculty with diverse interests and skills to make the breadth of training appropriate to a program meeting these special requirements, to ensure adequate clinical experience for residents, and to provide continued interaction (e.g., through seminars, conferences, clinical supervision) among residents and faculty.

J. Diagnostic Skills

Clinical assignments should include progressively increasing responsibility for patient care with direct supervision by the appropriate faculty member or staff. Adequate faculty supervision is essential throughout the program.

K. Subspecialty Experience

While a wide range of clinical experience is mandatory, each resident should have extensive experience in one or more areas of clinical neurophysiology. Clinical assignments need not be identical for each resident. Subspecialty experience should accommodate individual interests.

L. Resident Responsibility

The resident's education in clinical neurophysiology is reinforced by teaching the discipline to other residents in neurology and other disciplines and to medical students, nurses, and other health care personnel. Residents must be given this opportunity.

VI. Resident Duty Hours and the Working Environment

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

A. Supervision of Residents

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

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

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

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

C. On-call Activities

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

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

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMCC, however, is required.

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance. Resident evaluation by staff must be made at regular intervals so that areas of weakness and strength can be communicated to the resident. Records shall be maintained documenting resident experience and performance. Periodic review of the resident's performance is essential for planning his or her subsequent educational program. The evaluation will include judging the fund of knowledge, basic clinical competence, general skills in the primary specialty, and the specific technical skills required for clinical neurophysiology. The summary and final evaluation of the resident in clinical neurophysiology must be prepared by the program director of the clinical neurophysiology training program and should reflect the periodic evaluation of all the faculty. Each resident must be required to be proficient in the technical skills determined to be necessary for a clinical neurophysiologist and any related standards relevant to neurology.

- a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

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

B. Faculty

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

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by residents must be utilized in this process.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMCC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Psychiatry and Neurology (ABPN) in Clinical Neurophysiology should communicate with the office of the board regarding the full requirements for certification.

X. Other

A. Relation to Core Program

The one year of training in clinical neurophysiology must take place in a center in which there is an accredited residency program in neurology and with the written approval and support of the director of the neurology program.

B. Use of Board Examinations

One measure of the quality of a training program is the proportion of its graduates who take the examination in clinical neurophysiology provided by the American Board of Psychiatry and Neurology, as well as their performance on those examinations.

C. Review of the Program

The provisions of the Institutional Requirements for residency training of the ACGME must also be met for approval of training in clinical neurophysiology.

*ACGME: February 2000 Effective: January 2001
Editorial Revision (Common Program Requirements):
January 2005*

Program Requirements for Residency Education in Neurodevelopmental Disabilities (Neurology)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

The purpose of the training program is to prepare the physician for independent practice as a neurodevelopmental disabilities specialist. The training program must combine training in the relevant basic sciences with supervised clinical training in the diagnosis and care of children with neurodevelopmental disabilities.

B. Duration and Scope of Education

1. Training in neurodevelopmental disabilities must be preceded by successful completion of 24 months of training in a pediatric residency training program accredited in the United States or Canada. The program director must review and approve the acceptability of these initial 2 years of training. This training should satisfy the requirements essential for board certification in pediatrics by the American Board of Pediatrics or its equivalent.
2. The length of the educational program is 4 years. One year of the training must be a year of training in clinical adult Neurology. Eighteen months must be spent in training in clinical child neurology and neurodevelopmental disabilities and 18 months in clinical and basic science training. Training in adult and child neurology should take place at the primary clinical site where the neurodevelopmental disabilities program is conducted. It is important that clinical and basic science training are within the same institution.
3. Any program that extends the length of training beyond 4 years must present an educational rationale that is consistent with the special requirements and the objectives for residency training. Approval for the extended curriculum must be obtained prior to implementation and at each subsequent review of the program.
4. Prior to entry into the program, each resident must be notified in writing of the required length of the program.

C. Goals of Education

Programs must provide a broad educational experience in neurodevelopmental disabilities, which will prepare the resident to function as a neurodevelopmental disabilities specialist capable of providing comprehensive patient care in academic or clinical practice settings. The curriculum must provide a strong scientific foundation that is confirmed by the training program and that will allow the resident to incorporate new developments in the basic sciences into their clinical practice. The clinical component in neurodevelopmental disabilities must also include supervised training that provides the residents with increasing responsibility for outpatients and inpatients. This clinical training should lead to a defined level of clinical competence.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements,

and this responsibility extends to resident assignments at all participating institutions.

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

The four years of training in neurodevelopmental disabilities must take place in an institution in which there are accredited residency programs in child neurology, neurology, and pediatrics. The residency training program in neurodevelopmental disabilities must be within a department or division with an accredited program in neurology or pediatrics.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience. It is desirable to have the training occur at a single institution. If the resources of two or more institutions are required to support the program, inter-institutional agreements must be developed by the sponsoring and participating institutions as stated in the Institutional Requirements. Participation by any institution that provides 3 months or more of the educational program must be approved prospectively by the RRC. Participating institutions should provide clinical resources not available to the sponsoring institution for the program. Such assignments should be limited to no more than two separate institutions. The experience in child neurology and in neurodevelopmental disabilities should be in one integrated program. Training in two separate institutions will be allowed in unusual circumstances with the prior approval of the RRC.
 - a. Training in the sponsoring institution may be supplemented with training in no more than 2 additional, separate ACGME-accredited programs for periods of 3 or more months.
 - b. The primary teaching faculty must have fulltime status in the sponsoring institution.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c. specify the duration and content of the educational experience; and
 - d. state the policies and procedures that will govern resident education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME). There must also be an associate program director whose training complements the multidisciplinary scope of the subspecialty.

2. The program director, together with the faculty, is responsible for the general administration of the program, including activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership. The primary teaching faculty must have full time faculty status in the sponsoring institution.

3. Qualifications of the program director are as follows:

- a. The program director must possess the requisite specialty expertise, as well as documented clinical, educational and administrative abilities and experience.
- b. The program director must be certified in the specialty by the American Board of Psychiatry and Neurology, the American Board of Pediatrics, or possess qualifications judged to be acceptable by the RRC.
- c. The program director must be appointed in good standing and based at the primary teaching site.
- d. Licensure to practice medicine in the state where the institution that sponsors the program is located.

4. Responsibilities of the program director are as follows:

- a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
- b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
- c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
- d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - 1) the addition or deletion of a participating institution;
 - 2) a change in the format of the educational program
 - 3) a change in the approved resident complement for those specialties that approve resident complement.

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

- e. Selecting residents for appointment to the program in accordance with institutional and departmental policies and procedures.
- f. Selecting and supervising the faculty and other program personnel at each institution participating in the program.
- g. Supervising residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

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

- i. Implementing fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
- j. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that consistently produce undesirable stress on residents must be evaluated and modified.
- k. Notifying the RRC regarding major programmatic changes and changes in leadership in the training program.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, a commitment to their own continuing medical education, and participation in scholarly activities and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:

- a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b. The physician faculty must be certified in the specialty by the American Board of Psychiatry and Neurology, the American Board of Pediatrics, or possess qualifications judged to be acceptable by the RRC.
 - c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
- a. the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b. the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c. the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

While not all of the faculty must be investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity. This activity should include

- a. Participation in clinical and basic science teaching in a manner that promotes a spirit of inquiry and scholarship. Scholar-

ship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

- b. Provision for opportunities for training in outcome research.
5. **Qualifications of the nonphysician faculty are as follows:**
 - a) **Nonphysician faculty must be appropriately qualified in their field.**
 - b) **Nonphysician faculty must possess appropriate institutional appointments.**
6. In addition to the program director, the faculty must include at least two full-time faculty members who have appropriate educational qualifications in neurodevelopmental disabilities.
7. A member of the faculty of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
8. Additional faculty must include specialists in the following medical and allied health specialties: dentistry, genetics, neonatology, neurology, neurosurgery, ophthalmology, orthopedics, otolaryngology, pediatrics and its related subspecialties, physical medicine and rehabilitation, psychiatry, and child and adolescent psychiatry. Allied health and non-medical disciplines that must be made available to the resident include: audiology, nutrition, occupational therapy, physical therapy, neuropsychology, speech pathology, special and early education, social work, and vocational rehabilitation.
9. The faculty must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.
10. The faculty should at least annually evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of faculty, and the quality of supervision of residents.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Facilities and Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

The institution's facilities and resources must provide sufficient space and appropriate equipment as well as an adequate number and variety of patients to support the specialty education program. In particular, there must be adequate space for the educational program, including meeting rooms; classrooms with audiovisual and other educational aids; free space for staff; pertinent library materials; and diagnostic, therapeutic, and research facilities.

1. **Inpatient, Ambulatory Care, Laboratory, and Other Clinical Facilities.**
 - a. There must be a sufficient number of examining rooms, conference rooms, and research laboratories.
 - b. The inpatient and outpatient facilities must be adequate in size and diversity and must have the appropriate equipment necessary for a broad education in pediatrics and in neurology.
 - c. The institution must provide access to diagnostic and therapeutic equipment used in the diagnosis and treatment of children with neurodevelopmental disabilities. There must be adequate clinical laboratory facilities that rapidly report the results of necessary laboratory evaluations including clinical,

pathological, electrophysiological, imaging, and other studies needed by the neurological and pediatric services.

- d. Adequate chart and record keeping systems must be in place for patient treatment and evaluation.
2. **Library**
 - a. The residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangements with a convenient nearby institution.
 - b. Library services should include electronic retrieval of information from medical databases.
 - c. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On site libraries and/or collection of texts and journals must be readily available during nights and weekends.
3. **Patient Populations**
 - a. Programs must provide residents with patient care experiences in both the inpatient and outpatient settings. A sufficient number, variety, and complexity of patients ranging in age from infancy through adulthood must be present. The patient population must also be diversified with regard to long term and short-term neurological and developmental disorders.
 - b. The resident must have primary care or consulting responsibilities for hospitalized patients with neurological disorders and neurodevelopmental disabilities. The resident must be involved with the management of patients with neurological disorders who require emergency care. Adequate numbers of new and follow-up subspecialty outpatients must be available to provide a broad experience in the subspecialty. The program must maintain an appropriate balance among the numbers and varieties of patients, numbers of preceptors, and the number of subspecialty residents in the program.

IV. Resident Appointments

A. Eligibility Criteria

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

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

Policy/procedure for changing resident complement or filling vacant resident positions:

1. The RRC must prospectively approve any change in the complement of residents in the training program prior to instituting the changes.
2. When a resident transfers into the training program, the training program director is responsible for communicating with the program director of the neurodevelopmental disabilities training program from which the trainee is transferring. The training director of the program into which the trainee is transferring must document in writing the concerns and training status of the transferring trainee prior to the transfer.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the perfor-

mance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

The appointment of other residents requires a clear statement of the areas of training, clinical responsibilities, and duration of the special education. This statement must be supplied to the RRC at the time the program is site visited.

If, in the judgment of the RRC, such residents will detract from the education of the regularly appointed neurodevelopmental disabilities residents, the accreditation status of the program may be adversely affected.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences and structure for neurodevelopmental disabilities training will be approved by the Neurology RRC as part of the regular review process. All educational components of the neurodevelopmental disabilities residency program should be related to program goals.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major rotation or other program assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments. It should be readily available for review.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

(N.B.: Section V. D. does not apply to certain subspecialties)

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

1. *Patient care* that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. *Medical Knowledge* about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. *Practice-based learning and improvement* that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;

4. *Interpersonal and communication skills* that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. *Systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. Clinical Components

The program director and the faculty must prepare and comply with written educational goals for the program as indicated in Section III. A. 2. a. above.

1. Basic Curriculum

- a. One year of adult neurology: This component must include care for some adults with chronic neurodevelopmental disabilities who are in a continuity clinic.
- b. Eighteen months of clinical child neurology and neurodevelopmental disabilities: This component must include not only training in the neurodevelopmental disabilities encountered by a child neurologist but also training in a multidisciplinary team approach to children with chronic neurological disabilities.
- c. Adequate training in neurodevelopmental disabilities requires that at least 50% of the resident's patient encounters are pediatric patients with neurodevelopmental disabilities.
- d. The training in the multidisciplinary team approach must be no less than 1 month (FTE).
- e. Eighteen months of clinical and basic science training: This component must include at least 1 month (FTE) experience in each of the following: child and adolescent psychiatry, neurosurgery and neurorehabilitation. The resident must also gain significant clinical experience with behavioral neurology, neurogenetics/metabolism, neuromuscular disorders, neuro-oncology, and neuro-ophthalmology. Included in this time must be at least 6 months of elective time.

2. Clinical training must be based upon a comprehensive neurodevelopmental curriculum. This includes exposure to all age groups and degrees of disability. While the focus is on learning principles of patient management, other foci include screening, assessment, diagnosis, interdisciplinary interaction, and advocacy. Training must be in outpatient and inpatient settings, and must include diagnostic assessment and management of the entire spectrum of neurodevelopmental disabilities. The trainee must have the opportunity to act as a neurodevelopmental pediatric consultant in developmental disabilities of other medical and non-medical disciplines in inpatient, outpatient, and community settings.
3. There should be active participation of the teaching staff in clinical discussion, rounds and conferences in a manner that promotes a spirit of inquiry and scholarship. When on inpatient rotations the resident must make rounds at least 5 days each week. The resident must also take night call during the adult and child neurology training components.
4. Residents will be expected to follow inpatient cases during the duration of their hospital stay or the duration of the resident rotation. They will be expected to follow outpatients in a continuity clinic throughout the duration of their training period. This experience should include adults and children who are followed in the continuity clinic.
5. All patients, both on the inpatient and outpatient services, must be seen by a faculty attending in conjunction with the resident.

The attending may briefly precept patients well known to the resident.

6. Adequate faculty supervision is essential throughout the program, but programs must also provide opportunities for increasing responsibility and professional maturity of residents. Early clinical assignments must be based on direct patient responsibility for a limited number of patients. Subsequent assignments must place the resident in a position of taking increased responsibility for patients in a way that corresponds to each resident's knowledge, manual skill, experience, and the complexity of the patient's illness; such assignments should enable the resident gradually to develop a liaison relationship with staff and referring physicians.
7. Residents should have structured opportunities throughout their training to develop and improve teaching skills. These activities should include the supervision of more junior trainees, as well as the teaching of other residents, medical students, nurses, and other health care professionals, either formally or informally.

F. Didactic Components

1. Residents must obtain an adequate background in those basic sciences upon which child neurology and neurodevelopment are founded, including neuroanatomy, neuroembryology, neural development, neuropathology, basic neurophysiology, neuroimaging, neuropsychology, neurochemistry, neuropharmacology, molecular biology, genetics, immunology, epidemiology, and biostatistics.
2. Specialty Content:
 - a. Residents must learn the fundamentals of specific diagnostic and management strategies of the major neurodevelopmental disabilities, including but not limited to: cognitive disorders (mental retardation, learning disabilities, progressive encephalopathies), communication disorders, neurobehavioral disorders (autistic spectrum disorders), motor disabilities (cerebral palsy, neuromuscular and other neuromotor disorders, movement disorders, including Tourette syndrome), sensory disorders (visual and auditory disorders), and multiple disabilities.
 - b. They must learn the appropriate instruments for neuropsychological assessment and understand how to apply developmental measurements and scales.
 - c. They must become familiar with anticipatory guidance and counseling of families with children who have developmental disabilities.
 - d. They must learn strategies for pharmacological and non-pharmacological management of self-injurious and other troublesome behaviors.
 - e. They must learn the skills for the management of spasticity or other movement disorders. This must include some training in the technical skills needed to manage such patients.
 - f. The resident must learn how to secure, organize, and manage patient resources and treatment.
3. Bioethics, Economics and End of Life Content
The resident must receive instruction in the bioethics and economics of medicine. The resident must also receive instruction in appropriate and compassionate methods of end-of-life palliative care.
4. Conferences
 - a. Residents must regularly attend conferences in the following disciplines: child neurology, neurorehabilitation, neuropsychology, and clinical pharmacology. Residents must attend and participate in periodic seminars, journal clubs, lectures, didactic courses, and meetings of local and national neurological and neurodevelopmental societies. Residents must be periodically responsible for the design and presentation of clinical conferences.

- b. Faculty and residents should document attendance at all of the conferences and didactic sessions that constitute the core requirements for training.
- c. Faculty must supervise and provide feedback to residents during resident-run conferences, and indicate areas of weakness or need for further development of educational skills.

G. Other Required Components

Related Disciplines

1. The resident in neurodevelopmental disabilities must receive instruction in multidisciplinary management of children with neurodevelopmental disabilities. The resident must participate in team management of children in a variety of circumstances including developmental assessment, pediatric rehabilitation, and team management of children with developmental defects.
2. The resident must participate in activities that provide experience and training in public advocacy and community consultation.

VI. Resident Duty Hours and the Working Environment

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

A. Supervision of Residents/Resident Policies

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty and other more senior residents. Supervising faculty with appropriate experience for the severity and complexity of the patient's condition must be available at all times.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours and Conditions of Work

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

5. The program must provide the residents with experience in direct and progressively responsible patient management as they advance through the educational program. The education must culminate in sufficiently independent responsibility for clinical decision making so that the program director and faculty are assured that the graduating resident has achieved the ability to make sound clinical decisions consistently.
6. Teaching of other residents, medical students, nurses, and other health care personnel, formally and informally, is a required aspect of the resident's education in neurodevelopmental disabilities.

C. On-call Activities

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

1. *In-house call* must occur no more frequently than every third night, averaged over a 4-week period. On-call rooms arranged to permit adequate rest and privacy should be available for each resident on night duty in the hospital. There should be adequate back-up support if needed to maintain appropriate patient care.
2. *Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.*
3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call (or pager call)* is defined as a call taken from outside the assigned institution.
 - a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These poli-

cies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

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

VII. Evaluation

A. Resident

The program must have a formal mechanism by which the knowledge, skills and professional growth of the residents are evaluated.

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

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

3. Policy for evaluation and promotion.

- a. The residents' performance must be monitored and feedback provided on an ongoing basis.
- b. The supervising faculty must evaluate each resident in writing at the completion of each rotation. This must be reviewed with the resident in a timely manner so that areas of weakness and strength can be communicated to the resident.
- c. The program director or his or her designee must meet with each resident semiannually in a formal feedback session to discuss the resident's standing in relation to the specific learning and performance objectives. Plans to correct any deficiencies must be discussed. Each resident must be an active participant in formulating plans for his or her development. Evaluation data should be used to advise the resident and to make decisions regarding the progression in the resident's level of responsibility. The evaluation data must include the

results from annual objective written or clinical assessments of the resident's knowledge and skills.

- d. The assessment must specify how the acquisition of requisite skills for subspecialty competence is accomplished.
- e. Written record of evaluations must be maintained, must be formally reviewed with the subspecialty resident, and must be accessible to authorized personnel. The resident should be advanced to positions of higher responsibility only on the basis of evidence that there is satisfactory progressive scholarship and professional growth.

4. Records

A written record of the contents of the semiannual review session must be prepared and filed in the resident's permanent record. The resident must sign the written record of the evaluation and review. The resident must have the opportunity to append a written response to the written record of the evaluation and review.

Each resident's permanent record must include written evaluations completed for the defined educational experience, the written records from the semiannual reviews, the results of formal assessments, and the resident's final evaluation. Written descriptions of any deficiencies in problem areas, plans for the correcting the deficiencies, disciplinary actions, and commendations, where appropriate, should be included.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents. The faculty should receive formal feedback from these evaluations.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner. In particular, the quality of the curriculum and the extent to which the residents have met the educational goals must be assessed. Written, confidential evaluations by residents should be utilized in this process.

The annual review and evaluation of the program in relation to the educational goals, the quality of the curriculum, the needs of the subspecialty residents, and the clinical and research responsibilities of the faculty must be documented. At least one subspecialty resident representative should participate in the periodic and annual reviews.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with

other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification in neurodevelopmental disabilities sponsored by the American Board of Psychiatry and Neurology and the American Board of Pediatrics should communicate with the office of the Executive Vice President/Secretary of the board regarding the full requirements for certification, to ascertain the current requirements for acceptance as a candidate for certification.

Use of Board Examinations

One measure of the quality of a training program is the proportion of its graduates who take the examination in Neurodevelopmental Disabilities provided by the American Board of Psychiatry and Neurology and the American Board of Pediatrics, as well as their performance on those examinations.

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January 2005*

Program Requirements for Residency Education in Pain Medicine (Neurology)

I. Scope and Duration of Training

A. Definition and Scope of the Specialty

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

B. Duration of Training

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

II. Institutional Organization

A. Relationship to Core Program

Accreditation of a subspecialty program in pain medicine will be granted only when the program is in direct association with a core residency program in neurology accredited by the Accreditation

Council for Graduate Medical Education (ACGME). If the subspecialty program is not conducted within the institution that sponsors the core residency program, there must be an integration agreement between the core program institution and the facility in which the pain medicine program is conducted. Rotations outside the institution in which the pain medicine program is based should not exceed 4 months.

B. Appointment of Residents

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

C. Institutional Policy: Resources

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

III. Program Director/Faculty

A. Program Director

The program director must be a neurologist who has been certified in pain medicine by the American Board of Psychiatry and Neurology or who has appropriate educational qualifications in pain medicine as determined by the RRC. The program director should have appropriate experience in pain medicine as a clinician, administrator and educator.

The subspecialty program director has responsibility for the teaching program in pain medicine subject to the approval of the director of the core residency program.

B. Medical Director

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

C. Faculty

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

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

IV. Facilities and Resources

A. Space and Equipment

A pain medicine center (clinic) must be located within a hospital/medical office complex and must be designed specifically for the management of patient pain. Space for research and teaching conferences in pain medicine must be available.

Appropriate monitoring and life-support equipment must be immediately available wherever invasive pain medicine procedures are performed.

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

B. Support Services

The following functions and support must be available:

1. Appropriate laboratory facilities
2. Appropriate radiologic imaging facilities
3. Psychiatric/psychological services, including behavioral modification
4. Physical and/or occupational therapy
5. Social services
6. Medical record keeping
7. Other services including vocational, nursing, pharmacy, dietary, pastoral, and end of life care, as well as liaison with hospice and abuse services
8. Appropriate electrodiagnostic facilities

C. Patient Population

For each resident in the subspecialty of pain medicine each year, there must be a minimum of 200 new patients. A minimum of 15% of the resident's experience should be spent in managing each of the three types of pain problems: acute pain, chronic pain, and cancer pain.

There must be ready access to consultation from other disciplines involved in pain medicine.

D. Library

There must be a departmental library with adequate material relevant to pain medicine. This may be supplemented but not replaced by private faculty book collections and hospital or institutional libraries. There must be adequate computer facilities available for each resident, including literature search engines and Internet services.

V. The Educational Program

A. Educational Environment

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

B. Clinical Components

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

The resident must become familiar with theory, benefits, indications, and practical applications of the following procedures and techniques:

1. A broad range of peripheral nerve block procedures
2. Epidural and subarachnoid injections
3. Joint and bursal sac injections
4. Cryotherapeutic techniques

5. Epidural, subarachnoid, or peripheral neurolysis
6. Electrical stimulation techniques
7. Implanted epidural and intrathecal catheters, ports, and infusion pumps
8. Acupuncture and acupressure
9. Behavioral modification and biofeedback
10. Rehabilitative and restorative therapies
11. Hypnosis, stress management, and relaxation techniques
12. Trigeminal ganglionectomy
13. Peripheral neurectomy and neurolysis
14. Sympathectomy techniques
15. Management of chronic headache
16. Alternative pain therapies
17. Neurosurgical ablative techniques
18. Prevention, recognition, and management of local anesthetic overdose, including airway management and resuscitation
19. Recognition and management of therapies, side effects and complications of pharmacologic agents used in pain medicine

In addition to the above skills, the pain medicine resident must have significant experience in providing concise written and verbal consultation to other services, including evidence-based differential diagnosis, planning, potential complications of treatment(s), prognosis and follow-up.

C. Didactic Components

The pain medicine curriculum must include the following topics in lectures and reading:

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

D. Pain Center Management

Subspecialty residents in pain medicine must gain experience in the management of a pain center (clinic) with regards to appointment and training of nonphysician personnel, establishment of policies relating to management of pain problems, coordination of the

activities of the pain center with other inpatient and outpatient services, and basic economics of pain-related health-care delivery.

E. Resident Teaching

The subspecialty resident in pain medicine must become experienced in teaching principles of pain medicine to resident physicians, medical students, and other health-care professionals.

F. Conferences

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

VI. Scholarly Activity

The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, and neurology pain medicine training must be conducted in centers where there is active research activity both in clinical and basic neuroscience fields. This activity should include the following:

- A. Active participation of the teaching staff in clinical discussions, rounds and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
- B. Participation in journal clubs and research conferences.
- C. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals.
- D. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
- E. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
- F. Provision of support for resident participation in scholarly activities. The resident should have assigned time to conduct research or other scholarly activities. The goal for the resident should be at least one scientific presentation, abstract or publication.

VII. Evaluation

- A. Faculty responsible for teaching subspecialty residents in neurology pain medicine must provide critical evaluations of each resident's progress and competence to the neurology pain medicine program director at the end of 6 months and 12 months of training. These evaluations should include attitude, interpersonal relationships, fund of knowledge, manual skills, patient management, decision-making skills, and critical analysis of clinical situations. The program director or designee must inform each resident of the results of evaluations at least every 6 months during training, advise the resident on areas needing improvement, and document the communication. Subspecialty residents in neurology pain medicine must obtain overall satisfactory evaluations at completion of 12 months of training to receive credit for training.
- B. Periodic evaluation of patient care (quality assurance) is mandatory. Subspecialty residents in neurology pain medicine should be involved in continuous quality improvement, utilization review, and risk management.

VIII. Board Certification

The record of its graduates in obtaining certification in pain medicine by ABMS certifying bodies represents one measure of the quality of a program. The RRC will consider this information as part of the overall evaluation of the program.

ACGME: June 2000 Effective: June 2000

Program Requirements for Graduate Medical Education in Sleep Medicine (Neurology)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

Sleep medicine is a discipline of medical practice in which sleep disorders are assessed, monitored, treated, and prevented by using a combination of techniques (clinical evaluation, physiologic testing, imaging, and intervention) and medication. Specialists in sleep medicine are expected to:

1. participate in an interdisciplinary care of patients of all ages that incorporates aspects of psychiatry, neurology, internal medicine, epidemiology, surgery, pediatrics and basic science;
2. acquire detailed knowledge of the sleep and respiratory control centers, physiology, and neurobiology underlying sleep and wakefulness;
3. diagnose and manage sleep disorder patients in outpatient and inpatient settings.

B. Duration and Scope of Education

1. All prerequisite fellowship education must be taken within programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.
2. The ACGME recognizes the following educational formats for entry into sleep medicine fellowships:
 - a) Fellows must complete 12 months of sleep fellowship education after the successful completion of one of the following prerequisite educational programs:
 - (1) 3 years of internal medicine; or
 - (2) 3 years of pediatrics
 - (3) 4 years of psychiatry;
 - (4) 4 years of neurology; or
 - (5) 5 years of otolaryngology.
3. Training must be separate and distinct from all training required for certification in internal medicine, pediatrics, pulmonology, psychiatry, neurology, and otolaryngology, and include as well as didactic and clinical experience in the care of patients with sleep disorders in both inpatient and outpatient settings.
4. Training should provide clinical exposure to the following disciplines as related to sleep disorders:
 - Cardiology
 - Neurology
 - Otolaryngology
 - Oral Maxillofacial Surgery
 - Pediatrics
 - Pulmonary Medicine
 - Psychiatry

Psychology, including Neuropsychology

5. Relation of the Subspecialty to Core Programs

Fellowship programs in the subspecialty of sleep medicine may only be accredited in institutions where the sponsoring specialty has an ACGME-accredited residency program. The sponsoring program may be in internal medicine, psychiatry, pediatrics, neurology, or otolaryngology.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions. There is a limit of one accredited sleep medicine program per sponsoring institution.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern fellow education during the assignment.

C. Institutional Facilities and Resources

1. Patient Population
 - a) There must be an adequate number and variety of patients of all ages in both inpatient and outpatient settings to expose fellows to the board spectrum of sleep disorders. This should include experience across the major categories of sleep disorders, including: apnea and other sleep-related breathing disorders; parasomnias; circadian rhythm disorders; insomnia; narcolepsy and related excessive daytime sleepiness disorders; and sleep problems related to other factors and diseases such as medications, and psychiatric and medical disorders.
 - b) Inpatient experience should include evaluation of a sufficient number of sleep disorder patients. Experience should include longitudinal management of patients for whom the fellow is the primary physician but acting under the supervision of a faculty member.
2. Facilities
 - a) The facility should be appropriately equipped, and have a minimum of two fully-equipped polysomnography bedrooms and support space.
 - b) There must be adequate space and equipment for the educational program, including meeting rooms, classrooms with audiovisual and other educational aids, office space for staff and fellows, pertinent library materials, and diagnostic, therapeutic, and research facilities.
3. Institutional Resources
 - a) The sponsoring institution must provide sufficient institutional resources—including GME staff, space, equipment, sup-

- plies, and time—to allow for effective oversight of its programs accredited by the ACGME.
- b) In addition, there must be sufficient institutional resources to ensure that the programs accredited by the ACGME are implemented and developed effectively and in compliance with both the program and institutional requirements.
 - c) The American Academy of Sleep Medicine or an equivalent body should accredit for the use of both adults and children the sleep laboratories and other related facilities and equipment.
4. Library
- a) Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
 - b) Library services should include the electronic retrieval of information from medical databases.
 - c) There must be access to an on-site library or to a collection of appropriate texts and journals in each institution that participates in a fellowship program. On-site libraries and/or collections of texts and journals, or access to the electronic retrieval of these materials, must be readily available during nights and weekends.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program; he or she must be fully committed to the fellowship program, and devote sufficient time to provide leadership and supervision to the program and its fellows. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified by the specialty board in sleep medicine or be certified in sleep medicine by an ABMS Member Board, or possess qualifications judged to be acceptable by the sponsoring RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.
 On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
 - a) The program that provides training in sleep medicine must have at least two core faculty, including the director, who are specialists in Internal Medicine, Pulmonology, Psychiatry, Pediatrics, Neurology, or Otolaryngology and who are certified in sleep medicine by the specialty board in sleep medicine or by the applicable ABMS board, or who possess qualifications judged acceptable by the sponsoring RRC.
 - b) For programs with more than four fellows, a ratio of one core faculty to every two fellows must be maintained.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
 - a) Appropriate expertise in the areas defined in Section I.B. above must be present between the director and faculty. The RRC recognizes that expertise in sleep medicine is available from physicians who are board certified in many medical specialties, particularly in Internal Medicine, Pulmonology, Psychiatry, Pediatrics, Neurology, and Otolaryngology; the RRC actively encourages multidisciplinary cooperation in the training of fellows.
 - b) There must be designated faculty available to participate in consultation and teaching from the following disciplines as they relate to sleep medicine and the management of sleep disorders:
 - Cardiology
 - Neurology
 - Otolaryngology
 - Oral Maxillofacial Surgery
 - Pediatrics
 - Pulmonary Medicine
 - Psychiatry
 - Psychology including neuropsychology
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified by the applicable ABMS Board, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:

- a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
- b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
- c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

- a) Nonphysician faculty must be appropriately qualified in their field.
- b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

IV. Fellow Appointments

A. Eligibility Criteria

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

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

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

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

E. Fellow/Patient Ratio

The number of patients must be sufficient to provide a sound educational program. The program director must ensure an adequate number and variety of patients, with particular attention to balance in the age and gender of patients, as well as in patients with short- and long-term sleep disorders, inpatients, and outpatients.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

C. Fellows Scholarly Activities

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies

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

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

E. Didactic Program

1. Fellows must have formal instruction in, and demonstrate comprehensive knowledge of:

- a) Major theories in sleep medicine, together with a thorough grounding in the generally accepted facts and basic sleep mechanisms.
 - b) Biological, psychological, social, economic, ethnic, and familial factors, which significantly influence the evaluation and treatment of sleep disorders.
 - c) Etiologies, prevalence, diagnosis, and treatment of all of the sleep disorders in the current nosology of sleep medicine.
 - d) The use, reliability, and validity of the generally accepted techniques for diagnostic assessment.
 - e) Medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g., the relationship between hypertension and snoring)
 - f) The nature of the interactions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment; experience and/or familiarity with the major types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments, and other somatic therapies
 - g) Administration and interpretation of psychological tests
 - h) Financing and regulation of sleep medicine.
 - i) Medical ethics and its application in sleep medicine.
 - j) Legal aspects of sleep medicine.
 - k) Research methods in the clinical and basic sciences related to sleep medicine.
 - l) Technical skills including:
 - (1) skills necessary to perform polysomnographies from preparation and hookup of the patient to the completion of the study, including multiple sleep latency and maintenance of wakefulness tests.
 - (2) Scoring and interpretation of polysomnograms and recognition of artifacts, including full montages with additional EEG leads for seizure detection
 - (3) Consultative skills in sleep medicine in a variety of medical, surgical, and psychiatric settings
2. The Curriculum
- The curriculum must include instruction in the following:
- a) Fundamental mechanisms of sleep
 - b) Etiopathogenic characterization of sleep disorders
 - c) Clinical manifestations of sleep disorders
 - d) Diagnostic strategies in sleep disorders
 - e) Treatment strategies in sleep disorders
 - f) Epidemiological issues
 - g) Airway anatomy
3. Seminars and Conferences
- a) The training program must conduct a monthly, multidisciplinary teaching conference and a monthly journal club organized by the faculty on topics that cover the scope of sleep medicine.
 - b) The training program must conduct seminars and core conferences, that include didactic instruction in the following; this instruction must be relevant for pediatric and adult patients:
 - (1) Basic neurological sleep mechanisms
 - (2) Chronobiological mechanisms
 - (3) Respiratory physiology during sleep and pathophysiology
 - (4) Cardiovascular physiology during sleep and pathophysiology
 - (5) Endocrine physiology during sleep and pathophysiology
 - (6) Gastrointestinal physiology during sleep and pathophysiology
 - (7) Ontogeny of sleep
 - (8) Sleep across the life span
 - (9) Operation of polysomnographic monitoring equipment
 - (10) Polysomnographic troubleshooting
 - (11) Ambulatory monitoring methodology
 - (12) Polysomnogram interpretation
 - (13) SIDs and related respiratory distress
 - (14) Nosology for sleep disorders: The International Classification of Sleep Disorders
 - (15) Evaluation of patients presenting with excessive sleepiness
 - (16) Evaluation of patients presenting with difficulty initiating or maintaining sleep
 - (17) Evaluation of patients presenting with parasomnias
 - (18) Biological rhythm disorders
 - (19) Pediatric and neonatal sleep medicine
 - (20) Treatment approaches for obstructive sleep apnea, to include nasal CPAP, bilevel PAP, upper airway surgery, oral appliances, and position training
 - (21) Treatment approaches for insomnia, to include cognitive-behavioral therapies and pharmacological therapy
 - (22) Treatment approaches for narcolepsy and idiopathic CNS hypersomnolence
 - (23) Treatment approaches for parasomnias
 - (24) Treatment of circadian rhythm disorders
 - (25) Pharmacology of sleep (i.e. medication effects on sleep)
- F. Clinical Components**
1. Clinical Skills
- Fellows must have formal instruction, clinical experience, and demonstrate competence at the completion of training in the management of sleep disorders in all age groups including following:
- a) interviewing
 - b) clear and accurate history taking
 - c) performing competent physical, neurological, and mental status examinations
 - d) recording of findings completely and systematically
 - e) relating history and clinical findings to the relevant medical, neurologic, psychiatric, and social issues associated with etiology and treatment
 - f) formulating a differential diagnosis for all conditions in the current standard nosology, taking into consideration all relevant data.
 - g) diagnosing medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurologic, and psychiatric conditions
 - h) formulating appropriate treatment plans and making appropriate referrals
 - i) providing continuous care for a variety of patients from different age groups, seen regularly and frequently over an extended time, in a variety of treatment modalities; being able to relate to patients and their families, as well as other members of the health care team, with compassion, respect, and professional integrity
 - j) Certification in cardiopulmonary resuscitation
2. Clinical Training
- a) Fellows must have formal instruction, clinical experience, and demonstrate competence at the completion of training in the following:
- (1) The observation, evaluation, and management of patients of all ages with a wide variety of sleep disorders
 - (2) The integration of information obtained from patient history, physical examination, physiologic recordings, imaging studies, psychometric testing, pulmonary function testing, and biochemical and molecular tests results to arrive at an accurate and timely diagnosis and treatment plan.
 - (3) The indications for and potential pitfalls and limitations of diagnostic tests and the interpretation of the results in the context of the clinical situation. These diagnostic tests must

include the following: polysomnography, multiple sleep latency testing, maintenance of wakefulness testing, actigraphy, and portable monitoring related to sleep disorders, imaging studies, magnetic resonance imaging, scoring and interpretation of polysomnograms and recognition of artifacts, including montages with additional EEG leads for seizure detection, and psychological and psychometric tests as they relate to sleep disorders.

- (4) The development and execution of plans for evaluation and treatment, including the appropriate technical skills necessary to perform polysomnography from preparation and hookup of the patient to the completion of the study, including multiple sleep latency tests, maintenance of wakefulness tests, and other diagnostic studies
 - (5) The critical appraisal of the professional and scientific literature and application of new contributions to management and care of patients.
- b. Fellows must have formal instruction and clinical experience in systems-based skills that include working in outpatient and inpatient settings and effectively utilizing health care resources, including pathology and radiology services.
- (1) Clinical experiences that provide for basic and advanced training and education, as well as professional development
 - (2) Opportunities to formulate a clinical diagnosis and to order and use laboratory data to clinically evaluate a patient's condition and to support outpatient and inpatient diagnostic evaluations
 - (3) Progressive experience for training that includes caring for a sufficient number of sleep disorder patients to achieve competence in the assessment of patients with a wide range of sleep medicine disorders
 - (4) Experience with medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g. the relationship between hypertension and snoring); ability to diagnose medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurologic, and psychiatric conditions; to formulate appropriate treatment plans; and to make appropriate referrals.
 - (5) Experience with interactions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment; experience and/or familiarity with the major types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments, and other somatic therapies; competence in sleep medicine consultation in a variety of medical, surgical and psychiatric settings.
 - (6) Experience in sleep disorders center administration, especially leadership of interdisciplinary teams.
 - (7) Supervised experience in teaching sleep medicine to students in the health professions.
 - (8) Trainees should make regular patient management rounds and record reviews with the attending faculty.

VI. Fellow Duty Hours and the Working Environment

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

A. Supervision of Fellows

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

B. Duty Hours

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

C. On-call Activities

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

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

D. Moonlighting

1. Because fellowship education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

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

VII. Evaluation**A. Fellow****1. Formative Evaluation**

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the fellowship program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance. Fellows' evaluation by faculty must be made at least once every two months so that areas of weakness and strength may be communicated to the fellows.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part

of the fellow's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the fellowship program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

Fellows who plan to seek certification in Sleep Medicine by the American Board of Medical Specialties should communicate with the office of the board regarding the full requirements for certification.

Approved by ACGME: June 2004 Effective: June 2004

Program Requirements for Residency Education in Vascular Neurology (Neurology)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition

1. Vascular neurology is an area of medicine in which selected neurological disorders involving the central nervous system due to ischemia or hemorrhage are assessed, monitored, treated and prevented using a combination of clinical evaluation, imaging, interventional techniques, and medication. Specialists in vascular neurology are expected to
 - a. Participate in an interdisciplinary care of patients with vascular disease that incorporates aspects of epidemiology, basic science, clinical neurology, neuroimaging, critical care, endovascular surgical neuroradiology, neurological vascular surgery, neurosurgery, neurosonology, cerebral blood flow and metabolism, neurobehavior, and neurorehabilitation
 - b. Acquire detailed knowledge of the vascular supply of the central nervous system and its alteration by disease
 - c. Manage stroke patients in outpatient and inpatient settings, including critical care units
2. Vascular neurology includes the prevention, evaluation and treatment of a wide range of diseases resulting in vascular insults to the nervous system, including:
 - a. Cardiogenic brain embolism
 - b. Large vessel cerebral atherosclerosis
 - c. Aortic arch cerebral and spinal embolism
 - d. Small cerebral artery occlusive disease
 - e. Hemodynamic brain ischemia
 - f. Migraine
 - g. Hereditary and acquired hypercoagulable states
 - h. Disseminated intravascular coagulation, thrombotic thrombocytopenic purpura, other hematological disorders
 - i. Antiphospholipid antibody syndromes
 - j. Substance abuse and drug toxicities
 - k. Hypertensive encephalopathy
 - l. Arterial dissection
 - m. Vasculopathies including inflammatory, infectious, Moya-moya
 - n. Cerebral venous thrombosis
 - o. Genetic and metabolic disorders
 - p. Intracerebral hemorrhage
 - q. Aneurysmal subarachnoid hemorrhage (SAH)
 - r. Subdural hematomas
 - s. Spinal cord infarction
 - t. Complications of vascular disease, including raised intracranial pressure, sepsis and venous thrombosis
 - u. Vascular malformations

B. Duration and Scope of Training

Training in vascular neurology shall encompass a total of one year that must be preceded by the completion of a residency program in neurology or child neurology accredited by the ACGME or the Royal College of Physicians and Surgeons (Canada). Elective time must be available for residents to pursue individual interests. Training must (1) be separate and distinct from all training required for certification in neurology and child neurology, and (2) include significant didactic and clinical experience in the care of patients with

stroke and/or who are at risk for stroke in both inpatient and outpatient settings as detailed in the Educational Programs section (IV). In particular, training must provide the following clinical experiences

1. Inpatient management of patients with stroke, both ischemic and hemorrhagic;
2. Critical care management of patients with stroke, both ischemic and hemorrhagic;
3. Management of patients with neurosurgical cerebrovascular disorders including aneurysms and arteriovenous malformations;
4. Emergent management of patients with stroke, including emergency department management;
5. Care of patients in different settings, including nursing homes, medical rehabilitation centers and outpatient clinics;
6. Ordering and clinical correlation of diagnostic brain and vascular imaging;
7. Ordering and interpretation of diagnostic laboratory tests in stroke;
8. Involvement in community activities, including outpatient primary and secondary prevention of stroke;
9. Participation in the delivery of educational programs about stroke and stroke prevention, including teaching medical students, ancillary health professionals, and residents;
10. Consulting with other medical professionals, including cardiologists, radiologists, neurosurgeons, vascular surgeons and physiatrists in the overall care and management of stroke patients; and,
11. Participation in research, such as epidemiological studies, clinical trials, or laboratory research

C. Relation to Core Program

The 1-year of training in vascular neurology must take place in a center in which there is an ACGME-accredited residency program in neurology and with the written approval and support of the director of the neurology program.

II. Institutions

A. Sponsoring Institution

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

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c. specify the duration and content of the educational experience; and
 - d. state the policies and procedures that will govern resident education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
2. The program director, together with the faculty, is responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation, and for the establishment and maintenance of a stable educational environment. The director and teaching staff of a program must prepare and comply with written educational goals for the program. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b. The program director must be certified in the specialty by the ABPN in Neurology and Vascular Neurology, or possess qualifications judged to be acceptable by the RRC.
 - c. The program director must be appointed in good standing and based at the primary teaching site.
 - d. Completion of at least one additional year of stroke or vascular neurology training. At least 50% of the program director's practice should be devoted to care of stroke patients.
 - e. Licensure to practice medicine in the state where the institution that sponsors the program is located (Certain federal programs are exempted.)
4. Responsibilities of the program director are as follows:
 - a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
 - b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
 - c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - 1) the addition or deletion of a participating institution;
 - 2) a change in the format of the educational program;
 - 3) a change in the approved resident complement for those specialties that approve resident complement.
 On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.
 - e. Full commitment to the residency program and devotion of sufficient time to provide leadership to the program and supervision of the residents in the program
 - f. Monitoring the content and ensuring the quality of the program.
 - g. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures
 - h. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians
 - i. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall
 - 1) At least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures
 - 2) Communicate each evaluation to the resident in a timely manner
 - 3) Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth
 - 4) Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
 - j. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances
 - k. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. The program providing training in vascular neurology must have at least two faculty neurologists, including the director, who have completed training in this subspecialty. It is desirable that they be full-time members of the Department of Neurology.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, a commitment to their own continuing medical education, and participation in scholarly activities and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b. The physician faculty must be certified in the specialty by the ABPN in Neurology and Vascular Neurology, or possess

appropriate educational qualifications judged to be acceptable by the RRC.

- c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, and vascular neurology training must be conducted in centers where there is research in vascular neurology. The program must include opportunities for the resident to participate in research projects and scholarly work relating to the field of vascular neurology. *Scholarship is defined as the following:*
 - a. the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b. the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c. the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
5. Qualifications of the nonphysician faculty are as follows:
 - a. Nonphysician faculty must be appropriately qualified in their field.
 - b. Nonphysician faculty must possess appropriate institutional appointments.
6. Appropriate expertise in the areas defined in Section I.B., above, must be present among the director and the faculty. The RRC recognizes that expertise in stroke is available from physicians board certified in many medical specialties, particularly in Physical Medicine and Rehabilitation, Cardiology, Neurosurgery, Vascular Surgery and Psychiatry, and actively encourages multidisciplinary cooperation in the training of residents.
7. The faculty shall devote sufficient time to the training program to ensure adequate clinical training of the resident in vascular neurology and will be primarily involved in direction of the resident during the one year training.
8. A member of the teaching staff of each participating institution must be designated by the program director to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
9. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative must participate in these reviews.
10. The teaching staff must periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the

performance of members of the teaching staff, and the quality of supervision of residents.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the administration and educational conduct of the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. Patient Population

There must be an adequate number and variety of patients in both inpatient and outpatient settings to expose residents to the broad spectrum of vascular diseases of the brain. Inpatient experience should include evaluation of a substantial number of stroke patients. No more than 50% of these should be hemorrhagic strokes. Outpatient experience should include management of at least 50 patients for whom the resident is the primary physician under supervision of a faculty member.

2. Facilities

Vascular neurology shall be within the Department or Division of Neurology and have facilities adequate for the educational program. There must be adequate space and equipment for the educational program, including meeting rooms, classrooms with audiovisual and other educational aids, office space for staff and residents, pertinent library materials, and diagnostic, therapeutic and research facilities.

3. Library

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

E. Other Teaching Staff

Faculty with suitable training and experience from other disciplines should be included in the teaching program.

IV. Resident Appointments

A. Eligibility Criteria

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

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to

provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the regular review process. All educational components of a residency program should be related to program goals.

Participation by any institution providing 2 months or more of training in a program must be approved by the RRC.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments. It should be readily available for review.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

(N.B.: Section V. D. does not apply to certain subspecialties)

E. Curriculum

The training program is largely a clinical experience in which the resident develops and executes a plan of evaluation and treatment for patients with various cerebrovascular disorders. In addition to teaching the appropriate technical skills, the curriculum must include instruction in the following:

1. Fundamental Mechanisms of Stroke and Other Nervous System Vascular Disorders
2. Etiopathogenic Characterization of Stroke and Other Nervous System Vascular Disorders
3. Clinical Manifestations of Stroke and Other Nervous System Vascular Disorders
4. Diagnostic Strategies in Stroke and Other Nervous System Vascular Disorders
5. Treatment Strategies in Stroke and Other Nervous System Vascular Disorders
6. Epidemiologic issues

F. Seminars and Conferences

The section of vascular neurology must conduct seminars and conferences that include:

1. Formal lectures and teaching conferences in Vascular Neurology on a schedule that will allow the training program to cover all of the topics listed under I.A.2.

2. A monthly didactic teaching conference organized by the faculty on topics that cover the scope of vascular neurology as outlined in Section I of these Program Requirements.
3. The monthly conference should be supplemented by journal clubs, pathology meetings, neuroanatomy courses, neuroscience grand rounds related to vascular neurology and multidisciplinary conferences with neuroradiology, neurosurgery, and neuropathology.
4. Trainees should make regular patient management rounds with the attending faculty and these should be supplemented with weekly or bi-weekly teaching rounds during which specific vascular neurology patient management issues are discussed in depth by the faculty.

G. Teaching and Supervision

1. Supervisory faculty and staff must be available on a full-time basis. There must be a 1:1 faculty and resident ratio.
2. The resident must be given an active role in the teaching and training of neurology residents in which the section resides.
3. Clinical and Basic Science Teaching
 - a. Clinical Science

The resident must have instruction and practical experience to foster the development of diagnostic, procedural, technical, and interventional skills essential to the practice of vascular neurology, including

 - 1) Opportunities to observe, evaluate, and manage patients of all ages with a wide variety of disorders of the cerebrovascular and nervous systems
 - 2) Learning about the effectiveness of procedures to manage stroke
 - 3) Participating in clinical experiences that provide for basic and advanced training and education, as well as professional development
 - 4) Acquiring systems-based skills that include working in outpatient and inpatient settings and effectively utilizing health care resources, including pathology and radiology services
 - 5) Participating in problem based learning that includes experience in the areas critical to vascular neurology as outlined in Section I.A.2
 - 6) Developing and executing plans for evaluation and treatment, including the appropriate
 - 7) Technical skills for the non-invasive management of stroke patients. These skills must include familiarity with the indications for intubation, extubation/weaning and the general principles of respirator management and the placement of catheters for the supportive care and pharmacological treatment of strokes
 - 8) Opportunities to formulate a clinical diagnosis and to order and use laboratory data to clinically evaluate a patient's condition and to support outpatient and inpatient diagnostic evaluations
 - 9) Progressive experience for training as outlined in Section I.B that includes caring for a sufficient number of stroke patients to achieve competence in the assessment of patients with a wide range of vascular neurology disorders
 - b. Basic Science

Residents must be provided with an advanced and extensive background in those basic sciences on which vascular neurology is founded. In particular, the basic science program must include neuroepidemiology, neuroanatomy, neuropharmacology, neuropathology, and neurobiology, as well as mechanisms of atherosclerosis and coagulation. Didactic lectures and seminars must include the basic neurological sciences as they pertain to stroke.

4. Resident/Patient Ratio

The program director must ensure an adequate number and variety of patients to provide a sound educational program. Particular attention should be given to achieving a balance in the age and gender of patients, in patients with short-term and long-term neurological problems, as well as in the number of inpatients and outpatients.

5. Faculty/Resident Ratio

There must be a ratio of at least one vascular neurology faculty for each vascular neurology resident. Faculty must demonstrate diverse interests and skills to contribute to the depth and breadth of training necessary to fulfill the program requirements for residency education in vascular neurology, to ensure adequate clinical experience for residents, and to provide for an educational environment that supports seminars, conferences and reliable supervision of residents.

6. Diagnostic Skills

The residents must learn how to integrate information obtained from patient history, physical examination, imaging study results, and biochemical and molecular tests results to arrive at an accurate and timely diagnosis and treatment plan. The resident is required to learn about the indications for and potential limitations of diagnostic tests and to interpret the results in the context of the clinical situation. These diagnostic tests must include the following imaging studies: cranial and spinal MRIs and CTs, magnetic resonance imaging, cerebral angiography, carotid and cranial doppler studies, single photon emission tomography (SPECT), photon emission tomography (PET). The resident must also learn the appropriate biochemical and molecular testing for strokes in patients of different age groups. The resident should also learn the temporal profile of the clinical, biochemical and radiological changes that accompany vascular insults of the nervous system. The acquisition of the diagnostic skill must be provided by clinical assignments that provide a progressive increase in responsibility for patient care with direct supervision by a faculty member or staff; appropriate faculty supervision is essential throughout the program.

7. Subspecialty Experience

While a wide range of clinical experience is mandatory, each resident should have extensive experience in one or more areas of vascular neurology. Clinical assignments need not be identical for each resident. Subspecialty experience should accommodate individual interests.

8. Resident Responsibility for Teaching

The resident's education in vascular neurology is reinforced by teaching the discipline to other residents in neurology and other disciplines and to medical students, nurses, and other health care personnel. Residents must be given this opportunity.

VI. Resident Duty Hours and the Working Environment

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

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate

supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

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

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution. To ensure an appropriate educational environment and prevent an excessive patient load, the program should provide for the following:

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.
 - a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
5. There should be adequate physician coverage if unexpected patient care needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

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

F. Duty Hours Exceptions

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

VII. Evaluation**A. Resident****1. Formative Evaluation**

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

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

3. Resident evaluation by staff must be made at regular intervals so that areas of weakness and strength can be communicated to the

resident. Records shall be maintained documenting resident experience and performance. Periodic review of the resident's performance is essential for planning his or her subsequent educational program. The evaluation will include judging the fund of knowledge, basic clinical competence, general skills in the primary specialty, and the specific technical skills required for vascular neurology. The summary and final evaluation of the resident in vascular neurology must be prepared by the program director of the vascular neurology training program and should reflect the periodic evaluation of the entire faculty.

B. Faculty

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

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written confidential evaluations by residents must be utilized in this process.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the ABPN in Neurology and Vascular Neurology should communicate with the office of the board regarding the full requirements for certification.

X. Other

A. Use of Board Examinations

One measure of the quality of a training program is the proportion of its graduates who take the examination in vascular neurology provided by the American Board of Psychiatry and Neurology, as well as their performance on those examinations.

B. Review of the Program

The provisions of the Institutional Requirements for residency training of the ACGME must also be met for approval of training in vascular neurology.

ACGME: February 2002 Effective: February 2002

*Editorial Revision (Common Program Requirements):
January 2005*

Program Requirements for Residency Education in Nuclear Medicine

Common Program Requirements appear in bold.

Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

Nuclear medicine is the clinical and laboratory medical specialty that employs the measured nuclear properties of radioactive and stable nuclides for diagnosis, therapy, and research and to evaluate metabolic, physiologic, and pathologic conditions of the body.

B. Duration and Scope of Education

1. Length of program

The length of the nuclear medicine residency program is 2 years, following 1 year of preparatory clinical residency training (see below).

2. Admission prerequisites

The length of the nuclear medicine residency program is 2 years. However, a minimum of 3 years of Graduate Medical Education is necessary to train a physician in the field of Nuclear Medicine. Before entering a nuclear medicine residency, residents must satisfactorily complete one year of training in an ACGME-accredited or Royal College of Physicians and Surgeons of Canada-accredited or equivalent (Candidates who have not completed the clinical year in an ACGME- or RCPSC-accredited program should consult the nuclear medicine program director and/or the American Board of Nuclear Medicine for determination of eligibility.) program that provides broad clinical education, with primary emphasis on the patient and the patient's clinical problems. Residents should have a sufficiently broad knowledge of medicine to obtain a pertinent history, perform an appropriate physical examination, and arrive at a differential diagnosis.

3. Specific description of program format

Residencies in nuclear medicine must teach the basic skills and clinical competence that constitute the foundations of nuclear medicine practice and must provide progressive responsibility for and experience in the application of these principles to the management of clinical problems. Clinical experience must include the opportunity to recommend and plan, conduct, supervise, interpret, and dictate reports for nuclear medicine procedures that are appropriate for the existing clinical problem or condition.

C. Broad Description of Training Objectives and Goals

The program must be structured so that the residents' clinical responsibilities increase progressively during training. At the completion of the training program, residents should be proficient in all areas of clinical nuclear medicine and be able to function independently as nuclear medicine consultants, plan and perform appropriate nuclear medicine procedures, interpret the test results, and formulate a diagnosis and an appropriate differential diagnosis. The residents should be qualified to recommend therapy or further studies. If radionuclide therapy is indicated, they should be capable of assuming responsibility for patient care. Residents should develop a satisfactory level of clinical maturity, judgment, and technical skill that will, on completion of the program, render them capable of the independent practice of nuclear medicine.

II. Institutions

A. Sponsoring Institution

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

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives, and should provide resources not otherwise available to the program. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

Limited outside rotations may be utilized to supplement training in a branch of nuclear medicine, e.g., positron emission tomography (PET) or radionuclide therapy, if there is insufficient patient volume in the sponsoring institution. Affiliated institutions should not be so distant as to make it difficult for residents to travel between institutions for participation in clinical responsibilities or didactic activities.

Participation by any institution providing 3 months or more of training in the program must be approved by the RRC for Nuclear Medicine, according to criteria similar to those applied to the primary institution. A maximum of 6 months of the 2-year nuclear medicine program may be spent outside the parent and integrated institutions on rotation to affiliated sites. (An affiliation may be said to exist where there is a formal agreement between an accredited program and another institution to make facilities, clinical experience, supervision, and teaching sessions available to residents of the program who will rotate through the affiliated hospital. Rotations to affiliates are restricted, as noted above.)

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
- identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - specify the duration and content of the educational experience; and
 - state the policies and procedures that will govern resident education during the assignment.

III. Program Personnel and Resources

A. Program Director

- There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
- The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
- Qualifications of the program director are as follows:

- The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities. This includes broad knowledge of, experience with, and commitment to general nuclear medicine, along with sufficient academic and administrative experience to ensure effective implementation of these Program Requirements and sufficient experience participating as an active faculty member in an accredited residency program.
- The program director must be certified in the specialty by the American Board of Nuclear Medicine or possess qualifications judged to be acceptable by the RRC.
- The program director must be appointed in good standing and based at the primary teaching site.
- have demonstrated compliance with professional standards of ethical behavior.
- demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to his or her own continuing medical education, and participation in scholarly activities.

A complete curriculum vitae of the program director shall be filed with the executive director of the RRC at the time of appointment and updated with each review of the program by the RRC.

4. Responsibilities of the program director are as follows:
- The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, responsible for day-to-day activities of the program at that institution, and monitoring appropriate resident supervision at all participating institutions.
 - The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
 - The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - the addition or deletion of a participating institution;
 - a change in the format of the educational program;
 - a change in the approved resident complement for those specialties that approve resident complement.

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

B. Faculty

- At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
- The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member. They must be able to nurture the attributes of the scholar, teacher, and humanist and must be available to residents for advice and counseling.

3. **Qualifications of the physician faculty are as follows:**
 - a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b. The physician faculty must be certified in the specialty by the American Board of Nuclear Medicine or possess qualifications judged to be acceptable by the RRC.
 - c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a. the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b. the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c. the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

The faculty as a whole must have demonstrated ongoing participation in such activities during the past 5 years.
5. **Qualifications of the nonphysician faculty are as follows:**
 - a. Nonphysician faculty must be appropriately qualified in their field.
 - b. Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Facilities and Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

The institution sponsoring a residency program in nuclear medicine should be of sufficient size and composition to provide an adequate volume and variety of patients for resident training. It must provide sufficient faculty, financial resources, and clinical, research, and library facilities to meet the educational needs of the residents and to enable the program to comply with the requirements for accreditation.

1. Space and Equipment

The program must provide adequate space, equipment, and other pertinent facilities to ensure an effective educational experience for residents in nuclear medicine and must possess the modern facilities and equipment required to practice nuclear medicine.

2. Other Specialties

A nuclear medicine residency program requires the support of services in other specialties, notably medicine, surgery, radiology, pediatrics, and pathology. Training resources should be such that the total number of residents in the institution is large enough to

permit peer interaction and intellectual exchange with residents in the nuclear medicine program.

3. Library

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

IV. Resident Appointments

A. Eligibility Criteria

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

1. Programs must demonstrate the ability to recruit and retain qualified residents. Residents should be appointed only when their documented prior experience and attitudes demonstrate the presence of abilities necessary to master successfully the clinical knowledge and skills required of all program graduates. All residents must have demonstrated understanding and facility in using the English language.
2. Residents should be reappointed only when their clinical judgment, medical knowledge, history-taking, professional attitudes, moral and ethical behavior, and clinical performance are documented to be entirely satisfactory.

B. Number of Residents

The RRC will approve the number of residents based upon the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be

distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

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

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

Residents are expected to:

- Obtain information about the patient related to the requested test or therapy using patient interview, chart and computer data base review, physical examination, and contact with the referring physician.
- Select appropriate procedures or therapy based on the referring physician's request and the patient's history. This involves selection of the appropriate radiopharmaceutical, dose, imaging technique, data analysis, and image presentation. It also includes review of image quality, defining the need for additional images and correlation with other imaging studies such as x-rays, CT, MRI, or ultrasound.
- Communicate results promptly and clearly to the referring physician or other appropriate health care workers. This communication should include clear and succinct dictation of the results.
- Conduct therapeutic procedures. Therapeutic procedures must be done in consultation with an attending physician who is a licensed user of radioactive material. These procedures should include dose calculation, patient identity verification, explanation of informed consent, documentation of pregnancy status, counseling of patients and their families on radiation safety issues, and scheduling follow-up after therapy.
- Maintain records (logs) of participation in nuclear cardiology pharmacologic and exercise studies and in all types of therapy procedures.

2. *Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;*

Residents should closely follow scientific progress in nuclear medicine and learn to incorporate it effectively for modifying and improving diagnostic and therapeutic procedures. Residents are expected to:

- Become familiar with and regularly read the major journals in nuclear medicine. During the residency this will involve regular participation in journal club.
- Use computer technology including internet web sites and CDROM teaching disks.
- Participate in the annual in-service examination.
- Know and comply with radiation safety rules and regulations, including NRC and/or agreement state rules, local regulations,

and the ALARA (as low as reasonably achievable) principles for personal radiation protection.

- Understand and use QC (quality control) procedures for imaging devices, laboratory instrumentation, and radiopharmaceuticals.

3. *Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;*

Residents must develop and continuously improve skills in obtaining medical knowledge using new techniques as they develop in information technology. This includes:

- Using the internet and computer data bases to search for patient information, disease, and technique information. Residents should also be familiar with viewing and manipulating images with the computer, both locally and remotely.
- Residents should improve their understanding of diseases and patient care by attending inter-specialty conferences, correlative conferences, mortality and morbidity conferences, and utilization conferences.
- Patient follow-up is essential for determining the accuracy of study interpretation. Residents should regularly obtain such follow-up information and correlate the clinical findings with their study interpretation.

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

Residents must communicate clearly and effectively and work well with each of the following groups:

- Patients and their families.
- Physicians in nuclear medicine and radiology.
- Referring physicians from other specialties.
- Nuclear medicine technologists.
- Other health care workers throughout the institution.

5. *Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;*

Residents are expected to always behave in a professional manner. This includes:

- Consistent demonstration of completely ethical behavior.
- Respect for the dignity of patients and all members of the medical team.
- There should be no discrimination based on age, ethnicity, gender, disability, or sexual orientation.
- Residents should be responsive to patients' needs by demonstrating integrity, honesty, compassion, and commitment.
- Residents should always respect the patient's privacy and autonomy.

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

This involves learning to work in a variety of health care settings and understanding the inter-relationship with other health care professionals. Specifically, residents should be aware of:

- Work conditions in hospitals, out-patient clinics, diagnostic centers, and private practice settings.
- Resource allocation and methods directed towards controlling health care costs such as Diagnostic Related Groups (DRGs), APC, and pre-certification by medical insurers.
- The concept of providing optimal patient care by selecting the most cost-effective procedures and using or recommending other diagnostic tests that might complement the nuclear

medicine procedures. This also involves awareness of the relevant risk-benefit considerations.

- d. Basic financial and business skills to function effectively in current health care delivery systems. This includes an understanding and knowledge of coding, procedure charges, billing practices, and reimbursement mechanisms.

E. Didactic Components

1. Basic Science Content

Study of the basic sciences that constitute the foundation for clinical nuclear medicine must be part of the resident's education. This is most effectively accomplished through a combination of formal didactic lectures and discussion of these topics in conferences. The program director must develop a formal didactic schedule that indicates the specific date and time of each lecture, the topic of the lecture, the faculty individual presenting the lecture, and the duration of the lecture. This schedule must incorporate each of the elements of basic science detailed below, and the program director must provide written documentation of this schedule as part of the information submitted to the RRC for its review of the program. The schedule must be current for each academic year. Visiting faculty and residents may provide some of the lectures.

The training program must provide didactic instruction in the following areas:

- a. Physics: structure of matter, modes of radioactive decay, particle and photon emissions, and interactions of radiation with matter.
- b. Instrumentation: principles of instrumentation used in detection, measurement, and imaging of radioactivity with special emphasis on gamma cameras, including SPECT and PET devices, and associated electronic instrumentation and computers employed in image production and display.
- c. Mathematics, statistics, and computer sciences: probability distributions; medical decision making; basic aspects of computer structure, function, programming, and processing; applications of mathematics to tracer kinetics; compartmental modeling; and quantification of physiologic processes.
- d. Radiation biology and protection: biological effects of ionizing radiation, means of reducing radiation exposure, calculation of the radiation dose, evaluation of radiation overexposure, medical management of persons overexposed to ionizing radiation, management and disposal of radioactive substances, and establishment of radiation safety programs in accordance with federal and state regulations.
- e. Radiopharmaceuticals: reactor, cyclotron, and generator production of radionuclides; radiochemistry; pharmacokinetics; and formulation of radiopharmaceuticals.

An aggregate of at least 100 hours per year should be devoted to basic science instruction, i.e., formal lectures and formal labs. An appropriate balance of time should be allocated to the major subject areas, which must include physical science and instrumentation: 50 hours per year; radiobiology and radiation protection: 15 hours per year; mathematics and statistics: 10 hours per year; radiopharmaceutical chemistry: 15 hours per year; computer science: 10 hours per year. Instruction in the basic sciences should not be limited to only didactic sessions. The resident's activities also should include laboratory experience and regular contact with basic scientists in their clinical adjunctive roles.

2. Didactic Clinical Content

There must be didactic instruction in both diagnostic imaging and non-imaging nuclear medicine applications and therapeutic applications. The instruction must be well organized, thoughtfully integrated, and carried out on a regularly scheduled basis.

The program director must develop a formal didactic schedule that indicates the specific date and time of each lecture, the topic of the lecture, the faculty individual presenting the lecture and the duration of the lecture. This schedule must incorporate each of the elements of the clinical specialty detailed below, and the program director must provide written documentation of this schedule to the RRC for its review of the program. Visiting faculty and residents may provide some of the lectures. The schedule must be current for each academic year.

Instruction must include the following areas:

- a. Diagnostic use of radiopharmaceuticals: clinical indications, technical performance, and interpretation of in vivo imaging of the body organs and systems, using external detectors and scintillation cameras, including SPECT and PET
- b. Exercise and pharmacologic stress testing: the pharmacology of cardioactive drugs; physiologic gating techniques; patient monitoring during interventional procedures; management of cardiac emergencies, including electrocardiographic interpretation and cardiopulmonary life support; and correlation of nuclear medicine procedures with other pertinent imaging modalities such as angiography, computed tomography, bone density measurement, ultrasonography, and magnetic resonance imaging.
- c. Non-imaging studies: training and experience in the application of a variety of non-imaging procedures, including instruction in the principles of immunology; preparation of radiolabeled antibodies; uptake measurements; in-vitro studies including Schilling test, glomerular filtration rate, red blood cell mass and plasma volume, and breath tests.
- d. Therapeutic uses of unsealed radiopharmaceuticals: patient selection and management, including dose administration and dosimetry, radiation toxicity, and radiation protection considerations in the treatment of metastatic cancer and bone pain, primary neoplasms, solid tumors, and malignant effusions; and the treatment of hematologic, endocrine, and metabolic disorders
- e. Quality management and improvement: principles of quality management and performance improvement, efficacy assessment, and compliance with pertinent regulations of the Nuclear Regulatory Commission and the Joint Commission on Accreditation of Healthcare Organizations

3. Conferences and Seminars

All residents must participate in regularly scheduled clinical nuclear medicine conferences and seminars and interdisciplinary conferences, in which the resident is responsible for presenting case materials and discussing the relevant theoretical and practical issues. There should be active resident participation in well-structured seminars and journal clubs that review the pertinent literature with respect to current clinical problems and that include discussion of additional topics to supplement the didactic curriculum.

a. Clinical interpretation conference

All residents must participate in regularly scheduled, usually daily, procedure interpretation and review conferences. The program must provide the resident with the opportunity to gain progressively independent responsibility for review, technical approval and acceptance, and interpretation and dictation of consultative reports on completed nuclear medicine procedures.

b. Teaching files

Teaching case files involving diagnostic and therapeutic nuclear medicine procedures should cover the full spectrum of clinical applications; they should be indexed, coded with correlative and follow-up data, and readily accessible for resident

use. There must be a mechanism for maintaining case records and treatment results to facilitate patient follow-up and to provide teaching material.

Electronic availability of teaching files is acceptable as a substitute or enhancement of on-site teaching case files.

C. Clinical Components

1. Curriculum Content

The residency program in nuclear medicine should include the diagnostic, therapeutic, and investigational uses of radionuclides. It should be of sufficient breadth to ensure that all residents become thoroughly acquainted with current nuclear medicine diagnostic and therapeutic applications. The training experience should ensure ample opportunity to attain sequentially increasing competence in selecting the most appropriate nuclear medicine studies for the patient, performing these studies in the technically correct manner, interpreting the information obtained, correlating this information with other diagnostic studies, and treating and following up the patient who receives radionuclide therapy. Under adequate faculty supervision, the resident should participate directly in the performance of imaging studies, non-imaging measurements and assays, and therapeutic procedures.

Residents must be provided structured opportunities to (a) learn the indications, contraindications, complications, and limitations of specific procedures; (b) develop technical proficiency in performing these procedures; (c) learn to interpret the results of these procedures; and (d) dictate reports and communicate results promptly and appropriately. The program must provide adequate opportunity for residents to participate in and personally perform and analyze a broad range of common clinical nuclear medicine procedures. This must include experience in each of the following categories:

- a. Musculoskeletal studies, including bone scanning for benign and malignant disease, and bone densitometry.
 - b. Myocardial perfusion imaging procedures performed with radioactive perfusion agents in association with treadmill and pharmacologic stress (planar and tomographic, including gated tomographic imaging). Specific applications should include patient monitoring, with special emphasis on electrocardiographic interpretation, cardiopulmonary resuscitation during interventional pharmacologic or exercise stress tests, pharmacology of cardioactive drugs, and hands-on experience with performance of the stress procedure (exercise and pharmacologic agents) for a minimum of 50 patients. Program directors must be able to document the experience of residents in this area, e.g., with logbooks.
 - c. Radionuclide ventriculography performed with ECG gating for evaluation of ventricular performance. The experience should include first pass and equilibrium studies and calculation of ventricular performance parameters, e.g., ejection fraction and regional wall motion assessment.
 - d. Endocrinologic studies, including thyroid, parathyroid, and adrenal imaging, along with octreotide and other receptor-based imaging studies. Thyroid studies should include measurement of iodine uptake and dosimetry calculations for radio-iodine therapy.
 - e. Gastrointestinal studies of the salivary glands, esophagus, stomach, and liver, both reticuloendothelial function and the biliary system. This also includes studies of gastrointestinal bleeding, Meckel diverticulum, and C14 urea breath testing.
 - f. Hematologic studies, including red cell and plasma volume, splenic sequestration, hemangioma studies, labeled granulocytes for infection, thrombus imaging, bone marrow imaging, and B12 absorption studies.
 - g. Oncology studies, involving gallium, thallium, sestamibi, antibodies, peptides, fluorodeoxyglucose (FDG), and other agents as they become available. Oncology experience should include all the common malignancies of the brain, head and neck, thyroid, breast, lung, liver, colon, kidney, bladder and prostate. It should also involve lymphoma, leukemia, melanoma, and musculoskeletal tumors. Hands-on experience with lymphoscintigraphy is very important.
 - h. Neurologic studies, including cerebral perfusion with both single photon emission computed tomography (SPECT) and positron emission tomography (PET), cerebral metabolism with FDG, and cisternography. This experience should include studies of stroke, dementia, epilepsy, brain death and cerebrospinal fluid dynamics.
 - i. Pulmonary studies of perfusion and ventilation performed with radiolabeled macroaggregates and radioactive gas or aerosols used in the diagnosis of pulmonary embolus, as well as for quantitative assessment of perfusion and ventilation.
 - j. Genitourinary tract imaging, including renal perfusion and function procedures, clearance methods, renal scintigraphy with pharmacologic interventions, renal transplant evaluation, vesicoureteral reflux, and scrotal and testicular imaging.
 - k. Therapeutic administration of radiopharmaceuticals, to include patient selection and understanding and calculation of the administered dose. Specific applications should include radioiodine in hyperthyroidism and thyroid carcinoma, and may include radio-phosphorus (soluble) in polycythemia vera and other myeloproliferative disorders, radiocolloids for therapy, radionuclides for painful bone disease, and radioligand therapy. Program directors must be able to document the experience of residents in this area, including patient follow-up, e.g., with logbooks.
 - l. Imaging procedures using positron-emitting radionuclides, medical cyclotron operation for production of PET radionuclides, and experience in PET radiochemistry synthesis.
 - m. Co-registration and image fusion of SPECT and PET images with computed tomography (CT) and magnetic resonance imaging (MRI) studies. If the program cannot provide sufficient clinical experience in PET imaging, supplemental clinical training or at least didactic instruction should be made available.
2. On Call Experience

In addition, each resident must be given the experience of being on-call and assuming the responsibility for providing consultative activities for procedures performed on an emergency basis.
 3. Patient Population Requirements

While the number of procedures may vary from one training program to another, a well-designed program will perform at least 4,000 common nuclear medicine imaging procedures annually, a wide variety of non-imaging procedures, and at least 15 radionuclide therapeutic procedures annually. Imaging procedures should be distributed over the entire spectrum of nuclear medicine practice, including the pediatric age group. A minimum of 100 pediatric nuclear medicine cases should be available annually. Resident rotations to hospitals with a large pediatric case-load should be considered if the number of pediatric studies in the primary institution averages fewer than 100 per year.
 4. Patient Management

The program must provide the residents with experience in direct and progressively responsible patient management as they advance through training. This training must culminate in sufficient independent responsibility for clinical decision making to ensure that the graduating resident has achieved the ability to

function independently and in a proficient manner in all nuclear medicine consultative areas.

5. Other

The residents must be provided training in both basic life-support and advanced cardiac life-support.

VI. Resident Duty Hours and the Working Environment

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

A. Supervision of Residents

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

B. Duty Hours

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

C. On-call Activities

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

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.

4. *At-home call (or pager call)* is defined as a call taken from outside the assigned institution.

- a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
- b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
- c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

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

F. Duty Hours Exceptions

The RRC for Nuclear Medicine will not consider requests for an exception to the limit to 80 hours per week, average monthly.

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be

- communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.
 - d. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Observation of the resident performing specific tasks such as image interpretation, taking a history and performing a physical examination, choosing diagnostic studies, formulating patient management, and communicating effectively should be included.

Resident evaluation should include review by the program director of the record of the resident's participation in nuclear medicine studies and procedures.

2. Final Evaluation

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

B. Faculty

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

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate

from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Nuclear Medicine should communicate with the office of the board regarding the full requirements for certification.

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Program Requirements for Residency Education in Obstetrics and Gynecology

Common Program Requirements appear in bold.

Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Program Goals and Objectives

A residency program in obstetrics-gynecology must constitute a structured educational experience, planned in continuity with undergraduate and continuing medical education, in the health care area encompassed by this specialty. While such residency programs contain a patient-service component, they must be designed to provide education as a first priority, and not function primarily to provide hospital service.

An educational program in obstetrics-gynecology must provide an opportunity for resident physicians to achieve the knowledge, skills, and attitudes essential to the practice of obstetrics and gynecology, and must also be geared toward the development of competence in the provision of ambulatory primary health care for women. The program must provide opportunity for increasing responsibility, appropriate supervision, formal instruction, critical evaluation, and counseling for the resident.

B. Duration and Scope of Education

Resident education in obstetrics-gynecology must include 4 years of accredited and clinically-oriented graduate medical education which must be focused on reproductive health care and ambulatory primary health care for women, including health maintenance, disease prevention, diagnosis, treatment, consultation, and referral.

II. Institutions

A. Sponsoring Institution

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

The program must exist in an educational environment that should include at least 2 other relevant graduate medical education programs, such as internal medicine, pediatrics, surgery, or family medicine. The program director must obtain teaching commitments from the other departments involved in the education of obstetrics-gynecology residents.

B. Participating Institutions

- 1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives, and should provide resources not otherwise available to the program. Participation by any institution providing 6 months or more of training in a program of 3 or more years must be approved by the RRC. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.**
- 2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution that provides an educational experience for a resident that is one month in duration or longer. Such a letter of agreement should:**
 - a) identify the faculty who will assume both educational and supervisory responsibilities for residents;**

- b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;**
- c) specify the duration and content of the educational experience; and**
- d) state the policies and procedures that will govern resident education during the assignment.**

C. Structure of Residencies

The Residency Review Committee (RRC) for Obstetrics-Gynecology uses the following categories for the purpose of monitoring the structure of residencies.

1. Independent

An independent program is conducted within a single educational institution under a single program director. Extramural rotations for a total of no more than 6 months are permitted under the regulations applied to all programs (see II.C.4).

2. Integrated

3. An integrated program is conducted within multiple educational institutions but under a single program director. Each educational institution involved in an integrated program must provide the same quality of education and level of supervision required of an independent program, and must formally acknowledge the authority of the program director and the role that the institution will play in the overall program. Residents may rotate at any level, including the final year of the program. The program director must have authority over the educational program in each hospital, including the teaching appointments and assignments of all faculty and all residents, and must ensure the adequacy of the educational experience for each resident. Additional extramural rotations for a total of no more than 6 months are permitted under the regulations applied to all programs (see II.C.4). If a program includes rotations for a total of more than 6 months for any resident at institutions other than those included in the integrated program, that program becomes an affiliated program.

4. Affiliated

5. An affiliated program is one in which any resident spends a total of more than 6 months in extramural rotations outside the parent institution (or institutions, in the case of integrated programs).

6. Extramural Rotations

7. Extramural rotations may be arranged by the program director of either an independent or an integrated program to enhance the educational experience of the residents. The following requirements for the duration of extramural rotations must be observed:

- a) If the total time of extramural rotation from the parent program by any resident during the entire residency exceeds 6 months, the program is considered to be an affiliated program, and the entire program must receive prior approval by the RRC. Residents may not spend more than 18 months away from the parent institution(s) without prior approval of the RRC.**
- b) Rotations for a total of less than 6 months will not require that the program be designated as an affiliated program, and these rotations may be arranged by the program director without prior RRC approval.**

III. Program Personnel and Resources

A. Program Director

- 1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program, and should be a member of the staff of the sponsoring or integrated institution. In the event of a change of either program director or department chair, the program director should promptly notify the**

executive director of the RRC through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The program director, together with the faculty, is responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities in his or her field, including experience in and commitment to ambulatory primary health care for women. There must be a minimum of 5 years' experience (postresidency/fellowship) in such activities.
 - b) The program director must be certified in the specialty by the American Board of Obstetrics and Gynecology (ABOG) or possess qualifications judged to be acceptable by the RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
 - d) The program director must have unrestricted licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain physicians in federal programs are exempted.)
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, selecting residents for appointment to the program in accordance with institutional and departmental policies and procedures, and monitoring appropriate resident supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved resident complement for those specialties that approve resident complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.
5. The program director is responsible for notifying the executive secretary of the RRC, in writing, within 30 days of any major change in the program that may significantly alter the educational experience for the residents, including:
 - a) changes in leadership of the department or the program;

- b) changes in administrative structure, such as an alteration in the hierarchical status of the program/department within the institution; and
- c) substantial changes in volume and/or variety of the patient population.

6. The program director is responsible for communicating to the RRC any change in the use of rotations to participating institutions (including additions or deletions of institutions) as well as any significant change in the number of patient cases available at the sponsoring and/or participating institutions if residency education would be adversely affected. The program director must describe the effect of these changes and the corrective action taken to address them.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. The faculty complement should include appropriately educated generalist faculty.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Obstetrics and Gynecology (ABOG), or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

Documentation of scholarly activity on the part of the program and the faculty must be submitted at the time of program review. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad, ongoing involvement in scholarly activity.

5. Qualifications of the nonphysician faculty are as follows:

- a) Nonphysician faculty must be appropriately qualified in their field.
- b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. Outpatient Facilities

Appropriate facilities and equipment, including patient medical and laboratory data retrieval capabilities, to manage patients in a timely fashion must be provided so that efficient and effective education in the ambulatory care aspects of the discipline can be accomplished.

2. Inpatient Facilities

Appropriate facilities and equipment, including patient medical and laboratory data retrieval capabilities, must be provided to achieve the educational objectives, including the management of critically ill patients and those undergoing obstetric or gynecologic operative procedures.

3. Medical Records

The fundamentals of good medical history taking and thoughtful, meticulous physical examination must be taught. Information gained by these procedures must be carefully recorded in the medical record. A reliable measure of the quality of a program is the quality of hospital records. These records should include daily appropriate progress notes by residents, together with a discharge summary. The hospital should maintain a records room with adequate cross indexing and ready reference for study of patients' charts. Periodic summaries of department statistics are essential for the evaluation of results, and will usually be requested at the time a program is reviewed by the RRC.

4. Medical Library

The medical library is an important resource to the obstetrics-gynecology education program. The library may be sponsored by the hospital or the department, but it must be readily accessible to staff and residents, both during the day and in the evening, including weekends. In addition, there must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the residency program. The textbooks should be kept up to date, and there should be an ample supply of current journals devoted to obstetrics-gynecology and related subjects. When a comprehensive library is not available in the hospital, an active reference system should be provided through ready access to larger medical libraries. Programs must provide instruction in retrieval and assessment of medical literature, and library services should include the electronic retrieval of information from medical databases.

5. Resident Facilities and Support Services

Adequate facilities for residents to carry out their patient care and personal educational responsibilities are required. These include adequate facilities for residents on duty and on call, including sleeping rooms, lounge, and food facilities. Also required are clinical support services such as pathology and radiology, including laboratory and radiologic information retrieval systems that allow rapid access to results, intravenous (IV) services, phlebotomy services, and messenger/transporter services in sufficient number to meet reasonable demands at all times.

IV. Resident Appointments

A. Eligibility Criteria

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

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. The number of residents that can be adequately and responsibly educated depends on several interrelated factors. Clinical involvement alone does not constitute an educational experience. The provision of adequate supervision, education, individual evaluation, and administrative support is critical. With this, it is of utmost importance that each resident have sufficient independent operative and clinical responsibilities to prepare for practice in the specialty.

2. The maximum number of residents in a program is linked to the number that can be accommodated within the framework of these requirements. One of the most important considerations is the clinical experience available to give each resident adequate primary responsibility. Because this usually centers on the senior resident year, the maximum number of residents in a program depends on how many senior residents the program can educate. Usually, the maximum number of residents in a program is the number of senior residents the program can accommodate multiplied by four.

3. The minimum number of residents in a program eligible for accreditation is 2 per year. Accreditation is granted on the basis of a balance between the educational resources and the number of residents in the program. Appointment of residents in excess of the approved number may adversely affect the quality of the total experience of each resident. Changes, therefore, in the educational resources should be reported to the RRC, and proposed increases in the number of residents must first be approved in writing by the RRC.

4. All requests for a change in the number of residents must demonstrate a distinct and substantial improvement in the educational opportunities for all residents in the program. Such requests must be based not only on the availability of an adequate patient population but also on adequate resources for supervision, education, and evaluation. A request for a permanent change in the number of residents must describe the predicted impact on the total experience of each of the senior residents under the new circumstances.

The request must be received within 18 months of the latest survey of the program; otherwise, a new survey will be necessary. The request will be considered incomplete if it lists only expansion in beds, hospitals, or overall clinical experience and does not address the question of the expansion of faculty and administrative support necessary to teach, supervise, and evaluate the additional residents.

Conversely, a reduction in beds or hospitals, or other changes in the program that may lead to an anticipated decrease in total experience for the residents, must be promptly called to the attention of the RRC to determine if a reduction in the number of resident positions in a given graduate medical program is necessary.

5. Residency programs may, with prior RRC approval, contain more residents in the first year than the number approved for subsequent years.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

a) One example of such objectives is set forth in the current "Educational Objectives for Residents in Obstetrics and Gynecology," produced under the auspices of the Council on Residency Education in Obstetrics and Gynecology (CREOG). Directors of programs must be able to document that they are reviewing the implementation of the educational objectives, and that the residents are indeed accomplishing what is anticipated of them. Any program that does not establish a system that clearly demonstrates that each resident has or has not successfully accomplished each of the items indicated in the program's statement of educational aims and objectives cannot be considered an adequate program.

b) It is neither essential nor desirable that all educational programs or individual resident experiences be identical in structure or function. Variations that provide creative solutions and opportunities, or that allow greater efficiency in the educational program may be implemented for up to 6 months of an educational experience focused on women's health care; an experience of more than 6 months and up to 12 months for an individual or a program would need prior written approval of the RRC. This approval requires the assurance that each residency program provides quality education and experience for all of the residents completing the program. The program director has the responsibility to assure that a resident completes the objectives and goals of the specific educational program. All educational experiences must have as a goal the enhancement of the quality of patient care.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Complete management of a patient's care under adequate supervision should be considered the highest level of residency educa-

tion. There are, however, circumstances under which the resident may not assume complete management:

- a) when the program director or his or her designee does not believe the resident's expertise or understanding is adequate to ensure the best care of the patient;
 - b) when the attending physician is unable to delegate the necessary degree of responsibility;
 - c) when the resident, for religious or moral reasons, does not wish to participate in proposed procedures.
2. An essential feature of resident education is that a significant number of staff support of the principle of delegation of complete management under supervision.
3. Increasing responsibility must progress in an orderly fashion, culminating in a senior resident year. The senior resident year consists of 12 months of clinical experience in the parent and/or integrated institution(s) that occur within the last 24 months of the resident's program. The senior resident must have sufficient independent operating experience to become technically competent, and have enough total responsibility for management of patients to ensure proficiency in the diagnostic and treatment skills that are required of a specialist in obstetrics-gynecology in both office and hospital practice.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

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

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

E. Educational Components

1. The resident's ability to personally evaluate a patient's complaint, provide an accurate examination, employ appropriate diagnostic tests, arrive at a correct diagnosis, and recommend the appropriate treatment is of paramount importance.
2. Formal teaching activities in obstetrics-gynecology should be structured and regularly scheduled. They should generally consist of patient rounds, case conferences, journal clubs, and pro-

tected time for didactic conferences covering all aspects of the specialty, including basic sciences pertinent to the specialty. In cross-disciplinary conferences such as perinatology, physicians from appropriate specialties should be invited to participate.

3. Wise judgment regarding the need for a surgical procedure and the recognition and management of complications are as important as the technical aspects of residency education. The program must, therefore, ensure that residents' clinical experience emphasizes appropriate involvement in the process that leads to selection of the surgical option, the preoperative assessment, and the postoperative care of the patients for whom they share surgical responsibility. Continuity of care of these patients must be documented. A residency program in obstetrics-gynecology must be able to provide substantial, diverse, and appropriate surgical experience after residents have mastered the basic skills.
4. The program must provide a structured didactic and clinical educational experience in all methods of family planning. Topics must include all reversible methods of contraception, including natural methods, as well as sterilization. This must include experience in management of complications, as well as training in performing these procedures. This education may be provided outside the institution, in an appropriate facility, under the supervision of appropriately educated faculty.
5. No program or resident with a religious or moral objection shall be required to provide training in or to perform induced abortions. Otherwise, access to experience with induced abortion must be part of residency education. This education may be provided outside the institution. Experience with management of complications of abortion must be provided to all residents. If a residency program has a religious, moral, or legal restriction that prohibits the residents from performing abortions within the institution, the program must ensure that the residents receive satisfactory education and experience in managing the complications of abortion. Furthermore, such residency programs (1) must not impede residents in the programs who do not have religious or moral objections from receiving education and experience in performing abortions at another institution; and (2) must publicize such policy to all applicants to those residency programs.
6. Because an increasing percentage of women seeking their medical care from obstetrician-gynecologists are postmenopausal, there must be appropriate didactic instruction and sufficient clinical experience in the management of the problems of women in the post-reproductive age.

F. Clinical Components

1. Organization and Structure

- a) Growth in knowledge and experience in the primary and preventive care role is best provided to residents by maximizing their participation in an ambulatory environment designed to enable continuity of care over an extended period of time. Specific educational experiences for the primary and preventive care role should occupy the equivalent of at least 6 months of the 4 years of residency, and may be addressed in any of the 4 years of residency. The emphasis should be on ambulatory care of the patient, which requires both knowledge and skills in the areas of health maintenance, disease prevention, risk assessment, counseling, and the use of consultants and community resources. These experiences should be evident in the residents' exposure to continuity of care, general gynecology, general obstetrics, prevention or control of disease (e.g., sexually transmitted disease), substance abuse, or prevention of pregnancy. In addition to rotations in obstetrics-gynecology, general medical management experience may also be obtained during rotations in internal medicine and/or family medicine,

emergency medicine, and geriatric medicine. If rotations outside the department of obstetrics-gynecology are used, the residents' role and experience in these rotations should be sufficiently similar to those of residents on these services and relevant to the health care of women. These experiences should be strongly oriented toward ambulatory care. Residents must have an experience in menopausal healthcare and geriatric medicine that is the equivalent of at least one month of a block rotation.

- b) The patient population on which the educational program is based should be of such sufficient size and composition that the broad spectrum of experiences necessary to meet the educational objectives will be provided.
- c) The ambulatory care experiences of residents preparing for their roles as providers of primary and preventive care require the same attention, supervision, and guidance as those experiences in specialty clinics. It is essential to provide a closely-supervised experience by appropriately-educated generalist faculty that assures patients of continuity of care by an individual resident. Increasing responsibility should be given to residents under the supervision of a qualified, on-site, attending staff/faculty member. Residents should develop and maintain a continuing physician-patient relationship with a panel of patients, at least ½ day per week, throughout at least 3 of the 4 years of education. The use of remote sites or institutions or clinical services must not interrupt continuity of care clinics for longer than 2 months in any of these 3 years. Residents should be provided opportunity on at least a weekly basis to return to the parent institution for their continuity clinic experience.

2. Specific Educational Experiences

The educational curriculum must be written and implemented for the comprehensive development of measurable competencies for each resident. This education must include, but not necessarily be limited to, the following:

a) Obstetrics

- (1) the full range of obstetrics, including the medical and surgical complications of pregnancy and experience in the management of critically ill patients;
- (2) genetics, including experience with genetic amniocentesis and patient counseling;
- (3) learning and performing operative vaginal deliveries, including the use of obstetric forceps and/or the vacuum extractor;
- (4) performing vaginal breech and vaginal multifetal deliveries;
- (5) performing vaginal births after previous cesarean delivery;
- (6) learning the principles of general and conduction anesthesia, together with the management and the complications of these techniques;
- (7) immediate care of the newborn (every resident must have experience in resuscitation of the human newborn and an understanding of the principles of general neonatal complications);
- (8) the full range of commonly-employed obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques;
- (9) the emotional and psychosocial impact of pregnancy or pregnancy loss on an individual and her family;
- (10) the counseling of women regarding nutrition, exercise, health maintenance, high-risk behaviors, and preparation for pregnancy and childbirth; and
- (11) obstetric pathology.

b) Gynecology

- (1) the full range of medical and surgical gynecology for all age groups, including experience in the management of critically-ill patients;
- (2) diagnosis and management of pelvic floor dysfunction, including experience with various operations for its correction;
- (3) diagnosis and medical and surgical management of urinary incontinence;
- (4) oncology, including prevention, diagnosis, and treatment;
- (5) diagnosis and nonsurgical management of breast disease;
- (6) reproductive endocrinology and infertility;
- (7) clinical skills in family planning;
- (8) psychosomatic and psychosexual counseling;
- (9) the full range of commonly-employed gynecologic diagnostic procedures, including ultrasonography and other relevant imaging techniques;
- (10) counseling and educating of patients about the normal physiology of the reproductive tract and about high-risk behaviors that may compromise reproductive function; and
- (11) gynecologic pathology.

c) Primary and Preventive Care

- (1) comprehensive history-taking, including medical, nutritional, sexual, family, genetic, and social behavior data, and the ability to assess health risks;
- (2) complete physical examination;
- (3) appropriate use of laboratory studies and diagnostic techniques;
- (4) patient education and counseling;
- (5) screening appropriate to patients of various ages and risk factors;
- (6) immunizations needed at specific ages and under specific circumstances;
- (7) diagnosis and treatment of the common nonreproductive illnesses affecting women;
- (8) continuous management of the health care of women of all ages;
- (9) appropriate use of community resources and other physicians through consultation when necessary;
- (10) appropriate awareness and knowledge of the behavioral and societal factors that influence health among women of differing socioeconomic and cultural backgrounds;
- (11) behavioral medicine and psychosocial problems, including domestic violence, sexual assault, and substance abuse;
- (12) emergency care;
- (13) ambulatory primary care problems of the geriatric patient;
- (14) basics of epidemiology, statistics, data collection and management, and use of medical literature and assessment of its value;
- (15) ethics and medical jurisprudence;
- (16) community medicine, including health promotion and disease prevention;
- (17) health care delivery systems and practice management;
- (18) information processing and decision-making; and
- (19) patient safety.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure

that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

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

The program director must provide for the supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff.

Supervision of residents in obstetrics and gynecology is required to ensure proper (1) quality of care; (2) education; (3) patient safety; and (4) fulfillment of responsibility of the attending physicians to their patients. These considerations must be integrated with the goal of independent competence in the full range of obstetrics and gynecology at the completion of residency. This implies a graduated and increasing level of independent resident action. Each program director must balance quality assurance for patient care, resident education, and independent resident action. The level of resident supervision should be commensurate with the amount of independent function that is designated at each resident level. Residents, as well as faculty, may provide supervision.

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

On an obstetrics and gynecology service, adequate supervision requires the 24-hour presence of faculty in the hospital, except when residents are not assigned in-house call responsibilities. Faculty must be immediately available to the resident if clinical activity is taking place in the operating rooms and/or labor and delivery areas. Faculty must be within easy walking distance of patient care units. Clinical services provided in ambulatory (office) locations require on-site supervision. Open and generously-used lines of two-way communication are important and should be encouraged.

If the program director judges that the size and nature of the patient population does not require the 24-hour presence of residents and faculty, this situation must be carefully defined and reviewed, and should include information about the nature of the hospital, the patient population, the attending staff, and the geographic and climatic situations. Exceptions require prior written approval from the RRC.

3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

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

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

3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

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

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

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if un-

expected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exception

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

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations of the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance. One example of an acceptable mechanism helpful in evaluating cognitive knowledge is the CREOG in-training examination.

2. Final Evaluation

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

B. Faculty

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

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and

the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

- a) For the purpose of program review, accurate and complete documentation of each individual resident's experience for each year of the program is mandatory. These records should indicate the level of participation of the resident and the skills achieved. The program director must review the record of operative experience with individual residents at least semiannually for breadth and depth of experience, as well as for evidence of continuing growth in technical achievements. These cumulative data will be reviewed in detail at the time of survey for program approval or continued program approval. For the purposes of these records, there is no distinction between private and service patients.
 - b) Annually, the program director must collect, compile, and retain the numbers and types of operative procedures performed by residents in the program, together with information describing the total resident experience in each institution and facility utilized in the clinical education of residents. This information must be provided in the format and form specified by the RRC.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Obstetrics and Gynecology should communicate with the office of the board regarding the full requirements for certification.

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Program Requirements for Residency Education in Ophthalmology

Common Program Requirements appear in bold.

Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

Residency training programs in ophthalmology should be organized to provide a stable, well-coordinated, progressive, educational experience in the entire spectrum of ophthalmic diseases so that residents may develop diagnostic, therapeutic, and manual skills as well as sound judgment in their application. Each resident must have major technical and patient care responsibilities in order to provide an adequate base for a comprehensive ophthalmic practice that includes optics, visual physiology, and corrections of refractive errors; retina, vitreous, and uvea; neuro-ophthalmology; pediatric ophthalmology and strabismus; external disease and cornea; glaucoma, cataract, and anterior segment; plastic surgery and orbital diseases; and ophthalmic pathology.

B. Duration and Scope of Education

1. The length of training in ophthalmology must be at least 36 calendar months, including appropriate short periods for vacation, special assignments, or exceptional individual circumstances approved by the program director.
2. Any program that extends the length of training beyond 36 calendar months must present an educational rationale that is consonant with the Program Requirements and the objectives for residency training. Approval for the extended curriculum must be obtained prior to implementation and at each subsequent review. Prior to entry in the program, each resident must be notified in writing of the required curriculum length.
3. The length of time of residency training for a particular resident may be extended by the program director if a resident needs additional training. If the extension is only six months or less, the program director must notify the Residency Review Committee of the extension and must describe the proposed curriculum for that resident and the measures taken to minimize the impact on other residents. Any changes in rotation schedules should be included in the notification. Express permission must be obtained in advance from the RRC if the extension is greater than six months. (See below, III.A.4.d.)

II. Institutions

A. Sponsoring Institution

One sponsoring institution at which the majority of the required clinical and didactic educational experiences occur and are coordinated by the program director **must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.** There must be a single program director responsible for the program.

B. Participating Institutions

1. **Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives and should provide resources not otherwise available to the program. When multiple**

- participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. Such a letter of agreement should:
 - a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document per Sections III.B. and VII.A.
 - c. specify the duration and content of the educational experience; and
 - d. state the policies and procedures that will govern resident education during the assignment.
 - e. outline the educational goals and objectives to be attained by the resident during the assignment
 3. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.
 4. If a participating institution is sufficiently remote from the sponsoring institution to prevent regular attendance by residents at the didactic and clinical conferences at the sponsoring institution, or if the rotation otherwise prevents such attendance, the program director must demonstrate that each resident is exposed to a formal educational experience that fulfills the "Program Requirements."
 5. Formal teaching case presentations should be included at each participating institution to assure optimal utilization of patients for teaching purposes; alternatively, cases should be brought from participating institutions to the sponsoring institution for presentation if formal teaching case presentations are held only there.
 6. The program director must assure that all residents have equivalent educational experiences.
 7. Rotations to foreign countries shall not be used to meet minimum educational standards.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution. The institution must ensure that the program director is given sufficient authority, financial support, and facilities by the governing body of the sponsoring institution to permit him/her to organize and supervise the following activities of the training program: resident selection and evaluation, resident instruction, patient management, research, and initiation of recommendations for staff recruitment. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership; the program director should have a term of at least three years.
3. Qualifications of the program director are as follows:
 - a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b. The program director must be certified in the specialty by the American Board of Ophthalmology or possess qualifications judged to be acceptable by the RRC.
 - c. The program director must be appointed in good standing and based at the primary teaching site.
 - d. be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
4. Responsibilities of the program director are as follows:
 - a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions. The program director who serves as administrator, educator, and research coordinator must devote sufficient time to the administration and conduct of the residency training program so that the educational experience for the residents is satisfactory.
 - b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
 - c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - 1) the addition or deletion of a participating institution;
 - 2) a change in the format of the educational program; in particular, a required rotation of six months or more to any institution other than the primary teaching site.
 - 3) Change in the approved resident complement, both total number and the number at any level. If the change in resident complement results from the extension of training of a current resident as described in I.B.3 above and is not greater than 6 months, only prior notification of RRC is required.

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

5. To ensure proper supervision, the program director must prepare explicit, written descriptions of lines of responsibility for the care of patients and make these clear to all members of teaching teams. Residents must be provided with rapid, reliable systems for communication with and appropriate involvement of supervisory physicians in a manner appropriate for quality patient care and educational programs.

6. The Residency Review Committee for Ophthalmology will evaluate the overall effectiveness of the program director as an administrator, educator, and research coordinator.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
 - a. The number of teaching faculty (regardless of source of compensation) must be sufficient to ensure that, in the aggregate, they spend at least 13 hours per week per resident in direct interaction with the residents.
 - b. The faculty must have a broad range of subspecialty expertise. Such expertise will usually be acquired by subspecialty fellowship training.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b. The physician faculty must be certified in the specialty by the American Board of Ophthalmology, or possess qualifications judged to be acceptable by the RRC.
 - c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a. the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b. the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c. the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
 - a. Nonphysician faculty must be appropriately qualified in their field.
 - b. Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Facilities and Resources

1. Clinic

The outpatient area of each participating institution must have a minimum of one fully equipped examining lane for each resident in the clinic. There must be access to current diagnostic equipment. This should encompass equipment designed for ophthalmic photography (including fluorescein angiography), perimetry, ultrasonography, keratometry, and retinal electrophysiology, as well as other appropriate equipment.

2. Operating Room Facilities
The surgical facilities at each participating institution in which residents are trained in surgery must include at least one operating room fully equipped for ophthalmic surgery, including an operating microscope.
3. Inpatient Facilities
There must be inpatient facilities with access to sufficient space and beds for good patient care. An eye examination room with a slit lamp should be easily accessible.
4. Library
 - a. Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.
 - b. Library services should include the electronic retrieval of information from medical databases.
 - c. There must be readily available an on-site library or a collection of ophthalmological and general medical texts, journals, films, records and tapes in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Resident Appointments

A. Eligibility Criteria

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

All applicants entering ophthalmology training programs must have taken a post-graduate clinical year (PGY-1) in a program accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada. The PGY-1 year must be comprised of training in which the resident has primary responsibility for patient care in fields such as internal medicine, neurology, pediatrics, surgery, family practice, or emergency medicine. As a minimum, six months of this year must be a broad experience in direct patient care.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

A critical mass or minimum number of residents is essential in order to provide an opportunity for meaningful interaction throughout the training period. Each program must be structured to have a minimum of two residents in each year of training.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

(N.B.: Section V. D. does not apply to certain subspecialties)

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

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

E. Didactic components

1. Instruction in the Basic and Clinical Sciences

Residents should be educated in basic and clinical sciences through a structured regularly scheduled series of conferences and lectures encompassing a minimum of 360 hours during the

36 month training program, at least 200 of which are intramural. In addition, a minimum of six hours per month should be devoted to case presentation conferences (e.g., Grand Rounds, Continuous Quality Improvement) attended by several faculty and a majority of residents. The program director or designee is responsible for documenting resident attendance at conferences.

2. Pathology

In addition to the structured series of lectures and the clinicopathological conferences devoted to ocular pathology, the training experience in this area should include a minimum of 50 hours of laboratory experience in gross and microscopic examination of pathological specimens, including the residents' review of pathological specimens of his/her patients with a pathologist who has demonstrated expertise in ophthalmic pathology. The experience with such a pathologist may take place intramurally or extramurally at a laboratory considered by the Residency Review Committee to be capable of providing such training.

F. Clinical components

The volume and variety of clinical ophthalmological problems in children and adults must be sufficient to afford each resident a graduated supervised experience with the entire spectrum of ophthalmic diseases so that the resident may develop diagnostic, therapeutic, and manual skills and judgment as to their appropriate use.

1. Outpatient experience

During the course of training residents should be responsible for the care of an adequate number of outpatients who represent a broad range of ophthalmic diseases. There must be appropriate faculty supervision of the residents in all outpatient visits. Appropriate faculty supervision occurs when the faculty is readily available to the resident(s) for consultation or assistance when requested.

- a. Each resident should participate in a minimum of 3,000 outpatient visits in which the resident performs a substantial portion of the examination.
- b. There should be direct faculty supervision of each resident in at least 1,000 outpatient visits. Direct faculty supervision occurs when faculty members also examine the patient with the resident and discuss the management of the patient with the resident before the patient leaves the clinic.

2. Surgical Experience

- a. Residents must perform and assist at sufficient surgery to become skilled as comprehensive ophthalmic surgeons. That is, each resident must have major technical and patient care responsibilities in the surgery (including laser surgery) of cataract, strabismus, cornea, glaucoma, retina/vitreous, oculoplastic, and trauma to provide an adequate base for a comprehensive ophthalmic practice.
- b. The program director is responsible for documenting the surgical experiences of each resident, to include the number of cases in each category where the resident has served as the primary surgeon or the assistant surgeon. This documentation must be provided to the Residency Review Committee on its Program Information Forms and individual resident logs must be available at the time of the site visit.

3. Systemic Disease Consultation Experience

Each resident should receive experience in providing inpatient and outpatient consultation during the course of three years of education.

VI. Resident Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised

by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

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

B. Duty Hours

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

C. On-call Activities

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

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.
 - a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

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

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

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

F. Duty Hours Exceptions

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

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.
- d. An objective test mechanism is required annually as a component of evaluating the resident's cognitive ability. While each program may utilize its own test instruments, the Ophthalmic Knowledge Assessment Program (OKAP) examination is an example. However, results of the OKAP examination should not be used as the only criterion of resident performance. An analysis of the results of these tests should guide the faculty in as-

sessing the strengths and weaknesses of individual residents and of the program.

2. Final Evaluation

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

B. Faculty

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

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Ophthalmology should communicate with the office of the Executive Director of the Board regarding the full requirements for certification to ascertain the current requirements for acceptance as a candidate for certification.

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Program Requirements for Graduate Medical Education in Orthopaedic Surgery

Common Program Requirements appear in bold.

Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

Orthopaedic surgery is the medical specialty that includes the study and prevention of musculoskeletal diseases, disorders, and injuries and their treatment by medical, surgical, and physical methods.

B. Duration and Scope of Education

1. Orthopaedic residencies will be accredited to offer 5 years of graduate medical education. The orthopaedic residency director is responsible for the design, implementation, and oversight of a PGY-1 year that will prepare residents for specialty education in orthopaedic surgery. This year must include resident participation in clinical and didactic activities that will give them the opportunity to
 - a. develop the knowledge, attitudes, and skills needed to formulate principles and assess, plan, and initiate treatment of adult and pediatric patients with surgical and/or medical problems;
 - b. be involved in the care of patients with surgical and medical emergencies, multiple organ system trauma, soft tissue wounds, nervous system injuries and diseases, peripheral vascular injuries and diseases, and rheumatologic and other medical diseases;
 - c. gain experience in the care of critically ill surgical and medical patients;
 - d. participate in the pre-, intra- and post-operative care of surgical patients; and
 - e. develop an understanding of surgical anesthesia, including anesthetic risks and the management of intra-operative anesthetic complications.
2. In order to meet these goals the PGY-1 year must include
 - a. a minimum of six months of structured education in surgery, to include multi-system trauma, plastic surgery/burn care, intensive care, and vascular surgery;
 - b. a minimum of one month of structured education in at least three of the following: emergency medicine, medical/cardiac intensive care, internal medicine, neurology, neurological surgery, pediatric surgery or pediatrics, rheumatology, anesthesiology, musculoskeletal imaging, and rehabilitation; and
 - c. a maximum of three months of orthopaedic surgery.
3. The program director is also responsible for the design, implementation and oversight of PGY-2 through PGY-5 years that
 - a. must include at least 3 years of rotations on orthopaedic services; and
 - b. may include rotations on related services such as plastic surgery, physical medicine and rehabilitation, rheumatology, or neurological surgery.

II. Institutions

A. Sponsoring Institution

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

1. One primary site must provide most of the residents' basic science and research education.
 - a. Residents' clinical education at the primary site should include extensive experience in patient care. Preoperative evaluation and postoperative follow-up, as well as evaluation and treatment of patients not requiring surgery, must be included.
 - b. Basic science education and the principal clinical conferences should be provided at the primary site. Supplemental conferences may also be provided at other locations, but the program's didactic activities should be provided at the program's primary site.
2. The governing body of the sponsoring institution must provide support for the program director in teaching, recruiting staff, selecting residents, assigning residents to an appropriate workload, and dismissing residents whose performance is unsatisfactory and must encourage continuity in the program directorship.
3. In communities where the didactic programs of several residencies are combined, the staff of each accredited program must actively and consistently participate in the combined effort.
4. To provide an adequate interdisciplinary educational experience, the institution that sponsors the orthopaedic program should also participate in ACGME-accredited programs in general surgery, internal medicine, and pediatrics.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern resident education during the assignment.
3. Affiliations should be avoided with institutions that are at such a distance from the sponsoring institution as to make resident participation in program conferences and rounds difficult, unless the participating institution provides comparable activities.
4. The program director must have the responsibility and authority to coordinate program activities at all participating institutions and must maintain a file of written descriptions of the educational activities provided at each institution involved in the program.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational envi-

ronment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership. Programs that have acting directors for more than one year will be subject to review, which may include a site visit.

3. Qualifications of the program director are as follows:

- a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
- b) The program director must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
- c) The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:

- a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
- b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
- c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
- d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved resident complement for those specialties that approve resident complement.

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

- e) Ensuring the provision of adequate facilities, teaching staff, resident staff, teaching beds, educational resource materials, outpatient facilities, and research facilities.
- f) Maintaining a file of current, written institutional and interinstitutional agreements, resident agreements, patient care statistics, the operative experience of individual residents, policies on duty hours and supervision, and regular assessments of resident performance. These documents must be provided on request to the RRC or to the site visitor.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
 - a) All program must have at least three faculty who devote at least 20 hours each week to the program.
 - b) There must be at least one full-time faculty equivalent (one FTE equals 45 hours per week devoted to the residency) for every four residents in the program (excluding residents in nonorthopaedic education).
 - c) It is the responsibility of the teaching staff to ensure that the structure and content of the residency reflect an education-to-service ratio that identifies residents as students and

provide adequate experience in preoperative and postoperative, as well as intraoperative, patient care.

d) The teaching staff must provide direct supervision appropriate to a resident's competence and level of training in all patient care settings, including operative, inpatient, outpatient, and emergency.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:

a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

b) The physician faculty must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.

c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:

a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;

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

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

a) Nonphysician faculty must be appropriately qualified in their field.

b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

2. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.

3. Library resources must include current and past orthopaedic periodicals and reference books that are readily accessible to all orthopaedic residents in the program.

4. Library services should include the electronic retrieval of information from medical databases.

5. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. Programs are encouraged to recognize the value and importance of recruiting qualified women and minority students.

B. Number of Residents

The RRC will approve the number of residents to be educated in the program and at each level of the program based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching. It is important that the resident complement be sufficient in number to sustain an educational environment.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Didactic Components

a. Basic Medical Sciences

Basic science education must include substantial instruction in anatomy, biomechanics, pathology, and physiology. The basic science program must also include resident education in

embryology, immunology, pharmacology, biochemistry, and microbiology.

- (1) Instruction in anatomy must include study and dissection of anatomic specimens by the residents and lectures or other formal sessions.
- (2) Instruction in pathology must include organized instruction in correlative pathology in which gross and microscopic pathology are related to clinical and roentgenographic findings.
- (3) Instruction in biomechanics should be presented in seminars or conferences emphasizing principles, terminology, and application to orthopaedics.
- (4) Organized instruction in the basic medical sciences must be integrated into the daily clinical activities by clearly linking the pathophysiologic process and findings to the diagnosis, treatment, and management of clinical disorders.
- (5) Organized instruction in the appropriate use and interpretation of radiographic and other imaging techniques must be provided for all residents.

b. Related Areas of Instruction

Resident education must include orthopaedic oncology, rehabilitation of neurologic injury and disease, spinal cord injury rehabilitation, orthotics and prosthetics, and the ethics of medical practice.

c. Teaching Rounds and Conferences

Faculty and residents must attend and participate in regularly scheduled and held teaching rounds, lectures, and conferences. Treatment indications, clinical outcomes, complications, morbidity, and mortality must be critically reviewed and discussed on a regular basis. Subjects of mutual interest and the changing practice of medicine should be discussed at interdisciplinary conferences. On average, there must be at least 4 hours of formal teaching activities each week.

2. Clinical Components

a. Clinical Resources

Clinical problems must be of sufficient variety and volume to afford the residents adequate experience in the diagnosis and management of adult and pediatric orthopaedic disorders. The residents' clinical experience must include adult orthopaedics, including joint reconstruction; pediatric orthopaedics, including pediatric trauma; trauma, including multisystem trauma; surgery of the spine, including disk surgery, spinal trauma, and spinal deformities; hand surgery; foot surgery in adults and children; athletic injuries, including arthroscopy; metastatic disease; and orthopaedic rehabilitation, including amputations and postamputation care.

b. Continuity of Care

All residents must have the opportunity to develop competence in the preadmission care, hospital care, operative care, and follow-up care (including rehabilitation) of patients. Opportunities for resident involvement in all aspects of care of the same patient should be maximized.

c. Nonoperative Outpatient Experience

Residents must have adequate experience in nonoperative outpatient diagnosis and care, including all orthopaedic anatomic areas and patients of all age groups. Each week residents must have at least one-half day and should have two-half days of outpatient clinical experience in physician offices or hospital clinics with a minimum of 10 patients per session on all clinical rotations. Residents must be directly supervised by faculty and instructed in pre- and post-operative assessment as well as the operative and non-operative care of general and subspecialty orthopaedic patients. Opportunities for resident

involvement in all aspects of outpatient care of the same patient should be maximized.

d. Progressive Responsibility

Residents must have the opportunity to assume increasing responsibility for patient care, under direct faculty supervision (as appropriate for each resident's ability and experience), as they progress through a program. Inpatient and outpatient experience with all age groups is necessary.

e. Basic Motor Skills

Instruction in basic motor skills must include experience in the proper use of surgical instruments and operative techniques. Evaluation of new or experimental techniques and/or materials should be emphasized. The application of basic motor skills must be integrated into daily clinical activities, especially in the operating room.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

1. Resources for scholarly activity by residents must include laboratory space and equipment, computer and data analysis services, statistical consultation services, research conferences, faculty expertise and supervision, support personnel, time, and funding.
2. To develop the abilities to critically evaluate medical literature, research, and other scholarly activity, resident education must include instruction in experimental design, hypothesis testing, and other current research methods, as well as participation in clinical or basic research.
3. Program directors must maintain a current record of research activity by residents and faculty.

D. ACGME Competencies

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

1. **Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health.** Residents are expected to:
 - a. communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families;
 - b. gather essential and accurate information about their patients;
 - c. make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment;
 - d. develop and carry out patient management plans;
 - e. counsel and educate patients and their families;
 - f. demonstrate the ability to practice culturally competent medicine;
 - g. use information technology to support patient care decisions and patient education;
 - h. perform competently all medical and invasive procedures considered essential for the area of practice;
 - i. provide health care services aimed at preventing health problems or maintaining health; and
 - j. work with health care professionals, including those from other disciplines, to provide patient-focused care.
2. **Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care.** Residents are expected to:

- a. demonstrate an investigatory and analytic thinking approach to clinical situations; and
 - b. know and apply the basic and clinically supportive sciences which are appropriate to orthopaedic surgery.
- 3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care.** Residents are expected to:
- a. analyze practice experience and perform practice-based improvement activities using a systematic methodology;
 - b. locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
 - c. obtain and use information about their own population of patients and the larger population from which their patients are drawn;
 - d. apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness;
 - e. use information technology to manage information, access on-line medical information, and support their own education; and
 - f. facilitate the learning of students and other health care professionals.
- 4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals.** Residents are expected to:
- a. create and sustain a therapeutic and ethically sound relationship with patients;
 - b. use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills; and
 - c. work effectively with others as a member or leader of a healthcare team or other professional group.
- 5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds.** Residents are expected to:
- a. demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society and the profession; and a commitment to excellence and ongoing professional development;
 - b. demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices;
 - c. demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities; and
 - d. demonstrate sensitivity and responsiveness to fellow health care professionals' culture, age, gender, and disabilities.
- 6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.** Residents are expected to:
- a. understand how their patient care and other professional practices affect other healthcare professionals, the healthcare organization, and the larger society and how these elements of the system affect their own practice;
 - b. know how types of medical practice and delivery systems differ from one another, including methods of controlling healthcare costs and allocating resources;
 - c. practice cost-effective health care and resources allocation that does not compromise quality of care;

- d. advocate for quality patient care and assist patients in dealing with system complexities; and
- e. know how to partner with health care managers and healthcare procedures to assess, coordinate, and improve health care and know how these activities can affect system performance.

VI. Resident Duty Hours and the Working Environment

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

A. Supervision of Residents

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

B. Duty Hours

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

C. On-call Activities

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

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call (or pager call)* is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

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

F. Duty Hours Exceptions

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

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

- b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

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

B. Faculty

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

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. Program graduates should take both Part I and Part II of the American Board of Orthopaedic Surgery examinations and at least 75% of those who take the exams for the first time should pass.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Orthopaedic Surgery should communicate with the office of the board regarding the full requirements for certification.

ACGME: June 2001 Effective: July 2002
Editorial Revision: June 2004

Program Requirements for Graduate Medical Education in Adult Reconstructive Orthopaedics (Orthopaedic Surgery)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and scope of subspecialty

Adult reconstructive orthopaedics is a subspecialty of orthopaedic surgery that includes the in-depth study, prevention, and reconstructive treatment of musculoskeletal diseases, disorders, and sequelae of injuries by medical, physical, and surgical methods in patients 17 years and older. An educational program in adult reconstructive orthopaedics may include the care of arthritis and related disorders in many anatomic regions or be limited to areas such as the hip, knee, shoulder, elbow, or ankle and foot.

B. Duration and scope of education

Postgraduate fellowship education in orthopaedic surgery is a component in the continuum of the educational process, and such education should take place after completion of an accredited residency. Graduate medical education programs in the subspecialties of orthopaedic surgery will be accredited to offer 12 months of education.

II. Institutions

A. Sponsoring Institution

1. **One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.**
2. Postgraduate fellowship programs in the subspecialties of orthopaedic surgery may be accredited in institutions that sponsor accredited residency programs in orthopaedic surgery or that are affiliated with an Accreditation Council for Graduate Medical Education (ACGME)-accredited orthopaedic surgery residency. Requests for exceptions to this policy will be reviewed on a case-by-case basis.
3. When orthopaedic residents and fellows are being educated in the same institution, the residency director and the director of the fellowship must jointly prepare and approve a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in patient care.
4. There must be close monitoring of the interface between residency and fellowship education. It is imperative that orthopaedic

fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the fellow should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines.

5. Programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes essential to the practice of the subspecialty. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program and when appropriate resources and facilities are present. Effective graduate education is not achieved when the educational program functions primarily to meet service commitments.

B. Participating Institutions

1. **Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.**
2. **Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:**
 - a) **identify the faculty who will assume both educational and supervisory responsibilities for fellows;**
 - b) **specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;**
 - c) **specify the duration and content of the educational experience; and**
 - d) **state the policies and procedures that will govern fellow education during the assignment.**

III. Program Personnel and Resources

A. Program Director

1. **There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.**
2. **The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.**
3. **Qualifications of the program director are as follows:**
 - a) **The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.**
 - b) **The program director must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.**
 - c) **The program director must be appointed in good standing and based at the primary teaching site.**
4. **Responsibilities of the program director are as follows:**
 - a) **The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site direc-**

tor, and monitoring appropriate fellow supervision at all participating institutions.

- b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
- c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
- d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.

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

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

- a) Nonphysician faculty must be appropriately qualified in their field.
- b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. A sufficient number of new and follow-up patients must be available to ensure adequate inpatient and outpatient experience for each fellow without adversely diluting the educational experience of the orthopaedic surgery residents or the educational experience of residents in other specialties.
3. Facilities to support the overall educational program must be available and functioning. These include outpatient, inpatient, imaging, laboratory, rehabilitation, and research resources. Operating rooms must contain all necessary equipment, implants, and instrumentation for reconstructive surgery.
4. There should be broad support from other clinical specialties, including radiology, laboratory medicine, rheumatology, gerontology, infectious disease, pathology, and rehabilitation.
5. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
6. Library resources must include current and past orthopaedic periodicals and reference books that are readily accessible to all orthopaedic fellows in the program.
7. Library services should include the electronic retrieval of information from medical databases.
8. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

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

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

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

D. Appointment of Other Students

The appointment of fellows from other programs, residents or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Subspecialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

1. Didactic components

- a. The academic component must emphasize a scholarly approach to clinical problem-solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research.
- b. The educational curriculum must include opportunities for fellows to study anatomy, physiology, biomechanics, pathology, microbiology, pharmacology, epidemiology, and immunology as they relate to adult reconstructive orthopaedics.
- c. The program must have regularly scheduled and held subspecialty conferences with active participation of faculty and fellows.

2. Clinical components

- a. The clinical component should ensure the ability of the fellow to perform skillfully the procedures required for practice of the subspecialty.
- b. The program must offer supervised training in the operative and other technical skills integral to adult reconstructive orthopaedics. Instruction and experience must be sufficient for the fellow to understand the indications, risks, and limitations of the commonly performed procedures in the subspecialty.
- c. Fellows must have the opportunity to provide consultation with faculty supervision and should have clearly defined educational responsibilities for residents, medical students, and allied health personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.
- d. Clinical experience must include opportunities to observe and to manage patients with a variety of problems involving orthopaedic reconstruction on both an inpatient and outpatient basis, and the breadth of patient experience should include the evaluation and care of individuals through a wide range of ages, both sexes, and involve acute, subacute, and chronic conditions.
- e. The program must emphasize the diagnosis of clinical disorders of the bones, joints, and soft tissues; the pathogenesis of these disorders; the treatment modalities available for managing these disorders; and the results and complications of such treatment. Fellows must assume a major role in the continuing care of patients and have progressive responsibility in patient

assessment, preoperative evaluation, operative experience, and postoperative management and rehabilitation.

- f. The fellow must keep a record of the diagnosis and procedure for each operation in which he or she is an operating surgeon or first assistant. This record must be kept on file and available for review.
- g. Reconstructive principles may be broadly based or taught in a context of specific anatomic regions. Examples of knowledge and skills that are desirable include but are not limited to the following:
 - (1) The basic sciences related to adult reconstructive orthopaedics.
 - (2) The natural history of joint diseases.
 - (3) Prudent use of diagnostic laboratory tests.
 - (4) Interpretation of the radiographic and various imaging modality examination of the musculoskeletal system with an appreciation of the risk and information expected of the procedures.
 - (5) Development of a treatment plan to manage patients with traumatic, congenital and developmental, infectious, metabolic, degenerative, and rheumatologic disorders.
 - (6) Development of operative skills in reconstructive orthopaedics, including soft-tissue procedures, osteotomy, bone grafting, excisional arthroplasty, arthrodesis, and prosthetic arthroplasty.
 - (7) Recognition and management of complications of treatment.
 - (8) Assessment of the effectiveness of treatment methods, including outcome studies.
 - (9) Sufficient familiarity with current research methods to enable the fellow to critically analyze research reports and to design and implement clinical or basic research in the field of adult reconstructive orthopaedics.
 - (10) Acquisition of teaching skills in adult reconstructive orthopaedics.

C. Fellows Scholarly Activities

1. Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.
2. Fellows must participate in basic and/or clinical hypothesis-based research.
3. Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty.
4. The program must provide time and facilities for research activities by fellows.

VI. Fellow Duty Hours and the Working Environment

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

A. Supervision of Fellows

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

2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

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

C. On-call Activities

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

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

D. Moonlighting

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

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

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

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

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

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly

activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

*ACGME: June 2002 Effective: January 2003
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Program Requirements for Graduate Medical Education in Foot and Ankle Orthopaedics (Orthopaedic Surgery)

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

I. Introduction

A. Definition and Scope of Subspecialty

Foot and ankle orthopaedics is a subspecialty of orthopaedic surgery which includes the in-depth study, prevention, and treatment of musculoskeletal diseases, disorders, and sequelae of injuries in this anatomic region by medical, physical, and surgical methods.

B. Duration and Scope of Education

Postgraduate fellowship education in orthopaedic surgery is a component in the continuum of the educational process, and such edu-

cation should take place after completion of an accredited residency. Graduate medical education programs in the subspecialties of orthopaedic surgery will be accredited to offer 12 months of education.

II. Institutions

A. Sponsoring Institution

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

1. Postgraduate fellowship programs in the subspecialties of orthopaedic surgery may be accredited in institutions which sponsor accredited residency programs in orthopaedic surgery, or which are affiliated with an orthopaedic surgery residency accredited by the Accreditation Council for Graduate Medical Education (ACGME). Requests for exceptions to this policy will be reviewed on a case-by-case basis.
2. When orthopaedic residents and fellows are being educated in the same institution, the residency director and the director of the fellowship must jointly prepare and approve a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in patient care.
3. There must be close monitoring of the relationship between residency and fellowship education. It is imperative that orthopaedic fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the fellow should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines.
4. Programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes essential to the practice of the subspecialty. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program, and when appropriate resources and facilities are present. Effective graduate education is not achieved when the educational program functions primarily to meet service commitments.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.

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

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:

- a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.
 5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. Adequate facilities to support the overall educational program must be available and functioning. These include outpatient, inpatient, imaging, laboratory, rehabilitation, and research resources. Operating rooms must be adequately equipped for reconstructive surgery.
2. A sufficient number of new and follow-up patients must be available to ensure adequate inpatient and outpatient experience for each fellow, without adversely diluting the educational experience of the orthopaedic surgery residents or the educational experience of residents in other specialties.
3. There should be broad support from other clinical subspecialties, including radiology, pathology, rheumatology, endocrinology, laboratory medicine, infectious disease, rehabilitation, and prosthetics and orthotics.
4. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
5. Library resources must include current and past orthopaedic periodicals and reference books that are readily accessible to all orthopaedic fellows in the program.

6. Library services should include the electronic retrieval of information from medical databases.
7. There must be access at each institution participating in the program to an on-site library or to a collection of appropriate texts and journals. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

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

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

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

D. Appointment of Other Students

The appointment of fellows from other programs, residents or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Subspecialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management. The program must provide sufficiently-advanced education to allow the fellow to acquire special expertise in foot and ankle orthopaedics. This education must consist of academic and technical components. The academic component must emphasize a scholarly approach to clinical problem-solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research. The technical component should ensure the ability of the fellow to perform skillfully the procedures required for practice of foot and ankle orthopaedics.

1. Didactic Components

- a) The educational curriculum must include the study of anatomy, physiology, biomechanics and gait, pathology, microbiology, pharmacology, and immunology as they relate to foot and ankle orthopaedics.
- b) The program must have regularly-held and regularly-attended subspecialty conferences, including at least one weekly teaching conference and one monthly morbidity-mortality conference, with active faculty and fellow participation. A monthly journal club covering appropriate topics in foot and ankle surgery should be held.

2. Clinical Components

- a) Clinical experience must include opportunities to observe and to manage patients with a variety of problems involving orthopaedic repair of the foot and ankle on both an inpatient and an outpatient basis. The breadth of patient experience should include the evaluation and care of individuals through a wide range of ages and both sexes, and should involve acute, sub-acute, and chronic conditions.
- b) The program must provide fellows with experience in the orthopaedic management and appropriate referral for the care of related disorders (e.g., rheumatoid arthritis, neuromuscular disorders, and diabetes), as well as those disorders of the leg that may directly or indirectly affect the foot and ankle (e.g., compartment syndrome, neuromuscular disease, malalignment of the leg, bone instability).
- c) Programs must provide supervised training in operative and other technical skills integral to foot and ankle orthopaedics. Instruction and experience must be sufficient for the fellow to understand the indications, risks, and limitations of the commonly-performed procedures in foot and ankle orthopaedics.
- d) The program must emphasize the diagnosis of clinical disorders of the bones, joints, and soft tissues of the foot and ankle. The pathogenesis of these disorders, the treatment modalities available, and the results and complications of such treatment should be emphasized.
- e) Fellows must assume a major role in the continuing care of patients, and have progressive responsibility for patient assessment, decisions regarding treatment, preoperative evaluation, operative experience, nonoperative management, postoperative management, rehabilitation, long-term follow-up, and other outpatient care.
- f) Fellows must have the opportunity to provide consultation with faculty supervision, and should have clearly-defined educational responsibilities for fellows, medical students, and allied health personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of foot and ankle orthopaedics.
- g) Fellows must keep a record of the diagnosis and procedure for each operation for which they are an operating room surgeon or first assistant. This record must be kept on file and available for review.
- h) The program must provide sufficient education to permit fellows to develop clinical competence in the field of foot and ankle orthopaedics. Examples of knowledge and skills that are essential include but are not limited to:
 - (1) the basic sciences related to foot and ankle orthopaedics;
 - (2) the natural history of disease and disorders of the foot and ankle, including an understanding of the deformed, injured, or diseased pediatric foot;
 - (3) the prudent use of diagnostic laboratory tests;
 - (4) the interpretation of the radiographic examination of the musculoskeletal system, particularly the foot and ankle, with an understanding of the risk and information expected of these procedures;

- (5) the development of a treatment plan to manage patients with traumatic, congenital and developmental, infectious, metabolic, degenerative, neurologic, and rheumatologic disorders;
- (6) an understanding of the importance of the timing of orthopaedic procedures in the overall context of foot and ankle injuries;
- (7) the methods of prevention and treatment for the management of bony and soft-tissue injuries of the foot and ankle, including the indications for various types of internal and external fixation devices and their applications to foot and ankle trauma;
- (8) the development of operative skills in reconstructive orthopaedics, such as soft-tissue procedures, osteotomies, bone grafting, excisional arthroplasty, arthrodesis, and prosthetic arthroplasty;
- (9) an understanding of the dysvascular and neurologically impaired foot, including the neuropathic foot, and the indications for various amputation procedures of the foot and ankle;
- (10) the recognition and management of complications of treatment;
- (11) the assessment of the efficacy of treatment methods;
- (12) a sufficient familiarity with current research methods to enable the fellow to critically analyze research reports and to design and implement clinical or basic research in the field of foot and ankle orthopaedics;
- (13) recuperative and rehabilitation techniques, including the use of physical and occupational therapy designed to return the patient to normal activities and work;
- (14) an understanding of prosthetics and orthotics pertaining to disorders of the foot, gait, and amputation;
- (15) the development of teaching skills, lecture techniques, and instructional materials in foot and ankle orthopaedics.

C. Fellows Scholarly Activities

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

1. Fellows must participate in basic and/or clinical hypothesis-based research.
2. Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty.
3. The program must provide time and facilities for research activities by fellows.

VI. Fellow Duty Hours and the Working Environment

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

A. Supervision of Fellows

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

2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

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

C. On-call Activities

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

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

D. Moonlighting

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

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

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

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

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

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly

activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

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Program Requirements for Residency Education in Hand Surgery (Orthopaedic Surgery)

I. Introduction

A. Definition of the Specialty

Hand surgery is a surgical subspecialty that deals with congenital and acquired defects of the hand and wrist that compromise the function of the hand. A hand surgery educational program is designed to educate physicians in the art and science of hand surgery and to develop a competent hand surgeon who is capable of independent function. The educational program should provide experience in the repair, resection, and reconstruction of defects of form and function of the hand; in the design, construction, and transfer of flaps and the transplantation of tissues, including microsurgery of multiple tissues; in replantation of upper extremity parts; in surgical and ancillary methods of treatment of tumors; in management of complex wounds; and in the use of alloplastic materials.

B. Scope of Education

1. Prerequisite resident education must be completed in a general surgery, orthopaedic surgery, or plastic surgery program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.
2. The length of the educational program is 1 year.

II. Institutional Organization**A. Sponsoring Institution**

The educational program should have one sponsoring institution that has primary responsibility for the entire program. The sponsoring institution should provide sufficient faculty; financial resources; and clinical, research, and library facilities to meet the educational needs of the residents and to permit the program to comply with the requirements for accreditation.

B. Participating Institutions

1. When multiple institutions participate in the educational program, the commitment of each participating institution must be documented in a written agreement that complies with the ACGME Institutional Requirements.
2. Assignments to participating institutions must be based on an appropriate educational rationale. Assignments that dilute the education of residents or that do not provide proper supervision and coordination of educational activities should not be established or maintained.
3. Assignments to participating institutions that are geographically distant from the sponsoring institution are not desirable. To be justifiable, such assignments must offer special resources or opportunities not otherwise available to the program.
4. The number and location of participating institutions must not preclude the participation of residents and faculty in the educational activities of the hand surgery course of study.

C. Appointment of Residents

1. The total number of residents must be approved in advance by the Residency Review Committee (RRC). The number of residents shall be based primarily on the number, qualifications, and commitment of the faculty; the volume and variety of the patient population available for educational purposes; and the institutional resources committed to resident education.
2. Programs may not graduate more hand surgery residents in any given year than the number of residents approved by the RRC.
3. Any increase, including a temporary increase in resident complement, must receive prior approval of the RRC. Requests for changes in the approved resident complement of a program must include a strong educational rationale.

III. Faculty Qualifications and Responsibilities

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

A. Program Director

A single program director must be responsible for the program.

1. Qualifications of the program director
 - a. Requisite and documented clinical, educational, and administrative abilities and experience.
 - b. Licensure to practice medicine in the state where the institution that sponsors the program is located.

- c. Certification by the appropriate ABMS Board or suitable equivalent qualifications in the appropriate specialty and a certificate of added qualifications in hand surgery or suitable equivalent qualifications in hand surgery. The RRC will determine the acceptability of equivalent qualifications.
- d. Appointment in good standing to the medical staff of an institution participating in the program.
- e. Frequent changes in leadership or long periods of temporary leadership are undesirable and may adversely affect the accreditation status of the program.

2. Responsibilities of the program director

- a. Prepare a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of hand surgery residents at each level of education and for each assignment. This statement must be distributed to hand surgery residents and members of the faculty. It should be readily available for review.
- b. Select residents for appointment to the program according to institutional and departmental policies and procedures.
- c. Select and supervise the faculty and other program personnel at each participating institution.
- d. Supervise residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the faculty. Residents must be provided with prompt, reliable systems for communication and interaction with supervising physicians.
- e. Regularly evaluate residents' knowledge, skills, and overall performance. The program director, with participation of the faculty, must
 1. at least quarterly, evaluate the progress of each hand surgery resident in writing, using appropriate criteria and procedures;
 2. communicate each evaluation to the resident in a timely manner;
 3. advance residents to positions of higher responsibility only on evidence of their satisfactory progressive scholarship and growth;
 4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel; and
 5. provide a final written evaluation to each hand surgery resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. Each evaluation should be signed by the resident and program director and be maintained on file by the program director for at least 5 years following completion of the program.
- f. Implement fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
- g. Monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of counseling and psychological support services to residents. Educational situations that consistently produce undesirable stress on residents must be evaluated and modified.
- h. Prepare an accurate statistical and narrative description of the program, as requested by the RRC.

- i. Ensure that each resident is provided with a sufficient educational program, including a sufficient volume and variety of operative experience and progressive surgical responsibility.
- j. Annually collect, compile, and retain the number and types of hand surgery operative procedures performed in all institutions used for resident education. These data must be provided in the form and format specified by the RRC.
- k. Annually collect, compile, and retain a comprehensive record of the operative procedures performed by each hand surgery resident completing the program. This information must be provided in the form and format specified by the RRC. This record must be signed by the hand surgery resident and the program director, attesting to its accuracy.
- l. Advise applicants of the prerequisite requirements of the appropriate specialty board.
- m. Document the satisfactory completion of prerequisite education before the resident begins the hand surgery program.
- n. Notify the executive director of the RRC in writing of any major change in the program that significantly alters the educational experience for the residents, including
 1. changes in program leadership, to include any change in appointment of the program director, section or division head, or department chair, and
 2. changes in administrative structure that affect the status of the parent department in the institution.
- o. Obtain prior RRC approval for the following changes in the program:
 1. the addition or deletion of any participating institution to which residents are assigned for a total of 2 months or longer;
 2. any change in the approved resident complement of the program; and
 3. any change in the length or format of the program.

B. Faculty

1. The hand surgery faculty must be certified by the one of the sponsoring boards, or possess suitable equivalent qualifications and be certified in hand surgery or possess suitable equivalent qualifications. The majority of the faculty must possess certificates of added qualifications in hand surgery. The RRC will determine the acceptability of equivalent qualifications.
2. There must be a sufficient number of qualified faculty to adequately instruct and supervise hand surgery residents to ensure optimal patient care and resident education. The faculty must be able to devote sufficient time to the program to meet their supervisory and teaching responsibilities.
3. The faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
4. A faculty member at each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
5. The faculty must be organized and have regular documented meetings to review program goals and objectives and program effectiveness in achieving these goals. The hand surgery resident should participate in these reviews.
6. The faculty should, at least annually, evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of the faculty, and the quality of resident supervision.

C. Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. While not all members of the faculty must be research investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity. Scholarship is defined as an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice. This activity should include

1. participation in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship;
2. participation in journal clubs and research conferences;
3. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals;
4. participation in research, particularly in projects funded following peer review and/or that result in publications or presentations at regional and national scientific meetings;
5. offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research; and
6. provision of support for resident participation in scholarly activities.

D. Other Program Personnel

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

IV. Facilities and Resources

A. Inpatient Facilities

1. Inpatient facilities should have a sufficient number of beds, support personnel, and proper equipment to ensure quality patient care and education.
2. Operating suite and diagnostic and treatment facilities must contain technologically current equipment.

B. Outpatient Facilities

Appropriately equipped outpatient facilities including support staff, operating suites, and clinic and office space must be available for resident participation in the preoperative evaluation, treatment, and postoperative follow-up of patients for whom the resident has responsibility.

C. Library Facilities

1. The residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.

V. The Educational Program

A. Program Design

1. The program director and faculty must prepare and implement written educational goals for the program.
2. The program design and/or structure must be approved by the RRC as part of the regular review process.

B. Clinical Component

1. Residents must be provided with education in surgical design, surgical diagnosis, embryology, surgical and artistic anatomy, surgical physiology and pathology, pharmacology, wound healing, mi-

crobiology, adjunctive oncological therapy, biomechanics, rehabilitation, and surgical instrumentation.

2. A sufficient number and variety of adult and pediatric hand surgery patients must be available for resident education.
3. Generally equivalent and sufficient distribution of operative procedures among the residents in all categories of hand surgery must be demonstrated.
4. Residents should be provided with graduated and progressive patient management responsibility.
5. Because judgment and technical capability to achieve satisfactory surgical results are mandatory qualities for the hand surgeon, education should be provided in the following areas:
 - a. Skin repair, including grafts and flaps, multiple tissue flaps, free microscopic tissue transfers, and insertion of tissue expanders
 - b. Fingertip injuries
 - c. Tendon repair, including flexor tendon repair and graft, implantation of tendon spacer, extensor tendon repair, and tenolysis/tenodesis
 - d. Tendon transfer and tendon balancing
 - e. Nerve repair, including major and digital, graft, neurolysis, surgical treatment of neuroma, transpositions, and nerve decompressions
 - f. Management of fractures and dislocations, including phalangeal or metacarpal with and without internal fixation; wrist, radius, and ulna with and without internal fixation; and injuries to joint ligaments
 - g. Bone grafts
 - h. Joint and tendon sheath repairs, including release of contracture, synovectomy, arthroplasty with and without implant, arthrodesis, trigger finger release, and stiff joints that result from rheumatoid or other injury
 - i. Pollicization or ray transfer
 - j. Foot to hand transfer
 - k. Tumors, benign and malignant
 - l. Dupuytren's contracture
 - m. Replantation, revascularization
 - n. Amputations
 - o. Fasciotomy, deep incision and drainage for infection, and wound débridement
 - p. Congenital deformities, including syndactyly and others
 - q. Management of upper extremity vascular disorders and insufficiencies
 - r. Foreign body, implant removal
 - s. Thermal injuries
 - t. Arthroscopy
 - u. Upper extremity pain medicine

C. Didactic Components

1. A comprehensive, organized course of study must be offered, to include educational conferences that are well defined, documented, and regularly held. At minimum, the program must provide a didactic component for clinical education referencing section V.B.1 of these Program Requirements for Residency Education in Hand Surgery.
2. The written course of study should reflect careful planning, with evidence of a cyclical presentation of core specialty knowledge supplemented by the addition of current information, including practice management, ethics, and medicolegal topics as they relate to hand surgery.

Conferences must include basic science subjects related to clinical surgery of the hand, such as anatomy, physiology, pathology, genetics, microbiology, and pharmacology. A periodic review of the morbidity and mortality experience of the service must be included.

3. A list of the conferences should be maintained and available for review at the time of the site visit.
4. Conferences should be attended by both the residents and the faculty, and such attendance should be documented.
5. Conferences should be organized by the faculty to ensure that sufficient educational experience is provided. Hand surgery residents assigned to participating institutions other than the sponsoring institution should attend the hand surgery conferences at those sites.
6. Residents should make presentations at conferences and actively participate in conference discussions. Adequate time for resident preparation should be permitted to maximize the educational experience.
7. Hand surgery residents should be encouraged to pursue clinical or basic science research interests.

D. Supervision

1. All patient care services must be supervised by qualified hand surgery faculty. The program director must ensure, direct, and document proper supervision of residents at all times.
2. Residents must be provided with rapid, reliable systems for communicating with faculty at all times.
3. Hand surgery residents may function as intermediate supervisors when documented prior experience makes it appropriate, but faculty supervision must be available.

E. Duty Hours

1. It is desirable that residents' work schedules be designed so that on the average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. The ratio of hours worked to on-call time will vary, particularly at senior levels, and flexibility will be necessary.
2. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty.
3. Sufficient support services must be provided to ensure that residents are not required to spend excessive time in noneducational activities that can be discharged properly by other personnel.
4. The hand surgery residency is a full-time responsibility. Activities outside the educational program must not interfere with resident performance in the educational program as determined by the program director and must not interfere with resident opportunity for rest, relaxation, and study.

F. Appointment of Other Residents

1. The appointment of other residents for hand surgery education must not dilute or detract from the educational opportunities of hand surgery residents.
2. The appointment of other residents to the hand surgery service requires a clear statement of the areas of education, clinical responsibilities, and duration of the education. This statement must be supplied to the RRC at the time the program is reviewed.
3. If such residents so appointed will, in the judgment of the RRC, detract from the education of the hand surgery residents, the accreditation status of the program may be adversely affected.

VI. Evaluation

A. Resident Evaluation

The program director and faculty are responsible for regularly evaluating the residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.

B. Faculty Evaluation

1. At least annually, all individual faculty members must be formally evaluated by the program director. Hand surgery residents should be provided with the opportunity to evaluate faculty.
2. A mechanism for sharing the results of such evaluations with the faculty that preserves resident confidentiality in the evaluation process must be employed.
3. The program should demonstrate that such evaluations are used in improving the program.

C. Program Evaluation

1. The educational effectiveness of a program must be evaluated at least annually. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by hand surgery residents should be utilized in this process.
2. One measure of the quality of a program is the performance of its graduates on the examination for the certificate of added qualifications in hand surgery given by one of the sponsoring boards. The RRC may consider this information as part of the overall evaluation of the program.

VII. Board Certification

Residents who plan to seek hand surgery certification as administered by the American Board of Orthopaedic Surgery should communicate with the executive director of the board to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: September 1997 Effective: July 1998

Program Requirements for Graduate Medical Education in Musculoskeletal Oncology (Orthopaedic Surgery)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of Subspecialty

Musculoskeletal oncology is the component of orthopaedic surgery that is focused on the diagnosis and treatment of children and adults with benign and malignant tumors of bone and connective soft tissues. The field also includes the diagnosis, treatment, and palliative care of patients with metastatic carcinoma to the skeleton. Musculoskeletal oncologists work in concert with experts from musculoskeletal radiology, pathology, medical and pediatric oncology, radiotherapy, and surgery to care for patients with sarcomas of bone and soft tissue.

B. Duration and Scope of Education

Postgraduate fellowship education in orthopaedic surgery is a component in the continuum of the educational process, and such education should take place after completion of an accredited residency. Graduate medical education programs in the subspecialties of orthopaedic surgery will be accredited to offer 12 months of education.

II. Institutions

A. Sponsoring Institution

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

1. Postgraduate fellowship programs in the subspecialties of orthopaedic surgery may be accredited in institutions which sponsor accredited residency programs in orthopaedic surgery or which are affiliated with an orthopaedic surgery residency accredited by the Accreditation Council for Graduate Medical Education (ACGME). Requests for exceptions to this policy will be reviewed on a case-by-case basis.
2. When orthopaedic residents and fellows are being educated in the same institution, the residency director and the director of the fellowship must jointly prepare and approve a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in patient care.
3. There must be close monitoring of the relationship between residency and fellowship education. It is imperative that orthopaedic fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the fellow should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines.
4. Programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes essential to the practice of the subspecialty. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program and when appropriate resources and facilities are present. Effective graduate education is not achieved when the educational program functions primarily to meet service commitments.

B. Participating Institutions

1. **Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.**
2. **Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:**
 - a) **identify the faculty who will assume both educational and supervisory responsibilities for fellows;**
 - b) **specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;**
 - c) **specify the duration and content of the educational experience; and**
 - d) **state the policies and procedures that will govern fellow education during the assignment.**

III. Program Personnel and Resources

A. Program Director

1. **There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the**

program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the ACGME.

2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.

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

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. A sufficient number of new and follow-up patients must be available to ensure adequate inpatient and outpatient experience for each fellow without adversely diluting the educational experience of the orthopaedic surgery residents or the educational experience of residents in other specialties.
2. There should be broad support from other clinical specialties, including diagnostic and therapeutic radiology, pediatrics, nuclear medicine, pathology, psychiatry, surgery and its subspecialties, and medical oncology. Support of oncologic nursing, rehabilitation, nutrition, dietetic counseling, and social services, as well as physical and occupational rehabilitation is desirable.
3. Modern facilities to accomplish the overall educational program must be available and functioning. These include inpatient ambulatory care and laboratory resources. Specifically, there should be advanced pathology services, including electron microscopy and immunopathology; resources for nuclear medical imaging, magnetic resonance imaging, musculoskeletal angiography, computed tomography, and sufficient facilities for qualitative correlative studies.
4. The fellow must have day-to-day access to pathologists and to radiologists with recognized expertise in musculoskeletal pathology and radiology.
5. On-site radiation and medical oncology facilities and a modern diagnostic radiologic service are necessary.
6. It is desirable that there be other clinical subspecialties of orthopaedic surgery and general surgery to which the orthopaedic

oncology fellow may relate formally, as well as special facilities for musculoskeletal pathology.

7. There must be a minimum of 300 new patients per fellow of benign and malignant bone and soft-tissue tumors with an appropriate mix of primary and metastatic lesions to afford the fellow adequate educational experience in musculoskeletal oncology. This experience must include the care of both inpatients and outpatients.
8. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
9. Library resources must include current and past orthopaedic periodicals and reference books which are readily accessible to all orthopaedic fellows in the program.
10. Library services should include the electronic retrieval of information from medical databases.
11. There must be access at each institution participating in the program to an on-site library or to a collection of appropriate texts and journals. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

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

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

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

D. Appointment of Other Students

The appointment of fellows from other programs, residents or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Subspecialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management. The program must provide training to develop clinical competence in the overall field of musculoskeletal oncology. Examples of knowledge and skill that are desirable include, but are not limited to, the following:

- The natural history of musculoskeletal neoplasia.
- A knowledge and understanding of musculoskeletal surgical pathology and diagnostic radiology.
- The management of treatment protocols.
- A knowledge of the indications for and limitations of surgery, radiation therapy, and chemotherapy in the treatment of musculoskeletal neoplasms.
- A knowledge of the methodology and techniques to perform credible clinical and/or basic research in musculoskeletal oncology, to include epidemiology and statistics and design of clinical trials.
- The acquisition of teaching skills in musculoskeletal pathology and oncology.

1. Didactic Components

- a) The academic component must emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research.
- b) The educational program must be based on a core curriculum that ensures appropriate instruction in the basic concepts of oncogenesis and molecular oncology, adult and pediatric oncology, immunology, and radiation oncology.
- c) There should be a weekly multi-disciplinary tumor conference involving pathologists and radiologists, as well as radiation, medical, and pediatric oncologists.
- d) Fellows and faculty must participate in a journal club which reviews current literature in medical, pediatric, and radiation oncology on at least a monthly basis.

2. Clinical Components

- a) The technical component should ensure the ability of the fellow to perform skillfully the procedures required for practice of the subspecialty.
- b) The program must offer supervised training in operative and other technical skills integral to musculoskeletal oncology. Instruction and experience must be sufficient for the fellow to understand the indications, risks, and limitations of the commonly-performed procedures in the subspecialty.
- c) Fellows must have the opportunity to provide consultation with faculty supervision, and should have clearly-defined educational responsibilities for residents, medical students, and allied health personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.
- d) Clinical experience must include opportunities to observe and to manage patients with a wide variety of clinical orthopaedic oncologic problems on both an inpatient and outpatient basis.
- e) The fellow must be given an opportunity to assume continuing responsibility for both acutely- and chronically-ill patients in order to learn the natural history of musculoskeletal neoplasia as well as the effectiveness of therapeutic programs. Fellow education must provide sufficient opportunity for independent clinical decision-making so that the program director and faculty are assured that the graduating fellow has achieved the ability to make sound clinical decisions.

C. Fellows Scholarly Activities

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

1. Fellows must participate in basic and/or clinical hypothesis-based research.
2. Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty.
3. The program must provide time and facilities for research activities by fellows.

VI. Fellow Duty Hours and the Working Environment

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

A. Supervision of Fellows

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

B. Duty Hours

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

C. On-call Activities

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

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities,

transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call (or pager call)* is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
 - c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because graduate medical education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

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

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and im-

provement, interpersonal and communication skills, professionalism, and systems-based practice.

- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

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

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMCC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

ACGME: September 2001 Effective: July 2002

Editorial Revision: June 2004

Program Requirements for Graduate Medical Education in Orthopaedic Sports Medicine (Orthopaedic Surgery)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and scope of subspecialty

Orthopaedic sports medicine is the component of orthopaedic surgery that is focused on the study and prevention of sports injuries and their treatment by medical, surgical, and physical methods.

B. Duration and scope of education

Postgraduate fellowship education in orthopaedic surgery is a component in the continuum of the educational process, and such education should take place after completion of an accredited residency. Graduate medical education programs in the subspecialties of orthopaedic surgery will be accredited to offer 12 months of education.

II. Institutions

A. Sponsoring Institution

1. **One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.**
2. Postgraduate fellowship programs in the subspecialties of orthopaedic surgery may be accredited in institutions that sponsor accredited residency programs in orthopaedic surgery or that are affiliated with an Accreditation Council for Graduate Medical Education (ACGME)-accredited orthopaedic surgery residency. Requests for exceptions to this policy will be reviewed on a case-by-case basis.
3. When orthopaedic residents and fellows are being educated in the same institution, the residency director and the director of the fellowship must jointly prepare and approve a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in patient care.
4. There must be close monitoring of the interface between residency and fellowship education. It is imperative that orthopaedic fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the fellow should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines.
5. Programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes essential to the practice of orthopaedic sports medicine. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to

the educational program and when appropriate resources and facilities are present. Effective graduate education is not achieved when the educational program functions primarily to meet service commitments.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as es-

established by the sponsoring institution and in compliance with the Institutional Requirements.

- d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.

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

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. A sufficient number of new and follow-up patients must be available to ensure adequate inpatient and outpatient experience for each fellow without adversely diluting the educational experience of the orthopaedic surgery residents or the educational experience of residents in other specialties.
3. Facilities to accomplish the clinical and educational objectives of the specialty must be available and functioning for both inpatients and outpatients.
 - a. The physical therapy and the athletic training departments must be completely equipped with the modern therapeutic modalities used in the treatment of the injured athlete.
 - b. The operating room facilities must contain modern equipment, including arthroscopes, adjunctive equipment for arthroscopy, and necessary imaging equipment.
4. The educational program must be conducted in a setting that will allow interaction with the disciplines of radiology, physical therapy, internal medicine and such other specialties ordinarily encountered in sports medicine.
5. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
6. Library resources must include current and past orthopaedic periodicals and reference books that are readily accessible to all orthopaedic fellows in the program.
7. Library services should include the electronic retrieval of information from medical databases.
8. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

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

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

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

D. Appointment of Other Students

The appointment of fellows from other programs, residents or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Subspecialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

1. Didactic components

- a. The academic component must emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research.
- b. All fellows must participate in didactic sessions devoted to the basic sciences, including anatomy, biomechanics, and biology of healing.
- c. Instruction should also be provided in sports medicine issues in the areas of cardiology, dermatology, pulmonology, preventive medicine, pediatric and adolescent medicine, exercise physiology, environmental exposure, athletic populations, team physicians, and protective equipment (including braces).

2. Clinical components

- a. The clinical component must be designed to ensure that fellows become competent in the evaluation (history, physical examination, and imaging) and management (both operative and non-operative) of patients with sports injuries or conditions.
- b. The program must offer supervised training in the operative and other technical skills integral to orthopaedic sports medicine. Instruction and experience must be sufficient for the fellow to understand the indications, risks, and limitations of the commonly performed procedures in the subspecialty.
- c. Fellows must have the opportunity to provide consultation with faculty supervision and should have clearly defined educational responsibilities for residents, medical students and allied health personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.
- d. Clinical experience must include inpatient and outpatient opportunities to observe, manage, operate and follow patients with a wide variety of sports medicine problems.
- e. The program must be structured to provide the fellow with an opportunity to assume continuing responsibility with appropriate supervision for patients with acute and chronic injuries and to observe the natural course of athletic injuries and the effects of various therapeutic modalities on their outcome. Fellow education must provide sufficient opportunity for independent clinical decision making so that the program director and faculty are assured that the graduating fellow has achieved the ability to make sound clinical decisions.
- f. The program should provide the fellow with the opportunity to work with athletic teams and/or athletic organizations.

- g. The program must emphasize the pathology and biomechanics of athletic injuries and the effects of injury on the athlete, including both physical and psychological manifestations. Appropriate utilization of laboratory tests, physical modalities, and operative procedures for the diagnosis and treatment of athletic injuries must be stressed.
- h. The program must provide the fellow with specific experience with athletic trainers and physical therapists and with related experience in writing appropriate prescriptions and in monitoring patient progress.
- i. The program must provide sufficient opportunity for the fellow to gain knowledge and skill in a number of areas that include, but are not limited to:
 - (1) Taking a history and performing an appropriate physical examination for orthopaedic sports injuries.
 - (2) Exposure to patients with typical histories and physical findings of chronic orthopaedic sports injuries and the management of those injuries.
 - (3) Differentiating between those sports injuries that require immediate surgical treatment and those that can be treated nonoperatively.
 - (4) Recognizing those sports injuries for which a minor delay in treatment would not be deleterious to the patient.
 - (5) Acute care of orthopaedic and other acute sports medicine injuries that may occur during athletic competition and how to deal with those injuries on the athletic field.
 - (6) How to order and interpret radiologic examinations that are used for diagnosis of sports injuries, including specific views, tomograms, bone scans, arthrograms, computerized axial tomography scans, and magnetic resonance imaging.
 - (7) Therapeutic modalities offered in the department of physical therapy, how to use them, and how to judge the appropriateness and efficacy of a treatment plan.
 - (8) Diagnostic and operative arthroscopy.
 - (9) Nonorthopaedic problems that occur in sports medicine and how to deal with those problems or how to refer them appropriately.
 - (10) The psychological effect of injuries on athletes and how to deal with them personally and how to select consultants to assist in their management.
 - (11) Sports equipment, particularly protective devices intended to allow the athlete to continue to compete, including helmets, protective pads, knee braces, foot orthotics, and others not specifically named.

C. Fellows Scholarly Activities

1. Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.
2. Fellows must participate in basic and/or clinical hypothesis-based research.
3. Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty.
4. The program must provide time and facilities for research activities by fellows.

VI. Fellow Duty Hours and the Working Environment

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

nize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows

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

B. Duty Hours

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

C. On-call Activities

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

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call (or pager call)* is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
 - c) The program director and the faculty must monitor the demands of at-home call in their programs, and make schedul-

ing adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because graduate medical education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

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

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part

of the fellow's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

Fellows who plan to seek certification by the American Board of Orthopaedic Surgery should communicate with the office of the board regarding the full requirements for certification.

ACGME: September 2001 Effective: July 2002

Editorial Revision: June 2004

Program Requirements for Graduate Medical Education in Orthopaedic Surgery of the Spine (Orthopaedic Surgery)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and scope of subspecialty

Orthopaedic surgery of the spine is the component of orthopaedic surgery that is focused on the study and prevention of spinal column diseases, disorders, and injuries and their treatment by medical, physical, and surgical methods.

B. Duration and scope of education

Postgraduate fellowship education in orthopaedic surgery is a component in the continuum of the educational process, and such education should take place after completion of an accredited residency. Graduate medical education programs in the subspecialties of orthopaedic surgery will be accredited to offer 12 months of education.

II. Institutions

A. Sponsoring Institution

1. **One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.**
2. Postgraduate fellowship programs in the subspecialties of orthopaedic surgery may be accredited in institutions that sponsor accredited residency programs in orthopaedic surgery or that are affiliated with an Accreditation Council for Graduate Medical Education (ACGME)-accredited orthopaedic surgery residency. Requests for exceptions to this policy will be reviewed on a case-by-case basis.
3. When orthopaedic residents and fellows are being educated in the same institution, the residency director and the director of the fellowship must jointly prepare and approve a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in patient care.
4. There must be close monitoring of the interface between residency and fellowship education. It is imperative that orthopaedic fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the fellow should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines.
5. Programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes essential to the practice of the subspecialty. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program and when appropriate resources and facilities are present. Effective graduate education is not achieved when

the educational program functions primarily to meet service commitments.

6. Institutions sponsoring programs in orthopaedic surgery of the spine should also have an ACGME-accredited residency in neurological surgery. The educational program must involve close cooperation with neurological surgery and should maintain close collegial relationships with related clinical specialties including, but not limited to, physical medicine and rehabilitation, neurology, radiology, pathology, laboratory medicine, anesthesiology, and infectious disease. Exceptions to this standard will be considered on a case-by-case basis and will require justification based on sound educational principles, as well as demonstration of substantial compliance with the intent of this requirement.

B. Participating Institutions

1. **Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.**
2. **Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:**
 - a) **identify the faculty who will assume both educational and supervisory responsibilities for fellows;**
 - b) **specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;**
 - c) **specify the duration and content of the educational experience; and**
 - d) **state the policies and procedures that will govern fellow education during the assignment.**

III. Program Personnel and Resources

A. Program Director

1. **There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.**
2. **The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.**
3. **Qualifications of the program director are as follows:**
 - a) **The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.**
 - b) **The program director must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.**
 - c) **The program director must be appointed in good standing and based at the primary teaching site.**
4. **Responsibilities of the program director are as follows:**
 - a) **The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site direc-**

tor, and monitoring appropriate fellow supervision at all participating institutions.

- b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
- c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
- d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.

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

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program. All programs must have at least two physicians with experience or qualifications in spine surgery on the teaching staff who have significant responsibility for the supervision and instruction of all fellows during the 12 months of accredited education.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and

the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. Facilities and equipment to support the overall educational program must be readily available and functioning. These include outpatient, inpatient, imaging, laboratory, rehabilitation, and research resources. Operating rooms must contain all necessary equipment for surgery of the spine.
3. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
4. Library resources must include current and past orthopaedic periodicals and reference books that are readily accessible to all orthopaedic fellows in the program.
5. Library services should include the electronic retrieval of information from medical databases.
6. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

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

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

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

D. Appointment of Other Students

The appointment of fellows from other programs, residents or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Subspecialty Curriculum

1. The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

2. Fellows must have the opportunity to develop advanced competence in the field of orthopaedic surgery of the spine. Principles may be broadly based or taught in a context of specific anatomic regions. Examples of knowledge and skills that are essential include but are not limited to:

- The basic sciences related to the musculoskeletal system.
- The natural history of spinal degeneration.
- The ability to assess clinically the neurologic function of the spinal cord and nerve roots.
- Prudent use of diagnostic laboratory tests (including electrophysiologic monitoring).
- Indications for and interpretation of imaging studies of the spine, including an appreciation of the risk and information expected of the procedures.
- Development of a treatment plan to manage patients with traumatic, congenital, developmental, infectious, metabolic, degenerative, and rheumatologic disorders of the spine.
- Development of operative skills for the management of patients with orthopaedic disorders of the spine.
- Recognition and management of complications of treatment (including appropriate consultations with subspecialists).
- Assessment of the effectiveness of diagnostic and treatment methods.
- Familiarity with currently used research methods.
- Acquisition of teaching skills in evaluation and care of spinal problems.

3. Didactic components

- The academic component must emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research.
- The educational curriculum must include anatomy, physiology, biomechanics, microbiology, pathology, and other sciences as they relate to orthopaedic surgery of the spine.
- The program must have regularly scheduled and held subspecialty conferences with active participation of faculty and fellows.

4. Clinical components

- The technical component should ensure the ability of the fellow to perform skillfully the procedures required for practice of the subspecialty.
- The program must offer supervised training in the operative and other technical skills integral to orthopaedic surgery of the spine. Instruction and experience must be sufficient for

the fellow to understand the indications, risks, and limitations of the commonly performed procedures in the subspecialty.

- Fellows must have the opportunity to provide consultation with faculty supervision and should have clearly defined educational responsibilities for residents, medical students, and allied health personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.
- The fellows' clinical experience must include opportunities to observe and manage patients on both an inpatient and an outpatient basis as well as for the evaluation and care of individuals through a wide range of ages and of both sexes, and with a wide variety of problems in various spinal regions.
- The program must emphasize the diagnosis of clinical disorders of the spine, the pathogenesis of these disorders, the operative and nonoperative treatment modalities available for managing these disorders, and the results and complications of such treatment.
- The educational program will not include experience in the treatment of intradural pathology. When spinal disease or injury and neurological deficit coexist, the educational program will ensure appropriate interdisciplinary cooperation with neurological surgery and rehabilitation medicine. The program structure must ensure that the fellow plays a major role and has progressive responsibility in the assessment, preoperative evaluation, surgical care, and postoperative management and rehabilitation of patients. There must be an opportunity for continuing evaluation of treated patients.
- Fellows must maintain a record of the diagnosis and procedure for each operation in which they are an operating surgeon or first assistant. This record must be kept on file and available for review by the RRC and its site visitors.

C. Fellows Scholarly Activities

- Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.
- Fellows must participate in basic and/or clinical hypothesis-based research.
- Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty.
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2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

*ACGME: June 2002 Effective: July 2003
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Program Requirements for Graduate Medical Education in Orthopaedic Trauma (Orthopaedic Surgery)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and scope of subspecialty

Orthopaedic trauma is a subspecialty of orthopaedic surgery that includes the in-depth study and treatment of injuries to the locomotor system and their sequelae.

B. Duration and scope of education

Postgraduate fellowship education in orthopaedic surgery is a component in the continuum of the educational process, and such education should take place after completion of an accredited residency. Graduate medical education programs in the subspecialties of orthopaedic surgery will be accredited to offer 12 months of education.

II. Institutions

A. Sponsoring Institution

1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. Postgraduate fellowship programs in the subspecialties of orthopaedic surgery may be accredited in institutions that sponsor accredited residency programs in orthopaedic surgery or that are affiliated with an Accreditation Council for Graduate Medical Education (ACGME)-accredited orthopaedic surgery residency. Requests for exceptions to this policy will be reviewed on a case-by-case basis.
3. When orthopaedic residents and fellows are being educated in the same institution, the residency director and the director of the fellowship must jointly prepare and approve a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in patient care.
4. There must be close monitoring of the interface between residency and fellowship education. It is imperative that orthopaedic fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the fellow should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines.
5. Programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes essential to the practice of the subspecialty. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program and when appropriate resources and facilities are present. Effective graduate education is not achieved when the educational program functions primarily to meet service commitments.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the

program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.

2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:

- a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
- b) The program director must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
- c) The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:

- a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
- b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
- c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
- d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.

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

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.

c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:

- a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
- b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
- c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

- a) Nonphysician faculty must be appropriately qualified in their field.
- b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. Modern facilities to support the overall educational program must be available and functioning. The primary hospital in which the fellow works must be a Level I or II trauma center or equivalent with 24-hour full services, acute and emergency surgery, and at least 200 operative orthopaedic trauma cases each year. It must have a modern operating room facility, image intensification, compatible fracture table, orthopaedic implants in stock, and, ideally, a special room dedicated to acute and emergency surgery.
3. There must be access to records and x-rays of orthopaedic trauma cases for at least 5 years following patient discharge via computerized or other efficient coding system. Photographic records and photography support should be readily available.
4. There must be broad support and cooperation from other clinical services, particularly emergency medicine, general surgery, neurosurgery, anesthesia, intensive care, rehabilitation services, and radiology (including CT and angiography available on an emergency basis). Plastic surgery, urology, otolaryngology, ophthalmology, and pulmonary medical specialists should also be available to provide emergency consultation.
5. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
6. Library resources must include current and past orthopaedic periodicals and reference books that are readily accessible to all orthopaedic fellows in the program.
7. Library services should include the electronic retrieval of information from medical databases.

8. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

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

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

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

D. Appointment of Other Students

The appointment of fellows from other programs, residents or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Subspecialty Curriculum

1. The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

2. The fellowship program must permit fellows to develop advanced competence in the field of orthopaedic trauma, and in resuscitation as applied to the patient with polytrauma. Examples of knowledge and skills that are desirable include, but are not limited to, the following:
 - a. The basic sciences related to orthopaedic trauma.
 - b. An understanding of the integration of the orthopaedic traumatologist in a trauma team and an appreciation of the importance of the timing of orthopaedic procedures in the overall care of the severely injured patient.

- c. Indications for various types of internal and external fixation devices and their applications in multiple trauma situations both in the axial and appendicular skeletons.
 - d. Treatment protocols for severe soft tissue injuries, including compartment syndrome and secondary organ failures in polytrauma.
 - e. Indications for early or immediate amputation rather than salvage attempts in severely injured limbs.
 - f. Diagnosis and management of complications of musculoskeletal trauma.
 - g. Pathophysiology of severe musculoskeletal trauma and secondary organ failure.
 - h. Psychiatric and psychological implications of severe musculoskeletal trauma for the patient and family members.
 - i. Recuperative and rehabilitation techniques and use of physical and occupational therapy designed to return the patient to normal activities and work.
 - j. Sufficient familiarity with current research methods to enable the fellow to critically analyze research reports and to design and implement clinical or basic research in the field of musculoskeletal trauma.
 - k. Teaching skills and lecture techniques and materials in orthopaedic traumatology.
 - l. Overall, the fellow must develop medical, surgical and psychosociological skills in the management of the severely injured patient.
3. Didactic components
 - a. The academic component must emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research.
 - b. The educational curriculum must include opportunities for fellows to study anatomy, physiology, biomechanics, pathology, microbiology, pharmacology, and epidemiology as they relate to orthopaedic trauma.
 - c. The program must hold regularly scheduled subspecialty conferences, including at least one weekly teaching conference, a monthly morbidity/mortality conference, and a monthly conference with other trauma services, with active faculty and fellow participation.
 - d. Fellows must have the opportunity to provide consultation with faculty supervision and should have clearly defined educational responsibilities for residents, medical students, and allied health personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.
 2. Clinical components
 - a. The technical component should ensure the ability of the fellow to perform skillfully the procedures required for practice of the subspecialty.
 - b. The program must offer supervised training in the operative and other technical skills integral to orthopaedic trauma. Instruction and experience must be sufficient for the fellow to understand the indications, risks, and limitations of the commonly performed procedures in the subspecialty.
 - c. Clinical experience must include opportunities to observe and to manage patients with a wide variety of problems in orthopaedic trauma, and the breadth of patient experience should include the evaluation and care of individuals of a wide range of ages and both sexes. Generally, care of these patients involves several specialties and a cooperative effort in trauma centers.
 - d. The program must emphasize the diagnosis of clinical orthopaedic trauma problems, the mechanism of injury, the treat-

ment modalities available, and the results and complications of such treatment. Fellows must have the opportunity to assume a major role in the continuity of care of patients and have progressive responsibility for patient assessment, preoperative planning, operative experience, postoperative intensive care, other postoperative management, rehabilitation, and other outpatient care of patients.

- e. The fellow must keep a record of the diagnosis and procedure for each operation in which he/she is an operating surgeon or first assistant. This must be kept on file and available for review.

C. Fellows Scholarly Activities

1. Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.
2. Fellows must participate in basic and/or clinical hypothesis-based research.
3. Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty.
4. The program must provide time and facilities for research activities by fellows.

VI. Fellow Duty Hours and the Working Environment

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

A. Supervision of Fellows

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

B. Duty Hours

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

C. On-call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period.

In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.

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

D. Moonlighting

1. Because graduate medical education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

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

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

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

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMED of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

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Program Requirements for Graduate Medical Education in Pediatric Orthopaedics (Orthopaedic Surgery)

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

I. Introduction

A. Definition and scope of subspecialty

Pediatric Orthopaedics is the medical specialty that includes the study and prevention of musculoskeletal diseases, disorders, and injuries and their treatment by medical, surgical, and physical methods in patients aged 16 years and younger.

B. Duration and scope of education

Postgraduate fellowship education in orthopaedic surgery is a component in the continuum of the educational process, and such education should take place after completion of an accredited residency. Graduate medical education programs in the subspecialties of orthopaedic surgery will be accredited to offer 12 months of education.

II. Institutions

A. Sponsoring Institution

1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. Postgraduate fellowship programs in the subspecialties of orthopaedic surgery may be accredited in institutions that sponsor accredited residency programs in orthopaedic surgery or that are affiliated with an Accreditation Council for Graduate Medical Education (ACGME)-accredited orthopaedic surgery residency. Requests for exceptions to this policy will be reviewed on a case-by-case basis.
3. When orthopaedic residents and fellows are being educated in the same institution, the residency director and the director of the fellowship must jointly prepare and approve a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in patient care.

4. There must be close monitoring of the interface between residency and fellowship education. It is imperative that orthopaedic fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the fellow should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines.
5. Programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes essential to the practice of the subspecialty. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program and when appropriate resources and facilities are present. Effective graduate education is not achieved when the educational program functions primarily to meet service commitments.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and

supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.

- b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
- c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
- d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.

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

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
- a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. A sufficient number of new and follow-up patients must be available to ensure adequate inpatient and outpatient experience for each fellow without adversely diluting the educational experience of the orthopaedic surgery residents or the educational experience of residents in other specialties.
3. Inpatient, ambulatory care, and laboratory facilities must be available and functioning.
4. The program must be conducted in a setting in which comprehensive surgical, medical, and pediatric consultation services are available.
5. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
6. Library resources must include current and past orthopaedic periodicals and reference books that are readily accessible to all orthopaedic fellows in the program.
7. Library services should include the electronic retrieval of information from medical databases.
8. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

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

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

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

D. Appointment of Other Students

The appointment of fellows from other programs, residents or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Subspecialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management. The program must include a didactic program, non-operative experience, and an operative experience emphasizing continuity of care in pediatric orthopaedics trauma (acute and reconstructive), metabolic and genetic conditions, tumors, neuromuscular conditions, spinal conditions, hip conditions, foot and ankle conditions, amputations and prosthetics, hand surgery, athletic injuries, and general pediatric orthopaedics.

1. Didactic components

The academic component must emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research.

2. Clinical components

A. The program must offer supervised training in the operative and other technical skills integral to pediatric orthopaedics. Instruction and experience must be sufficient for the fellow to understand the indications, risks, and limitations of the commonly performed procedures in the subspecialty.

B. Fellows must have the opportunity to provide consultation with faculty supervision and should have clearly defined educational responsibilities for residents, medical students, and allied health personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.

C. The fellows' clinical experience should include observation and treatment of both in-patients and out-patients with a wide variety of orthopaedic disorders.

D. Fellows must have the opportunity to assume continuous responsibility for both acutely and chronically ill patients so as to learn the natural history of pediatric orthopaedic disorders as well as the effectiveness of treatment programs and the impact of growth on these disorders.

E. The program should emphasize normal physiologic mechanisms and the pathogenesis and complications of pediatric orthopaedic disorders.

F. Utilization of appropriate laboratory procedures and allied medical personnel should be stressed.

G. The knowledge and skills the program must cover include, but are not limited to:

1. prudent and judicious use of diagnostic tests;
2. use of data resources and the need for and interpretation of data;
3. interpretation of radiologic examination of the musculoskeletal system including vascular studies and the modalities of nuclear medicine (and other advanced techniques) with an appreciation of the risk and expected yield of the procedures;

4. understanding of the role of physical and occupational therapists, and of orthotists and prosthetists in the rehabilitation and on-going management of pediatric orthopaedic disorders; and
5. performance of pediatric orthopaedic surgical procedures.

C. Fellows Scholarly Activities

1. Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.
2. Fellows must participate in basic and/or clinical hypothesis-based research.
3. Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty.
4. The program must provide time and facilities for research activities by fellows.

VI. Fellow Duty Hours and the Working Environment

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

A. Supervision of Fellows

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

B. Duty Hours

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

C. On-call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal

work day, when fellows are required to be immediately available in the assigned institution.

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

D. Moonlighting

1. Because graduate medical education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

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

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the program must demon-

strate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
 - b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
 - c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.
2. Final Evaluation

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

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate

from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

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Program Requirements for Residency Education in Otolaryngology

Common Program Requirements appear in bold.

Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

Residency programs in otolaryngology-head and neck surgery are designed to provide residents with education in the comprehensive evaluation and medical and surgical management of patients of all ages with diseases and disorders that affect the ears, upper respiratory and upper alimentary systems and related structures, and the head and neck. The educational program should include the core knowledge, skills, and understanding of the basic medical sciences relevant to the head and neck, and the upper respiratory and upper alimentary systems; the communication sciences, including the knowledge of audiology, speech pathology, rehabilitation, and the vestibular system; and the chemical senses, otolaryngic allergy, endocrinology, and neurology as they relate to the head and neck area. The educational program also should include the clinical aspects of the diagnosis, medical and/or surgical therapy, and the prevention of and rehabilitation from diseases, neoplasms, deformities, disorders and/or injuries of the ears, upper respiratory and upper alimentary systems, the face, the jaws, and other head and neck systems; head and neck oncology; and facial plastic and reconstructive surgery.

B. Duration and Scope of Education

1. Residency programs in otolaryngology-head and neck surgery must be of 5 years' duration, with at least 9 months of basic surgical, emergency and critical care, and anesthesia training within the first year, thereafter including at least 51 months of progressive education in the specialty. The final year of the specialty education must be a chief resident experience, and must be spent within institutions approved as part of the program.
2. The otolaryngology program director is responsible for the design, implementation, and oversight of a PGY-1 year that will prepare residents for specialty education in otolaryngology-head and neck surgery. This year must include resident participation in clinical and didactic activities that will give them the opportunity to:
 - a) develop the knowledge and skills needed to assess, plan, and initiate treatment of adult and pediatric patients with surgical and/or medical problems;
 - b) demonstrate the ability to care for patients of all ages with surgical and medical emergencies, multiple organ system trauma, soft tissue wounds, nervous system injuries and diseases, and peripheral vascular and thoracic injuries;
 - c) demonstrate the ability to care for critically-ill surgical and medical patients in the intensive care unit and emergency room settings;
 - d) participate in the pre-, intra-, and post-operative care of surgical patients;
 - e) and understand surgical anesthesia in hospital and ambulatory care settings, including anesthetic risks and the management of intra-operative anesthetic complications.
3. In order to meet these goals, the PGY-1 year should include (in no required order):

- a) a minimum of 5 months of structured education in at least 3 of the following: general surgery, thoracic surgery, vascular surgery, pediatric surgery, plastic surgery, surgical oncology.
- b) 1 month of structured education in each of the following 4 clinical areas: emergency medicine, critical care unit (intensive care unit, trauma unit or similar), anesthesia, neurological surgery.

An additional maximum of 3 months of otolaryngology-head and neck surgery is optional, and any remaining months of the PGY-1 year may be taken on the clinical services listed in 3 a) or 3 b) below.

4. The program director is also responsible for the design, implementation, and oversight of years PGY-2 through PGY-5, each of which should include:
 - a) at least 3 years of rotations on otolaryngology-head and neck surgery and clinical services;
 - b) a structured research experience, with instruction in research methods and design that includes outcomes assessment;The program may further include rotations on related services such as neuroradiology, surgical pathology of the head and neck, audiology and vestibular assessment, speech pathology and rehabilitation, radiation oncology, pulmonary medicine, allergy/immunology, and oral and maxillo-facial surgery.

II. Institutions

A. Sponsoring Institution

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

The sponsoring institution must provide sufficient faculty, financial resources, support space, clinical and research facilities, and library materials to meet the educational needs of the residents, and to enable the program to comply with the requirements for accreditation. The governing body of the sponsoring institution must grant the program director sufficient authority, financial support, and access to facilities to organize and supervise the following activities: the selection and evaluation of residents; didactic and clinical instruction, including patient management and scholarly activity; and the recruitment and evaluation of staff. There must, additionally, be sufficient operative time available to ensure adequate surgical experience for residents.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern resident education during the assignment.
3. In programs involving 2 or more hospitals, the sponsoring institution must organize the program in such a way to provide residents with a progressive educational experience.

4. Each participating institution must offer significant educational opportunities to the program. Resident education at each participating institution must comply with the Program Requirements for Otolaryngology. Assignments that dilute the education of residents, or that do not provide proper supervision and coordination of educational activities, should not be established or maintained.
5. There must be a qualified otolaryngologist-head and neck surgeon appointed by and responsible to the program director in each geographically separate institution. This individual must be responsible for the education of the residents, and supervise the educational activities of other faculty as they relate to resident education in that institution. The program director at each participating institution must have major clinical responsibilities at that institution.
6. The educational program may not include assignments to any non-approved participating institutions for more than a total of 3 months without prior approval of the Residency Review Committee (RRC).

C. Facilities and Resources

There must be adequate space and equipment for the educational program, including meeting rooms, classrooms with audiovisual and other educational aids, office space for staff, pertinent library materials and current information technology readily available for clinical care, as well as diagnostic, therapeutic, and research facilities.

1. Within each institution, beds sufficient for the needs of the service must be provided.
2. Residents must have access to outpatient facilities, clinics, and office space for education in the regular preoperative evaluation and postoperative follow-up of cases for which the resident has responsibility.
3. Technologically-current equipment considered necessary for diagnosis and treatment must be available.
4. A patient information system that facilitates both quality patient care and education must be available. It should be maintained to ensure easy and prompt access at all times, and be organized to permit the collection and evaluation of selected material from clinical records for investigative and review purposes.
5. Residents should be provided with adequate office, sleeping, lounge, and food facilities during assigned duty hours. Adequate clerical support services also must be provided.
6. Library
 - a) Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with institutions located conveniently nearby.
 - b) Library services should include the electronic retrieval of information from medical databases.
 - c) There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

III. Program Personnel and Resources

A. Program Director

1. **There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.**

2. **The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.**
3. **Qualifications of the program director are as follows:**
 - a) **The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.**
 - b) **The program director must be certified in the specialty by the American Board of Otolaryngology, or possess qualifications judged to be acceptable by the RRC.**
 - c) **The program director must be appointed in good standing and based at the primary teaching site.**
4. **Responsibilities of the program director are as follows:**
 - a) **The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.**
 - b) **The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.**
 - c) **The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.**
 - d) **The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:**
 - (1) **the addition or deletion of a participating institution;**
 - (2) **a change in the format of the educational program;**
 - (3) **a change in the approved resident complement for those specialties that approve resident complement.**

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

B. Faculty

1. **At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. It is desirable that, in addition to the program director, there be at least two other members of the faculty with qualifications similar to those of the program director.**
2. **The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.**

The faculty is responsible for ensuring that the structure and content of the residency program reflect an appropriate education-to-service ratio. The resident should be recognized as a student, and should be provided with sufficient experience in nonoperative management and preoperative, intraoperative, and postoperative care of patients with otolaryngologic disorders. This responsibility must include on-site supervision of the resident in operative, inpatient, outpatient, and emergency cases, as

well as participation in patient care conferences and other educational exercises.

3. Qualifications of the physician faculty are as follows:

- a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
- b) The physician faculty must be certified in the specialty by the American Board of Otolaryngology or possess qualifications judged to be acceptable by the RRC.
- c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:

- a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
- b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
- c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

- a) Nonphysician faculty must be appropriately qualified in their field.
- b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

IV. Resident Appointments

A. Eligibility Criteria

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

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

- 1. Programs may not graduate more residents in any given year than the number of residents approved by the RRC, except in cases where a resident's educational program is extended because the program director has determined the need of addi-

tional education to meet minimum requirements for competency. The program director must request approval in writing from the RRC to extend a resident's educational program. Any increase in the number of residents in any year of the program, or in the total number of residents, must receive the prior approval of the RRC. Any such request for change in the approved resident complement must include a strong educational rationale.

- 2. A vacancy in a resident complement, if filled, must be at the same level in which the vacancy occurs, unless otherwise approved by the RRC. Violations of these requirements will result in an adverse accreditation action.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments. This statement must be distributed to residents and faculty, and reviewed with residents prior to the assignment.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

The program must, further, have a comprehensive, well-organized, and effective curriculum, including the cyclical presentation of core specialty knowledge supplemented by the addition of current information. There must be evidence that the teaching is conducted in a variety of educational settings—such as clinics, classrooms, operating rooms, bedsides, and laboratories—employing accepted educational principles.

1. Basic Science

There must be a structured educational experience in basic science. Ordinarily, this should be provided within the participating institutions of the residency program. Any program that provides the requisite basic science experience outside the approved participating institutions must demonstrate that the educational experience provided meets these designated criteria. Faculty must participate in basic science education, resident attendance must

be monitored, education must be evaluated, and content must be integrated into the educational program.

The broad scope of the specialty of otolaryngology-head and neck surgery requires that the program provide basic science, medical, and surgical education in the following areas:

a) Basic sciences, as relevant to the head and neck and upper-aerodigestive system: anatomy, embryology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, cell biology, immunology, the communication sciences (including a knowledge of audiology and speech-language pathology and the voice sciences as they relate to laryngology), as well as the chemical senses, endocrinology, and neurology as they relate to the head and neck.

Basic science education should include instruction in anatomy, biochemistry, cell biology, embryology, immunology, molecular genetics, pathology, pharmacology, physiology, and other basic sciences related to the head and neck.

- b) Sufficient resources—including space, equipment, personnel—and funding for instruction and study of the basic sciences should be available to permit satisfactory correlation between basic science knowledge and clinical application.
- c) Communication sciences as they relate to otology and laryngology, including audiology, speech-language pathology, and voice science.
- d) Resident instruction in anatomy should include the study and dissection of cadaver anatomic specimens, including the temporal bone, with appropriate lectures and other formal sessions.
- e) Resident instruction in pathology should include formal instruction in correlative pathology in which gross and microscopic pathology relating to the head and neck area are included. The resident should study and discuss with the pathology service tissues removed at operations and autopsy material. It is desirable to have residents assigned to the Department of Pathology.
- f) Ethical, socioeconomic, and medico-legal issues that affect the provision of quality and cost-effective care and the utilization of resources within the health care system; the provision of quality and cost-effective otolaryngology care within the context of the health care system; and the use of the resources of that health care system, other medical specialists, information technology, continuing medical education, and the ongoing analysis of clinical outcomes to assure such care.

2. Clinical Conferences

Clinical conferences must be held regularly, and should be attended by all residents and faculty. Grand rounds, mortality and morbidity conferences, tumor conferences, and conferences on other pertinent topics must be included in the educational program. Interdisciplinary conferences are also encouraged.

D. Clinical Components

1. Clinical Experiences

- a) Diagnosis and diagnostic methods, including audiologic, vestibular, and vocal function testing; biopsy and fine needle aspiration techniques; and other clinical and laboratory procedures related to the diagnosis of diseases and disorders of the upper aerodigestive tract and the head and neck.
- b) Therapeutic and diagnostic imaging; the interpretation of medical imaging techniques relevant to the head and neck and the thorax, including studies of the temporal bone, skull, nose, paranasal sinuses, salivary and thyroid glands, larynx, necks, lungs, and esophagus.
- c) Diagnostic evaluation and management of congenital anomalies, otolaryngic allergy, sleep disorders, pain and other conditions affecting the regions and systems mentioned above, and

the chemical senses, endocrinology, and neurology as they relate to the head and neck.

- d) Management of congenital, degenerative, idiopathic, infectious, inflammatory, toxic, allergic, immunologic, vascular, metabolic, endocrine, neoplastic, foreign body and traumatic states through airway management, resuscitation, local/regional anesthesia, sedation and universal precaution techniques, operative intervention, and preoperative and postoperative care of the following major categories:
- (1) General otolaryngology, including pediatric otolaryngology, rhinology, bronchoesophagology and laryngology;
 - (2) Head and neck oncologic surgery;
 - (3) Facial plastic and reconstructive surgery of the head and neck;
 - (4) Otology and neurotology.
- e) Habilitation and rehabilitation techniques and procedures, including respiration, deglutition, chemoreception, balance, speech, as well as auditory measures such as hearing aids and implantable devices.
- f) Diagnostic and therapeutic techniques involving endoscopy of the upper aerodigestive tract, including rhinoscopy, laryngoscopy, esophagoscopy, and bronchoscopy, as well as the associated application of stroboscopes, lasers, mechanical debriders, and computer-assisted guidance devices.
- g) Exposure to state-of-the-art advances and emerging technology in Otolaryngology and Head-and-Neck Surgery.
- ## 2. Surgical Experience
- a) The sponsoring and participating institutions approved for the program must collectively have a sufficient number and variety of adult and pediatric medical and surgical patients who are available for resident education.
- b) While not all residents are expected to have operative experience in all surgical specialty procedures, the surgical procedures residents do perform must be sufficient in number and variety to provide education in the entire scope of the specialty. There must be adequate distribution and sufficient complexity within the principal categories of the specialty.
- c) Equivalent and adequate distribution of categories and procedures among the residents must generally be demonstrated. Significantly unequal experience in volume and/or complexity of cases managed by the residents will be considered serious noncompliance with these requirements. In some instances, the quality of care may require that case management be conducted with other specialties (e.g., hypophysectomy, cerebellopontine tumor).
- d) Documentation of each individual resident's operative experience must be provided. The cumulative operative experience of each resident must be reviewed at least semiannually by the program director as part of his or her responsibility for evaluation of the balanced progress of individual residents. The program director is responsible for compiling accurate information regarding the institutional operative records and the individual resident operative reports annually at the end of each academic year, and for submitting these records for review as requested by the RRC.
- ## 3. Outpatient Experience
- a) There must be a well-organized and well-supervised outpatient service. This service must operate in relation to an inpatient service used in the program. Residents must have the opportunity to see patients, establish provisional diagnoses, and initiate preliminary treatment plans. An opportunity for follow-up care must be provided so that the results of surgical care may be evaluated by the responsible residents. These activities

must be carried out under the supervision of appropriate faculty.

- b) If residents participate in preoperative and postoperative care in a private office, the program director must ensure that the resident functions with an appropriate degree of responsibility with adequate supervision. Experience should be provided in the procedures and management of office practice.
- c) Residents must have experience in the emergency care of critically ill and injured patients with otolaryngology-head and neck conditions.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

The educational program should provide a structured research experience for the residents, sufficient to result in an understanding of the basic principles of study design, performance, analysis, and reporting. The research experience may be clinical or basic in nature, and should reflect careful advice by and planning with the faculty. Facilities and protected time for research by the residents should also be provided, with guidance and supervision by qualified faculty.

D. ACGME Competencies

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

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

VI. Resident Duty Hours and the Working Environment

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

A. Supervision of Residents

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

B. Duty Hours

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

C. On-call Activities

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

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. During this time, residents may assist in surgery.
3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the otolaryngology service or department has not previously provided care. The resident should evaluate the patient before participating in surgery.
4. *At-home call (or pager call)* is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

- b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
- c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

5. Graded Responsibility

The responsibility given to residents in patient care should depend upon an individual resident's knowledge, problem-solving ability, manual skills, experience, and the severity and complexity of each patient's status. The program must provide residents with experience in direct and progressively-responsible patient management, including surgical experience as assistant to the surgeon, as residents advance through the educational program. This education must culminate in sufficient independent responsibility for clinical decision-making to evidence the fact that the graduating resident has developed sound clinical judgment and possesses the ability to formulate and carry out appropriate management plans.

Recognizing the nature of the specialty of Otolaryngology-Head and Neck Surgery, there should be clinical resources, if not an approved training program, in the related fields of ophthalmology, neurological surgery, neurology, pathology, radiology, anesthesiology, internal medicine, pediatrics, and emergency medicine.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

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

F. Duty Hours Exceptions

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

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing

resident performance throughout the program, and for utilizing the results to improve resident performance.

- a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

- b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.

- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

- d) Residents who fail to demonstrate appropriate industry, competence, responsibility, learning abilities, or ethics should be successively counseled and, after due process, dismissed if remediation has not occurred.

- e) It is essential that residents participate in existing national examinations. The annual Otolaryngology Training Examination (OTE), offered by the American Board of Otolaryngology, is one example of an objective test that may be used by the program. An analysis of the results of these testing programs should guide the faculty in assessing the strengths and weaknesses of individual residents and the program. The program director should also monitor the performance of program graduates on the examinations of the American Board of Otolaryngology.

2. Final Evaluation

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

B. Faculty

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

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Otolaryngology should communicate with the office of the board or consult its web site (www.aboto.org) regarding the full requirements for certification.

Approved ACGME: February 2004 Effective: July 1, 2005

Program Requirements for Residency Education in Neurotology (Otolaryngology)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

1. The neurotology lateral skull base surgery program will provide advanced education beyond that afforded in otolaryngology residency in the diagnosis and management of disorders of the temporal bone, lateral skull base, and related anatomical structures. Surgery of the lateral skull base that involves the mesial aspect of the dura or intradural structure requires the joint effort of a neurotology and neurological surgery team. A 24-month educational program will ensure that concentrated time is available for the neurotology resident to develop advanced diagnostic expertise and advanced medical and surgical management skills for the care of diseases and disorders of the petrous apex, infratemporal fossa, internal auditory canals, cranial nerves (e.g., vestibular nerve section and joint neurosurgical-neurotological resection of intradural VIII nerve tumors), and lateral skull base, including the occipital bone, sphenoid bone, and temporal bone. This advanced education is required so that the neurotology resident may develop expertise with extradural skull base approaches in collaboration with neurological surgery. The postoperative care of lateral skull base surgery patients requires the joint management of both neurological surgery and neurotology. This advanced education is also necessary for residents to gain expertise in the joint collaborative management of patients un-

dergoing lateral skull base surgery. The program will also permit exposure to new research opportunities and time to explore new research ideas.

B. Duration and Scope of Education

1. The duration of the program is 24 months, all of which must be spent at participating institutions approved by the Residency Review Committee (RRC).
2. Admission to the program is contingent on completion of a residency program in otolaryngology accredited by the Accreditation Council for Graduate Medical Education (ACGME).
3. The program must provide structured clinical opportunities for residents to develop advanced skills in neurotology and lateral skull base surgery, including exposure to intracranial approaches.
4. A sufficient volume and variety of cases must be available to ensure adequate inpatient and outpatient experience for each neurotology resident.
5. Each neurotology resident must prepare documentation of surgical experience as both assistant surgeon and surgeon in middle cranial fossa, posterior cranial fossa, and lateral skull base surgical procedures for the treatment of disorders of the auditory and vestibular system; facial nerve disorders; and congenital inflammatory, neoplastic, idiopathic, and traumatic disorders of the extradural petrous bone and apex, occipital bone, sphenoid bone, and related structures.
6. The diagnosis and medical, surgical, and rehabilitative management of congenital, traumatic, inflammatory, degenerative, neoplastic, and idiopathic.
7. Audiometric testing including auditory brainstem responses and otoacoustic emissions, vestibular testing, facial nerve testing, electrophysiologic monitoring strategies, and neuroradiologic procedures used to evaluate the temporal bone, skull base, and related structures are required experiences.

II. Institutions

A. Sponsoring Institution

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

The neurotology program must be associated with an ACGME-accredited otolaryngology program. Resident experiences in related specialties such as physical medicine and rehabilitation, neurology, neurological surgery, neuroradiology, and neuropathology must be offered by the sponsoring institution.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience. The RRC must prospectively approve the addition and deletion of all participating institutions.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;

- c) specify the duration and content of the educational experience; and
- d) state the policies and procedures that will govern resident education during the assignment.

Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month or longer in duration.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

These responsibilities include those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents, as well as the maintenance of records related to program accreditation.

3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in the specialty by the American Board of Otolaryngology and be certified in the subspecialty of neurotology, or possess qualifications judged to be acceptable by the RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
 - d) The program director must be licensed to practice medicine in the state where the sponsoring institution is located.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System (ADS). This includes the maintenance of the record of neurotology operative cases performed by the service and by each neurotology resident. These records must be reviewed annually by the program director with the resident as a part of the director's responsibility for evaluation of the balanced progress of each resident and of the program's curriculum. These data must be submitted to the RRC at the time of the program review.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.

- d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:

- (1) the addition or deletion of a participating institution; [as further specified by the RRC]
- (2) a change in the format of the educational program;
- (3) a change in the approved resident complement for those specialties that approve resident complement.

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

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. There must be at least one neurotology faculty member in addition to the program director.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Otolaryngology or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

Because neurotology is multidisciplinary in nature and because interaction with peers from related disciplines contributes to the quality of education, faculty from related disciplines such as audiology, neuro-ophthalmology, neurological surgery, neurology, physical medicine and rehabilitation, psychiatry, and radiology should participate in the program to enhance residents' educational opportunities. These faculty members should have recognized expertise in neurotology.

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

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

Additional educational resources for the program in neurotology are required. These include a temporal bone dissection laboratory; testing facilities for complete auditory and vestibular evaluation that include facilities for intracranial nerve monitoring; other diagnostic, therapeutic, and research facilities deemed appropriate.

Residents must also have ready access to a major medical library, either at the institution where residents are located or through arrangements with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases. There must also be access to an onsite library or to a collection of appropriate texts and journals in each institution participating in the educational program.

IV. Resident Appointments

A. Eligibility Criteria

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

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

One neurotology resident should be enrolled each year. A program without a resident for more than 2 successive years will be administratively withdrawn. The RRC will develop an annual resident reporting system to ensure that ACGME procedures are followed in this respect.

A program may not graduate more residents in any given year than are approved by the RRC unless prior approval has been received.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

Lines of responsibility must be clearly delineated between neurotology residents and otolaryngology residents in the areas of training, clinical responsibilities, and duration of training. Such information must be supplied to the RRC at the time of the review and survey.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

The course of study in neurotology must be comprehensive and well organized, and must provide each resident with opportunities for progressive responsibility in the management of both inpatient and outpatient environments.

The goals and objectives of the neurotology program must specifically include the following:

- a) The program must include increasing responsibility in both inpatient and outpatient environments. Direct surgical experience with all procedures must be documented. The experience must include neurotology and lateral skull base surgery techniques, with intracranial exposures performed jointly with neurosurgery.
- b) Program faculty must be responsible to the patient and the neurotology resident. In the event that a neurotologist plans an operation in which the dura may be entered, neurological consultation will be obtained to determine the appropriateness and planning of a joint surgical effort by both neurotology and neurosurgery.
- c) The program must refine the diagnostic expertise and assure the development of medical and surgical management strategies, including intracranial exposure, as well as the postoperative care necessary to treat congenital, inflammatory, neoplastic, idiopathic, and traumatic diseases of the petrous apex, internal auditory canal, cerebellopontine angle, cranial nerves, and lateral skull base, including the occipital bone, temporal bone, and craniovertebral junction.
- d) Because advanced neurotology is multidisciplinary in nature and because interactions with peers from related disciplines contribute to the quality of education, the faculty from related disciplines such as neurology, neurological surgery, audiology, neuro-ophthalmology, neuroradiology, and neuropathology should participate in the program to enhance the educational opportunities for the neurotology residents. Close interaction with physical medicine and neurologic rehabilitation in particular is highly desirable.
- e) In addition to combined educational conferences with the other disciplines listed above, cooperative efforts in the diagnostic area with neurological surgeons, surgical team approaches to operative therapy with neurosurgeons, and combined approaches to rehabilitative efforts with physical medicine and rehabilitation must be emphasized.
- f) The neurotology resident must be provided with experience in the habilitation and rehabilitation of the vertiginous patient and the treatment of intracranial and intratemporal facial nerve disorders.

- g) Participation in a multidisciplinary surgical team that manages disorders of the temporal bone, cerebellopontine angle, lateral skull base, and related structures is required. Members of the team should include audiologists, electrophysiologists, head and neck surgeons, neurologists, neuroradiologists, neurological surgeons, neuro-ophthalmologists, neuropathologists, neurotologists, and physiatrists.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

The neurotology residents must be provided with the opportunity to develop skills in providing consultation, in communication with colleagues and referring physicians, and in teaching medical students, physicians and other professional personnel.

The academic component should provide education beyond the otolaryngology residency in the basic sciences related to neurotology, including allergy and immunology, audiology and rehabilitative audiology, genetics, neuroanatomy, neurophysiology, neuropathology, neuropharmacology, neuro-ophthalmology, physical medicine and rehabilitation, temporal bone histopathology, and vestibular pathophysiology. The course of study must reflect the following content areas:

1. Neurophysiology, neuropathophysiology, and the diagnosis and therapy of advanced neurotologic disorders, including advanced audiologic and vestibular testing; the evaluation of cranial nerves and related structures; the interpretation of imaging techniques of the temporal bone and lateral skull base; and the electrophysiologic monitoring of cranial nerves VII, VIII, X, XI, and XII.
2. Vestibular rehabilitation.
3. Auditory and speech rehabilitation of the hearing-impaired.
4. The management and rehabilitation of extracranial nerve defects and those defined in the definition and description of the specialty.
5. Didactic and laboratory experience that teaches advanced surgical techniques to manage diseases and disorders of the auditory and vestibular systems; the extracranial skull base, including the sphenoid bone; the temporal bone. These techniques must include reconstructive repair of deficits in these areas.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

Clinical, basic science, and research conferences and seminars, as well as the review of critical about the subspecialty must be conducted regularly and as scheduled. The neurotology residents must participate in both the planning and conducting conferences. Both the faculty and neurotology residents must attend and participate in multidisciplinary conferences.

The course of study in must include research methodology, not to exceed 6 months, with protected time for the pursuit of scholarly activities and research. The neurotology resident should study epidemiology, statistical methods, experimental design, and manuscript preparation, including literature searches and the use of computerized databases.

It is highly desirable that the residents prepare and submit at minimum one paper for publication in a peer-reviewed journal. While the specific content will be related to the particular expertise, interest, and capability of the program faculty and institutional resources, the general goal of the research experience should be maintained.

D. ACGME Competencies

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

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

VI. Resident Duty Hours and the Working Environment

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

A. Supervision of Residents

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

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

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

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

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if un-

expected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

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

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

The methods must include observation, assessment, and substantiation of the resident's acquired body of knowledge, skills in physical examination and patient communication, technical proficiency, professional attitudes, humanistic qualities as demonstrated in the clinical setting, consultation skills, patient management, decision making, and critical analysis of clinical situations.

b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.

c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

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

B. Faculty

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

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this

purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Otolaryngology should communicate with the office of the board regarding the full requirements for certification.

ACGME Approved: February 2004 Effective: July 2004

Program Requirements for Residency Education in Pediatric Otolaryngology (Otolaryngology)

I. Introduction

A. Definition of the Subspecialty

Pediatric otolaryngology is a subspecialty within otolaryngology-head and neck surgery defined by both the age of the patient served and the knowledge and skill of the physician providing medical and surgical care. The pediatric otolaryngologist has special expertise in the management of infants and children with complex problems generally referred to tertiary care pediatric institutions with a multidisciplinary team of full-time hospital-based medical specialists. A pediatric otolaryngology educational program will be based in a tertiary care pediatric institution where the care of children can be readily coordinated with other subspecialists, thus allowing sufficient exposure and broad experience in the management of uncommon and complex otolaryngology disorders in children. A pediatric otolaryngology educational program must provide the following experiences for the pediatric otolaryngology residents: the diagnosis and care of congenital and acquired conditions involving the aerodigestive tract, nose and paranasal sinuses, the ear, diseases and disorders of the laryngotracheal complex and the head and neck; expertise in the diagnosis, treatment, and management of childhood disorders of voice, speech, language, and hearing; and a knowledge of genetics. The program should provide op-

portunities for the pediatric otolaryngologist to function as an advocate for the child and facilitate patient management in the home, school, or institutional setting.

B. Duration and Scope of Education

1. Admission to a pediatric otolaryngology program is contingent on completion of an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency program in otolaryngology.
2. The duration of a pediatric otolaryngology program is 24 months, all of which must be spent in participating institutions approved by the Residency Review Committee (RRC). The pediatric otolaryngology program must be associated with an ACGME-accredited otolaryngology program.
3. One pediatric otolaryngology resident should be enrolled each year. A program without a resident for 2 successive years will be administratively withdrawn. The RRC will develop an annual resident reporting system to ensure that the ACGME procedures are followed in this respect.

C. Program Goals and Objectives

The overall goal for residency education is to provide the pediatric otolaryngology resident with diagnostic and surgical skills for the care of ear, nose, throat, head and neck, and bronchoesophageal disorders of children that are uncommon and complex. Specific objectives include

1. an in-depth study of the embryology, developmental anatomy and physiology, microbiology, oncology, and psychology of the infant and child as related to the head and neck;
2. an understanding of the differences among the medical management of infant, childhood, and adult diseases of the head and neck;
3. provision for a sufficient number and variety of pediatric otolaryngology surgical procedures in the scope of the specialty with emphasis on those procedures infrequently encountered in the general practice of otolaryngology;
4. an appreciation for the inherent complexities of interacting with children and their families compared with adult patients; and
5. the ability to teach otoscopic and other diagnostic skills to pediatricians and other primary care physicians.

II. Institutional Organization

A. Sponsoring Institution

1. A pediatric otolaryngology educational program must be sponsored by a single sponsoring institution, as stated in the Institutional Requirements. In addition, the program must be based within a pediatric tertiary care institution that provides sufficient exposure and broad experience in the management of uncommon and complex otolaryngology disorders of children. The RRC will develop an annual resident reporting system to ensure that ACGME procedures are followed in this respect.
2. The sponsoring institution must provide sufficient faculty, clinical material, research and other educational resources to meet the needs of the pediatric otolaryngology residents.
3. Service commitments must not compromise the achievement of educational goals and objectives.

B. Participating Institutions

1. If the resources of two or more institutions are used, interinstitutional agreements must be developed by the institutional governing boards, as referenced in the Institutional Requirements.
2. The RRC must approve the addition or deletion of all participating institutions prospectively. Such approval will be based on a

clear educational rationale and the value of the institution to the program.

C. Appointment of Residents

1. The RRC will approve a total number of pediatric otolaryngology residents in the program for each year. The number will be based on the number, qualifications, and commitment of the faculty; the volume and variety of the patient population available for educational purposes; and the institutional resources committed to the program.
2. The program may not graduate more residents in any year than are approved by the RRC unless prior approval has been received.

III. Program Personnel

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

A. Program Director

1. Qualifications

- a. There must be a single program director responsible for the program with requisite and documented clinical, educational, and administrative abilities and experience. The program director must be licensed to practice medicine in the state where the institution that sponsors the program is located and must be appointed in good standing to the medical staff of an institution participating in the program.
- b. The program director must be certified by the American Board of Otolaryngology and be certified in the subspecialty or possess suitable equivalent qualifications as determined by the RRC for Otolaryngology.
- c. The program director must have administrative responsibility for the pediatric otolaryngology program and should possess the skills of administrator, clinician, teacher, and researcher. The program director must devote sufficient time to the program to ensure continuity of leadership and to fulfill all the responsibilities inherent in meeting the educational goals of the program. The executive secretary should be notified promptly of any change in program leadership.

2. Responsibilities

- a. Development of a sound administrative and organizational framework that includes an effective faculty as an essential element of the program. Continuity of leadership is essential to the program's stability. Frequent changes in leadership or long periods of temporary leadership will be cause for serious concern. The executive secretary should be notified promptly of any change in program leadership.
- b. Maintenance of a record of pediatric otolaryngology operative cases performed by the service and a record of operative experience for each pediatric otolaryngology resident. These records must be reviewed at least semiannually by the program director as a part of his or her responsibility for evaluation of the balanced progress of each individual resident and of the total program. These data must be submitted to the RRC at the time of each program review.
- c. Preparation of a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents at each level of education and for each major rotation or other program assignment. This statement must be distributed to residents and members of the faculty and be readily available for review.

- d. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
- e. Selection and supervision of faculty and other personnel at each institution participating in the program.
- f. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the faculty. Residents must be provided with prompt, reliable systems for communication and interaction with supervising physicians.
- g. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
- h. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that consistently produce undesirable stress on residents must be evaluated and modified.
- i. Preparation of an accurate statistical and narrative description of the program, as requested by the RRC.

B. Faculty

1. There must be one pediatric otolaryngology faculty member in addition to the program director who is certified by the American Board of Otolaryngology with additional appropriate professional qualifications in pediatric otolaryngology or other equivalent qualifications, as determined by the RRC.
2. There must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all pediatric otolaryngology residents in the program. Members of the faculty must be able to devote sufficient time to meet their supervisory and teaching responsibilities.
3. Because the care of pediatric otolaryngology patients may be multidisciplinary in nature, additional peers from pediatrics and other related pediatric disciplines should participate in the program to enhance the residents' educational opportunities. Examples of related faculty may include anesthesiology; medical genetics; radiology; neonatology; pediatric neurology; audiology, speech, voice, and hearing specialists; plastic surgery; and pathology.
4. The faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support for the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities. One measure of this commitment is the extent to which faculty members permit pediatric residents to participate in the management of patients under their care.
5. The faculty must be organized and have regular documented meetings to review program goals and objectives and program effectiveness in achieving them. At least one pediatric otolaryngology resident should participate in these reviews.
6. The faculty should periodically evaluate the utilization of resources available to the program, the contribution of each participating institution, the financial and administrative support for the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the faculty, and the quality of resident supervision.
7. The faculty must demonstrate involvement in scholarly activities, to include
 - a. participation in their own continuing education;
 - b. participation in regional and national scientific societies;
 - c. presentation and publication of scientific studies;

- d. active participation in research as it pertains to pediatric otolaryngology;
- e. offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research; and
- f. active participation in clinical discussions, rounds, and conferences to promote a spirit of inquiry and scholarship.

C. Other Program Personnel

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

IV. The Educational Program

The educational program must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes that are essential for the practice of the subspecialty.

This objective can be achieved only when the program leadership, the faculty, and the sponsoring institution are committed to the educational program and when appropriate resources and facilities are available.

A. General

1. The program director is responsible for developing a structured curriculum with written, defined goals and objectives. Clinical, basic science, and research conferences and seminars and journal club activities pertaining to the subspecialty must be conducted regularly. The pediatric otolaryngology resident must participate in planning and conducting the conferences. Both the faculty and the resident must attend and participate in multidisciplinary conferences.
2. The pediatric otolaryngology resident must be provided with opportunities to develop skills in providing consultation, in communicating with colleagues and referring physicians, and in teaching medical students, residents, physicians, and other professional personnel.
3. Lines of responsibility must be clearly defined between pediatric otolaryngology and otolaryngology residents in the areas of education, clinical responsibilities, and duration of education. Such information must be supplied to the RRC at the time of the survey and review.
4. The same resident duty hours and supervision requirements apply to these subspecialty residents as those documented in the Program Requirements for Residency Education in Otolaryngology.

B. Clinical

1. Outpatient Experiences
 - a. There must be adequate outpatient experiences to provide a sufficient number of visits for the evaluation of patients with varied types of disorders to provide the residents with wide experience in diagnosis and outpatient management of patients with otolaryngology disorders. Residents are required to attend a minimum of two clinic sessions per week.
 - b. Experience in the ambulatory care setting should include evaluation of children with common disorders and experience with the diagnosis and management of children with congenital abnormalities of the head and neck, hearing impairment, inherited disorders and developmental abnormalities, swallowing disorders, and sinus disease.
 - c. In addition, multispecialty, interdisciplinary team experience should be provided to include, for example, a craniofacial and/or cleft palate team.
2. Inpatient

- a. An adequate inpatient facility must be available to provide a broad range of pediatric consultative experience.
- b. Pediatric intensive care facilities must be available for resident experience.
- c. There must be a sufficient number and variety of surgical cases to provide the pediatric otolaryngology resident with operative experience in all aspects of pediatric otolaryngology. The surgical case load should include experience in the following areas: laryngobronchoesophagology, head and neck surgery, laryngotracheal surgery, otologic surgery, surgery of the nose and paranasal sinuses, surgery for congenital abnormalities of the head and neck, and surgery for benign and malignant head and neck disorders.
3. Diagnostic
 - a. Complete diagnostic facilities for infants and children with otolaryngologic disorders must be available to provide the resident with the opportunity to interpret the results of diagnostic studies.
 - b. The diagnostic studies for complete audiologic, voice, speech, language, and developmental assessments must be available. In addition, state-of-the-art diagnostic, therapeutic, and laboratory facilities must be provided.

C. Research and Scholarly Activity

1. Graduate medical education must take place in an environment of inquiry and scholarship in which pediatric otolaryngology residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty.
2. The course of study must include research methodology, not to exceed 6 months, with protected time for the pursuit of scholarly activities and research. The pediatric otolaryngology resident should study epidemiology, statistical methods, experimental design, and manuscript preparation, including literature searches and the use of computerized databases. It is highly desirable that the resident prepare and submit one paper for publication in a peer-reviewed journal.

D. Library

1. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangements with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an onsite library or to collections of appropriate texts and journals in each institution participating in the educational program.

V. Evaluation

A. Resident Evaluation

The program director, with faculty participation, must

1. evaluate residents in writing at least semiannually regarding the knowledge, skills, and professional growth using appropriate criteria and procedures. The procedures must be confidential and must include observation, assessment, and substantiation of the resident's acquired body of knowledge, skills in physical examination and patient communication, technical proficiency, professional attitudes, and humanistic qualities demonstrated in the clinical setting, consultation skills, patient management, decision making, and critical analysis of clinical situations.

2. communicate each evaluation to the resident in a timely manner and provide feedback on his or her performance, including appropriate counseling and necessary remedial effort.
3. advance residents to positions of higher responsibility based on evidence of satisfactory progressive scholarship and professional growth.
4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
5. provide a final written evaluation for each resident graduating from the program that includes a review of the resident's performance during the program. This evaluation should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record at the institution.
6. maintain the list of all surgical operative procedures performed by the resident during the educational program. These data must be submitted to the program director and kept in a permanent file for review by the RRC at the time of the site visit and review.

B. Faculty Evaluation

All faculty must be evaluated on a regular basis. This evaluation should include teaching ability and commitment to the educational program, clinical knowledge, and scholarly contributions. Residents should participate in this evaluation.

C. Program Evaluation

There should be documented evidence of periodic self-evaluation of the program in relation to the educational goals, the needs of the pediatric otolaryngology residents, and the extent to which the goals of resident education have been met. Confidential written evaluations by residents should be included in this process.

ACGME: June 1995 Effective: June 1995

Program Requirements for Graduate Medical Education in Sleep Medicine (Otolaryngology)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

Sleep medicine is a discipline of medical practice in which sleep disorders are assessed, monitored, treated, and prevented by using a combination of techniques (clinical evaluation, physiologic testing, imaging, and intervention) and medication. Specialists in sleep medicine are expected to:

1. participate in an interdisciplinary care of patients of all ages that incorporates aspects of psychiatry, neurology, internal medicine, epidemiology, surgery, pediatrics and basic science;
2. acquire detailed knowledge of the sleep and respiratory control centers, physiology, and neurobiology underlying sleep and wakefulness;
3. diagnose and manage sleep disorder patients in outpatient and inpatient settings.

B. Duration and Scope of Education

1. All prerequisite fellowship education must be taken within programs accredited by the Accreditation Council for Graduate Med-

ical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.

2. The ACGME recognizes the following educational formats for entry into sleep medicine fellowships:
 - a) Fellows must complete 12 months of sleep fellowship education after the successful completion of one of the following prerequisite educational programs:
 - (1) 3 years of internal medicine; or
 - (2) 3 years of pediatrics
 - (3) 4 years of psychiatry;
 - (4) 4 years of neurology; or
 - (5) 5 years of otolaryngology.
3. Training must be separate and distinct from all training required for certification in internal medicine, pediatrics, pulmonology, psychiatry, neurology, and otolaryngology, and include as well as didactic and clinical experience in the care of patients with sleep disorders in both inpatient and outpatient settings.
4. Training should provide clinical exposure to the following disciplines as related to sleep disorders:
 - Cardiology
 - Neurology
 - Otolaryngology
 - Oral Maxillofacial Surgery
 - Pediatrics
 - Pulmonary Medicine
 - Psychiatry
 - Psychology, including Neuropsychology
5. Relation of the Subspecialty to Core Programs
Fellowship programs in the subspecialty of sleep medicine may only be accredited in institutions where the sponsoring specialty has an ACGME-accredited residency program. The sponsoring program may be in internal medicine, psychiatry, pediatrics, neurology, or otolaryngology.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions. There is a limit of one accredited sleep medicine program per sponsoring institution.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern fellow education during the assignment.

C. Institutional Facilities and Resources

1. Patient Population

- a) There must be an adequate number and variety of patients of all ages in both inpatient and outpatient settings to expose fellows to the board spectrum of sleep disorders. This should include experience across the major categories of sleep disorders, including: apnea and other sleep-related breathing disorders; parasomnias; circadian rhythm disorders; insomnia; narcolepsy and related excessive daytime sleepiness disorders; and sleep problems related to other factors and diseases such as medications, and psychiatric and medical disorders.
 - b) Inpatient experience should include evaluation of a sufficient number of sleep disorder patients. Experience should include longitudinal management of patients for whom the fellow is the primary physician but acting under the supervision of a faculty member.
2. Facilities
- a) The facility should be appropriately equipped, and have a minimum of two fully-equipped polysomnography bedrooms and support space.
 - b) There must be adequate space and equipment for the educational program, including meeting rooms, classrooms with audiovisual and other educational aids, office space for staff and fellows, pertinent library materials, and diagnostic, therapeutic, and research facilities.
3. Institutional Resources
- a) The sponsoring institution must provide sufficient institutional resources—including GME staff, space, equipment, supplies, and time—to allow for effective oversight of its programs accredited by the ACGME.
 - b) In addition, there must be sufficient institutional resources to ensure that the programs accredited by the ACGME are implemented and developed effectively and in compliance with both the program and institutional requirements.
 - c) The American Academy of Sleep Medicine or an equivalent body should accredit for the use of both adults and children the sleep laboratories and other related facilities and equipment.
4. Library
- a) Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
 - b) Library services should include the electronic retrieval of information from medical databases.
 - c) There must be access to an on-site library or to a collection of appropriate texts and journals in each institution that participates in a fellowship program. On-site libraries and/or collections of texts and journals, or access to the electronic retrieval of these materials, must be readily available during nights and weekends.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program; he or she must be fully committed to the fellowship program, and devote sufficient time to provide leadership and supervision to the program and its fellows. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program

director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified by the specialty board in sleep medicine or be certified in sleep medicine by an ABMS Member Board, or possess qualifications judged to be acceptable by the sponsoring RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.
 On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
 - a) The program that provides training in sleep medicine must have at least two core faculty, including the director, who are specialists in Internal Medicine, Pulmonology, Psychiatry, Pediatrics, Neurology, or Otolaryngology and who are certified in sleep medicine by the specialty board in sleep medicine or by the applicable ABMS board, or who possess qualifications judged acceptable by the sponsoring RRC.
 - b) For programs with more than four fellows, a ratio of one core faculty to every two fellows must be maintained.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
 - a) Appropriate expertise in the areas defined in Section I.B. above must be present between the director and faculty. The RRC recognizes that expertise in sleep medicine is available from physicians who are board certified in many medical specialties, particularly in Internal Medicine, Pulmonology, Psychiatry, Pediatrics, Neurology, and Otolaryngology; the RRC

actively encourages multidisciplinary cooperation in the training of fellows.

- b) There must be designated faculty available to participate in consultation and teaching from the following disciplines as they relate to sleep medicine and the management of sleep disorders:

Cardiology
Neurology
Otolaryngology
Oral Maxillofacial Surgery
Pediatrics
Pulmonary Medicine
Psychiatry
Psychology including neuropsychology

3. Qualifications of the physician faculty are as follows:

- a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
b) The physician faculty must be certified by the applicable ABMS Board, or possess qualifications judged to be acceptable by the RRC.
c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:

- a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

- a) Nonphysician faculty must be appropriately qualified in their field.
b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

IV. Fellow Appointments

A. Eligibility Criteria

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

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

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

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

E. Fellow/Patient Ratio

The number of patients must be sufficient to provide a sound educational program. The program director must ensure an adequate number and variety of patients, with particular attention to balance in the age and gender of patients, as well as in patients with short- and long-term sleep disorders, inpatients, and outpatients.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

C. Fellows Scholarly Activities

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies

The fellowship program must require its fellows to obtain competence in the 6 areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their fellows to demonstrate the following:

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

2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. **Practice-based learning and improvement** that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. **Interpersonal and communication skills** that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. Didactic Program

1. Fellows must have formal instruction in, and demonstrate comprehensive knowledge of:
 - a) Major theories in sleep medicine, together with a thorough grounding in the generally accepted facts and basic sleep mechanisms.
 - b) Biological, psychological, social, economic, ethnic, and familial factors, which significantly influence the evaluation and treatment of sleep disorders.
 - c) Etiologies, prevalence, diagnosis, and treatment of all of the sleep disorders in the current nosology of sleep medicine.
 - d) The use, reliability, and validity of the generally accepted techniques for diagnostic assessment.
 - e) Medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g., the relationship between hypertension and snoring)
 - f) The nature of the interactions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment; experience and/or familiarity with the major types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments, and other somatic therapies
 - g) Administration and interpretation of psychological tests
 - h) Financing and regulation of sleep medicine.
 - i) Medical ethics and its application in sleep medicine.
 - j) Legal aspects of sleep medicine.
 - k) Research methods in the clinical and basic sciences related to sleep medicine.
 - l) Technical skills including:
 - (1) skills necessary to perform polysomnographies from preparation and hookup of the patient to the completion of the study, including multiple sleep latency and maintenance of wakefulness tests.
 - (2) Scoring and interpretation of polysomnograms and recognition of artifacts, including full montages with additional EEG leads for seizure detection
 - (3) Consultative skills in sleep medicine in a variety of medical, surgical, and psychiatric settings
2. The Curriculum
The curriculum must include instruction in the following:
 - a) Fundamental mechanisms of sleep
 - b) Etiopathogenic characterization of sleep disorders
 - c) Clinical manifestations of sleep disorders
 - d) Diagnostic strategies in sleep disorders
 - e) Treatment strategies in sleep disorders
 - f) Epidemiological issues
 - g) Airway anatomy

3. Seminars and Conferences

- a) The training program must conduct a monthly, multidisciplinary teaching conference and a monthly journal club organized by the faculty on topics that cover the scope of sleep medicine.
- b) The training program must conduct seminars and core conferences, that include didactic instruction in the following; this instruction must be relevant for pediatric and adult patients:
 - (1) Basic neurological sleep mechanisms
 - (2) Chronobiological mechanisms
 - (3) Respiratory physiology during sleep and pathophysiology
 - (4) Cardiovascular physiology during sleep and pathophysiology
 - (5) Endocrine physiology during sleep and pathophysiology
 - (6) Gastrointestinal physiology during sleep and pathophysiology
 - (7) Ontogeny of sleep
 - (8) Sleep across the life span
 - (9) Operation of polysomnographic monitoring equipment
 - (10) Polysomnographic troubleshooting
 - (11) Ambulatory monitoring methodology
 - (12) Polysomnogram interpretation
 - (13) SIDs and related respiratory distress
 - (14) Nosology for sleep disorders: The International Classification of Sleep Disorders
 - (15) Evaluation of patients presenting with excessive sleepiness
 - (16) Evaluation of patients presenting with difficulty initiating or maintaining sleep
 - (17) Evaluation of patients presenting with parasomnias
 - (18) Biological rhythm disorders
 - (19) Pediatric and neonatal sleep medicine
 - (20) Treatment approaches for obstructive sleep apnea, to include nasal CPAP, bilevel PAP, upper airway surgery, oral appliances, and position training
 - (21) Treatment approaches for insomnia, to include cognitive-behavioral therapies and pharmacological therapy
 - (22) Treatment approaches for narcolepsy and idiopathic CNS hypersomnolence
 - (23) Treatment approaches for parasomnias
 - (24) Treatment of circadian rhythm disorders
 - (25) Pharmacology of sleep (i.e. medication effects on sleep)

F. Clinical Components

1. Clinical Skills
Fellows must have formal instruction, clinical experience, and demonstrate competence at the completion of training in the management of sleep disorders in all age groups including following:
 - a) interviewing
 - b) clear and accurate history taking
 - c) performing competent physical, neurological, and mental status examinations
 - d) recording of findings completely and systematically
 - e) relating history and clinical findings to the relevant medical, neurologic, psychiatric, and social issues associated with etiology and treatment
 - f) formulating a differential diagnosis for all conditions in the current standard nosology, taking into consideration all relevant data.
 - g) diagnosing medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurologic, and psychiatric conditions
 - h) formulating appropriate treatment plans and making appropriate referrals

- i) providing continuous care for a variety of patients from different age groups, seen regularly and frequently over an extended time, in a variety of treatment modalities; being able to relate to patients and their families, as well as other members of the health care team, with compassion, respect, and professional integrity
 - j) Certification in cardiopulmonary resuscitation
2. Clinical Training
- a) Fellows must have formal instruction, clinical experience, and demonstrate competence at the completion of training in the following:
 - (1) The observation, evaluation, and management of patients of all ages with a wide variety of sleep disorders
 - (2) The integration of information obtained from patient history, physical examination, physiologic recordings, imaging studies, psychometric testing, pulmonary function testing, and biochemical and molecular tests results to arrive at an accurate and timely diagnosis and treatment plan.
 - (3) The indications for and potential pitfalls and limitations of diagnostic tests and the interpretation of the results in the context of the clinical situation. These diagnostic tests must include the following: polysomnography, multiple sleep latency testing, maintenance of wakefulness testing, actigraphy, and portable monitoring related to sleep disorders, imaging studies, magnetic resonance imaging, scoring and interpretation of polysomnograms and recognition of artifacts, including montages with additional EEG leads for seizure detection, and psychological and psychometric tests as they relate to sleep disorders.
 - (4) The development and execution of plans for evaluation and treatment, including the appropriate technical skills necessary to perform polysomnography from preparation and hookup of the patient to the completion of the study, including multiple sleep latency tests, maintenance of wakefulness tests, and other diagnostic studies
 - (5) The critical appraisal of the professional and scientific literature and application of new contributions to management and care of patients.
 - b. Fellows must have formal instruction and clinical experience in systems-based skills that include working in outpatient and inpatient settings and effectively utilizing health care resources, including pathology and radiology services.
 - (1) Clinical experiences that provide for basic and advanced training and education, as well as professional development
 - (2) Opportunities to formulate a clinical diagnosis and to order and use laboratory data to clinically evaluate a patient's condition and to support outpatient and inpatient diagnostic evaluations
 - (3) Progressive experience for training that includes caring for a sufficient number of sleep disorder patients to achieve competence in the assessment of patients with a wide range of sleep medicine disorders
 - (4) Experience with medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g. the relationship between hypertension and snoring); ability to diagnose medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurologic, and psychiatric conditions; to formulate appropriate treatment plans; and to make appropriate referrals.
 - (5) Experience with interactions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment; experience and/or familiarity with the major

types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments, and other somatic therapies; competence in sleep medicine consultation in a variety of medical, surgical and psychiatric settings.

- (6) Experience in sleep disorders center administration, especially leadership of interdisciplinary teams.
- (7) Supervised experience in teaching sleep medicine to students in the health professions.
- (8) Trainees should make regular patient management rounds and record reviews with the attending faculty.

VI. Fellow Duty Hours and the Working Environment

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

A. Supervision of Fellows

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

B. Duty Hours

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

C. On-call Activities

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

- 1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
- 2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up

to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
 - c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because fellowship education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

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

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the fellowship program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance. Fellows' evaluation by faculty must be made at least once every two months so that areas of weakness and strength may be communicated to the fellows.

a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.

c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

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

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the fellowship program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program

are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

Fellows who plan to seek certification in Sleep Medicine by the American Board of Medical Specialties should communicate with the office of the board regarding the full requirements for certification.

Approved by ACGME: June 2004 Effective: June 2004

Program Requirements for Graduate Medical Education in Pathology (Anatomic and Clinical)

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

Introduction

A. Definition

Graduate medical education programs in pathology are accredited in the following categories:

- APCP-4 Four-year programs in anatomic pathology and clinical pathology.
- AP-3 Three-year programs in anatomic pathology.
- CP-3 Three-year programs in clinical pathology.
- PCP-1 One-year programs in cytopathology.
- BB-1 One-year programs in blood banking/transfusion medicine.
- DP-1 One-year programs in dermatopathology.
- FP-1 One-year programs in forensic pathology.
- HMP-1 One-year programs in hematology.
- MM-1 One-year programs in medical microbiology.
- NP-2 Two-year programs in neuropathology.
- PP-1 One-year programs in pediatric pathology.
- PCH-1 One-year programs in chemical pathology.
- SP One-year programs in selective pathology. (Selective pathology programs are typically sponsored by institutions that provide unique educational resources in a specialized area of pathology.)

B. Duration and Scope of Training

1. Graduate medical education programs in anatomic pathology and/or clinical pathology must provide an organized educational experience for qualified physicians seeking to acquire the basic competence of a pathologist.
2. Programs must offer residents the opportunity to acquire a broad understanding of anatomic pathology and/or clinical pathology, the techniques and methods of those disciplines, and the consultative role of the pathologist in patient-care decision making.
3. APCP-4 programs are accredited to offer 4 years of education/training in anatomic pathology and clinical pathology, 3 years of training in anatomic pathology (AP-3), and 3 years of training in clinical pathology (CP-3).
4. APCP-4 programs must include 18 months of formal education in anatomic pathology and 18 months of formal education in clinical pathology. The remaining 12 months of training may be a continuation of structured anatomic pathology or clinical pathology education, or may be devoted to a specialized facet of pathology. AP-3 and CP-3 programs must include 24 months of anatomic pathology or clinical pathology education. The remaining 12 months of training may be a continuation of structured anatomic pathology and/or clinical pathology education, or may be devoted to a specialized facet of pathology. The education must occur under the direction of the program director or designated member of the teaching staff. The program director must clearly define, as part of the program description, the available opportunities whereby residents may accomplish the additional 12 months of pathology education. The program director must approve all such opportunities and monitor their progress.

Institutions

A. Sponsoring Institution

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

As other residency programs facilitate peer interchange and augment the breadth of the educational experience, institutions providing graduate medical education in anatomic pathology and/or clinical pathology should also sponsor at least three additional accredited residency programs. Programs in internal medicine, family practice, obstetrics and gynecology, general surgery, pediatrics, and radiology are considered to be most complementary to pathology education. Requests for exceptions to this requirement will be considered on a case-by-case basis.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern resident education during the assignment.
3. Resident assignments away from the sponsoring institution should not prevent regular resident participation in rounds or conferences, either at the sponsoring institution or in equivalent conferences at participating institutions.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities, including at least 5 years of participation as an active faculty member in an accredited pathology residency.
 - b) The program director must be certified in anatomic pathology, clinical pathology, or anatomic pathology and clinical pa-

thology by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.

- c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved resident complement for those specialties that approve resident complement.
 On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

1. The laboratories providing patient-care services must be accredited by the appropriate organizations and must be directed by a qualified physician who is licensed to practice medicine and is a member of the medical staff.
2. The number and qualifications of medical technologists and other support personnel must be adequate for the volume of work in the laboratory and the educational activities of the institution.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, classrooms, meeting rooms, computer and statistical consultation services) are available.

1. Office and laboratory space must be provided for the residents for both patient-care work and participation in scholarly activities.
2. The patient material of the department must be indexed in such a way as to permit appropriate retrieval.
3. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions. The services provided by the library should include the electronic retrieval of information from medical databases.
4. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.
5. The audiovisual resources available for educational purposes should be adequate to meet the goals and objectives of the program.

IV. Resident Appointments

A. Eligibility Criteria

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

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

Programs must maintain a number of residents sufficient to promote an intellectually-stimulating educational environment. There

should be at least two residents enrolled in each year of a program. A lesser number is cause for concern by the RRC.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Didactic Components

- a) Education in anatomic pathology must include autopsy and surgical pathology, cytopathology, pediatric pathology, dermatopathology, forensic pathology, immunopathology, histochemistry, neuropathology, ultrastructural pathology, cytogenetics, molecular biology, aspiration techniques, and other advanced diagnostic techniques as they become available.
- b) Education in clinical pathology must include microbiology (including bacteriology, mycology, parasitology, and virology), immunopathology, blood banking/transfusion medicine, chemical pathology, cytogenetics, hematology, coagulation, toxicology, medical microscopy (including urinalysis), molecular biologic techniques, aspiration techniques, and other advanced diagnostic techniques as they become available.
- c) Programs must provide residents with instruction and experience in the interpretation of laboratory data as part of patient-care decision-making and patient-care consultation. Residents must also participate in pathology conferences, rounds, teaching, and scholarly activity, and gain experience in the management and direction of a pathology laboratory (including quality assurance, safety, regulations, and the use of hospital and laboratory information systems).
- d) The educational experiences detailed above may be provided through separate, exclusive rotations, by rotations that combine more than one area, or by other means; in any case, all

rotations and other assignments must conform to the educational goals and objectives of the program.

- e) Seminars, Conferences, and Rounds
 - (1) There must be regularly-scheduled seminars and conferences devoted to the basic and applied medical sciences and clinical correlation conferences.
 - (2) Clinical correlation conferences (e.g., a pediatric mortality conference) should be held with clinical services such as internal medicine, surgery, gynecology, radiology, pediatrics, and their subspecialties.
 - (3) There must be departmental conferences, in which both faculty and residents participate, for detailed discussion of difficult and unusual cases.
 - (4) Residents must participate in the regular formal clinical and teaching rounds corresponding to the laboratory services to which they are assigned. For example, infectious disease service rounds should be attended during an assignment in microbiology.
- f) Consultation
 - (1) Both faculty and residents must be regularly involved in consultative activity.
 - (2) Patient-care consultations should be both intra- and interdepartmental.
- g) Resident Teaching
 - (1) Residents should participate in the education of medical students and other trainees.
 - (2) The effectiveness of residents as teachers should be monitored and evaluated by the program director and teaching staff.

2. Clinical Components

- a) The volume and variety of material available in the program for anatomic pathology education must be sufficient to ensure that residents have a broad exposure to both common conditions and unusual entities, and should develop the necessary professional and technical skills to perform the functions of an anatomic pathologist. This experience must emphasize the role of the pathologist as a consultant for effective patient care decisions.
- b) While the quality of an educational program is not based upon volume of teaching material alone, programs should have sufficient volume and variety of material available for educational purposes to ensure that all residents:
 - (1) perform at least 50 autopsies during the program. Each resident must be the primary prosector of 40 autopsies. Further, programs must ensure that residents participate fully in all aspects (including gross and microscopic examinations) of the autopsies they count toward this standard. It is highly desirable that this experience include forensic and stillborn autopsies.
 - (2) examine and sign out at least 2,000 surgical pathology specimens during the program. This material must be from an adequate mix of cases to ensure exposure to both common and uncommon conditions.
 - (3) examine at least 1,500 cytologic specimens during the program. This material must include a variety of both exfoliative and aspiration specimens.
 - (4) perform at least 200 operating room consultations (frozen sections) during the program.
- c) The volume and variety of material available in the program for training in clinical pathology should be sufficient to ensure that residents have a broad exposure to both common conditions and unusual entities, and develop the necessary professional and technical skills to perform the functions of a clinical pathologist. This experience must emphasize the role

of the pathologist as a consultant for effective patient care decisions.

- d) The number and variety of tests performed in the laboratories utilized in the program should be sufficient to give residents experience in the range of tests typically available in a general hospital. Further, resident experience should be augmented through the use of seminar and course materials and laboratory indexes of unusual cases.
- e) While the quality of an educational program is not based upon the volume of teaching material alone, programs should have a laboratory workload that will ensure that all residents gain experience with the full spectrum of clinical pathology procedures.
- f) Residents must be considered integral members of the staff of the Department of Pathology, and must have the opportunity to participate in discussion of matters related to management of the Department.
- g) There must be periods of time when decision making in the laboratory is the direct responsibility of residents, under appropriate supervision.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

1. Throughout their time in the program, residents should be exposed to and encouraged to participate in clinical or laboratory research, research seminars, work-in-progress sessions, and organized reviews of intradepartmental research.
2. Resident involvement in research may be related to methods development, clinical or basic research, or literature surveys, but in all cases the program should provide an environment that promotes research or scholarly activity by residents.

D. ACGME Competencies

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

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

VI. Resident Duty Hours and the Working Environment

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

A. Supervision of Residents

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

B. Duty Hours

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

C. On-call Activities

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

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call (or pager call)* is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must

be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

- b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
- c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

E. Oversight

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

F. Duty Hours Exceptions

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

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

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

B. Faculty

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

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Pathology should communicate with the office of the board regarding the full requirements for certification.

*ACGME: February 2001 Effective: July 2002
Editorial Revision: June 2004*

Program Requirements for Graduate Medical Education in Blood Banking/Transfusion Medicine (Pathology)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

Blood banking/transfusion medicine is the practice of laboratory and clinical medicine concerned with all aspects of blood transfusion, including the scientific basis of transfusion, selection and recruitment of blood donors, utilization and quality control, preparation of blood components, pretransfusion testing, transfusion of blood components, adverse effects of blood transfusion, autoimmunity, transplantation, histocompatibility, therapeutic apheresis and phlebotomy, blood substitutes, medicolegal considerations of transfusion, management aspects of blood services, including regulatory issues, and the history of blood transfusion. Blood banking/transfusion medicine requires a strong foundation in clinical pathology as well as clinical medicine.

B. Duration and Scope of Education

1. Graduate medical education programs in blood banking/transfusion medicine must provide an organized educational experience for qualified physicians seeking to acquire additional competence in blood banking/transfusion medicine.
2. Programs will be accredited to offer 1 year of organized education in all aspects of blood banking/transfusion medicine.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions. Each blood banking/transfusion medicine program should be administratively attached to an Accreditation Council for Graduate Medical Education-accredited residency in anatomic and/or clinical pathology.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, the teaching staff must include at least one faculty member with certification in blood banking/transfusion medicine.
 - c) The program director must be appointed in good standing, privileged in blood banking/transfusion medicine, and based at the primary teaching site.
 - d) The director must have completed at least 3 years of active participation as a specialist in blood banking/transfusion medicine following completion of training.
 - e) The director must be licensed to practice medicine in the state where the institution that sponsors the program is located.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.

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

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

1. Additional necessary professional, technical, and clerical personnel must be provided to support the program.
2. The laboratories and clinical services involved in the program must be directed by qualified physicians who are licensed to practice medicine and are members in good standing of the institution's medical staff.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. The program must have a sufficient number and variety of patients to offer training in the widest range of blood banking/transfusion medicine. There must be a mechanism for the retrieval and review of cases. There must be effective mechanisms to facilitate clinical correlation with laboratory findings.

3. There must be adequate offices, meeting rooms, classrooms, and space to support service, teaching, educational, and research activities.
4. The institutions, laboratories, and clinical services participating in the program must be appropriately accredited and/or licensed.

E. Library

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

IV. Fellow Appointments

A. Eligibility Criteria

1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
2. Fellows should have completed two years of training in an ACGME-accredited pathology residency, which must include at least 18 months of clinical pathology, or be certified by a member board of the American Board of Medical Specialties

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

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

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

1. Didactic Components

- a. There must be sufficient opportunity for the fellow to develop comprehensive knowledge of the technical aspects of blood banking and immunohematology. There must be an opportunity to acquire knowledge and skills in new technologies as they become available.
- b. Lectures, tutorials, seminars, and conferences must be regularly scheduled and held, with active participation of clinical services. The fellows must have the opportunity to attend regional or national meetings.
- c. Instruction should include studies illustrating usual and unusual cases.

2. Clinical Components

Clinical aspects of transfusion medicine must be emphasized throughout the program. Fellows must participate in ongoing clinical consultations regarding all aspects of blood transfusion and have opportunity to develop competence in providing services to patients and other physicians.

C. Fellows Scholarly Activities

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies

The program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner.

1. Patient care

Fellows must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.

2. Medical knowledge

Fellows must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.

3. Practice-based learning and improvement

Fellows must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.

4. Interpersonal and communication skills

Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other health care providers, patients, and patients' families.

5. Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice

Fellows must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

VI. Fellow Duty Hours and the Working Environment

Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for pa-

tient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows

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

B. Duty Hours

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

C. On-call Activities

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

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call (or pager call)* is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

- b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
- c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

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

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each fellow who completes the program. This evaluation must

include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

Fellows who plan to seek certification by the American Board of Pathology should communicate with the office of the board regarding the full requirements for certification.

*ACGME: September 2003 Effective: July 2004
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Program Requirements for Graduate Medical Education in Chemical Pathology (Pathology)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and scope of the specialty

Chemical Pathology is the practice of pathology devoted primarily to the use of biochemical and molecular techniques in the laboratory diagnosis and management of human disease. Chemical Pathologists should be capable of advising clinicians on the selection and interpretation of clinical chemistry tests, and be capable of managing and directing a clinical chemistry laboratory.

- B. Programs will be accredited to offer one year of graduate medical education in chemical pathology following the completion of an ACGME-accredited residency in Anatomic Pathology and Clinical Pathology, Anatomic Pathology, or Clinical Pathology.

II. Institutions

A. Sponsoring Institution

1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. The sponsoring institution should also sponsor an ACGME-accredited program in Anatomic and Clinical Pathology.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational envi-

ronment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:

- a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
- b) The program director must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, the teaching staff must include at least one faculty member with certification in chemical pathology.
- c) The program director must be appointed in good standing and based at the primary teaching site.
- d) have at least of 3 years active participation as a specialist in chemical pathology following completion of training.
- e) be licensed to practice medicine in the state where the institution that sponsors the program is located.

4. Responsibilities of the program director are as follows:

- a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
- b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
- c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
- d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.

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

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.

- c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
- a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

- a) Nonphysician faculty must be appropriately qualified in their field.
- b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. Sponsoring institutions must provide the necessary clinical material to support experience at a sufficient level for the trainee to acquire the competency of a specialist in chemical pathology.
3. Program laboratories must have sufficient office and work space for both laboratory personnel and program trainees.
4. The laboratories in all participating institutions should have adequate and modern equipment and facilities, sufficient personnel, and appropriate policies and procedures for the performance of all laboratory aspects of chemical pathology.
5. Fellows must have ready access to a major medical library either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
 - a. Library services should include the electronic retrieval of information from medical databases.
 - b. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
2. Fellows must have completed at least two years of training in an ACGME-accredited pathology residency, which must include at

least 18 months of clinical pathology, prior to admission to the program.

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

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

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

1. Didactic components

The educational program must be designed to provide fellows a broad education in chemical pathology through didactic instruction and practical experience.

2. Clinical components

a. Programs must provide instruction and give trainees the opportunity to gain experience in clinical laboratory consultation and interpretation of data in the areas of Electrolytes and Acid-Base, Protein Markers, Lipids, Renal Function, Hepatic Function, Gastro-Intestinal Function, Cardiac Function, Therapeutic Drug Monitoring & Toxicology, Autoimmune Disease, Endocrinology, and Metabolic Diseases. The program must also provide structured instruction and experience in the administration, management, and direction of a chemical pathology laboratory, including quality assurance, safety, regulations, and the use of laboratory and hospital data systems.

b. The analytical repertoire of the laboratory must be distributed satisfactorily within the various categories and subdivisions of chemical pathology to provide experience at a sufficient level

for the fellow to acquire the competency of a specialist in chemical pathology.

- c. Clinical training in relation to chemical pathology, including the use and interpretation of chemical analyses in clinical diagnosis and management, must be an integral part of the training program.
- d. The program must provide opportunities for fellows to develop knowledge and skills relating to analytical chemical pathology, both basic and applied.

C. Fellows Scholarly Activities

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies

The program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner.

1. Patient care

Fellows must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.

2. Medical knowledge

Fellows must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.

3. Practice-based learning and improvement

Fellows must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.

4. Interpersonal and communication skills

Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other health care providers, patients, and patients' families.

5. Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice

Fellows must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

VI. Fellow Duty Hours and the Working Environment

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

A. Supervision of Fellows

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

2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

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

C. On-call Activities

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

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

D. Moonlighting

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

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

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

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

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

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly

activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

Fellows who plan to seek certification by the American Board of Pathology should communicate with the office of the board regarding the full requirements for certification.

*ACGME: September 2003 Effective: July 2004
Editorial Revision: June 2004*

Program Requirements for Graduate Medical Education in Cytopathology (Pathology)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and scope of the specialty

Cytopathology is the practice of pathology concerned with the study and diagnosis of human disease manifested in cells. Diagnostic cytopathology requires a strong foundation in anatomic pathology.

B. Duration and Scope of Education

1. Graduate medical education programs in cytopathology must provide an organized educational experience for qualified physicians seeking to acquire the competence of a cytopathologist.
2. Programs will be accredited to offer 1 year of organized education in all current aspects of cytopathology, including laboratory procedures, laboratory management, quality assurance, self-assessment, diagnostic and patient care decision making, and the scientific basis of cytopathology.

II. Institutions

A. Sponsoring Institution

1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. A cytopathology program should be administratively attached to an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency in anatomic and clinical pathology or anatomic pathology.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, the teaching staff must include at least one

faculty member certified by the American Board of Pathology in cytopathology.

- c) The program director must be appointed in good standing and based at the primary teaching site.
 - d) The director must have at least 3 years active participation as a cytopathologist following completion of training.
 - e) The director must be licensed to practice medicine in the state where the institution that sponsors the program is located.
4. Responsibilities of the program director are as follows:
- a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.

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

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

- b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
- c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

- a) Nonphysician faculty must be appropriately qualified in their field.
- b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. The program must provide access to a large volume and variety of cytopathology material that includes gynecologic, non-gynecologic and FNA samples. The material and files must be organized to permit appropriate retrieval. There must be mechanisms to facilitate correlation with other diagnostic studies.
3. There must be adequate equipment, laboratory facilities, offices, meeting rooms, classrooms, and space to support service, teaching, educational, and research activities.
4. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.

E. Library

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

IV. Fellow Appointments

A. Eligibility Criteria

1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
2. Prior to enrollment in a cytopathology program, fellows should have completed at least two years of training in an ACGME-accredited pathology residency, which must include at least 18 months of anatomic pathology or 18 months of clinical pathology.

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources

for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

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

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

1. Didactic components

Educational opportunities to support training must be available. These should include, but not be limited to:

- a. Regularly scheduled lectures, seminars, and conferences with clinical services.
- b. Study sets of usual and unusual cases.

2. Clinical components

- a. There must be ample opportunity for fellows to develop knowledge and skills in the techniques of screening, specimen collection, cytopreparation (including thin layer preparation), management, quality assurance, and informatics. The fellow should understand the application of additional diagnostic adjuncts such as flow cytometric analysis, in situ hybridization, hormone receptor assessment, cytogenetic testing, and other new immunological and molecular techniques as they become applicable to the study of cells; the performance of these techniques, however, is not an on-site requirement.
- b. Diagnosis, pathogenesis, clinical correlation, consultative skills, and prognostic significance must be emphasized throughout the program.
- c. Fellows must be instructed and involved in correlating cytologic and histopathologic specimens.
- d. Adequate material and exposure must be available for all types of cytologic specimens, including gynecologic, non-gynecologic, and aspirate material.

- e. Fellows must learn to perform fine needle aspirations (FNA) on living patients and provide rapid evaluation of these specimens. It is the responsibility of the program director to ensure that fellows perform an adequate number of fine needle aspirations procedures to develop competence in the performance of this procedure. These should include FNAs of the thyroid gland, head and neck, breast, and other superficial soft tissue masses. Fellows must maintain a log of the procedures they perform.

C. Fellows Scholarly Activities

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies

The program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner.

1. Patient care

Fellows must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.

2. Medical knowledge

Fellows must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.

3. Practice-based learning and improvement

Fellows must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.

4. Interpersonal and communication skills

Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other health care providers, patients, and patients' families.

5. Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice

Fellows must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

VI. Fellow Duty Hours and the Working Environment

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

A. Supervision of Fellows

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

2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

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

C. On-call Activities

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

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

D. Moonlighting

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

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

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

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

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

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly ac-

tivities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

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

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

Fellows who plan to seek certification by the American Board of Pathology should communicate with the office of the board regarding the full requirements for certification.

*ACGME: September 2003 Effective: July 2004
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Program Requirements for Graduate Medical Education in Dermatopathology (Pathology)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Subspecialty

1. Dermatopathology is the subspecialty of dermatology and pathology that is concerned with the study and diagnosis of diseases of the skin and adjacent mucous membranes, cutaneous appendages, hair, nails and subcutaneous tissues by histological,

histochemical, immunological, ultrastructural, molecular, microbiological, and other related techniques.

2. Graduate medical education programs in dermatopathology must provide an organized educational experience for qualified physicians seeking to acquire the additional competence of a dermatopathologist.
3. Programs must provide organized education in all current aspects of dermatopathology, including basic science, laboratory procedures, laboratory management, quality assurance, and self-assessment.
4. The dermatopathology program must be an equal and joint function of the Department of Dermatology and of the Department of Pathology in the sponsoring institution that has an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency in Dermatology and an ACGME-accredited residency in Anatomic Pathology (AP-3) or Anatomic and Clinical Pathology (APCP-4).

B. Duration and Scope of Education

1. Dermatopathology programs must offer 12 months of education subsequent to the satisfactory completion of an ACGME-accredited residency in either dermatology or pathology.
2. For all dermatopathology fellows, 50% of their education should be devoted to the study of dermatopathology as outlined in II.A.1. For those who have completed a pathology residency, 50% of the 1-year program should be education in clinical dermatology provided by the dermatology teaching staff. For those who have completed a dermatology residency, 50% of the program should be education in anatomic pathology provided by the pathology teaching staff.

II. Institutions

A. Sponsoring Institution

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

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the

program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.

2. The Program Director, together with the faculty, is responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of fellows, and the maintenance of records related to program accreditation, as well as for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership, and must devote sufficient time to the program to ensure the implementation of sound administrative practices and the provision of adequate facilities, teaching staff, fellow staff, and educational resource materials.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in Dermatopathology by the American Board of Dermatology or the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
 - d) The director must be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
 - e) The director must have at least 5 years of experience (following fellowship) in the practice of dermatopathology.
 - f) The director must have had experience as a teacher and/or administrator in a dermatopathology or related program
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.

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

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications in

dermatopathology to instruct and supervise adequately all fellows in the program

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Dermatology or the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

1. The laboratories involved in the program must be directed by qualified physicians who are licensed to practice medicine and are members in good standing of the institution's medical staff.
2. Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. There must be ample case material and supporting facilities to meet the training requirements in dermatopathology, dermatology, and pathology. Each dermatopathology fellow should examine at least 5,000 dermatopathology specimens (i.e., inhouse or referred specimens in the institution's accessions file for which reports are generated.)

3. There must be adequate equipment, laboratory space, office facilities, meeting rooms, classrooms, and research space to support service, teaching, and educational responsibilities.
4. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.
5. Fellows must have ready access to a major medical library either at the institution where the fellows are located or through arrangement with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a fellowship program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
2. Fellows appointed to an ACGME-accredited dermatopathology fellowship must have completed an ACGME-accredited residency in Anatomic Pathology (AP-3), Anatomic Pathology/Clinical Pathology (AP/CP-4), or Dermatology.

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

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

D. Appointment of Other Students

The appointment of fellows from other programs, residents or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format

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

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also pro-

vide fellows with direct experience in progressive responsibility for patient management.

1. Didactic Components

- a. Lectures, tutorials, seminars, and conferences with clinical services must be regularly scheduled and held.
- b. Instruction should include the use of and access to study sets and files of usual and unusual cases and other educational resources (e.g., the internet, etc.).

2. Clinical Components

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

C. Fellows Scholarly Activities

1. Each program must provide an opportunity for fellows to participate in dermatopathologic research or other scholarly activities, and fellows must participate actively in such scholarly activities.
2. Fellows should have the opportunity to become involved in the teaching of dermatopathology.

VI. Fellow Duty Hours and the Working Environment

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

A. Supervision of Fellows

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided

with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

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

C. On-call Activities

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

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

D. Moonlighting

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

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

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

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly

activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

Fellows who plan to seek certification by the American Board of Dermatology or the American Board of Pathology should communicate with their respective boards regarding the full requirements for certification.

*ACGME: February 2002 Effective: July 2002
Editorial Revision: March 2004*

Program Requirements for Graduate Medical Education in Forensic Pathology (Pathology)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and scope of the specialty

Forensic pathology is the application of the principles of medicine and pathology to the study of sudden, unexpected, suspicious, and violent death in order to determine the mechanisms, cause and manner of death.

B. Duration and scope of education

The educational program in forensic pathology shall be for a period of 1 year.

II. Institutions

A. Sponsoring Institution

1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. A forensic pathology program should be administratively attached to an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency in anatomic and clinical pathology or anatomic pathology.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, the teaching staff must include at least one faculty member certified by the American Board of Pathology in Forensic Pathology.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
 - d) The director must have at least 3 years active participation as a forensic pathologist following completion of training.

- e) The director must be licensed to practice medicine in the state where the jurisdiction in which the program is located.
 - 4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.
- On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
 - a. The teaching staff must include at least two forensic pathologists (including the program director.)
 - b. Programs that offer training for two or more residents must have a senior staff of qualified forensic pathologists that numbers at least one more than the number of fellowship positions.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;

- c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

- a) Nonphysician faculty must be appropriately qualified in their field.
- b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. Approximately 500 medicolegal autopsies should be conducted in an approved program each year. Of these, 100 or more should be in cases in which death is due to the immediate (within 24 hours) and direct effects of physical or chemical injury.
3. The institution or office should conduct approximately 300 additional autopsies for each additional fellowship position requested.
4. Adequate facilities and competent personnel shall be available and properly utilized for the conduct of all bacteriologic, biochemical, toxicology, firearms, trace evidence, physical anthropology, odontology, and other scientific studies as may be needed to insure complete postmortem investigation. When such support services are not housed at the medicolegal facility, they should be available and accessible to the fellow at suitable laboratories.

E. Library

1. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
2. Prior to enrollment in a forensic pathology program, fellows should have completed at least two years of training in an ACGME-accredited pathology residency, which must include at least 18 months of anatomic pathology or 18 months of anatomic pathology.

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

To determine the appropriate level of education for fellows who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of residency education for fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum**A. Program Design****1. Format**

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum

1. The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.
2. The program must provide a wide variety of case types for examination by the fellow.
3. A fellow should perform at least 200 and not more than 300 autopsies in a year of approved training. At least 200 of the cases must be complete autopsies that include active participation in:
 - a. Review of medical history and circumstances of death
 - b. External examination of the body.
 - c. Gross dissection.
 - d. Review of microscopic and laboratory findings.
 - e. Preparation of written descriptions of the gross and microscopic findings.
 - f. Development of an opinion regarding the cause of death.
 - g. Review of the autopsy report with a member of the teaching staff.
4. All fellows should have experience in scene investigations, including examination of the body before it has been disturbed.
5. The fellow should have responsibility for the performance of autopsies on cases that are likely to result in criminal prosecution or civil litigation, and it is highly desirable for fellows to have opportunities to participate in the legal follow-up of cases if such occurs during the course of their year of training.

6. It is highly desirable for fellows to accompany staff pathologists when they testify in court and give depositions.
7. During the year of approved training, the fellow must have a period of approximately 4 to 8 weeks devoted exclusively to laboratory experience in toxicology, physical anthropology, and components of the crime laboratory such as firearms, serology, and trace evidence.
8. Fellows should receive training in making decisions about acceptance of cases, performing or not performing an autopsy, issues pertaining to tissue and organ donations, and determination of manner of death.
9. Fellows should keep a log of their experience, to include autopsies, external examinations, crime scene visits, and opportunities to observe or provide court testimony.
10. Fellows must have the opportunity to assume increasing responsibility as they progress through the program.

C. Fellows Scholarly Activities

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies

The program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner.

1. Patient care

Fellows must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.

2. Medical knowledge

Fellows must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.

3. Practice-based learning and improvement

Fellows must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.

4. Interpersonal and communication skills

Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other health care providers, patients, and patients' families.

5. Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice

Fellows must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

VI. Fellow Duty Hours and the Working Environment

Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both in-patient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
 - c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.
- d) Assessment should include the periodic review of the log of fellow experience in autopsies, external examinations, crime scene visits, and the observation and/or provision of court testimony.

2. Final Evaluation

The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice com-

petently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

Fellows who plan to seek certification by the American Board of Pathology should communicate with the office of the board regarding the full requirements for certification.

*ACGME: September 2003 Effective: July 2004
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Program Requirements for Graduate Medical Education in Hematology (Pathology)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and scope of the subspecialty

Hematology is the practice of pathology concerned with the study and diagnosis of human diseases involving the hematopoietic tissues and cells. Hematology requires a strong foundation in pathology.

B. Duration and scope of education

1. Graduate medical education programs in hematology must provide an organized educational program for qualified physicians seeking to acquire additional competence in hematology, and should be associated with an active program in both adult and pediatric hematology.
2. Programs will be accredited to offer 1 year of organized training in all current aspects of hematology, including laboratory procedures, laboratory management, database management, quality assurance, self-assessment, clinical consultation, and the scientific basis of hematology.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions. A hematology program should be administratively attached to an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency in anatomic and clinical pathology or anatomic pathology.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is ac-

countable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.

2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:

- a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
- b) The program director must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, the teaching staff must include at least one faculty member certified by the American Board of Pathology in hematology.
- c) The program director must be appointed in good standing and based at the primary teaching site.
- d) The director must have at least 3 years active participation as a hematology pathologist following completion of training.
- e) The director must be licensed to practice medicine in the state where the institution that sponsors the program is located.

4. Responsibilities of the program director are as follows:

- a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
- b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
- c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
- d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and ob-

jectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:

- a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
- b) The physician faculty must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
- c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:

- a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
- b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
- c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

- a) Nonphysician faculty must be appropriately qualified in their field.
- b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

1. Additional necessary professional, technical, and clerical personnel must be provided to support the program.
2. The laboratories involved in the program must be directed by qualified physicians who are licensed to practice medicine and are members in good standing of the institution's medical staff.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. The program must have access to the number and variety of patients needed to provide education in hematology. The material and files must be indexed to permit appropriate retrieval. There must be mechanisms to facilitate correlation with anatomical material.
3. There must be adequate equipment, laboratory facilities, offices, meeting rooms, classrooms, and space to support service, teaching, educational, and research activities.
4. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.

E. Library

1. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.

2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
2. Fellows should have completed at least two years of training in an ACGME-accredited pathology residency, or be certified in another specialty by a member board of the American Board of Medical Specialties.

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

To determine the appropriate level of education for fellows who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of residency education for fellows who may leave the program prior to completion of their education.

D. Appointment of Other Students

The appointment of fellows from other programs, residents, or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

1. Didactic components

- a. Lectures, tutorials, seminars, rounds, and conferences with clinical services must be regularly scheduled and held.

- b. Instruction should include the use of study sets of usual and unusual cases, performance of tests under supervision, and interpretation of results with generation of narrative reports.

2. Clinical Components

- a. There must be ample opportunity for the fellows to develop knowledge and skills in the techniques of specimen collection and preparation for routine hematologic testing, bone marrow aspiration, biopsy and interpretation, lymph node interpretation, coagulation testing, flow cytometry, and the applications of advanced technology, including in situ hybridization, immunocytochemistry, cytogenetics, and molecular studies (including FISH, Southern Blot, PCR, etc.), to hematologic problems. Adult and pediatric diagnostic material must be available. Fellows must maintain a log of their procedures.
- b. Diagnosis, pathogenesis, clinical correlation, and prognostic significance of hematologic disease must be emphasized throughout the program.
- c. Fellows must be given increasing responsibilities for services to patients and other physicians as they progress through the program. Fellows must be provided with clearly defined graduated responsibilities and delegated authority.
- d. Fellows must be instructed in methods of correlating data from cytological, histopathological, and clinical pathology assessments of hematologic disease.

C. Fellows Scholarly Activities

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies

The program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner.

1. Patient care

Fellows must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.

2. Medical knowledge

Fellows must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.

3. Practice-based learning and improvement

Fellows must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.

4. Interpersonal and communication skills

Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other health care providers, patients, and patients' families.

5. Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice

Fellows must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

VI. Fellow Duty Hours and the Working Environment

Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educa-

tional and clinical responsibilities, averaged over a 4-week period.

- b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
- c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
 - b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
 - c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.
- #### 2. Final Evaluation

The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

Fellows who plan to seek certification by the American Board of Pathology should communicate with the office of the board regarding the full requirements for certification.

*ACGME: February 2004 Effective: July 2004
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Program Requirements for Graduate Medical Education in Medical Microbiology (Pathology)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

Medical Microbiology is a subspecialty of pathology concerned primarily with the laboratory diagnosis, treatment, and control of infectious diseases. Practitioners of medical microbiology should be qualified to provide medical, scientific, and administrative direction of a diagnostic microbiology laboratory; consultations as a physician regarding the pathologic/microbiologic diagnosis of infectious diseases; and clinical consultations on the selection and interpretation of medical microbiology tests. In addition to these activities, medical microbiologists may be expected to direct the infection control program of a healthcare organization, and to participate on or direct an antibiotic formulary committee (to optimize the wise use of antimicrobial agents and minimize the emergence of resistance toward these compounds). Training encompasses the pathophysiology of infectious diseases, the epidemiology of the spread of infectious microbes, and the use of antimicrobial agents based on sound pharmacokinetic/pharmacodynamic principles. Physicians trained in Medical Microbiology should be qualified to:

1. Provide medical, scientific, and administrative direction to a diagnostic microbiology laboratory.
2. Interpret and correlate the clinical status of a patient with the results of Medical Microbiology testing, including the implications of both negative and positive test results.
3. Provide medical advice on the diagnosis, treatment, and control of infectious diseases.
4. Perform and interpret all relevant forms of microscopy (e.g., light, fluorescence, and electron microscopy) for the morphologic diagnosis of infectious diseases in clinical materials (e.g., direct microscopy of stained smears, cytologic preparations, and tissue sections).
5. Use immunological and molecular methods to aid in the detection and identification of microorganisms and their virulence factors.
6. Independently evaluate and solve problem situations identified by the medical and laboratory staff relating to medical microbiology, infectious diseases, and epidemiology.
7. Assess/recognize the public health implications of specific microorganisms, and means for their control.
8. Participate in decisions that affect communicable disease prevention and epidemiology.
9. Undertake research and development of new testing methods for medical microbiology, infectious diseases, and epidemiology.
10. Participate in the training of others in Medical Microbiology.
11. Participate in institution-wide financial decisions relating to the diagnosis, management, treatment, and control of infectious diseases.

B. Duration and Scope of Education

Programs will be accredited to offer one year of graduate medical education in medical microbiology following the completion of an ACGME-accredited residency in Anatomic Pathology and Clinical Pathology, Anatomic Pathology, or Clinical Pathology, or completion of an ACGME-accredited residency in another primary medical spe-

cialty and completion of an ACGME-accredited fellowship in infectious diseases.

II. Institutions

A. Sponsoring Institution

1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. The sponsoring institution should also sponsor ACGME-accredited residency in anatomic and clinical pathology.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, the teaching staff must include at least one faculty member certified by the American Board of Pathology in medical microbiology.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
 - d) The director must have at least 3 years active participation as a medical microbiologist following completion of training.
 - e) The director must be licensed to practice medicine in the state where the institution that sponsors the program is located.
4. Responsibilities of the program director are as follows:

- a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
- b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
- c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
- d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in re-

search such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. Sponsoring institutions must provide the necessary clinical material and analytical capability in medical microbiology to support experience at a sufficient level for the trainee to acquire the competency of a specialist in medical microbiology.
3. Medical microbiology fellows must have access to reference laboratories for training in specialized procedures not available in laboratories in the sponsoring institution.
4. The laboratories in all participating institutions should have adequate and modern equipment and facilities, sufficient personnel, and appropriate policies and procedures for the performance of all laboratory aspects of medical microbiology, epidemiology, and infectious diseases.

E. Library

1. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
2. Completion of an ACGME-accredited residency in Anatomic Pathology and Clinical Pathology, Anatomic Pathology, or Clinical Pathology, or completion of an ACGME-accredited residency in another primary medical specialty and completion of an ACGME-accredited fellowship in infectious diseases is a prerequisite.

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

To determine the appropriate level of education for fellows who are transferring from another residency program, the program director must receive written verification of previous educa-

tional experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of residency education for fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

1. Didactic Components

a. Programs must provide instruction and give trainees the opportunity to gain experience and competence in the interpretation of laboratory data as part of patient care decision making and patient care consultation. The program must also provide structured instruction and experience in the administration, management, and direction of a medical microbiology laboratory, including quality assurance, safety, regulations, and the use of laboratory and hospital information systems. All trainees must also participate in medical microbiology conferences, journal clubs and rounds, teaching, and scholarly activity.

b. The program should provide regular administrative meetings, seminars, and conferences in medical microbiology, in pathology, and in the clinical and epidemiologic aspects of infectious diseases.

c. Instruction should include, but not be limited to, training in medical bacteriology, mycobacteriology, mycology, virology, parasitology, immunology, molecular testing related to infectious diseases, public health microbiology (including epidemiologic typing as related to infection control), and antimicrobial testing.

2. Clinical components

a. The training program must provide opportunities for fellows to develop knowledge and skills related to the selection, collection and transport of specimens, processing of specimens, direct microscopic examination of clinical materials, examination of cultures, identification of microorganisms by all appropriate methodologies (including morphologic, immunologic, and molecular techniques), supplemented with stock cultures of infrequently encountered and medically important microorganisms, microscopic slides, photographs and seminar material.

- b. In depth knowledge of specimen collection, transport and processing, microscopic examination of specimens, histopathologic and clinical correlation of microbiologic data, activity and pharmacokinetics of antimicrobial agents, principles and interpretation of antimicrobial susceptibility testing and antimicrobial assays are important educational objectives.
- c. Fellows must develop knowledge and skills relating to principles of disinfection and sterilization, hospital infection control, infection control committee functions and responsibilities, microbiologic safety, quality control, workload accounting, budgeting, personnel supervision, and epidemiology as related to hospital and public health issues.
- d. Educational experiences should include opportunities to observe patients of all ages with a wide variety of infectious diseases through interaction with physicians from other clinical services.

C. Fellows Scholarly Activities

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies

The program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner.

1. Patient care

Fellows must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.

2. Medical knowledge

Fellows must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.

3. Practice-based learning and improvement

Fellows must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.

4. Interpersonal and communication skills

Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other health care providers, patients, and patients' families.

5. Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice

Fellows must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

VI. Fellow Duty Hours and the Working Environment

Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
 - c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation**A. Fellow****1. Formative Evaluation**

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

Fellows who plan to seek certification by the American Board of Pathology should communicate with the office of the board regarding the full requirements for certification.

ACGME: September 2003 Effective: July 2004
Editorial Revision: June 2004

Program Requirements for Graduate Medical Education in Molecular Genetic Pathology (Pathology)

Common Program Requirements appear in bold.

Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition of the Subspecialty

Molecular Genetic Pathology (MGP) is the subspecialty of Medical Genetics and Pathology in which the principles, theory, and technologies of molecular biology and molecular genetics are used to make or confirm clinical diagnoses of Mendelian genetic disorders, disorders of human development, infectious diseases and malignancies, to assess the natural history of those disorders, and to provide the primary physician with information by which to improve the ability to provide optimal care for individuals affected with these disorders. Molecular Genetic Pathology includes a body of knowledge and techniques necessary to study diseases associated with alterations in genes, provides information about gene structure, function, and alteration, and applies laboratory techniques for the diagnosis, treatment, and prognosis of individuals with these disorders.

B. Duration and Scope of Education

Educational programs in molecular genetic pathology must be 1 year in length and provide a structured educational experience for qualified physicians seeking to acquire additional competence in all current aspects of the discipline including basic science, diagnostic laboratory procedures, laboratory management, and consultation. Programs must be designed to teach trainees to integrate molecular genetic pathology into medical consultations with clinicians in the diagnosis and care of patients.

II. Institutions

A. Sponsoring Institution

1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. Postgraduate fellowships in molecular genetic pathology will be accredited in institutions that also sponsor ACGME-accredited residencies in medical genetics and pathology. Requests for exceptions to this policy will be reviewed on a case by case basis.
3. The molecular genetic pathology program must be jointly sponsored by the Department of Pathology and the Department of Medical Genetics. Further, the sponsoring institution must ensure that activity is supported by other disciplines, including internal medicine, pediatrics, and obstetrics-gynecology.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in by the American Board of Medical Genetics (in clinical Medical Genetics) or the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC and certification in Molecular Genetic Pathology or possess qualifications judged to be acceptable by the Residency Review Committees.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;

(3) a change in the approved fellow complement for those specialties that approve fellow complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in by the American Board of Medical Genetics or the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. A sufficient volume and variety of current specimens from adult and pediatric patients must be available to provide MGP fellows a broad exposure to consultation regarding medical genetic testing for congenital and acquired diseases without diluting the ed-

ucational experience of fellows in affiliated Pathology and Medical Genetics residencies.

3. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.
4. Fellows must have ready access to a major medical library. Library services should include electronic retrieval of information from national medical databases.
5. Fellows must have ready on-site access to appropriate texts and journals in each institution participating in the program.

IV. Fellow Appointments

A. Eligibility Criteria

1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
2. MGP fellows should have completed training in an ACGME accredited residency in either Medical Genetics or Pathology, or be a physician who is certified by the American Board of Medical Genetics.

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

To determine the appropriate level of education for fellows who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of residency education for fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.
2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum

1. The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.
2. Programs should be structured so that fellows are involved in MGP throughout the year. The program must include didactic instruction and practical experience with the molecular biology

and the biochemistry of nucleic acids and proteins including structure, function, replication mechanisms, in vitro synthesis, and the roles of DNA and various RNA classes and proteins in cellular biology. Programs should instruct fellows in an understanding of the mechanism of regulation of gene expression in prokaryotes and eukaryotes, and the biochemical mechanisms of mutations. The program should instruct fellows in the detailed knowledge of disease processes at the molecular level and the methods used for their detection. These diseases include but are not limited to: solid tumors, leukemia-lymphomas, infectious diseases, inherited Mendelian diseases, non-Mendelian and acquired genetic diseases (e.g., mitochondrial disorders, triplet repeats, expansion disorders, cytogenetic aberrations, and imprinting disorders). In addition, fellows should be instructed in tissue typing/identity testing and the principles of linkage analysis. The program should instruct fellows in their role as a consultant and the application of molecular techniques and interpretation of results with regard to diagnosis, prognosis, treatment and recurrence risk in patient care decision making.

3. Fellows must maintain a logbook of MGP cases in which they were involved in sufficient detail to ascertain the fellows' involvement in establishing the primary diagnosis and the transmittal of this information. A "case" is defined as the complete laboratory evaluation of an individual or an individual specimen (e.g., for tumor specimens). If a family study is involved, the entire family is considered as a single case. Completion of the case will involve appropriate communication of the results (e.g., written report, verbal communication to referring physician and/or counseling of the individual/family). The logbook should contain sufficient information to demonstrate experience with the breadth of techniques and variety of diseases necessary to direct an MGP diagnostic laboratory service.
4. The program must provide a sufficient volume and variety of MGP specimens and other educational material for the fellow to acquire the qualifications of a consultant in MGP. The fellow must be instructed to create and must keep a logbook of each accession in which they are involved.
5. Fellows must gain experience as consultants in clinical decision making in collaboration with professionals from related disciplines and in the cost-effective use of molecular genetic pathology testing.
6. The program must provide the fellow with the experience required to set up and to operate a MGP laboratory and to supervise and train laboratory personnel in other advanced techniques as they are developed.
7. MGP fellows who are pathologists must participate in the diagnosis, management, and treatment of patients with genetic disorders and in the counseling of the patient and the family. MGP fellows who are medical geneticists must have exposure to autopsy and surgical pathology. This experience should emphasize contemporary diagnostic techniques and require involvement in autopsies, surgical pathology, the review of slide sets of diseases relevant to Molecular Genetic Pathology, and other relevant pathology activities.
8. There must be regularly scheduled inter-departmental MGP conferences as well as intra-departmental conferences, lectures, seminars, journal clubs and other structured educational activities. Both teaching staff and fellows must attend and actively participate in these sessions on a regular basis.
9. Instruction should include the use of study sets and files of usual and unusual cases and other educational materials.

C. Fellows Scholarly Activities

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies

The residency program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their fellows to demonstrate the following:

1. *Patient care* that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. *Medical Knowledge* about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. *Practice-based learning and improvement* that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. *Interpersonal and communication skills* that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. *Systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

VI. Fellow Duty Hours and the Working Environment

Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
 - c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of ac-

tion, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

Fellows who plan to seek certification in Molecular Genetic Pathology should communicate with the office of their respective office regarding the full requirements for certification.

*ACGME: June 2001 Effective: June 2001
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Program Requirements for Graduate Medical Education in Neuropathology (Pathology)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

- A. Neuropathology is the branch of medicine dealing with morphological and other aspects of disease of the nervous system.
- B. The educational program must be 2 years in length and provide a structured educational experience in all current aspects of the discipline, including basic science, laboratory management, and patient care consultation.

II. Institutions

A. Sponsoring Institution

1. **One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.**
2. A neuropathology program should be administratively attached to an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency in anatomic and clinical pathology or anatomic pathology.
3. Institutions sponsoring a neuropathology training program should have additional accredited residency training programs which include neurology, neurosurgery, and neuroradiology.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, the teaching staff must include at least one faculty member certified by the American Board of Pathology in neuropathology.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
 - d) The director must have at least 3 years active participation as a neuropathologist following completion of training.
 - e) The director must be licensed to practice medicine in the state where the institution that sponsors the program is located.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.

c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.

d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:

- (1) the addition or deletion of a participating institution;
- (2) a change in the format of the educational program;
- (3) a change in the approved fellow complement for those specialties that approve fellow complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:

- a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
- b) The physician faculty must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
- c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:

- a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
- b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
- c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

- a) Nonphysician faculty must be appropriately qualified in their field.
- b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

2. Appropriate laboratory space, facilities, and personnel should be available for the conduct of special neuropathologic procedures, including but not limited to ultrastructural, histochemical, immunopathologic, and molecular-biologic techniques.

3. Indexes of usual and unusual cases, course and seminar materials, microscopic slide collections augmented by photographs, and museum specimens sufficient for the study of conditions and diseases not frequently encountered in routine necropsy and surgical specimens should be readily available to the program for educational purposes.

E. Library

1. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.

2. Library services should include the electronic retrieval of information from medical databases.

3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

To determine the appropriate level of education for fellows who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of residency education for fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills,

and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

1. Didactic components

- a. Fellows should regularly participate in basic neuroscience activities, teaching conferences in neuropathology, and joint conferences with the pathology department and clinical services involved in the diagnosis and management of neurological disorders.
- b. Programs must be designed to teach neuropathology fellows to integrate neuropathologic information into medical consultations with clinicians in the diagnosis and management of patients.
- c. Fellows should be provided with exposure to neuro-oncology and neurogenetics.

2. Clinical components

- a. Fellows must actively participate in the evaluation of a comprehensive body of pathological lesions of the central nervous system, peripheral nervous system, and neuromuscular systems.
- b. Each fellow should have the opportunity to develop competence in morphologic assessment of diseases of muscle and peripheral nerves, including morphometric analysis and teased nerve fiber preparations, and to study neoplasms and related lesions of peripheral nerves and the sympathetic and parasympathetic nervous systems.
- c. The program must assure that each fellow has the opportunity to perform at least 200 necropsies that include examination of the nervous system (these may include brains seen in consultation, brains from complete autopsies, or brain only autopsies).
- d. The program must assure that each fellow has the opportunity to examine at least 300 neurosurgical specimens (including consultations) from the brain, spinal cord, pituitary gland, and eyes (including neoplastic, degenerative, infectious, and immune disorders of significance in the treatment and management of pediatric and adult patients).
- e. The program must assure that each fellow has the opportunity to perform at least 50 intraoperative neurosurgical consultations.

C. Fellows Scholarly Activities

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies

The program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner.

1. Patient care

Fellows must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.

2. Medical knowledge

Fellows must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiologi-

cal and social-behavioral) sciences and the application of this knowledge to pathology.

3. Practice-based learning and improvement

Fellows must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.

4. Interpersonal and communication skills

Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other health care providers, patients, and patients' families.

5. Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice

Fellows must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

VI. Fellow Duty Hours and the Working Environment

Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call (or pager call)* is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
 - c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

Fellows who plan to seek certification by the American Board of Pathology should communicate with the office of the board regarding the full requirements for certification.

*ACGME: September 2003 Effective: July 2004
Editorial Revision: June 2004*

Program Requirements for Graduate Medical Education in Pediatric Pathology (Pathology)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

Pediatric pathology is that practice of pathology concerned with the study and diagnosis of human disease manifested in the embryo, fetus, infant, child, and adolescent.

B. Duration and Scope of Education

1. Graduate medical education programs in pediatric pathology must provide an organized educational experience for qualified physicians seeking to acquire advanced competence in the diagnosis of childhood diseases.
2. Programs will be accredited to offer 1 year of organized education in pediatric pathology, which must include formal education in diagnostic pediatric pathology and placental and fetal pathology as well as management and quality assessment issues germane to the pediatric laboratory environment.

II. Institutions

A. Sponsoring Institution

1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.
2. A pediatric pathology program should be administratively attached to an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency in anatomic and clinical pathology or anatomic pathology.
3. To facilitate peer interchange and augment the breadth of the educational experiences, institutions providing programs in pediatric pathology must be affiliated with accredited specialty training programs in pediatrics, obstetrics, surgery, and radiology.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern fellow education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The Program Director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC. If the program director is not certified, the teaching staff must include at least one faculty member certified by the American Board of Pathology in pediatric pathology.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
 - d) The director must have at least 3 years active participation as a pediatric pathologist following completion of training.
 - e) The director must be licensed to practice medicine in the state where the institution that sponsors the program is located.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.

- c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
- d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Pathology, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

1. Additional necessary professional, technical, and clerical personnel must be provided to support the program.

2. The laboratories involved in the program must be directed by qualified physicians who are licensed to practice medicine and are members in good standing of the institution's medical staff.

D. Resources

1. The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.
2. The program must have access to an adequate volume and variety of pediatric pathology material. The material and files must be indexed to permit appropriate retrieval. There must be mechanisms to facilitate correlation with anatomical material.
3. There must be adequate equipment, laboratory facilities, offices, meeting rooms, classrooms, and space to support service, teaching, educational, and research activities.
4. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.

E. Library

1. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

1. The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.
2. Fellows should have completed at least two years of training in an ACGME-accredited pathology residency prior to appointment to a pediatric pathology program.

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

To determine the appropriate level of education for fellows who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of residency education for fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

1. Didactic Components

- The educational experiences may be provided through separate, exclusive rotations or by rotations that combine more than one area or by other means.
- Lectures, tutorials, seminars, and conferences with clinical services, including pediatric surgery, pediatric hematology, pediatric oncology, medical microbiology, medical genetics, pediatric radiology, obstetrics, and pediatrics, must be regularly scheduled and held.
- Instruction should include the use of study sets of usual and unusual cases and other educational materials.

2. Clinical Components

- The education in pediatric pathology must include general and systemic aspects of autopsy and surgical pathology (including embryo-fetal, perinatal, and placental pathology as well as pediatric aspects of dermatopathology, gynecological and obstetrical pathology, forensic pathology, and neuropathology), immunopathologic and histochemical techniques, cytopathology, ultrastructural pathology, cytogenetics, molecular biologic techniques including diagnostic techniques for metabolic diseases, and other advanced diagnostic techniques as they relate to pediatric pathology.
- While the quality of an educational program is not based on the volume of teaching material alone, programs must have sufficient volume and variety of materials available for educational purposes to ensure the opportunity for:
 - The participation in at least 40 pediatric autopsies per fellow during the program. This experience must include general pediatric, metabolic, forensic, perinatal, and stillborn autopsies. It is highly desirable that this experience also include embryo-fetal autopsies.
 - Examination of at least 2000 pediatric surgical pathology specimens per fellow during the program. This material must be from an adequate mix of cases, including obstetrics-related materials (placentas and abortions) and cytology.
 - The performance of at least 50 intraoperative consultations (frozen sections, smears) per fellow during the program.
- The number and variety of laboratory tests utilized in the program should be sufficient to give each fellow experience in the range of laboratory examinations typically available and useful in the diagnoses and following of both common and unusual pediatric diagnostic problems, including metabolic, prenatal, genetic, neoplastic, and other diseases of the pediatric population.
- Programs must provide instruction and experience in the major aspects of a hospital laboratory as it relates to diagnosis in pediatric pathology, including fellow participation in interpretation of laboratory data as part of pediatric patient-care con-

sultation, conferences, rounds, laboratory management, quality assurance, data processing, teaching, and scholarly activity.

C. Fellows Scholarly Activities

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies

The program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner.

1. Patient care

Fellows must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.

2. Medical knowledge

Fellows must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.

3. Practice-based learning and improvement

Fellows must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.

4. Interpersonal and communication skills

Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other health care providers, patients, and patients' families.

5. Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. Systems-based practice

Fellows must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

VI. Fellow Duty Hours and the Working Environment

Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows

- All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
- Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
- Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
 - c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation**A. Fellow****1. Formative Evaluation**

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effec-

tiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.
3. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

Fellows who plan to seek certification by the American Board of Pathology should communicate with the office of the board regarding the full requirements for certification.

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Program Requirements for Residency Education in Pediatrics

I. Introduction

A. Scope of Training

Programs must provide residents with a broad exposure to the health care of children and substantial experience in the management of diverse pathologic conditions. This must include experience in child health supervision and those conditions commonly encountered in primary care practice. It must also include experience with a wide range of acute and chronic medical conditions of pediatrics in both the inpatient and ambulatory settings.

Preventive health care, ethical issues, and discussions of the cost of diagnostic tests, procedures, and therapies should be a part of all rotations.

Throughout the 3 years of training, emphasis must be placed on enhancement of residents' competence in the medical interview, physical examination, and communication and interpersonal skills.

B. Duration and Levels of Training

Programs must provide a progressive educational experience with increasing patient care responsibility over a 3-year period. The first year (PL-1) should include an introduction to the basic experiences on which the rest of the training will be based. During the last 24 months of training the program must require at least 5 months of supervising the activities of more junior residents within the approved educational settings. The supervisory responsibilities must involve both inpatient and outpatient experience.

C. Goal of the Residency

The goal of residency training in pediatrics is to provide educational experiences that prepare residents to be competent general pediatricians able to provide comprehensive, coordinated care to a broad range of pediatric patients. The residents' educational experiences must emphasize the competencies and skills needed to practice general pediatrics of high quality in the community. In addition, residents must become sufficiently familiar with the fields of subspecialty pediatrics to enable them to participate as team members in the care of patients with chronic and complex disorders.

Residents must be given the opportunity to function with other members of the health care team in both inpatient and ambulatory settings to become proficient as leaders in the organization and management of patient care.

II. Institutional Organization

A. Sponsoring Institution

There must be one sponsoring institution for each residency, as mandated by the Institutional Requirements. This entity must be identified at the time of each review of the residency.

B. Participating Institutions

1. Single or Multiple institutions

An accredited program may be independent or may occur in two or more institutions that develop formal agreements and conjoint responsibilities to provide complementary facilities, teaching staff, and teaching sessions. When affiliated institutions are utilized and a single program director assumes responsibility for the entire residency, including the appointment of all residents, the determination of all rotations, and the assignment of both residents and members of the teaching staff, the affiliated institution may be proposed as integrated. Ordinarily one hospital may not be an integrated part of more than one pediatric residency.

The Residency Review Committee (RRC) must approve the designation of a participating hospital as integrated. In making its determination the RRC will consider the proximity of the hospital to the primary teaching site and the duration of rotations planned. Normally, at least 3 months of required experience should occur at a hospital that is designated as integrated. A significant increase in the time spent at an integrated hospital should receive prior approval from the RRC. Within a single program some participating hospitals may qualify as integrated, while others are merely affiliated.

2. Agreements with Participating Institutions

When a residency program relies on other institutions to provide some components of the curriculum, the arrangement between the institutions must be designed to meet the educational needs of the residents and must be described in a written document that is signed by the appropriate persons from the respective institutions. These agreements must relate specifically to the residency program in pediatrics and must be current at the time of the site visit. Copies of these written arrangements, specifying administrative, organizational, and educational relationships, must be submitted with the program information forms at the time of each evaluation by the RRC.

C. Appointment of Residents

The development of a satisfactory program requires careful selection of applicants for appointment to the residency. When appointing residents, the program director must adhere to the criteria for resident eligibility that are specified in the Institutional Requirements. To determine the appropriate level of training for a resident who is transferring from another ACGME-accredited pediatrics program, the program director must receive written verification of the previous educational experiences in a pediatric residency and a statement regarding the performance evaluation of the transferring resident prior to accepting that resident into the program. The program director is also required to provide verification of training, if requested to do so, for any residents who may leave the program prior to completion of training.

III. Faculty Qualifications and Responsibilities

The chief of pediatrics/department chair must have overall responsibility for all educational programs that are carried on within the Department of Pediatrics, including those in the subspecialties. All program descriptions submitted to the RRC from this department must bear this person's signature, in addition to that of the program director, indicating that the chief/chair has reviewed and approved the materials submitted.

The program director and teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director

There must be a single program director responsible for the program. The RRC must be notified immediately in writing of a change in leadership of the program. Continuity of leadership over a period of years is important for the stability of a residency program. Frequent changes in leadership or long periods of temporary leadership usually have an adverse effect on an educational program and will be cause for serious concern.

1. Qualifications

- a. **Experience/Ability:** The director of the residency program must have demonstrated ability as a clinician, medical educator, and administrator and have an understanding of, and commitment to, general pediatric education.

- b. **Licensure:** The director must be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
- c. **Board Certification:** The director must be currently certified by the American Board of Pediatrics or must possess appropriate educational qualifications. The adequacy of alternate qualifications will be determined by the RRC.
- d. **Medical Staff Appointment:** The director must hold an appointment in good standing to the medical staff of an institution participating in the residency.

2. Responsibilities

The program director must devote sufficient time to the residency program to provide continuity of leadership and to fulfill the administrative and teaching responsibilities inherent in achieving the educational goals of the program.

The responsibilities of the director include the following:

- a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment, and distribution of the statement to residents and members of the teaching staff.
- b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
- c. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
- d. Supervision of residents.
- e. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
- f. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
- g. Monitoring of resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Training situations that consistently produce undesirable stress on residents must be evaluated and modified. The director should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents.
- h. Program directors are required to provide accurate and complete statistical and narrative information as requested by the RRC for these evaluations.
- i. Notification of the RRC of major changes in the program.

B. Faculty

The teaching staff must have sufficient background and expertise to ensure that the educational goals, objectives, and/or curricular content can be met. They must be actively involved in the establishment of educational goals and objectives for the resident experiences in which they participate and in the evaluation of both the residents and the program.

1. Sufficient Numbers and Diversity

There must be a sufficient number of pediatric teaching staff who function as general pediatrician and subspecialist role models for the residents and who contribute adequate time to the program to meet the educational needs of the residents.

Within the primary hospital and/or integrated participating hospitals there must be teaching staff with expertise in the area of general pediatrics who will serve as teachers, researchers, and role models for general pediatrics. Hospital-based as well as community-based general pediatricians should participate actively in the program as leaders of formal teaching sessions, as outpatient

preceptors, and as attending physicians on the general inpatient services. The number of general pediatricians actively involved in the teaching program must be sufficient to enable each resident to establish close working relationships that foster role-modeling. Where teaching staff participate on a part-time basis, there must be evidence of sufficient involvement and continuity in teaching. These physicians should have a continuing time commitment to direct patient care to maintain their clinical skills.

There must be teaching staff with training and/or experience in behavioral and developmental pediatrics, as well as teaching staff with training and/or experience in adolescent medicine. Within the primary hospital and/or integrated participating hospitals, there also must be teaching staff in at least four of the pediatric subspecialties listed in Section V.C.3 from which the four required 1-month rotations must be chosen. These subspecialists must function as integral parts of the clinical and didactic components of the program in both outpatient and inpatient settings.

A surgeon having significant experience with pediatric patients must play a major role in the residents' education with respect to surgical diagnoses and preoperative and postoperative care. A pathologist and a radiologist who have significant experience with pediatric problems and who interact regularly with the pediatric residents are essential.

2. Commitment to Education

The faculty must demonstrate a commitment to the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities. A measure of the commitment of the teaching staff to the program is the degree to which patients under their care are available for resident education.

3. Participating Institutions

Where multiple hospitals participate, a member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

4. Qualifications

All of the physician teaching staff must be currently board-certified and have achieved subspecialty certification where appropriate or must possess appropriate educational qualifications. Each time the program is evaluated by the RRC it is the responsibility of the program director to provide evidence of appropriate qualifications for teaching staff who lack board certification. The RRC will judge the adequacy of alternate qualifications.

C. Other Program Personnel

Teaching by other health professionals such as nurses, pharmacists, social workers, child life specialists, physical and occupational therapists, speech and hearing pathologists, respiratory therapists, psychologists, and nutritionists is highly desirable.

D. Support Staff

Additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program must be provided.

IV. Facilities and Resources

A. Inpatient and Outpatient Facilities

The inpatient and outpatient facilities must be adequate in size and variety and must have the appropriate equipment necessary for a broad educational experience in pediatrics.

There must be an appropriately equipped and staffed emergency facility for the care of pediatric patients. The program must also have an intensive care facility that is appropriately equipped and staffed for the care of a sufficient number of seriously ill pediatric patients to provide adequate experience for the number of residents in the program.

B. Medical Library

Residents must have ready access to a major medical library, either at the institution where they are located or through arrangement with convenient nearby institutions. These library services should include the electronic retrieval of information from medical databases. There must also be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

C. Patient Population

Programs must provide residents with patient care experience in both inpatient and outpatient settings. A sufficient number, variety, and complexity of patients, ranging in age from infancy through young adulthood, must be present. A deficient or excessive patient load may jeopardize the accreditation status of the program.

V. Educational Program

The residency program must require its residents to obtain competencies in the six areas below to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate:

- Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
- Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
- Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals
- Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

A. Curriculum, Goals, and Objectives

Each program must describe a core curriculum that complies with the RRC's requirements and is participated in by all residents. Programs that utilize multiple hospitals or that offer more than one track must provide evidence of a unified educational experience for each resident. Where multiple tracks exist within one program, each track must comply with the requirements, and residents in all tracks must have a minimum of 18 months of training in common. The provisions of the Institutional Requirements also must be met for accreditation.

Written goals and objectives and a method of evaluation must exist for each curricular component. The residency curriculum must be a structured educational experience that reflects an

appropriate balance between clinical and didactic elements. The curriculum should be competency-based and focus on skill attainment and skill maintenance. It should emphasize attitudes and skills necessary for lifelong learning.

1. Resident Assignments

Assignments to affiliated institutions must be designed to fulfill the educational goals and objectives of the program and must not be made primarily to meet service needs.

While no limit is placed on the duration of rotations to institutions that are integrated with the primary hospital's pediatric program (although the duration must have RRC approval), rotations to participating institutions that are not integrated with the primary hospital may not exceed a total of 9 months during the 3 years of training. No more than 3 months of these outside rotations may be in institutions that do not have their own pediatric residencies.

Rotations to other programs should enrich but not replace core experiences. When residents rotate to an institution that has its own accredited pediatric residency, the rotating residents must be fully absorbed into the prevailing pattern of instruction and patient care at the same level as the pediatric residents of that affiliated institution.

Residency programs that offer training to residents from other pediatric residencies must provide instruction and experience equivalent to that given to their own residents. They should enter into agreement with other programs only if they are prepared to absorb those residents into the prevailing pattern of education and patient care.

2. Approval of Changes

The program design or format must be approved by the RRC as part of the regular review process. Major changes in the content or format of a program that are proposed between regular reviews and/or the addition or deletion of a participating institution that provides 6 months or more of training require RRC approval before implementation. The RRC may determine that a site visit is required before a decision is made on such proposals.

B. General Pediatrics

In keeping with the commitment to general pediatrics, a minimum of 50% of clinical training should be devoted to ambulatory experiences. This may include all assignments in the continuity practice, emergency and acute care, and community-based experiences, as well as the ambulatory portion of normal/term newborn, subspecialty, behavior/development, and adolescent experiences.

1. Inpatient Experience

General inpatient pediatrics must constitute at least 5 months of a resident's overall experience, exclusive of intensive care rotations. It must be structured to provide the resident with a concentrated exposure and continuity of involvement to ensure a primary role in patient care. The inpatient care experience must be designed to develop resident competency in managing patients with diverse illnesses of such complexity and severity as to require in-hospital care but not care in a critical care unit. This can be achieved most effectively through block rotations. An experience that is integrated with other educational activities will be considered acceptable if the program can demonstrate that the educational goals and objectives are met and that the primary role of the resident in the ongoing care of patients is ensured.

The experience must be structured to enable residents to develop

- a. an understanding of which patients require in-hospital care and why, including medical, psychosocial, and environmental considerations;

- b. skills in determining which patients can be managed in a general inpatient setting and which require higher levels of care and expertise in a critical care unit;
- c. skills and competence in the evaluation, diagnosis, management, and appropriate disposition of pediatric patients in the hospital setting;
- d. skills in working with an organized inpatient health care team, including nursing, child life therapy, social services, physical therapy, occupational therapy, and discharge planning; and
- e. skills in the appropriate utilization of consultants and selection of studies in the care of pediatric patients in the hospital setting.

The program must ensure that each resident has the opportunity for independent evaluation and development of a differential diagnosis, planning diagnostic studies, formulating and implementing therapeutic options, and planning for discharge of patients under their care. It is not an appropriate educational experience if the above are all accomplished by attending physicians without the pediatric inpatient resident's involvement.

The resident must be given progressive responsibility under close faculty supervision within a team that fosters peer and supervisory interchange. The availability of consultative resources appropriate to the patient base must be ensured, while allowing the resident to participate in the full spectrum of patient care from admission through discharge.

Regularly scheduled teaching/attending rounds that include all patients for whom the resident is responsible must be conducted by qualified teachers who are immediately available for consultation and who are supported by consultants in subspecialty areas appropriate to the patient population. Rounds should be targeted to the knowledge and skills required of a general pediatrician in an inpatient setting and should emphasize the appropriate utilization of subspecialist colleagues. The correlation of basic pathophysiologic principles with the disease process should be stressed. Rounds that focus on the educational objectives of inpatient care must be held at least three times per week and may not be replaced by rounds that are primarily work-oriented.

The patient load for residents at all levels of training should allow time for close and effective management and detailed study of patients, yet should challenge the resident with diverse and complex problems at increasing levels of responsibility. A first-year resident should be responsible for approximately six to ten inpatients, depending on the average length of stay and the nature and severity of the illness. Second- and third-year residents may be involved in the care of more patients in a supervisory capacity, but this number should not exceed 30 in most situations.

The patient population available for resident education on the inpatient service must be of sufficient number, age distribution, and variety of complex and diverse pathology to assure the residents of adequate experience with infants, children, and adolescents who have acute and chronic illnesses, as well as with those with life-threatening conditions. Although there is increasing emphasis on outpatient care for a broad spectrum of pediatric illness, resident experience that is limited to the ambulatory setting will not be considered adequate for patient groups that require inpatient care as part of their ongoing treatment.

The comprehensive curriculum should include but not be limited to the following core content and should emphasize the pathophysiologic correlates of the clinical situations:

- a. Interviewing techniques with specific emphasis on behavioral, psychosocial, environmental, and family unit correlates of disease

- b. Physical examination, both general and system-specific, as a tool in initial diagnosis and subsequent patient monitoring
- c. Utilization of appropriate members of the health care team to ensure comprehensive yet cost-effective care of the patient and the family
- d. Diagnosis and management of acute episodic medical illness including but not limited to meningitis, sepsis, dehydration, pneumonia, diarrhea, renal failure, seizure, coma, hypotension, hypertension, and respiratory illnesses
- e. Diagnosis and management of acute problems associated with chronic diseases including but not limited to diabetic ketoacidosis, status asthmaticus, status epilepticus, oncologic therapy and complications, congenital heart disease, cystic fibrosis, chronic renal disease, gastrointestinal disorders, hepatic failure, metabolic disorders, and neurologic disorders
- f. Pediatric aspects of the management of surgical patients, both preoperatively and postoperatively, including interaction with the surgical team
- g. Principles of discharge planning to ensure efficient transition and continuity of care

Residents on the inpatient service must be supervised by pediatric faculty who have extensive experience in and knowledge of the care of pediatric patients with illnesses of sufficient severity to warrant hospitalization. The utilization of general pediatricians in this role is encouraged, provided that consultative services from pediatric subspecialists and other specialists appropriate to the patient population are readily available.

2. Emergency and Acute Illness Experience (See also Section V.G.2, paragraph 7)

The experience in emergency and acute illness must constitute of a minimum of 4 months. Two of these months should be in emergency medicine; at least 1 of these months must be a block rotation in an emergency department that serves as the receiving point for EMS transport and ambulance traffic and is the access point for seriously injured and acutely ill pediatric patients in the service area. This may be either a pediatric emergency department or a combined pediatric/adult emergency department. Assignment to an acute care center or walk-in clinic to which patients are triaged from the emergency department will not fulfill this requirement.

The remaining required experience may be in the emergency department or, if patients are available in sufficient numbers, in another setting where acutely ill pediatric patients are seen. Optional sites may include walk-in clinics, acute care centers, and/or community-based primary care practice settings. Preferably, this experience would be as a block rotation, but integration into other longitudinal experiences is acceptable if the required duration and the educational goals and objectives can be met and appropriate supervision ensured.

The experience must be designed to develop resident competence in managing unselected and unscheduled patients with acute illness and injury of varying degrees of severity, from very minor to life-threatening.

Specific objectives of this experience must include but not be limited to development skills in the following:

- a. Evaluation and care of patients with acute illnesses or injuries of varying degrees of severity
- b. Resuscitation, stabilization, and triage of patients after initial evaluation
- c. Interaction with other professionals involved in emergency care in the emergency department, including the trauma team; emergency physicians; specialists in surgery, anesthesia, radiology, and relevant pediatric and surgical subspecialties; dentists; and others as appropriate

- d. Participation with the emergency medical system in the provision of prehospital care for acutely ill or injured patients, including access to appropriate transport systems and triage

The program director must ensure that the pediatric residents have first-contact evaluation of pediatric patients and continuous on-site supervision. It is not a sufficient educational experience if the pediatric resident functions only on a consultative basis or deals only with a preselected patient population. Residents in these settings must have on-site supervision by members of the pediatric teaching staff or by other attending staff who have extensive experience in and knowledge of the care of acute pediatric illnesses and injuries.

The resident should have the opportunity to work on a multidisciplinary clinical team to learn the role of the general pediatrician in such a setting. A system for patient outcome feedback to the resident should be established. The resident's performance must be evaluated on a regular basis by staff directly involved in the acute and emergency care experience, and appropriate feedback must be provided to the resident and to the program director.

Although they may be called on to care for some adult patients to ensure adequate volume and diversity, the pediatric residents' major responsibility must be for an appropriate range of pediatric patients. Programs that share the emergency and acute illness patient base with other training programs, such as emergency medicine, pediatric emergency medicine, and family practice, must document that a sufficient and appropriately diverse pediatric patient population is available to the pediatric residency program.

The comprehensive experience for all residents should include but not be limited to the following disorders and should emphasize the pathophysiologic correlates of the clinical situations:

- a. Acute major and minor medical problems such as respiratory infection, respiratory failure, cardiopulmonary arrest (including sudden infant death syndrome, or SIDS), dehydration, coma, seizures, diabetic ketoacidosis, asthma, skin disorders, pyelonephritis, sepsis, shock, fever, and childhood exanthems
- b. Acute major and minor surgical problems such as appendicitis, bowel obstruction, burns, foreign body inhalation and ingestion, abscess drainage, and head trauma
- c. Poisonings and ingestion
- d. Physical and sexual abuse
- e. Minor trauma (including splinting, casting, and suturing)
- f. Major trauma (including active participation with the trauma team)
- g. Participation in prehospital management and transport
- h. Acute psychiatric, behavioral, and psychosocial problems
- i. Admission or discharge planning, including communication with the personal physician

3. Continuity Experience

The program must provide adequate continuity experience for all residents to allow them the opportunity to develop an understanding of and appreciation for the longitudinal nature of general pediatric care, including aspects of physical and emotional growth and development, health promotion/disease prevention, management of chronic and acute medical conditions, family and environmental impacts, and practice management. Residents must assume responsibility for the continuing care of a group of patients throughout their training. Inherent in the principle of continuity of care is that patients are seen on a regular and continuing basis, rather than on a single occasion. Isolated block experiences will not satisfy this requirement.

The continuity of care experience must include participation in a setting that is structured and designed to emulate the prac-

tice of general pediatrics and that is conducive to efficient processing and management of patients. This setting may be an office-based practice, an institutional-based continuity clinic, or a community-based center. Ideally, residents should participate in the care of their patients through any hospitalization, assess them during acute illnesses, and be available to facilitate other services, such as school-related evaluations and specialty referrals.

Residents must devote at least ½ day per week to their continuity experience throughout the 3 years, and an additional ½ day session per week is suggested. This experience must receive priority over other responsibilities, and may be interrupted only for vacations and outside rotations located at too great a distance to allow residents to return. The periods of interruption may not exceed 2 months in any 1 year or 3 consecutive months at any time.

The program must ensure that residents are exposed to a continuity patient population sufficient in number and of adequate variety to meet the educational objectives. It must include well patients as well as those with complex and chronic problems. Patients initially managed in the normal newborn nursery, emergency department, inpatient service, intensive care unit (pediatric and neonatal), subspecialty clinics, and other sites may be enrolled in the residents' panels. Guidelines for numbers of continuity panel patients seen per half-day experience are three to six patients per resident in the PL-1 year, four to eight patients in the PL-2 year, and five to ten patients in the PL-3 year. Acceptable minimum numbers for each resident's patient panel are approximately 50 patients for each PL-1 resident and approximately 100 patients for each PL-2 and PL-3 resident.

The curriculum should emphasize the generalist approach to common office-based pediatric issues including anticipatory guidance from birth through young adulthood, developmental and behavioral issues, and immunization practices and health promotion, as well as the care of children with chronic conditions. The resident must learn to serve as the coordinator of comprehensive primary care for children with complex and multiple health-related problems and to function as part of a health care team. Subspecialty consultants and allied health personnel must be available to residents in the care of their continuity patients.

The number of teaching staff in the continuity clinic must be sufficient to ensure an appropriate educational experience for all residents present. Teaching staff who serve as attendings in the continuity clinic must have expertise in the area of general pediatrics and be able to function as role models in general pediatrics. They must be actively involved in direct patient care to maintain their expertise and credibility. These and other competing responsibilities, however, must not compromise their availability for supervision and consultation with the residents.

Record maintenance must be designed to allow verification of the adequacy of each resident's experience.

4. Normal/Term Newborn Experience

There must be the equivalent of at least 1 month in the care of normal/term newborns. This may not be part of a neonatal intensive care unit (NICU) rotation but it may be combined with another experience over a longer period of time if an equivalent duration is demonstrated and the educational goals of both experiences can be met. Preferably, this rotation should take place in the first year of training to provide an experience on which more advanced training will be based, and it should be supervised primarily by general pediatric faculty. This experience should include longitudinal follow-up of selected infants discharged from the nursery. The experience should also include at least the following:

- a. Recognition and appropriate intervention for high-risk infants

- b. Distinguishing well from ill infants
 - c. Performance of physical examination on newborn infants, which includes assessment of gestational age and the appropriateness of intrauterine growth
 - d. Identification of common anomalies, birth defects, and syndromes, including counseling the parents
 - e. Provision of routine newborn care
 - f. Recognition and treatment of common physiologic deviations in the newborn
 - g. Identification and management of infants of mothers with substance abuse and/or sexually transmitted diseases (STDs) or other infections
 - h. Routine newborn screening and appropriate follow-up of infants with positive test results
 - i. Preventive measures including immunization schedules and safety issues, such as counseling parents on the importance of infant safety seats and knowledge of normal infant nutrition, including breast feeding, as well as knowledge of normal newborn growth and development
 - j. Discharge planning
5. Community Experiences

There must be structured educational experiences that prepare residents for the role of advocate for the health of children within the community. These should include both didactic and experiential components that may be integrated into other parts of the curriculum, e.g., continuity, adolescent behavior/development, or they may be designed as distinct longitudinal or block rotations.

Residents must be supervised by pediatricians and other health professionals experienced in the relevant content areas. The curriculum should include but not be limited to the following subjects:

- a. Community-oriented care with focus on the health needs of all children within a community, particularly underserved populations
- b. The multicultural dimensions of health care
- c. Environmental toxicants and their effect on child health
- d. The role of the pediatrician within school and day care settings
- e. The role of the pediatrician in the legislative process
- f. The role of the pediatrician in disease and injury prevention
- g. The role of the pediatrician in the regional emergency medical system for children

These experiences should utilize settings within the community, such as

- a. community-based primary care practice settings;
- b. community health resources and organizations, including governmental and voluntary agencies, e.g., local and state public health departments, services for children with disabilities, Head Start;
- c. schools and day-care settings, including elementary school through college;
- d. home-care services for children with special health care needs; and
- e. facilities for incarcerated youth.

C. Subspecialty Education

Education in the various subspecialties of pediatrics must be a vital part of the training of general pediatricians. Although it is not possible for each resident to rotate through every subspecialty, it is required that all residents be exposed to the specialized knowledge and methods of the major pediatric subspecialties through longitudinal experiences on the general inpatient and intensive care services and in outpatient settings. Residents should be taught when

to seek consultation, when to refer to the subspecialist, and how to manage chronic illness as a team member with the subspecialist.

The curriculum must be designed to teach each resident the knowledge and skills appropriate for a general pediatrician, including the management of psychosocial problems affecting children with complex chronic disorders and their families. The experiences should include appropriate reading assignments and subspecialty conferences and familiarizing the residents with the techniques and skills used by the subspecialist.

All subspecialty rotations must have an adequate number, variety, and complexity of patients to provide each resident with an appropriately broad experience in the subspecialty. Outpatient experiences should be integrated into all subspecialty rotations to provide an opportunity for residents to develop the skills needed to manage patients with complex illnesses in a primary care practice.

The resident must be given appropriate patient care responsibilities with an opportunity to evaluate and formulate management plans for subspecialty patients. In the outpatient subspecialty clinics and with appropriate supervision by a subspecialist, the resident should function as the physician of first contact. Experiences in which the resident is solely an observer will not fulfill this requirement.

Subspecialty faculty must be directly involved in the supervision of residents and be readily available for consultation on a continuing basis. The supervision must be provided by pediatricians who are currently certified by the appropriate subboard of the American Board of Pediatrics or by other specialists who care for pediatric patients and who are certified by a specialty board approved by the American Board of Medical Specialties. In the absence of such certification, documentation of suitable equivalent qualifications must be provided. The acceptability of alternate qualifications will be determined by the RRC.

1. Intensive Care Experience (NICU and PICU)

The intensive care experiences must provide the opportunity for residents to deal with the special needs of critically ill patients and their families. Intensive care experience must be for a minimum of 4 and a maximum of 6 months and must include at least 3 block months of neonatal intensive care (Level II or III) and 1 block month of pediatric intensive care. Night and weekend responsibilities in the NICU, when the residents are on other rotations, will be included in the allowable maximum period of intensive care experience, with 200 hours being considered the equivalent of 1 month.

Programs with 1 month of PICU and 4 block months of neonatal intensive care experience may allow an additional 200 hours of night and weekend responsibilities while the residents are on other rotations. Programs with 3 block months may have 400 hours of additional call. Programs with 5 block months may have no additional NICU call.

To provide additional experience for those who may need it for future practice, 1 additional elective block month in the NICU may be allowed for individual residents after completion of the required NICU experience in the program. As is the case with any block month, it may include call.

The curricula in neonatal and pediatric intensive care must be structured to familiarize the resident with the special multidisciplinary and multiorgan implications of fluid, electrolyte, and metabolic disorders; trauma, nutrition, and cardiorespiratory management; infection control; and recognition and management of congenital anomalies in pediatric patients. It also must be designed to teach the following:

- a. Recognition and management of isolated and multiorgan system failure and assessment of its reversibility

- b. Understanding of the variations in organ system dysfunction by age of patient
 - c. Integration of clinical assessment and laboratory data to formulate management and therapeutic plans for critically ill patients
 - d. Invasive and noninvasive techniques for monitoring and supporting pulmonary, cardiovascular, cerebral, and metabolic functions
 - e. Participation in decision making in the admitting, discharge, and transfer of patients in the intensive care units
 - f. Resuscitation, stabilization, and transportation of patients to the ICUs and within the hospital
 - g. Understanding of the appropriate roles of the generalist pediatrician and the intensivist/neonatologist in these settings
 - h. Participation in preoperative and postoperative management of surgical patients, including understanding the appropriate roles of the general pediatric practitioner and the intensivist in this setting
 - i. Participation, during the neonatal intensive care experience, in perinatal diagnostic and management discussions
 - j. Resuscitation and care of newborns in the delivery room
 - k. Evaluation and management, during the pediatric intensive care experience, of patients following traumatic injury
2. Adolescent Medicine

The program must provide all residents with experience in adolescent medicine that will enable them to recognize normal and abnormal growth and development in adolescent patients. This experience must be supervised by faculty having training and/or experience in adolescent medicine.

The experience must include, as a minimum, a 1-month block rotation to ensure a focused experience in the area of adolescent medicine. The program must also provide the resident with an integrated experience that incorporates adolescent issues into ambulatory and inpatient experiences throughout the 3 years, e.g., inpatient unit, community settings, continuity clinic, or subspecialty rotations.

It must include instruction and experience in at least the following:

- a. Normal pubertal growth and development and the associated physiologic and anatomic changes
 - b. Health promotion, disease prevention, and anticipatory guidance of adolescents
 - c. Common adolescent health problems, including chronic illness, sports-related issues, motor vehicle safety, and the effects of violence in conflict resolution
 - d. Interviewing the adolescent patient with attention to confidentiality, consent, and cultural background
 - e. Psychosocial issues, such as peer and family relations, depression, eating disorders, substance abuse, suicide, and school performance
 - f. Male and female reproductive health, including sexuality, pregnancy, contraception, and STDs
3. Developmental/ Behavioral Pediatrics
- The program must provide all residents with an adequate experience in developmental/behavioral pediatrics to ensure that the resident recognizes normal and abnormal behavior and understands child development from infancy through young adulthood. The program must educate the residents in the intrinsic and extrinsic factors that influence behavior to enable them to differentiate behavior that can and should be managed by the general pediatrician from behavior that warrants referral to other specialists. Clinical and didactic components of behavioral, psychosocial, and developmental pediatrics should be integrated

into the general educational program and into each patient encounter, when possible.

The experience must be supervised by faculty with training and/or experience in the developmental/behavioral aspects of pediatrics.

The experience must include, as a minimum, a 1-month block rotation to ensure a focused experience in developmental/behavioral pediatrics. The program also must provide an integrated experience that incorporates developmental/behavioral issues into ambulatory and inpatient experiences throughout the 3 years, e.g., inpatient unit, community setting, continuity clinic, and subspecialty rotations. The program must include formal instruction in at least the following components to enable the residents to develop appropriate skills:

- a. Normal and abnormal child behavior and development, including cognitive, language, motor, social, and emotional components
- b. Family structure, adoption, and foster care
- c. Interviewing parents and children
- d. Psychosocial and developmental screening techniques
- e. Behavioral counseling and referral
- f. Management strategies for children with developmental disabilities or special needs
- g. Needs of children at risk, e.g., those in poverty, from fragmented families, or victims of child abuse/neglect
- h. Impact of chronic diseases, terminal conditions, and death on patients and their families

4. Additional Required Subspecialty Experience

Excluding the adolescent medicine, developmental/behavioral pediatrics, and intensive care experiences, the time committed by any resident to subspecialty rotations must be a minimum of 6 months. During the 3 years of training no more than 3 block months, or its equivalent, may be spent by a resident in any one of the subspecialties in the lists below. Subspecialty research electives that involve no clinical activities need not be included in the calculation of a resident's subspecialty months.

The program must require that each resident complete a minimum of four different 1-month block rotations taken from the following list of pediatric subspecialties:

Allergy/Immunology	Gastroenterology
Infectious Disease	Genetics
Cardiology	Hematology/Oncology
Nephrology	Pulmonology
Endocrinology/Metabolism	Rheumatology
Neurology	

At least two of the four subspecialty rotations must be taken at the primary teaching site and/or integrated hospitals. Two of these subspecialties may be combined over a 2-month block if the outpatient and inpatient experiences of the two disciplines can be successfully integrated.

Additional subspecialty experiences needed to comply with the minimum requirements may be scheduled either as block assignments or as part of rotations in the outpatient department or inpatient services. The daytime equivalent of a block month is 140 hours. These may be selected from the list above or from the following list:

Child Psychiatry	Otolaryngology
Dermatology	Pediatric Radiology
Ophthalmology	Pediatric Surgery
Orthopaedics & Sports Medicine	

Two subspecialty areas from this second list may be combined over a 1- or 2-month period to provide a more effective educational experience.

D. Additional Curricular Requirements

Departmental conferences, seminars, teaching rounds, and other structured educational experiences must be conducted on a regular basis sufficiently often to fulfill educational goals. Reasonable requirements for resident attendance should be established, and resident and staff attendance should be monitored and documented. In addition to providing instruction in topics relevant to general pediatrics and to the subspecialty disciplines, there must be a structured curriculum in each of the following areas:

1. Medical ethics, including but not limited to the ethical principles of medical practice and the ethical aspects of
 - a. the relationship of the physician to patients, e.g., initiating and discontinuing the treatment relationship, confidentiality, consent, and issues of life-sustaining treatments
 - b. the relationship of the physician to other physicians and to society, e.g., the impaired physician, peer review, conflicts of interest, resource allocation, institutional ethics committees, and ethical issues in research
2. Quality assessment, quality improvement, risk management, and cost effectiveness in medicine
3. Health care organization, financing, and practice management, with instruction in
 - a. the organization and financing of health care services for children at the local, state, and national levels, including an understanding of the role of the pediatrician in the legislative process
 - b. the organization and financing of office practice, including personnel and business management, scheduling, billing and coding procedures, and maintenance of an appropriate patient record system.
4. Medical information sciences, emphasizing the skills necessary to prepare the resident for continued self-learning and including instruction in
 - a. basic computer skills, techniques for electronic retrieval of the medical literature, and the use of electronic information networks
 - b. the critical evaluation of the medical literature, study design, and the applicability of clinical studies to patient care
 - c. clinical decision theory and its application to clinical practice.

E. Development of Procedural Skills

The program must teach residents, in both hospital and ambulatory settings, those procedural skills appropriate for a general pediatrician. These educational experiences should be graduated so that residents build and maintain skills throughout the training program.

1. Each program must provide sufficient training in and monitor resident development of at least the following skills:
 - a. Basic and advanced life support
 - b. Endotracheal intubation
 - c. Placement of intraosseous and intravenous lines
 - d. Arterial puncture
 - e. Venipuncture
 - f. Umbilical artery and vein catheter placement
 - g. Lumbar puncture
 - h. Bladder catheterization
 - i. Thoracentesis
 - j. Chest tube placement
 - k. Gynecologic evaluation of prepubertal and postpubertal females
 - l. Wound care and suturing of lacerations
 - m. Subcutaneous, intradermal, and intramuscular injections
 - n. Developmental screening test.

Each program must have a formal system for documenting resident experience and for monitoring resident compliance with the

documentation process. Documentation of skills, e.g., procedure logs, must be maintained by the program in the resident files. Supervision and documentation of skills must be by faculty or others with documented competence in the procedures. Residents should be informed about the procedures they are expected to learn and must receive feedback on their proficiency as part of the evaluation process.

2. In addition, programs should provide exposure to the following procedures or skills:
 - a. Circumcision
 - b. Conscious sedation
 - c. Tympanometry and audiometry interpretation
 - d. Vision screening
 - e. Hearing screening
 - f. Simple removal of foreign bodies, e.g., from ears or nose
 - g. Inhalation medications
 - h. Incision and drainage of superficial abscesses
 - i. Suprapubic tap
 - j. Reduction and splinting of simple dislocations
 - k. Pain medicine.

All residents should maintain certification in pediatric advanced life support (PALS) and neonatal advanced cardiac life support or in equivalent lifesaving systems.

F. Elective Experiences

Electives are intended to enrich the educational experience of residents in conformity with their needs, interests, and/or future professional plans. Electives must be well-constructed, purposeful, and effective learning experiences, with written goals and objectives. The choice of electives must be made with the advice and approval of the program director.

G. Resident Policies

1. Supervision of Residents

The supervision of residents must be accomplished through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians. On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty.

Residents must be supervised by teaching staff in a way that will allow them to assume progressively increasing responsibility for patient care according to their level of training, their ability, and their experience. The level of responsibility accorded to each resident must be determined by the teaching staff.

2. Duty Hours and Conditions of Work

Residency training is a full-time responsibility. The program director should monitor the effects of outside activities, including moonlighting in or outside the primary hospital, to ensure that the quality of patient care and the educational experience, as outlined in the agreement between the institution and the residents, is not compromised. Formal written policies on outside professional activities must be provided to the residents and should be available to the RRC, if requested.

Clinical duties must not be so pressing or consuming that they preclude ample time for educational activities, other important phases of the training program, or personal needs.

It is equally important that the residents have a keen sense of personal responsibility for patient care. Residents should be taught that their obligation to patients is not automatically discharged at any given hour of the day or any particular day of the week. The resident should not be relieved of duty until the

proper care and welfare of the patients have been ensured by the presence of a suitable professional replacement.

On-call duty should occur with a monthly average of every third to fourth night for inpatient rotations requiring call. Call may be less frequent for outpatient or elective rotations. The call expected is in-house call for services with acutely ill patients, i.e., inpatient and intensive care. Call on other rotations or electives may be in-house or by phone. There should also be a resident backup call schedule or alternate plan to provide coverage in the event that the assigned resident is unable to fulfill the assignment.

Call-free rotations should not occur on regular inpatient services where such a schedule would compromise the concept of continuity of care and interfere with the educational experience, e.g., teaching rounds. Call-free rotations should not exceed 4 months during the 3 years of training.

The purposes of night call are to provide patient care, assume clinical responsibility, teach and supervise, and accumulate clinical experience including skill maintenance. Night and weekend duties must be sufficient to permit implementation of the concept of continuity of patient care.

The schedule should be designed to provide a monthly average of at least 1 day out of 7 without assigned duties in the program. Emergency department shifts should not exceed 12 hours, with consecutive shifts separated by at least 8 hours. Night float rotations must not occur so frequently in the program as to interfere with the educational experience for the residents.

3. Resident Complement/Peer Interchange

Because peer interchange is a very important component of the learning process, each program is expected to recruit and retain a sufficient number of qualified residents to fulfill the need for peer interaction among those training in pediatrics. The number of residents from other specialties or programs who rotate on the pediatric service must not dilute the experience and peer interaction of the pediatric residents.

There must be a sufficient number of residents at each level to provide appropriate peer interaction including frequent and meaningful discussion during all phases of the training program, e.g., neonatal, outpatient, inpatient, and emergency services. Residents at more than one level of training must interact in the care of inpatients. To achieve this, a program should offer a minimum total of 12 resident positions, i.e., four at each level, exclusive of subspecialty residents. Except for periods of transition, the same number of positions should be offered in each of the 3 years of training. The RRC will consider the presence of residents from combined pediatrics programs, e.g., medicine/pediatrics or pediatrics/emergency medicine, when it evaluates the adequacy of the resident complement and of peer interaction. An inability to recruit the required minimum number of residents and/or a high rate of resident attrition from a program over a period of years will be a cause of concern to the RRC.

H. Scholarly Activity

The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, which should include the following:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship;

2. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals;
3. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings;
4. Provision of guidance and technical support for residents involved in research, e.g., research design, statistical analysis; and
5. Provision of support for resident participation in scholarly activities.

There should be evidence of clinical investigation and research that is designed to provide an environment of inquiry and scholarship in which the residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. This must include

1. a journal club and research conferences in which members of the teaching faculty participate and
2. opportunity to participate in scholarly activities, which may include clinical investigation and/or basic research.

VI. Evaluation

The program director is responsible for developing and implementing formal mechanisms for evaluation, as described below.

A. Evaluation of Residents

The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing assessment results to improve resident performance. This plan should include:

1. use of dependable measures to assess residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
2. mechanisms for providing regular and timely performance feedback to residents
3. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance

Programs that do not have a set of measures in place must develop a plan for improving their evaluations and must demonstrate progress in implementing the plan.

The program must have formal mechanisms for monitoring and documenting each resident's acquisition of fundamental knowledge and clinical skills and his or her overall performance prior to progression to the level of supervised semi-independent patient management. The supervising faculty must evaluate each resident in writing at the completion of each rotation. The resident should be evaluated on the acquisition of knowledge, skills, and attitudes, and should receive formal feedback about these evaluations at least twice a year. The program should advance residents to positions of higher responsibility only on the basis of evidence of satisfactory performance, progressive scholarship, and professional growth.

Written documentation of regular periodic evaluation of each resident must be maintained and must be available for review by the site visitor. Evaluations must include noncognitive areas such as interpersonal and communication skills, attitudes, and professional behavior, as well as moral and ethical characteristics.

Program directors are required to keep accurate documentation of the general and subspecialty experience of each resident in the program and to submit this information to the RRC if it is requested. The exact nature of the general and subspecialty experiences of residents at other institutions and evaluation of their performance must be documented in the residents' files.

It is essential that residents participate in existing national examinations. The annual In-Training Examination of the American

Board of Pediatrics is one example of an objective test that can be utilized by the programs. An analysis of the results of these testing programs should be used by the faculty to identify the cognitive strengths and weaknesses of individual residents and weaknesses in the teaching program and to develop remedial activity, if warranted.

The program director and faculty are responsible for provision of a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record that is maintained by the institution.

The program must demonstrate that it has developed an effective plan for accomplishing this and that specific performance measures are used in each resident's evaluation. These must include, at a minimum, the assessment of the resident's competence in patient care, clinical science, practice-based learning and improvement, interpersonal skills and communication, professionalism, and systems-based practice.

B. Evaluation of Faculty

Teaching faculty must be evaluated at least annually. Documentation of faculty evaluation should include teaching ability and commitment as well as clinical knowledge. There must be a formal mechanism by which residents participate in this evaluation in a confidential manner.

C. Evaluation of the Program

The teaching staff must be organized and have regular, documented meetings to review program goals and objectives, the program's effectiveness in achieving them, and the needs of the residents. At least one resident representative should participate in these reviews. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be addressed.

The residency program should use resident performance and outcome assessment results in their evaluation of the educational effectiveness of the residency program.

The residency program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

This evaluation should include an assessment of the balance between the educational and service components of the residency. In addition, the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, and the quality of supervision of the residents should be evaluated. Written evaluation by residents should be utilized in the process.

As part of the evaluation of the effectiveness of the program, the director must monitor the performance by the program's graduates on the certifying examination of the American Board of Pediatrics. Information gained from the results should be used to improve the program.

VII. Board Certification

One measure of the quality of a residency program is the performance of its graduates on the certifying examinations of the American Board of Pediatrics. In its evaluation of residency programs, the RRC will take into consideration the information provided by the American Board of Pediatrics regarding resident performance on the certifying examinations during the most recent 3 to 5 years. A

program will be judged deficient if, over a period of years, the rate of those passing the examination on their first attempt is less than 50% and/or if fewer than 75% of those completing the program take the certifying examination.

Residents who plan to seek certification by the American Board of Pediatrics should communicate with the president of the board to obtain the latest information regarding certification.

ACGME: September 26, 2000 Effective: July 1, 2001

Program Requirements for Residency Education in the Subspecialties of Pediatrics

I. Introduction

In addition to complying with the requirements in this document, each program must comply with the program requirements for the respective subspecialty, which may exceed the minimum requirements set forth here.

An accredited pediatric subspecialty program must exist in conjunction with and be an integral part of a core pediatric residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Interaction of the subspecialty residents and faculty with the residents in the core pediatrics residency program is required. [Note: Those in accredited subspecialty programs are called *residents* or *subspecialty residents*. The term *fellow* is not used.] Lines of responsibility for the pediatric residents and the subspecialty residents must be clearly defined. The presence of the subspecialty program should not adversely affect the education of the pediatric residents.

II. Institutional Organization

A. Sponsoring Organization

The pediatric subspecialty program must be sponsored by the same institution that sponsors the related core pediatrics program.

B. Single or Multiple Institutions

An accredited program may occur in one or more institutions. If training occurs in more than one institution, there must be formal agreements that describe conjoint responsibilities to provide complementary facilities, teaching staff, and teaching sessions. An institution that provides 6 months or more of the inpatient and/or outpatient training requires approval by the Residency Review Committee (RRC).

When a program relies on other institutions to provide some components of the curriculum, the arrangement between the institutions must be designed to meet the educational needs of the subspecialty residents and must be described in a written document that is signed by the appropriate persons from the respective institutions. These agreements must relate specifically to the subspecialty program and must be current, no more than 5 years old, at the time of the site visit.

Copies of these written arrangements, specifying administrative, organizational, and educational relationships, must accompany an application for initial accreditation. At the time of subsequent reviews these documents need not be submitted but must be available for review by the site visitor.

C. Appointment of Subspecialty Residents

Prerequisite training for entry into a pediatric subspecialty program should include the satisfactory completion of an ACGME-accredited pediatric residency or other training judged suitable by the program director. [Note: Candidates who do not meet this criterion must be advised by the program director to consult the American Board of Pediatrics or other appropriate board regarding their eligibility for subspecialty certification.]

To determine the appropriate level of training for a subspecialty resident transferring from another ACGME-accredited pediatric subspecialty program, the program director must receive from the director of that program written verification of the subspecialty resident's educational experiences in the subspecialty and a statement regarding his/her performance.

III. Duration and Scope of Training

A. Length of Training

Unless specified otherwise in the program requirements for a subspecialty, pediatric subspecialty programs must provide 2 years of training. [Note: If a third year is offered, it must be described when the program is reviewed by the RRC. Those residents who plan to seek certification by the subboard should consult the American Board of Pediatrics regarding the criteria for eligibility, including length of training, with the exception of sports medicine, which is 1 year.]

B. Scope of Training

Each subspecialty program must be organized and conducted in a way that ensures an appropriate environment for the well-being and care of the patients and provides subspecialty residents adequate training in the diagnosis and management of these subspecialty patients. This must include progressive clinical, technical, and consultative experiences that will enable the subspecialty resident to develop expertise as a consultant in the subspecialty.

The subspecialty program also must develop in its subspecialty residents a commitment to lifelong learning and must emphasize scholarship, self-instruction, development of critical analysis of clinical problems, and the ability to make appropriate decisions. Progressive acquisition of skill in investigative efforts related to the subspecialty is essential.

The program must provide the subspecialty residents with instruction and opportunities to ensure effective interaction with patients, their patients' families, professional associates, and others in carrying out their responsibilities as physicians in the specialty. They must be taught how to create and sustain a therapeutic relationship with patients and how to work effectively as members or leaders of patient care teams or other groups in which they participate as researcher, educator, health advocate, or manager.

IV. Program Personnel

The program director and the teaching staff are responsible for the general administration of a program. These activities include, but are not limited to, the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of subspecialty residents and the maintenance of records related to program accreditation.

A. Program Director

There must be a single program director based at the primary teaching site who is fully committed to the program and devotes sufficient time to ensure achievement of the educational goals and objectives. The RRC must be promptly notified in writing of a change in the leadership of the program.

1. Qualifications

The director must

- a. document possession of the requisite clinical, educational, investigative, and administrative abilities and experience.
- b. be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
- c. be currently certified by the relevant subboard of the American Board of Pediatrics or possess appropriate educational qualifications judged by the RRC to be acceptable.
- d. have an appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities

The program director is responsible for the following:

- a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of the subspecialty residents at each level of training and for each major rotation or other program assignment, and distribution of this statement to subspecialty residents and members of the teaching staff. It should be readily available for review.
- b. Selection of subspecialty residents for appointment to the program in accordance with institutional and departmental policies and procedures.
- c. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
- d. Supervision of subspecialty residents through explicit written guidelines describing supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Subspecialty residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
- e. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and subspecialty resident complaints or grievances.
- f. Monitoring subspecialty resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services related to subspecialty residents. Training situations that consistently produce undesirable stress on subspecialty residents must be evaluated and modified.
- g. Monitoring and documenting the procedural skills of the subspecialty residents.

B. Teaching Staff

There must be sufficient numbers of teaching staff who devote adequate time to the educational program to enable it to meet its goals and objectives. In addition to the subspecialty program director, there must be at least one other member of the teaching staff who is qualified in the subspecialty. In some of the subspecialties, two or more additional subspecialists are required. Specific details are included in the requirements for each pediatric subspecialty.

If the program is conducted at more than one institution, a member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

Appropriate teaching and consultant faculty in the full range of pediatric subspecialties and in other related disciplines also must be available. The other related disciplines should include medical genetics, child neurology, child and adolescent psychiatry, as well as pediatric surgery and surgical subspecialties as appropriate to

the subspecialty. An anesthesiologist, pathologist, and a radiologist who have significant experience with pediatric problems and who interact regularly with the subspecialty residents are essential.

All of the members of the physician teaching staff should be currently certified by the appropriate member board of ABMS. Pediatric subspecialists should be certified in their subspecialty by the American Board of Pediatrics. Where this is not the case, evidence of appropriate educational qualifications must be provided. The RRC will determine the acceptability of such qualifications.

All members of the teaching staff must demonstrate a strong interest in the education of subspecialty residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities. They must devote adequate time to each of these endeavors.

C. Other Professional Personnel

Programs must have access to the additional professional, technical, and clerical personnel needed to support the administrative and educational conduct of the program appropriate to the subspecialty. The professional personnel should include nutritionists, social workers, respiratory therapists, pharmacists, subspecialty nurses, physical and occupational therapists, child life therapists, and speech therapists with pediatric focus and experience, as appropriate to the subspecialty.

V. Facilities and Resources

The sponsoring institution is responsible for ensuring that the subspecialty program has adequate facilities and resources to achieve the educational objectives.

A. Inpatient and Outpatient Facilities

Adequate inpatient and outpatient facilities, as specified in the requirements for each subspecialty, must be available. These must be of sufficient size and be appropriately staffed and equipped to meet the educational needs of the subspecialty program.

B. Support Services

Support services must include clinical laboratories, intensive care, nutrition, occupational and physical therapy, pathology, pharmacology, mental health, diagnostic imaging, respiratory therapy, and social services.

C. Patient Population

Patients should range in age from newborn through young adulthood, as appropriate. Adequate numbers of pediatric subspecialty inpatients and outpatients, both new and follow-up, must be available to provide a broad experience for the subspecialty residents. The program must maintain an appropriate balance among the number and variety of patients, the number of preceptors, and the number of subspecialty residents in the program.

D. Library Facilities and Computer Access

Subspecialty residents must have access to an on-site library or collection of appropriate texts and journals in each participating institution or must have access to electronic databases and other data processing applications.

E. Resources for Research and Scholarly Activities

There must be adequate resources for scholarly activity, research, and critical analysis. These must include adequate laboratory space, equipment, financial support, and computer services.

VI. Educational Program

The subspecialty program must provide advanced training to allow the subspecialty residents to acquire expertise as a consultant in

the subspecialty. The formal curriculum must be reflected in the goals and objectives.

A subspecialty program must provide an environment in which high standards of professionalism and a commitment to continued improvement are evident. The values of professionalism must be fostered in the subspecialty residents throughout their training. These values include placing the needs of one's patients ahead of one's self-interest, being responsive to the needs of society, continuing a commitment to scholarship and to high standards of related research, and enhancing the ability of all colleagues in the medical profession to discharge their responsibilities optimally.

A. Program Design

The program design and structure must be approved by the RRC as part of the regular review process.

B. Clinical Skills

A subspecialty program must offer supervised training to ensure the acquisition of the necessary clinical skills used in the subspecialty and the development of sound judgment and decision-making skills that affect patient treatment and management. Residents must regularly participate in clinical quality improvement activities.

Subspecialty residents must be provided with adequate and appropriate faculty supervision in accord with their level of experience and expertise.

C. Diagnostic Tests and Procedures

The program must offer supervised experience in interpreting the results of laboratory tests and diagnostic procedures for use in patient care. Instruction and experience must be sufficient for the subspecialty residents to acquire the necessary procedural skills and develop an understanding of their indications, risks, and limitations. Each resident's experience in such procedures must be documented by the program director.

D. Curriculum

There must be a formally structured educational program in the clinical and basic sciences related to the subspecialty that utilizes lectures, seminars, and practical experience. Subspecialty conferences must be regularly scheduled and should involve active participation by the subspecialty resident in the planning and implementation of these meetings.

The curriculum should involve basic and fundamental disciplines related to each subspecialty and should include the following, as appropriate: anatomy, physiology, biochemistry, embryology, pathology, microbiology, pharmacology, immunology, genetics, and nutrition/metabolism.

This curriculum should include the pathophysiology of disease, reviews of recent advances in clinical medicine and biomedical research, conferences dealing with complications and death, as well as instruction in the scientific, ethical, and legal implications of confidentiality and of informed consent.

There should be instruction in the ways in which sociocultural factors affect patients and their families.

Bioethics, biostatistics, epidemiology and population medicine, outcome analysis, and the economics of health care must also be included in the formal curriculum. The latter must involve training and education in current health care management issues, such as cost-effective patient care, practice management, quality improvement, and clinical outcomes.

E. Teaching Experience

Subspecialty residents must be given the opportunity to teach and to assume some departmental administrative responsibilities.

Subspecialty residents should develop an understanding of the appropriate role of the pediatric generalist in subspecialty care and

participate in the residency and continuing education activities. They must participate actively in conferences, lectures, and clinical experiences for general pediatric residents and other trainees. These teaching experiences should include oral presentations and correlation of basic biomedical knowledge with the clinical aspects of the subspecialty. The program should provide instruction in curriculum design and in the development of teaching material for the subspecialty residents.

F. Subspecialty Resident Policies

The program director must establish an environment that is optimal for both subspecialty resident education and patient care, including the responsibility for continuity of care, while ensuring that undue stress and fatigue among subspecialty residents are avoided. It is the program director's responsibility to ensure assignment of appropriate in-hospital duty hours so that subspecialty residents are not subjected to excessively difficult or prolonged working hours. Subspecialty residents' work schedules must be designed so that they have at least 1 day out of 7, averaged monthly, free of program responsibilities. They should be on call in the hospital no more often than every third night. Call from home may not be so frequent as to infringe on a reasonable amount of personal time.

During in-house call subspecialty residents must be provided with adequate sleeping, shower and lavatory, lounge, and food facilities. Adequate backup must be available so that patient care is not jeopardized during or following assigned periods of duty. Support services and systems must be such that the subspecialty resident does not spend an inordinate amount of time in noneducational activities that should be discharged properly by other personnel.

G. Research and Scholarly Activity

Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice. As part of the academic environment of each accredited subspecialty program, an active research component, involving both faculty and subspecialty residents, is required. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the program director and the teaching staff. Recent productivity by the program faculty and by the subspecialty residents will be assessed.

Participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship must be demonstrated.

1. Faculty Research/Scholarly Activity

The teaching staff must provide evidence of a commitment to and productivity in research in the pediatric subspecialty area. This research must be ongoing in clinical and/or basic aspects of the pediatric subspecialty field. The RRC will consider the following as indicative of the commitment of the teaching staff to research:

- a. Projects funded by agencies requiring peer review
- b. Publications in peer-reviewed journals
- c. Presentations at national, regional, or international scientific meetings
- d. Research protocols approved by the local Institutional Review Board and implemented.

2. Research Program for Subspecialty Residents

Subspecialty residents must be instructed in the scientific and ethical bases of clinical research, including study design, modeling and methodology, statistical concepts, and data collection and analysis. The institution must provide the support necessary for a subspecialty resident to participate in such scholarly activities.

Research experience must begin in the first year and continue for the entire period of training to allow adequate time for the

development of research skills, completion of research projects and presentation of results to the medical community. Each subspecialty resident must actively participate in the design, conduct, evaluation, and preparation for publication of a clinical or laboratory research project in his/her subspecialty area.

Subspecialty residents also should have experience and be given guidance in the critical evaluation of pertinent medical literature, the process of grant application, preparation of scientific articles, and medical writing. In addition, they should be required to conduct research seminars and prepare reports of their research activities. These efforts should be reviewed and evaluated by supervising faculty.

VII. Evaluation

There must be formal mechanisms for the assessment of subspecialty resident performance, faculty performance, and program objectives. The same evaluation mechanisms used in the related pediatrics residency program must be adapted for and implemented in all of the pediatric subspecialty programs that function with it. These must be in compliance with the specific guidelines provided below.

A. Evaluation of Subspecialty Residents

The program must have formal mechanisms by which the knowledge, skills, and professional growth of the subspecialty residents are evaluated at least semiannually. This assessment must specify how the acquisition of requisite skills for subspecialty competence is accomplished.

A written record of these evaluations must be maintained, must be formally reviewed with the subspecialty resident at least semiannually, and must be accessible to authorized personnel. Subspecialty residents should be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.

The program director, in consultation with the teaching staff, must provide a written final evaluation for each subspecialty resident who completes the program. This evaluation must include a review of the subspecialty resident's performance during the final period of training. Verification that the subspecialty resident has demonstrated sufficient professional ability and acquisition of appropriate clinical and procedural skills to practice competently and independently in the pediatric subspecialty should be provided. This final evaluation should be part of the subspecialty resident's permanent record that is to be maintained by the institution.

B. Evaluation of Faculty

Teaching faculty must be evaluated at least annually. Documentation of faculty evaluation must include assessment of their teaching ability and commitment to teaching, their clinical knowledge, and their active participation in scholarly activity. There must be a formal mechanism by which residents in both the core and subspecialty programs participate confidentially in these evaluations. Faculty should receive formal feedback from these evaluations.

C. Evaluation of the Program

The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. They should periodically evaluate the use of the resources available to the program. Written evaluations by subspecialty residents should be used in this process. Specifically, the contribution of the participating institutions, the financial and administrative support of the program, the volume and variety of patients available for educational purposes, the performance of the teaching staff, and the quality of supervision of

subspecialty residents should be considered in the evaluation. Information gained from these evaluations should be used to implement improvements in the program.

Annual review and evaluation of the program in relation to the educational goals, the quality of the curriculum, the needs of the subspecialty residents, and the clinical and research responsibilities of the faculty must be documented. At least one subspecialty resident representative should participate in the periodic and annual reviews.

VIII. Evaluation by the RRC

Each subspecialty program will be evaluated by the RRC at regular intervals, usually in conjunction with a review of the related core pediatrics program. During the interval between regular reviews, approval of the RRC should be obtained before implementation of major changes in the program.

The program director is responsible for submitting complete and accurate information on the program to the RRC. Upon review of this information, the RRC will judge the degree of compliance with the published standards.

One measure of the quality of a training program is the performance of its graduates on the certifying examination of the subboard. In its evaluation of these programs, the RRC will take into consideration the information provided by the American Board of Pediatrics. A program will be judged deficient if, for the most recent 5- to 10-year period, fewer than 75% of those completing the program take the certifying examination. A subspecialty program director will be expected to supply this information at the time of each RRC review.

ACGME: September 1999 Effective: July 2000

Program Requirements for Residency Education in Adolescent Medicine (Pediatrics)

Introduction

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs in adolescent medicine also must comply with the following requirements.

I. Scope and Duration of Training

Programs in adolescent medicine must provide training in and include an appropriate balance among clinical, didactic, and research activities. They must provide education in the broad and diverse knowledge base of this multidisciplinary field that focuses on the unique physical, psychological, and social characteristics of adolescents, their health-care problems and needs.

Adolescence links childhood with the adult years, covering the period from the start of puberty to early adulthood, programs in adolescent medicine must, therefore, integrate the relevant areas of pediatrics and the pediatric subspecialties with family practice, general internal medicine, psychiatry, obstetrics/gynecology, sports medicine, dermatology, and surgery and with related fields such as clinical pharmacology/toxicology, law, psychology, social work, education, nutrition, juvenile justice, sociology, and public health.

II. Faculty

Appropriate physician and nonphysician faculty in numbers sufficient for the size of the program must be available to provide ongoing teaching and supervision of the subspecialty residents. In addition to the program director, there must be at least one other physician who possesses appropriate qualifications in adolescent medicine, as described in the Program Requirements for Residency Education in the Subspecialties of Pediatrics.

In addition to the full range of pediatric subspecialists, consultant faculty in the following areas must be available to the program:

- A. Child/adolescent psychiatry
- B. Child neurology
- C. Obstetrics/gynecology
- D. General surgery
- E. Orthopedic surgery
- F. Sports medicine
- G. Dermatology

In addition, personnel from the following categories should be available:

- A. Psychology
- B. Social work
- C. Public and private school systems
- D. Education
- E. Public health
- F. Chemical dependency
- G. Nutrition
- H. Clinical pharmacology

III. Facilities/Training Sites

The facilities and settings used by the program must be adequate for the program to accomplish the educational goals, and must include access to the following:

- A. An inpatient medical service
- B. An outpatient service
- C. Clinical consultation
- D. Additional clinical settings should include a school-based clinic, a summer camp, a crisis center, juvenile justice facilities, a college health program and a community health center, psychiatric, drug and alcohol facilities, and a family plan program.

IV. Curriculum

A. Core Knowledge Areas

The program must provide adequate instruction and clinical experience for all of the adolescent medicine residents to enable them to gain sufficient knowledge of and skill in the following:

1. Physical, physiologic, and psychosocial changes associated with pubertal maturation and its disorders
2. Organ-specific conditions frequently encountered during the teenage years
3. The effects of adolescence on preexisting conditions
4. Mental illnesses of adolescence (including psychopharmacology and psychophysiological disorders)
5. Family dynamics, conflicts, and problems
6. Adolescent parenthood
7. Disorders of cognition, learning, attention, and education
8. Social and emotional development of the adolescent, including cultural/ethnic diversity
9. Chronic handicapping conditions
10. Disorders of the endocrine system and metabolism
11. Sexuality, including sexual identity, development, and sexual health problems
12. Sexually transmitted diseases (prevention and treatment)

13. Reproductive health issues of males and females (e.g., menstrual disorders, gynecomastia, contraception, pregnancy, fertility)
14. Nutrition, including normal needs, health problems and deficiencies, and nutritional needs of special populations
15. Health promotion, disease prevention, screening, and immunizations
16. Infectious diseases, including epidemiology, microbiology, and treatment
17. Pharmacology and toxicity
18. Substance abuse, including alcohol and tobacco
19. Eating disorders, e.g., obesity, anorexia nervosa, and bulimia
20. Social/environmental morbidities including physical and sexual abuse, risk-taking behaviors, injuries, sexual assault, and violence
21. Juvenile justice
22. Sports medicine
23. Legal and ethical issues including advocacy
24. Interviewing/short-term counseling skills for teens and their parents
25. Public health issues including demographics, social epidemiology, population-based interventions, and adolescent health promotion
26. Financing adolescent health care in public, private, and academic managed care environments

B. Clinical and Continuity Experience

The program must provide on-site clinical supervision of the subspecialty residents in a manner that allows them to assume graded responsibility for both the provision of clinical services and the supervision of other learners during the years of training.

The subspecialty resident must be given the opportunity to assume continuing responsibility for both acute and chronic health problems of adolescents in both inpatient and outpatient settings and to provide direct and consultative care to adolescents of various ages and socioeconomic and racial backgrounds in a variety of hospital and community settings. It is essential that the adolescent medicine resident have an outpatient continuity experience to include at least ½ day per week in an adolescent medicine setting.

C. Didactic Sessions

Conferences must emphasize the core knowledge and skill areas enumerated above. In addition, clinical conferences must include discussion of the basic clinical sciences. Health education, current health-care legislation, biomedical ethics, and preventive measures should also be addressed. Faculty must be available to provide instruction in interdisciplinary patient management and case conferences.

D. Administrative Instruction

Adolescent medicine residents must be exposed to formal sessions on the organization and leadership of, and membership in, a comprehensive health-care team. This must include utilization of the services of all relevant health-care professionals, including those in social services, nursing, education, mental health, and community resources.

The subspecialty resident must be provided with instruction and experience in the administrative aspects of an adolescent health care program, e.g., knowledge of staffing needs, program management, continuous quality improvement, the organization and financing of health-care services, preparation of grant proposals, and planning for program development in a variety of settings.

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Program Requirements for Residency Education in Developmental-Behavioral Pediatrics (Pediatrics)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs in developmental-behavioral pediatrics also must comply with the following requirements, which may in some cases exceed the general subspecialty requirements.

I. Duration and Scope of Training

Developmental-behavioral pediatrics is the specialty within pediatrics that focuses on (1) understanding the complex developmental processes of infants, children, adolescents, young adults, and their families in the context of their families and communities; (2) understanding the biological, psychological, and social influences on development in the emotional, social, motor, language, and cognitive domains; (3) mechanisms for primary and secondary prevention of disorders in behavior and development; and (4) identification and treatment of disorders of behavior and development throughout childhood and adolescence.

An accredited program in developmental-behavioral pediatrics must be 3 years in duration. A progressive educational experience is required, which must include responsibility for patient care, the development of clinical proficiency, involvement in community or community-based activities, and the development of skills in teaching, program development, research, and child advocacy. Subspecialty residents must participate in clinical training activities, including direct and indirect patient care activities, consultations, observations, teaching conferences, clinical supervision, and related activities.

The goal of education in this subspecialty is to understand and foster optimal cognitive, social, and emotional functioning of the patients and their families. This can be achieved only through close collaboration with several medical and nonmedical disciplines that address a similarly broad goal through their own unique and complementary perspectives.

II. Faculty

The program director and the teaching staff are responsible for the general administration of the program. These activities include, but are not limited to, the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of subspecialty residents and the maintenance of records related to program accreditation.

A. Program Director

(See general requirements that pertain to all pediatric subspecialties for general description, qualifications, and responsibilities of the Program Director)

B. Developmental-Behavioral Specialists

In addition to the program director, there must be at least one other physician faculty member who is board certified or appropriately qualified in the subspecialty of developmental-behavioral pediatrics. Additional subspecialty faculty may be required, depending on the number of subspecialty residents appointed to the program. These subspecialists in developmental-behavioral pediatrics must devote sufficient time to the program to meet its administrative and educational needs and to ensure continuity of teaching.

C. Core-related Disciplines

Additional physician and nonphysician faculty from appropriate disciplines must be available in numbers sufficient to provide ongoing teaching and supervision of the subspecialty residents in the full breadth of this subspecialty. In addition to the full range of pediatric subspecialists, consultant faculty from child and adolescent psychiatry, child neurology, pediatric physical medicine and rehabilitation and/or neurodevelopmental disabilities, and psychology (developmental, clinical, educational, or pediatric) must be available to the program. Formal linkages should be established to ensure their participation in instruction and clinical supervision.

D. Other Related Disciplines

Programs must have access to the additional professional and technical personnel needed to support the clinical and educational conduct of the program.

1. Clinicians from these related disciplines must be available to the program: occupational therapy, physical therapy, social work, and speech and language pathology.
2. Personnel from the following disciplines should be available to the program: audiology, nutrition, pharmacology, education, nursing, and public health.

III. Facilities and Resources

The facilities must be adequate for the program to accomplish its educational goals. In addition to the facilities and resources that are required for all pediatric subspecialty programs, there must be

- A. outpatient facilities for developmental-behavioral clinical services. These must include clinical services for children from infancy through adolescence with or at risk for developmental delays and disabilities, behavioral difficulties, learning problems, and chronic physical health conditions. These facilities should provide a patient base with the conditions described under Core Knowledge;
- B. collaboration with general pediatrics services to provide opportunities for consultation and teaching; and
- C. established linkages with selected community-based facilities that serve children and families, such as child care programs; early intervention programs; schools; and community agencies that serve children who have visual impairments, hearing impairments, or serious developmental, physical, and/or emotional disabilities.

IV. Educational Program

The program must provide instruction, research opportunities, and clinical experience in developmental-behavioral pediatrics to enable all subspecialty residents to diagnose and treat patients with developmental-behavioral disorders. The program must include a formal educational program with activities pertaining to the knowledge and skills required in the clinical care of patients, as well as instruction and experience in teaching, in program development and administration, and in child advocacy, all of which must occur with appropriate supervision.

A. Core Knowledge

The education of a developmental-behavioral specialist must include an understanding of theories of the process of normal development from infancy through young adulthood, in addition to a structured curriculum that includes the following:

1. Biological mechanisms of behavior and development, e.g., development and functional organization of the central nervous system, neurophysiology, genetics, and biological risk factors
2. Family and social/cultural factors that contribute to children's development and family functioning

3. Variations in temperament and adaptive styles
4. Adaptations to general health problems and their treatments, e.g., acute illnesses, chronic illnesses, physical disabilities, hospitalization
5. Developmental and behavioral aspects of a wide variety of childhood conditions, e.g., perinatal conditions, chromosomal/genetic disorders, metabolic, neurologic, sensory, endocrine, and cardiac disorders
6. Cognitive disabilities
7. Language and learning disorders
8. Motor disabilities, e.g., cerebral palsy, myelodysplasia, dystrophies
9. Autistic spectrum disorders, e.g., autism, Asperger's syndrome
10. Attention disorders
11. Externalizing conditions, e.g., aggressive behavior, conduct disorder, oppositional defiant disorder
12. Internalizing behaviors, e.g., anxiety, mood, and obsessive disorders, suicidal behavior
13. Substance use/abuse, e.g., tobacco, alcohol, illicit drugs
14. Child abuse and neglect, e.g., physical, sexual, factitious
15. Somatoform conditions
16. Sleep problems
17. Feeding/eating difficulties, e.g., obesity, failure to thrive, anorexia, bulimia
18. Elimination problems, e.g., encopresis, enuresis
19. Variations and difficulties in sexual development, e.g., sexual orientation, gender identity, deviance
20. Atypical behaviors, e.g., tic disorders, self-injurious behavior, repetitive behaviors
21. Complementary and alternative therapies

B. Clinical

The clinical training must be under the supervision of developmental-behavioral pediatricians. Clinical training must include participation in interdisciplinary activities involving physicians of various disciplines, various nonmedical professionals, and families.

The three major areas of patient care activity that must be emphasized are patient assessment, patient management, and consultation, as outlined below.

1. Assessment skills

Acquiring appropriate skills for competency in patient assessment is of prime importance and must include the following for children from infancy through adolescence:

- a. Developmental screening and surveillance techniques
- b. Behavioral screening and surveillance techniques
- c. Interviewing and assessment of family history and functioning
- d. Neurodevelopmental assessment
- e. Assessment of behavioral adjustment and temperament
- f. Psychiatric interviewing and diagnosis
- g. Understanding of the major diagnostic classification schemas: DC 0-3, DSM-IV, DSM-PC [Note: Various systems of classification have been developed to describe systematically the range of disorders of behavior and development that are encountered regularly by professionals who care for children and adolescents. The *Diagnostic Statistical Manual*, fourth edition (DSM-IV) was developed by the American Psychiatric Association. The American Academy of Pediatrics, in collaboration with several collaborating professional organizations, created the *DSM for Primary Care, Child and Adolescent Version* (DSM-PC) to emphasize the contextual nature and the process of development of many of the disorders seen in the course of pediatric care. The DC 0-3 system was developed to focus attention on the critical development of infants in the first 3 years of life.]

In developing competence in patient assessment, the subspecialty residents must learn the importance of understanding and integrating evaluations by other disciplines. The subspecialty residents must gain understanding of the scope and range of evaluations performed by all disciplines listed in Sections II.C and II.D.1 above.

2. Patient management

The program must provide training for the subspecialty residents to develop competence in providing anticipatory guidance, consultation and referral, individual and family counseling, behavioral treatment methods, developmental interventions, and psychopharmacotherapy. They must also become familiar with the therapeutic modalities used by the other disciplines listed in Sections II.C and II.D.1, to be able to recommend them and/or apply them in their clinical activities. They must also be familiar with the early intervention and educational systems. Finally, they should be familiar with complementary and alternative therapies for developmental and behavioral disorders.

The program must enable subspecialty residents to provide longitudinal care to children and families of diverse ethnic, racial, and socioeconomic status groups. Subspecialty residents should follow a sufficient number of children to appreciate the range of psychosocial impacts and stresses on children and families and the effectiveness of therapeutic programs.

In addition to required skills in management of all conditions referred to above (IV.A), the development of skills in one or more of the following is desirable: pain medicine, biofeedback and hypnosis, and psycho-educational group involving parents and children.

3. Consultation and referral

The curriculum must include instruction and experience in providing consultation to primary care providers, pediatric subspecialists, schools, and other community organizations. Included as well must be the development of skills for multidisciplinary collaboration with both physician and other professional colleagues, including the process of making referrals to appropriate specialists (physicians and nonphysicians).

C. Policy and Leadership Skills

The subspecialty residents must acquire adequate knowledge of, and have experience with, health care systems, community resources, support services, and the structure and administration of educational programs for children with and without special educational needs. Program faculty must provide instruction in legislative processes (local, state, and national), health care policy, child advocacy organizations, and the legal and judicial systems for children and families.

V. Research

(See general requirements that pertain to all pediatric subspecialties)

VI. Evaluation

(See general requirements that pertain to all pediatric subspecialties for evaluation of residents, including evaluation of core competencies, faculty, and the program)

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Program Requirements for Residency Education in Neonatal-Perinatal Medicine (Pediatrics)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs must comply with the following requirements, which may exceed the common requirements.

I. Scope of Training

The purpose of an accredited program in neonatal-perinatal medicine is to provide residents with the background to understand the physiology and altered structure and function of the fetus and the neonate and to diagnose and manage problems of the neonate.

To ensure an appropriate educational environment, an accredited program in neonatal-perinatal medicine must be affiliated with an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency program in obstetrics and gynecology, within the same geographic location, that has board certified maternal-fetal medicine specialists.

The program must emphasize the fundamentals of clinical diagnosis and management of problems seen in the continuum of development from the prenatal through the intrapartum and neonatal periods, including longitudinal follow-up.

II. Faculty

A. Neonatologists

In order to ensure appropriate education and to provide adequate supervision, four hospital-based neonatologists devoting full-time to the program.

B. Other Physician Teaching and Consultant Faculty

In addition to having the full range of pediatric subspecialists available for teaching and consultation, each program must have

1. a pediatric cardiologist
2. a pediatric surgeon
3. a cardiovascular surgeon skilled in pediatric cardiovascular surgery as a consultant and teacher
4. a pediatrician skilled in infectious diseases
5. a pediatrician skilled in neurodevelopment
6. a neurosurgeon skilled in pediatric neurosurgery as a consultant and teacher
7. an obstetrician skilled in maternal-fetal medicine
8. an ophthalmologist skilled in pediatric ophthalmologic disease and treatment
9. a pediatric orthopaedic surgeon
10. a pediatric otorhinolaryngologist
11. a pediatric urologist

Consultant faculty from other related disciplines also must be available.

C. Other Professional Personnel

The following program staff are essential: respiratory therapists skilled in the care of the neonate, an ultrasonographer well versed in perinatal ultrasonic techniques, and an echocardiographic technician skilled in neonatal echocardiography.

The nursing staff must be sufficient to meet appropriate standards of care. This implies leadership by nurses skilled in neonatal and obstetrical intensive care. Medical social workers qualified in maternal-child health also must be available.

III. Facilities/Resources

A specially designed neonatal intensive care unit must be located in the primary teaching site. Facilities and equipment in that unit must meet the generally accepted standards of modern intensive care units and laboratories, and must be available on a 24-hour-a-day basis.

These must include but are not limited to the following:

1. Microchemical laboratory
2. Blood gas laboratory
3. Perinatal diagnostic laboratory
4. Radiology and ultrasound imaging facilities
5. Diagnostic bacteriology and virology laboratory
6. Hematology laboratory
7. Blood bank
8. Electrocardiographic and electroencephalographic laboratories
9. Computed tomography and/or magnetic resonance imaging facilities
10. Echocardiography capability
11. Screening laboratory for inborn errors of metabolism

In addition, access to the following should be available within a reasonable period of time at the primary teaching site or nearby:

1. Clinical toxicology laboratory
2. Nuclear medicine facilities
3. Cytogenetics laboratory

IV. Educational Program

Programs must provide experience and instruction that is adequate to enable the neonatal-perinatal residents to develop special competence in the management of critically ill neonates. In addition to the general principles of critical care this should include but not be limited to techniques of neonatal resuscitation, venous and arterial access, endotracheal intubation, preparation for transport, ventilatory support, continuous monitoring, temperature control, and nutritional support.

The program also must provide instruction in the psychosocial implications of disorders of the fetus, neonate, and young infant, as well as in the family dynamics surrounding the birth and care of a sick neonate. The subspecialty residents also should be involved in a regional program that involves outreach education, patient consultation, and transport of ill neonates.

Each resident must be taught to identify the high-risk pregnancy and must become familiar with the methods used to evaluate fetal well-being and maturation. Each resident must become familiar with factors that may compromise the fetus during the intrapartum period and recognize the signs of fetal distress. In addition, each resident must participate in the longitudinal follow-up of high-risk neonates.

A. Patient Population

The program must provide the patient care experiences necessary for the subspecialty residents to acquire skill in delivery room stabilization and resuscitation of critically ill neonates. To accomplish this, there must be a sufficient number and variety of high-risk obstetrical patients to ensure that the residents become knowledgeable in identifying high-risk pregnancies and evaluating fetal well-being and maturation.

Also, an adequate number of critically ill neonates with a variety of disorders must be available.

Each resident must participate in the care of a sufficient number of neonates who require ventilatory assistance to become skilled in their management. Similarly, each resident should participate in the care of an adequate number of neonatal patients who require major surgery, including cardiac surgery, to become skilled in the diagnosis and management of these neonates.

B. Outpatient Experience

A sufficient number of discharged infants must be available in a continuity clinic to assure appropriate outpatient experience for each subspecialty resident. These experiences should enable residents to become skilled in the longitudinal follow-up, evaluation, and management of such patients and to become aware of the socioeconomic impact and the psychosocial stress that such infants may place on a family.

C. Neonatal Data Base

A neonatal database of all patient admissions, diagnoses, and outcomes must be available for resident education. Experience in tabulating and evaluating institutional and regional fetal and neonatal morbidity and mortality data should be provided. There also should be instruction and experience in techniques of collation and critical interpretation of data pertaining to immediate outcome and sequelae of various diseases, for which the presence of a statistician is desirable. This experience should be closely related to the evaluations of various modalities of therapy used in these disorders.

D. Curriculum

The program must include instruction in related basic sciences. Seminars, conferences, and courses must be offered in the basic disciplines related to pregnancy, the fetus, and the neonate. This should include maternal physiological, biochemical, and pharmacological influences on the fetus; fetal physiology; fetal development; placental function (placental circulation, gas exchange, growth); physiological and biochemical adaptation to birth; cellular, molecular, and developmental biology and pathology relevant to diseases of the neonate; psychology of pregnancy and maternal-infant interaction; breast feeding and lactation; growth and nutrition; and genetics.

Residents should participate in regularly scheduled multidisciplinary conferences, such as sessions that review perinatal mortality, morbidity, and patient care, as well as in case conferences and current literature and research conferences.

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Program Requirements for Residency Education in Pediatric Cardiology (Pediatrics)

Programs must comply with the Program Requirements for Residency Education in the Subspecialties of Pediatrics and with the following requirements. The specialty requirements may exceed the common requirements.

I. Duration and Scope of Training

An accredited program in pediatric cardiology must be 3 years in duration. The purpose of a training program is to provide the pediatric cardiology residents with the foundation for understanding normal and abnormal cardiovascular conditions, with a focus on the pathophysiologic basis of cardiovascular disease, and to prepare them to provide optimal care and consultation for pediatric patients with cardiovascular disease.

An accredited program must include properly balanced, well-organized, and progressive responsibility for the care and study of patients on inpatient services, in intensive care units, and in ambulatory centers.

II. Faculty

A. Pediatric Cardiologists

There must be at least four pediatric cardiologists who provide sufficient time to the program to ensure its educational and research quality and to provide adequate supervision of cardiology residents. They must be certified in pediatric cardiology by the American Board of Pediatrics or have equivalent qualifications.

B. Other Physician Teaching and Consultant Faculty

Appropriate pediatric intensive care personnel must be available for the special and constant care needed by patients in the PICU. Residents also must be provided access to scientists who are actively engaged in cardiovascular research.

Staff from other disciplines, including cardiovascular radiology, cardiothoracic surgery, adult cardiology, anesthesiology, pathology, and genetics, should be readily available.

Special staff expertise should be available in electrophysiology, exercise physiology, invasive and interventional cardiac catheterization procedures, preventive cardiology, and echo cardiography, including transesophageal, Doppler, and fetal ultrasonography.

Residents should be taught to work with and utilize the special skills of pediatric cardiovascular nurses, intensive care nurses, catheterization laboratory technicians, operating room personnel, social workers, and psychologists.

III. Facilities and Resources

It is preferable that all facilities be within the primary institution. Where a special facility is shared by several local institutions in the interest of cost and efficiency, the program director may arrange for a resident to rotate to that facility.

A. Inpatient Service/Outpatient Services

Facilities should include space in an ambulatory setting for optimal evaluation and care of outpatients and an inpatient area with a full array of pediatric and related services staffed by pediatric faculty and residents.

An active inpatient pediatric cardiology service is essential to the educational program. It should provide all the diagnostic and treatment services characteristic of a comprehensive children's facility.

There must be an intensive care unit in each center in which patients with heart disease are cared for under the supervision of the training program staff and are available to the residents. In these units there must be preoperative and postoperative patients with heart disease, as well as appropriate personnel and equipment to allow provision of the special and constant care needed by these patients.

B. Cardiac Data Base

Clinical data, including inpatients, outpatients, and patients undergoing catheterization and/or surgery, should be cross-indexed to allow rapid evaluation and analysis of the assembled information, including age, diagnosis, and outcome morbidity and mortality.

C. Support Facilities

The following facilities must be available:

1. Diagnostic imaging facilities and nuclear cardiology
2. Diagnostic and interventional cardiac catheterization laboratory facilities
3. A graphics laboratory with facilities for recording the standard electrocardiogram and 2-D and Doppler echocardiograms
4. Laboratories to perform routine analyses of blood and urine to determine blood gas values, to perform blood chemistry and blood clotting studies, and to cross-match blood
5. An operating room designed for pediatric patients who require cardiopulmonary extracorporeal circulation and equipped with

- appropriate monitoring devices, defibrillators, and cardiac pacing devices
6. A blood bank closely affiliated with the center that is equipped to meet the demands of cardiac surgery
 7. Access to a clinical cardiac electrophysiologic laboratory for invasive intracardiac electrophysiologic studies and catheter ablation.

IV. Educational Program

A. Clinical Experience

1. Patient Population

The experience must encompass age groups from the fetus and newborn through young adulthood, and must include exposure to adults with heart disease, particularly congenital and rheumatic disease. The resident must be exposed to pathologic conditions ranging from mild to those requiring extensive or continued intensive care. There must be both pre- and post-surgical and medical experience with a broad spectrum of congenital and acquired heart disease and in chronic, acute, and emergency situations.

Patients admitted to the inpatient service should be under the direct or indirect supervision of the subspecialty program staff and must be available to the residents.

An accredited program must have an annual patient population, including patients less than 1 year of age, that is sufficient in number to enable each resident to become skilled in the following techniques.

Training in history taking and physical examination must be the cornerstone of the training program. This must include family history that is a critical aspect of the evaluation of pediatric patients with suspected cardiovascular disease. Programs must include training in at least the following fundamental skills:

a. Noninvasive techniques

The program must provide education in clinical diagnosis with special emphasis on roentgenology, electrocardiography, echocardiography, exercise testing, ambulatory electrocardiography, and magnetic resonance imaging. Each resident must perform and interpret a minimum of 300 pediatric echocardiography studies.

The program also must provide sufficient experience for residents to acquire skill in the interpretation of electrocardiograms, ambulatory ECG monitoring studies, and exercise stress testing with ECG monitoring.

b. Invasive techniques

Experience and instruction must be provided in the techniques and understanding of the indications for and limitations of diagnostic cardiac catheterization, selective angiography, electrophysiologic testing, therapeutic catheterizations, and pacemaker implantation. During the 3 years of training each subspecialty resident must participate in a minimum of 100 catheterizations and 10 pediatric intracardiac electrophysiologic studies.

c. Resuscitation techniques

Experience and instruction in the techniques, indications, and interpretation of pericardiocentesis, thoracentesis, cardiopulmonary resuscitation, mechanical ventilation cardioversion, and temporary pacing are required.

d. Technical and other skills

The residents must be taught the use of relevant electronic equipment, recording devices, and other equipment necessary to perform cardiac catheterization, echocardiography, ambulatory ECG monitoring, and electrophysiologic studies. In addition, the program must instruct the residents in the fundamentals of radiation safety.

2. Preoperative and Postoperative Care

Participation in the care of preoperative and postoperative care of patients having both closed and open cardiac surgery, in close cooperation with the cardiothoracic surgical staff, is required. Residents must have sufficient exposure to or instruction in current surgical techniques, mechanical ventilation, methods of cardiopulmonary bypass, and hypothermia to develop adequate understanding of these surgical techniques. The resident should be instructed in the management of postoperative patients and postoperative complications, both immediate and delayed. Opportunity for long-term follow-up observations of both preoperative and postoperative patients must be provided.

Residents should participate in consultations or conferences in which the medical and surgical staffs evaluate the results of surgery and the patient's cardiac status before discharge from the hospital.

3. Pediatric Cardiology Clinic

There must be a regularly scheduled pediatric cardiology clinic that is supervised by one or more members of the cardiology staff. Time and space in this clinic must be available for residents to provide continuity and follow-up care for all patients under their care.

4. Other Clinical Experiences

The program must provide instruction and clinical experience with rheumatic heart disease, collagen vascular diseases, infective endocarditis, Kawasaki disease, and other infectious and metabolic conditions. Instruction should also include clinical experience in assessing the genetic basis of heart disease. Residents should be instructed in the etiologic and risk factors in hypertensive and atherosclerotic heart disease, including hyperlipidemic states, and should gain experience in the prevention, diagnosis, and management of patients with these cardiovascular problems.

B. Curriculum

The program should offer courses, seminars, workshops, or laboratory experience to provide appropriate background in basic and fundamental disciplines related to the heart and cardiovascular system.

The resident must receive instruction in cardiovascular pathology, including examination of specimens demonstrating the various types of congenital cardiovascular anomalies. Conferences involving current pathological material must be held regularly and must be closely correlated with clinical experience.

There must be instruction in embryology and anatomy of the normal heart and vascular system and potential deviations from normal. Normal and abnormal cardiovascular and cardiopulmonary physiology and metabolism should be taught, as well as fundamentals of cardiovascular pharmacology, including mechanisms of drug action, therapeutic indications, and side effects.

Conferences must be held on clinical diagnosis and therapy on a regular basis, including quality assurance evaluation, cardiovascular research, and clinical morphologic correlations.

Multidisciplinary conferences should include physiology, pharmacology, neonatology, cardiovascular radiology, cardiothoracic surgery, and adult cardiology.

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Program Requirements for Residency Education in Pediatric Critical Care Medicine (Pediatrics)

Programs must comply with the Program Requirements for Residency Education in the Subspecialties of Pediatrics and with the following requirements. These specialty requirements may exceed the common requirements.

If there is more than one ACGME program in critical care medicine in the institution, there should be an institutional policy governing the educational resources committed to these programs and ensuring cooperation of all involved disciplines.

I. Scope of Training

The purpose of an accredited program in pediatric critical care medicine is to provide subspecialty residents with an understanding of the pathophysiology of acute, life-threatening disease and injury. To achieve this, the program must emphasize the fundamentals of clinical diagnosis, patient assessment, and clinical management.

The program must provide the subspecialty residents with the opportunity to augment their knowledge of advanced multisystem life support as well as their leadership skills in patient care, teaching, and research in the subspecialty.

These programs must be organized and conducted in a manner that ensures optimum patient care while providing residents with the opportunity to become skilled clinicians, competent teachers, and knowledgeable investigators familiar with and capable of administering a critical care unit.

II. Faculty

A. Pediatric Critical Care Medicine Specialists

To ensure the educational and research quality of the program, and to provide adequate supervision of residents, there must be at least four members of the teaching staff who have knowledge of and experience in the care of acute pediatric illness and injuries. Two of these must be certified in pediatric critical care medicine or have equivalent qualifications in pediatric critical care medicine.

B. Other Physician Teaching and Consultant Faculty

An accredited program also is required to have consultants in each of the following:

1. Pediatric cardiology
2. Pediatric pulmonology
3. Neonatology
4. Pediatric gastroenterology
5. Pediatric infectious diseases
6. Pediatric nephrology
7. Pediatric neurology
8. Pediatric hematology/oncology
9. Pediatric surgery
10. Pediatric cardiovascular surgery

C. Other Professional Personnel

The following other personnel are essential contributors to a program in that they enhance the subspecialty resident's understanding of the multidisciplinary nature of pediatric intensive care: respiratory therapy staff, critical care nursing staff, social workers and support staff, pediatric nutritionist, pediatric pharmacist, physical and occupational therapist, child life therapist, and speech therapist.

The presence of a bioengineer, statistician and/or epidemiologist, and an ethicist is highly desirable.

III. Facilities/Resources

At the primary teaching site there must be a specially designed pediatric critical care unit in which the program is based. Facilities and equipment in and related to that unit must meet the generally accepted standards of modern intensive care units (ICUs) and must be available on a 24-hour-a-day basis. These must include but are not limited to the following:

1. Microchemistry laboratory
2. Blood gas laboratory
3. Hematology laboratory
4. Diagnostic bacteriology and virology laboratories
5. Blood bank
6. Facilities for special radiographic imaging, including computerized axial tomography, radionuclide scanning, angiography, magnetic resonance imaging, and ultrasonography
7. Cardiac catheterization facility
8. Pulmonary function testing laboratory
9. Capabilities for portable use, including radiology and echocardiography
10. Screening laboratory for inborn errors of metabolism

In addition, access to the following should be available within a reasonable period of time at the primary teaching site or nearby:

1. Clinical toxicology laboratory
2. Nuclear medicine facilities

IV. Educational Program

A. Clinical Experience

The subspecialty residents must have the opportunity to acquire the knowledge and skills required to diagnose and manage patients with acute life-threatening problems. This must include but not be limited to the development of special competence in such areas as cardiopulmonary resuscitation; stabilization for transport; trauma; triage; ventilatory, circulatory, and neurologic support; management of renal and hepatic failure, poisoning, and complicated hematological, infectious, and immune problems; continuous monitoring; and nutritional support.

Though clinical training in pediatric critical care medicine must include direct patient care responsibilities, a graduated experience also must enable the subspecialty resident to assume supervisory and teaching roles.

B. Patient Population

An adequate number and variety of pediatric ICU patients must be available to enable the subspecialty resident to develop competence in the management of such patients, including those requiring preoperative and postoperative care. In the case of a patient on the surgical service, the pediatric critical care resident should collaborate with the surgeon managing the care of the patient.

To meet the educational objectives of an accredited program, the average daily census in the ICU should be at least six patients per pediatric critical care resident assigned to the service.

The pediatric patients available to the residents should include patients with solid organ transplantations, at least 50 cases per year of patients who have sustained severe trauma, at least 100 cases per year of patients who have undergone cardiovascular surgery, and at least 150 cases per year of patients who have major neurologic or neurosurgical problems.

The number of patients requiring mechanical ventilation must be sufficient to provide each resident with adequate opportunity to become skilled in their management.

C. Procedural Experience

The patients must be sufficiently ill and the cases sufficiently complex that adequate opportunities exist for residents to become pro-

ficient in critical care procedures. These include but are not limited to peripheral arterial and venous catheterization, central venous catheterization, endotracheal intubation, thoracostomy tube placement, and sedation of conscious patients. Furthermore, there should be sufficient exposure to the use of pulmonary artery catheters and intracranial monitoring to ensure understanding of their uses and limitations. The program director must monitor and document the development of clinical competence in the performance of necessary procedural skills.

D. Curriculum

The curriculum should include instruction in collation and critical interpretation of patient care data. Interpretation of laboratory studies essential to the care of the critically ill pediatric patient also must be included. The program must teach pharmacologic principles and provide opportunity for the subspecialty residents to apply them to the critically ill patient. Instruction in biomedical instrumentation must be offered to familiarize the resident with current and developing technology.

Subspecialty residents must participate in regularly scheduled multidisciplinary conferences such as morbidity and mortality review and case conferences.

E. Other Critical Care Unit Experiences

Some of the residents' clinical experience may take place in other critical care settings, for example, with anesthesiologists, in a medical ICU, in a burn unit, in a neonatal ICU, and/or in a surgical ICU. Electives in these units may be included in the clinical experience, but they should not replace time in the pediatric ICU. The time spent in these other critical care settings should be no more than 4 months.

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Program Requirements for Residency Education in Pediatric Emergency Medicine (Pediatrics)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics or Emergency Medicine, programs in pediatric emergency medicine must comply with the following requirements.

I. Introduction

The goal of a residency program in pediatric emergency medicine is to produce physicians who are clinically proficient in the practice of pediatric emergency medicine, especially in the management of the acutely ill or injured child, in the setting of an emergency department that is approved as a 911 receiving facility or its equivalent and has an emergency medical services system.

A program in pediatric emergency medicine must be administered by, and be an integral part of, an ACGME-accredited program in either emergency medicine or pediatrics and must be associated with an ACGME-accredited residency program in the corresponding discipline.

There must be written agreements between the director of the program in pediatric emergency medicine and the directors of the participating residencies in pediatrics and emergency medicine specifying the experiences that will compose this subspecialty program. These agreements should address appropriate curriculum content, supervision of the resident, amount and distribution of

clinical and nonclinical time, conferences, clinical performance criteria, and mechanisms for resolving performance problems.

Prerequisite training should include satisfactory completion of an ACGME-accredited residency program in either emergency medicine or pediatrics.

II. Duration and Scope of Training

A training period of 2 years is required for all subspecialty residents. [Note: For those planning to seek certification from the American Board of Pediatrics, 3 years of training is required.]

[Note: If a third year is offered, it must be described when the program is reviewed by the Residency Review Committee. Those planning to seek certification should consult with the appropriate certifying board regarding the criteria for eligibility, including duration of training.]

The educational program must be organized and conducted in a way that ensures an appropriate environment for the well-being and care of the patients and their families while providing residents the opportunity to become skilled clinicians, competent teachers, and knowledgeable investigators. The program must emphasize the fundamentals of assessment, diagnosis, and management. Residents also should be exposed to the academic debate, intensive research review, and the interaction between and among the specialties of pediatrics and emergency medicine.

III. Curriculum

The residents in pediatric emergency medicine must participate in the care of pediatric patients of all ages, from infancy through young adulthood, with a broad spectrum of illnesses and injuries of all severities. At least 12 months of the clinical experience must be obtained seeing children in an emergency department where children, ages 21 years of age or less, are treated for the full spectrum of illnesses and injuries. To provide adequate exposure for selected problems, additional experience with anesthesiologists, intensivists, neurologists, psychiatrists, pre-hospital care providers, orthopedists, surgeons, toxicologists, traumatologists, who have training and experience in the care of children and adolescents, and other specialists must be available.

Specialty-specific content must include at least 4 months of training in the reciprocal specialty from which the resident enters the training program. Additional elective months of reciprocal training should be scheduled when deemed appropriate by the program director on the basis of the background of the resident and his/her progress in acquiring the essential skills of a pediatric emergency specialist.

For the emergency medicine graduate, the reciprocal time must include time spent in pediatric subspecialty and ambulatory clinics, inpatient management, neonatal management, and pediatric critical care in an ACGME-accredited residency program in pediatrics.

For the pediatric graduate, this must include 4 months in an adult emergency department that is part of an ACGME-accredited residency program in emergency medicine. One month of that experience may occur off site as approved by the ACGME-accredited program in emergency medicine, in EMS, adult trauma, or toxicology.

Additional experiences may be necessary for residents from both core specialties. For example, adolescents have unique aspects of disease and injury. Experience with blunt and penetrating trauma, and with significant gynecologic and obstetrical emergencies, as well as psychiatric emergencies of the adolescent, must be a part of a resident's training if previous experience in these areas was not adequate. These experiences should be in settings best suited for the resident's training.

The core content must include training in EMS, administration, ethics, legal issues, and procedures. It must also include but not be limited to structured opportunities to develop special competence in such areas as cardiopulmonary resuscitation; trauma; disaster and environmental medicine; transport; triage; sedation; monitoring (biomedical instrumentation); emergencies arising from toxicologic, obstetric, gynecologic, allergic/immunologic, cardiovascular, congenital, dermatologic, dental, endocrine/metabolic, gastrointestinal, hematologic/oncologic, infectious, musculoskeletal, neurologic, ophthalmic, psychosocial, and pulmonary causes; renal/genitourinary and surgical disorders; and physical and sexual abuse.

In addition to achieving an understanding of the pathophysiology, epidemiology, and management of these problems, the resident must learn how to evaluate the patient with an undifferentiated chief complaint such as abdominal pain. The resident must be taught to arrive at a diagnosis, whether it falls in areas traditionally designated medical or surgical, e.g., appendicitis, ectopic pregnancy, intussusception, sickle cell anemia; to perform the evaluation rapidly in accordance with any pathophysiologic disturbances in the patient; and to proceed with an appropriate life-saving therapy, such as endotracheal intubation or thoracostomy or administration of antibiotics, before arriving at a definitive diagnosis.

The resident must learn the skills necessary to prioritize and manage the emergency care of multiple patients. Finally, the resident must have supervised experience in a range of technical/procedural skills, as they apply to pediatric patients of all ages.

The resident must be given increasing responsibilities for patient care as she or he progresses through the program. In the final year of training, the resident must be given the opportunities to demonstrate the skills appropriate to a supervisor, teacher, and a decision maker in pediatric emergencies.

There must be an emphasis on developing a compassionate understanding of the stress associated with sudden illness, injury, and death so that the resident may be responsive to the emotional needs of the patients, their families, and the staff of the emergency department. Discussion and appreciation of the many ethical issues involved in pediatric emergency medicine should be part of the educational program.

Residents should be exposed to formal sessions on organizing teaching programs, medical writing, and oral presentation. Residents should have the opportunity to develop teaching skills by conducting lectures, seminars, and clinical conferences and by preparing written reports and teaching materials. These efforts must be reviewed and evaluated by the supervising faculty in light of competency based objectives developed by the program. The resident must receive instruction and experience in the administrative and management skills necessary to oversee a division or department.

IV. Conferences

There should be opportunities to participate in regularly scheduled, multidisciplinary conferences that include lectures, morbidity and mortality conferences, case conferences, general reviews, and research seminars. The program must include instruction in or other educational exposure to related basic sciences, including physiology, growth and development, pathophysiology, and epidemiology, and prevention of pediatric illnesses and injuries.

The program also should provide education on physician wellness and stress management.

V. Teaching Staff

There must be at least four members of the teaching staff who have experience and knowledge of the care of acute pediatric illness and injuries to provide adequate supervision of residents and to ensure

the educational and research quality of the program. Two of the faculty must be certified in pediatric emergency medicine or have equivalent qualifications. For a subspecialty program that functions as an integral part of a pediatric residency program, there must be adequate exposure to faculty who are certified by the American Board of Emergency Medicine. Conversely, for a subspecialty program based in an emergency medicine residency program, there must be adequate exposure to faculty certified by the American Board of Pediatrics.

The availability of consultant and collaborative faculty in related medical and surgical disciplines, as referred to in Section III, must be ensured.

The pediatric emergency medicine faculty must have an active role in curriculum development and in the supervision and evaluation of the subspecialty residents.

VI. Patient Population

A sufficient number of patients must be available to provide adequate opportunity for subspecialty residents to acquire competence in the management of the full spectrum of acutely ill and injured children, adolescents, and young adults. The subspecialty residents must provide the initial evaluation of and treatment to all types of patients.

To meet the educational objectives of the program and to provide both the pediatric and subspecialty residents with an adequate experience to acquire competence in clinical management, there should be a minimum of 15,000 pediatric patient visits per year in the primary emergency department that is used for the program. Patient acuity and the total number of trainees will be considered in assessing the adequacy of the patient population. These must include a sufficient number of patients with major and minor trauma, airway insufficiency, ingestions, obstetric and gynecologic disorders, psychosocial disturbances, and emergent problems from all pediatric medical and surgical subspecialties.

Subspecialty residents should not serve as the only care givers for children seen in the emergency department. They should provide supervision and consultation to other residents who are assigned to the emergency department and will be caring for patients. These subspecialty residents must, however, have the opportunity to manage multiple patients at the same time, to learn the skills necessary to prioritize the evaluation and treatment of these patients. In addition, the program must provide the pediatric emergency medicine residents the opportunity to assume leadership responsibility for the pediatric emergency department.

VII. Facilities

There must be an acute care facility that receives patients via ambulance from the prehospital setting, is equipped to handle trauma, and that has a full range of services associated with residencies in pediatrics and emergency medicine. This facility should be accredited by the Joint Commission on Accreditation of Healthcare Organizations.

The emergency department must be adequately staffed, have appropriate bedside monitoring capability, and be capable of resuscitating medical and trauma patients. Facilities and equipment must meet the generally accepted standards of a modern emergency department and be available within the institution on a 24-hour-a-day basis.

The institution should have comprehensive radiologic and laboratory support systems and readily available operative suites and intensive care unit beds.

VIII. Board Certification

Residents seeking certification in the subspecialty of pediatric emergency medicine should consult their primary specialty board, i.e., the American Board of Pediatrics or the American Board of Emergency Medicine, regarding the criteria for eligibility for certification in this subspecialty.

ACGME: June 1998 Effective: June 1998

Program Requirements for Residency Education in Pediatric Endocrinology (Pediatrics)

Programs must comply with the Program Requirements for Residency Education in the Subspecialties of Pediatrics and with the following requirements. The specialty requirements may exceed the common requirements.

I. Scope of Training

The purpose of the program must be to provide the residents with the background to diagnose and manage endocrine diseases and to understand the physiology of hormonal regulation in infancy, childhood, adolescence, and young adulthood.

The program must emphasize fundamentals of clinical diagnosis, with special emphasis on history taking, physical examination, and interpretation of pertinent laboratory data.

II. Faculty

A. Pediatric Endocrinology Specialists

A program must have at least two qualified pediatric endocrinologists, inclusive of the program director, and must ensure access to the full range of pediatric subspecialists.

B. Other Physician Teaching and Consultant Faculty

In addition, appropriate consultant faculty and staff must be available in related disciplines, including surgery, obstetrics/gynecology, internal medicine, child and adolescent psychiatry, nephrology, neurology, neurosurgery, radiology, nuclear medicine, ophthalmology, urology, genetics, and diabetes education.

III. Facilities/Resources

A. Outpatient and Inpatient

Facilities should include space in an ambulatory setting for optimal evaluation and care of outpatients and an inpatient area with a full array of pediatric and related services staffed by pediatric residents and faculty.

B. Laboratory/Support Services

Modern facilities and services, including inpatient, ambulatory care, and laboratory resources, must be available and functioning. Specifically, there must be a complete chemistry laboratory; facilities for radioimmunoassay and karyotyping; nuclear, ultrasonic, and radiologic imaging services that can conduct studies for all types of endocrine disease; a dietary service; endocrine surgical services; and a pathology laboratory for the interpretations of surgical and cytologic specimens, including immunohistologic studies. In addition, there should be a close working relationship with dietary and/or nutrition services.

IV. Educational Program

A. Clinical and Continuity Experience

An adequate number of patients with endocrine disorders, including diabetes, who range in age from newborn through young adulthood, must be available to the training program.

The program must provide a sufficiently diversified and complex endocrine outpatient experience and adequate experience with inpatient management. In particular, the pediatric endocrinology residents must have continuing responsibility for care of patients with diabetes mellitus and other chronic endocrine disorders.

Residents must learn through patient care about normal and abnormal hormonal regulation. The interaction of endocrine pathology and psychosocial problems must be addressed.

The clinical experience must include but not be limited to the following:

1. Short stature, including constitutional delay
2. Disorders of anterior pituitary hormone physiology, including growth hormone deficiency
3. Disorders of posterior pituitary hormone physiology, including diabetes insipidus
4. Disorders of hypothalamic hormonal regulation
5. Disorders of thyroid hormone physiology
6. Diagnosis and management of endocrine neoplasia
7. Disorders of the adrenal gland physiology
8. Disorders of androgen and estrogen metabolism, including adolescent reproductive endocrinology
9. Disorders of sexual differentiation and development
10. Disorders of calcium, phosphorus, and vitamin D metabolism
11. Disorders of parathyroid gland physiology
12. Disorders of fluid and electrolyte balance
13. Disorders of carbohydrate metabolism, including diabetes mellitus and hypoglycemia
14. Disorders of nutrition, including eating disorders

B. Laboratory Experience

The residents must be instructed in the proper use of laboratory techniques for measurement of hormones in body fluids. They must be taught to recognize the limitations and pitfalls of interpretation of laboratory results. All residents should be instructed in proper interpretation of endocrine stimulation and suppression tests, including the normal variations that occur in laboratory results at different ages and times of day. Residents should be provided with a background that will enable them to utilize current diagnostic procedures of endocrinology that involve radiology, including ultrasonography, CT scanning and MRI, and nuclear medicine.

C. Curriculum

The training program must include instruction in related clinical and basic sciences. These include endocrine physiology, pathology, and biochemistry; embryology of endocrine and related systems with emphasis on sexual differentiation; genetics, including laboratory methods, cytogenetics, and enzymology; and aspects of immunology pertinent to understanding endocrine disease and the use of immunoassays.

In addition, regular conferences reviewing patient management must be scheduled and attendance required of the subspecialty residents.

ACGME: September 1999 Effective: July 2000

Program Requirements for Residency Education in Pediatric Gastroenterology (Pediatrics)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs must comply with the following requirements, which may in some cases exceed the general subspecialty requirements.

I. Introduction

The principal goal of a training program should be the development of competent subspecialists. The program must provide the resident in gastroenterology with the background and experience to diagnose and manage patients with acute and chronic diseases of the digestive system (esophagus, stomach, intestines, hepatobiliary system, and pancreas) and with nutritional disorders, including those that are life-threatening, and to conduct research in this specialized field. The resident must be guided in developing clinical judgment and skills as well as in acquiring medical knowledge, humanistic qualities, and professional attitudes and behaviors that are appropriate for the pediatric gastroenterologist.

II. Duration and Scope of Training

An accredited program in pediatric gastroenterology must provide 3 years of progressive educational experience that includes the development of procedural skills, responsibility for patient care, and participation in research.

III. Faculty

There must be at least three pediatric gastroenterologists on the teaching staff; in addition, consultant and collaborative faculty in the following related pediatric disciplines must be readily available to the program: neonatology, hematology, immunology, genetics, and infectious disease.

IV. Facilities and Resources

The following must be available to the program:

- A. Space in an ambulatory setting for optimal evaluation and care of outpatients.
- B. An inpatient area staffed by pediatric residents and faculty with a full array of pediatric and related services, including pediatric surgery and child and adolescent psychiatry and/or psychology.
- C. Full support services, including nuclear medicine, physical/occupational therapy, social services, pathology, nutrition, and feeding therapy.
- D. Pediatric intensive care unit.
- E. Neonatal intensive care unit.
- F. Access to a gastrointestinal function laboratory capable of measuring intestinal absorptive function, esophageal function, pancreatic function, and nutritional parameters in pediatric patients, plus a laboratory that can either perform or access specialized serological, parasitological, immunological, metabolic, and toxicological studies applicable to gastrointestinal and hepatobiliary disorders.
- G. Fully equipped and staffed procedure facilities that include diagnostic and therapeutic endoscopic instruments as well as equipment for measuring gastrointestinal motility. The staff must be skilled in the care of pediatric patients. There must be appropriate equipment for patients ranging in age from the neonate to the young adult.

V. Educational Program

The educational program must be organized and conducted in a way that ensures an appropriate environment for the well-being and care of the patients and their families.

A. Breadth of Experience

To develop the residents' competence in clinical diagnosis, medical management of patients, and the correlation of pathophysiology with clinical disorders, the program must emphasize developmental gastrointestinal physiology in infants, children, adolescents, and young adults.

There must be training in the selection, performance, and evaluation of procedures for morphological, physiological, immunological, microbiological, and psychosocial assessment of gastrointestinal and hepatobiliary diseases and nutritional disorders.

Residents must have experience in a variety of diagnostic tests and therapeutic procedures, e.g., the use of imaging techniques, tests of digestive system function, histological interpretation of biopsy specimens, and assessment of nutritional status and pancreatic function. The program must stress the role of the subspecialist as a consultant and promote skills necessary to communicate effectively with the referring physician. In recognition of the importance of outpatient medicine to the practice of pediatric gastroenterology and nutrition, all trainees must spend at least 1/2 day per week for the entire period of training in an ambulatory care clinic in which both new and established patients are seen.

B. Clinical Experience

1. Patient population

The patient population available to the program must have sufficiently varied and complex diseases and be of a volume sufficient to ensure that the residents have the opportunity to become clinically competent in the management of common as well as uncommon gastrointestinal, hepatobiliary, and pancreatic diseases and nutritional disorders in patients ranging from infancy through young adulthood.

Residents must have ongoing responsibility for the continuing care of patients with chronic gastrointestinal problems and must have sufficient opportunities to provide consultation on a wide variety of patients to become familiar with the gastrointestinal manifestations of a broad spectrum of pediatric illnesses.

This clinical experience must involve the management of patients with gastrointestinal and nutritional diseases and disorders, including but not limited to those listed below in V.B.2 as well as familiarity with the principles of evaluation and follow-up care of patients requiring liver transplantation and those with small bowel disease.

2. Diseases/Disorders

- a. Growth failure and malnutrition including an understanding of nutritional assessment and parenteral and enteral nutrition support
- b. Malabsorption (celiac disease, cystic fibrosis, pancreatic insufficiency, etc.)
- c. Gastrointestinal allergy
- d. Peptic ulcer disease
- e. Jaundice
- f. Hepatobiliary disease
- g. Digestive tract anomalies
- h. Chronic inflammatory bowel disease
- i. Functional bowel disorders
- j. Other gastrointestinal disorders, such as gastrointestinal infections; gastrointestinal problems in the immune-compromised host, including graft versus-host (GVH) disease; motility disorders; infectious and metabolic liver diseases; and pancreatitis

- k. Gastrointestinal complications of eating disorders, such as, obesity, bulimia, and anorexia

3. Procedures

Residents must receive training in the following:

- a. Diagnostic colonoscopy (with and without biopsy) and therapeutic colonoscopy with snare polypectomy
- b. Diagnostic upper gastrointestinal endoscopy (including biopsy) and therapeutic upper gastrointestinal endoscopy
- c. Esophageal pH monitoring
- d. Diagnostic and therapeutic flexible sigmoidoscopy
- e. Paracentesis
- f. Percutaneous liver biopsy
- g. Rectal biopsy
- h. Removal of foreign bodies from the gastrointestinal tract
- i. Small bowel biopsy

In addition, residents should have training in the following:

- a. Anorectal manometry
- b. Breath hydrogen analysis
- c. Dilatation of esophagus
- d. Therapeutic upper panendoscopy (sclerosis of esophageal varices)
- e. Esophageal manometry
- f. Pancreatic stimulation test
- g. Placement of percutaneous gastrostomy
- h. Endoscopic placement of feeding tubes

Residents must also be familiar with the basic principles, indications, and risks of advanced endoscopic procedures, such as endoscopic retrograde cholangiopancreatography (ERCP), endoscopic ultrasonography, endoscopic laser therapy, esophageal endoscopic stent placement, and endoscopic esophageal fundoplication.

The residents' understanding of the indications, risks, and benefits of diagnostic and therapeutic procedures, as well as development of skills in their performance must be documented and included in the regular resident evaluations.

C. Didactic and Laboratory Experience

The program must have a well-developed formally structured curriculum, including courses, workshops, seminars, and laboratory experience, that provides an appropriate background for residents in the basic and fundamental disciplines related to the digestive system, such as embryology, physiology, pharmacology, nutrition, pathology, biochemistry, molecular biology, immunopathology, and genetics. Training in the evaluation of the psychosocial aspects of chronic gastrointestinal disease as they affect the child and competence in counseling chronically ill patients and their families should be components of the training program. Health education, biomedical ethics, and preventive measures for digestive disease also should be emphasized.

Interdisciplinary conferences with pediatric radiology, pediatric pathology, and pediatric surgery should be held at least quarterly.

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Program Requirements for Residency Education in Pediatric Hematology/Oncology (Pediatrics)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs must comply with the following requirements, which may exceed the common requirements.

I. Scope of Training

An accredited program in pediatric hematology/oncology must provide the educational environment for the subspecialty resident to develop an understanding of the pathophysiology of pediatric hematologic and oncologic disorders and competence in the clinical diagnosis and management of these disorders. There must be training in the selection, performance, and evaluation of procedures necessary for appropriate assessment of these disorders.

The program must emphasize the fundamentals of clinical diagnosis, with special emphasis on history taking and physical examination, and must provide sufficient clinical experience with both inpatients and outpatients who have hematologic and oncologic disorders to allow residents to develop skill in diagnosing and managing both common and unusual problems.

II. Faculty

A. Pediatric Hematology/Oncology Specialists

At least four pediatric hematologists/oncologists must be based at the primary teaching site and must devote sufficient time to the program to ensure adequate teaching and to provide critical evaluation of the progress and competence of the subspecialty residents.

B. Other Physician Teaching and Consultant Faculty

In addition to the full range of pediatric subspecialists, appropriate consultants must be available in related disciplines, including radiation oncology, gynecology, neuro-oncology, pain control, and physical medicine and rehabilitation.

III. Facilities/Resources

A. Outpatient and Inpatient

Space in an ambulatory setting must be provided for optimal evaluation and care of patients, including facilities for outpatient chemotherapy and transfusions. An inpatient area with a full array of pediatric and related services staffed by pediatric residents and faculty also must be present.

B. Laboratories

The program also must have access to specialized laboratories capable of assaying red-blood-cell enzymes, identifying unusual hemoglobins, performing human lymphocyte antigen typing, immunophenotyping leukemic blast cells, performing flow cytometry, performing cytogenetic analysis, and identifying complex congenital and/or acquired hemostatic abnormalities.

The principal training institution also should have available the diagnostic services of radiology, including full-body magnetic resonance imaging, nuclear medicine, computerized tomography, sonography, angiography, clinical chemistry, microbiology, immunology, and cytogenetics.

IV. Educational Program

A. Patient Population

Adequate numbers of patients with hematologic and oncologic disorders, ranging in age from newborn through young adult, must be available to the training program. Each subspecialty resident must have continuing responsibility for the care of patients with malignant disease and chronic hematologic problems.

An accredited program should have at least 60 patients with newly diagnosed oncologic disease each year. A program having fewer such patients must specifically demonstrate that it is able to provide the breadth of experience required for the number of subspecialty residents in the program.

To become familiar with the hematologic manifestations of a broad spectrum of pediatric illnesses, each subspecialty residents must provide consultation for a sufficient variety of patients. A program without a sizable population of patients with nononcologic hematologic disorders, such as one based in a cancer center, must demonstrate how residents will gain exposure to sickle cell disease, hemophilia, and other acute and chronic hematologic problems.

B. Clinical Experience

The clinical experience must involve patients who have a broad variety of hematologic-oncologic problems that should include but not be limited to the following categories:

1. Hematologic disorders of the newborn
2. Hemoglobinopathies, including the thalassemia syndromes
3. Inherited and acquired disorders of the red-blood-cell membrane and of red-blood-cell metabolism
4. Autoimmune disorders including hemolytic anemia
5. Nutritional anemia
6. Inherited and acquired disorders of white blood cells
7. Hemophilia, von Willebrand's disease, and other inherited and acquired coagulopathies
8. Platelet disorders, including idiopathic thrombocytopenic purpura (ITP) and acquired and inherited platelet function defects
9. Congenital and acquired thrombotic disorders
10. Congenital and acquired immunodeficiencies
11. Leukemias, both acute and chronic
12. Lymphomas
13. Solid tumors of organs, soft tissue, bone, and central nervous system
14. Bone marrow failure
15. Transfusion medicine and use of blood products
16. Management of the patient undergoing long-term transfusion therapy
17. Bone marrow reconstitution including use of allogeneic peripheral blood stem cells and umbilical cord blood
18. Graft-versus-host disease

The subspecialty residents must become familiar with all aspects of chemotherapy as well as the pertinent aspects of surgical therapy and radiotherapy in managing patients with malignant diseases. They also must be taught the diagnosis, management of complications, and treatment of infections in the compromised host and indications and procedures for transfusion of blood components, including apheresis, plateletpheresis, and stem cell harvest and infusion. The program also should instruct the subspecialty residents in the methods of physiologic support of the cancer patient, including parenteral nutrition, control of nausea, and management of pain.

The pediatric oncology component of the program must include education in the staging and classification of tumors, the application of multimodal therapy, the epidemiology and etiology of childhood cancer, how to make appropriate observations, and how to keep accurate patient data. The experience should include learning to function as a member of a multidisciplinary team serving patients with cancer and chronic hematologic disorders.

The subspecialty resident should participate in the activities of the tumor board and in the provision of comprehensive care to the child with cancer and should have experience in support of the patient, family, and staff in dealing with terminal illness. Residents should be guided in the development of skills in communication and counseling, including the recognition and management of psychosocial problems in pediatric patients.

C. Laboratory Experience and Diagnostic Procedures

Appropriate educational experiences in the laboratories, including blood bank and tissue pathology, should be included. There must be instruction in the proper use of laboratory techniques for diagnosis, with recognition of the limitations of the various methods and the pitfalls in interpretation of laboratory results. This should include the normal variations in laboratory data that occur at different ages and the influence of medications, toxins, and systemic disease on hematologic values.

Subspecialty residents must be provided with a background that will enable them to utilize the current diagnostic procedures of hematology and oncology. These include (a) the performance and interpretation of bone marrow aspiration and biopsy, (b) lumbar puncture with evaluation of cerebrospinal fluid, (c) microscopic interpretation of peripheral blood films, and (d) interpretation of all hematologic laboratory diagnostic tests.

D. Curriculum

The training program should provide instruction in the related basic sciences, including the structure and function of hemoglobin and iron metabolism, the phagocytic system, splenic function, cell kinetics, immunology, coagulation, genetics, the principles of radiation therapy, the characteristics of malignant cells, tissue typing, blood groups, pharmacology of chemotherapeutic agents, molecular biology, microbiology and anti-infective agents in the compromised host, and nutrition.

Within the research conferences and clinical experiences, the residents must be exposed to the concept of multi-institutional collaborative research as exemplified by the pediatric oncology cooperative groups.

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Program Requirements for Residency Education in Pediatric Infectious Diseases (Pediatrics)

I. Introduction

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs in pediatric infectious diseases also must comply with the following requirements, which may in some cases exceed the general subspecialty requirements.

II. Scope of Training

A period of 3 years of progressive educational experience is required to provide subspecialty residents with the background and experience that will enable them to provide optimal care and consultation to pediatric patients with infectious diseases. To achieve this, the clinical and technical training must include properly balanced, well-organized, and progressive teaching, research, and consultative experiences. The educational program also must encompass basic concepts in immunology, epidemiology, clinical pharmacology, and infection control as they relate to patient care and training in the prevention of infectious diseases.

III. Faculty

A. Pediatric Infectious Diseases

Supervision of subspecialty residents must be provided by members of the teaching staff who are skilled in medical education and re-

search, as well as in care of patients, and can devote adequate time to these endeavors. The supervising faculty must include teaching staff who are active and competent in pediatric infectious diseases and who are available to ensure proper education and patient care as appropriate. There must be at least two pediatric infectious diseases teaching staff to ensure adequate time for administrative, clinical, and research activities involved in the education of subspecialty residents. Clinical supervision must be on a 24-hour-a-day, 7-day-a-week basis.

B. Other Physician Teaching and Consultant Faculty

Consultant faculty in related disciplines must also be available at the institution where the training occurs, including

1. allergy-immunology
2. dermatology
3. microbiology

Consultants in clinical and laboratory aspects of mycology, virology, parasitology, and clinical pharmacology also should be available.

IV. Facilities/Resources

Facilities and resources available to the program for the required clinical experiences must include at least the following:

A. Outpatient and Inpatient Facilities

The following facilities must be available at the primary teaching site:

1. An ambulatory facility for appropriate evaluation and care of patients from the newborn period to early adulthood.
2. An inpatient facility with full pediatric (including adolescent) and related services that are staffed by pediatric residents and faculty and that includes
 - a. facilities for isolation of patients with infectious diseases;
 - b. pediatric and neonatal intensive care units; and
 - c. support services including radiology, hematology, nuclear medicine, and pathology.

B. Laboratories

There must be access to clinical microbiology laboratories that include techniques for identification of bacteria, mycobacteria, fungi, viruses, rickettsiae, chlamydiae, and parasites in tissues and body fluids.

C. Other

There must be an infection control program with a physician leader who has knowledge of epidemiology of pediatric infectious diseases, written protocols for prevention of infection and its spread, an active surveillance system, and an interventional plan for outbreak control.

V. Educational Program

A. Patient Population

An adequate number and variety of patients with infectious diseases, ranging in age from newborn through young adulthood, must be available to the educational program and to each subspecialty resident. This patient population must include inpatients, outpatients, and patients with chronic diseases.

The program must ensure that each subspecialty resident provides consultation for an appropriate variety of patients in order to become familiar with the manifestations of a broad spectrum of infectious diseases. Such experiences must encompass longitudinal care, which provides the opportunity for observation of the course of illness and the benefits and risks of therapy.

The clinical population must include but not be limited to patients with the following conditions:

1. Primary immunodeficiency
2. Prematurity, low-birth-weight infants
3. HIV disease
4. Immunosuppression secondary to malignancies and to chemotherapeutic or immunosuppressive agents
5. Postoperative patients

B. Clinical Experience

Clinical experience in the application and interpretation of diagnostic tests and indications, risks, and interpretation of the results of therapeutic procedures must be provided for all subspecialty residents in the program. This must involve experience with outpatients and inpatients having infectious diseases such as:

1. Upper respiratory tract infections
2. Lower respiratory tract infections
3. Central nervous system infections
4. Urinary tract infections
5. Cardiovascular infections
6. Bone and joint infections
7. Skin/soft tissue/muscle infections
8. Gastrointestinal tract/intra-abdominal infections
9. Hepatic/biliary infections
10. Ocular infections
11. Reproductive tract infections
12. Sexually transmitted diseases
13. Foreign-body and catheter-related infections
14. HIV infection
15. Nosocomial infections
16. Surgical and traumatic wound infections
17. Congenital infections

C. Curriculum

The program must have a well-developed, formally structured curriculum that is designed to

1. provide subspecialty residents with the information and experience necessary to diagnose and manage pediatric patients with a wide variety of acute and chronic infectious diseases, including disorders of host defense;
2. prepare the subspecialty resident to understand and manage the principles of disease control, prevention of nosocomial infections, emerging pathogens, immunization programs, and/or vaccine-preventable diseases;
3. teach basic epidemiologic and biostatistical methods and their application to clinical research and patient care;
4. teach the subspecialty resident the functions and appropriate utilization of diagnostic microbiology, immunology, virology, mycology, and parasitology laboratories;
5. prepare the subspecialty residents to conduct research in the broad area of pediatric infectious diseases; and
6. ensure acquisition of appropriate teaching skills that can be used in the area of pediatric infectious diseases.

The educational program must include training in

1. the appropriate use of antimicrobial agents in a variety of clinical settings, their mechanisms of action, pharmacokinetics, and potential adverse reactions;
2. microbiological and immunologic factors that determine the outcome of the interaction between host and microbe;
3. microbiology laboratory techniques, including culture techniques, rapid diagnostic methods, and molecular methods for identification of bacteria, mycobacteria, fungi, viruses, rickettsiae, chlamydiae, and parasites in clinical specimens;
4. the effects of underlying disease states and immunosuppressive therapies on host response to infectious agents;
5. mechanisms of protection against infection, e.g., active or passive immunization and immunomodulating agents;

6. clinical pharmacology of antimicrobial agents including drug interactions, adverse reactions, dose adjustments for abnormal physiology, and principles of pharmacokinetics and pharmacodynamics;
7. methods of determining activity of antimicrobial agents and techniques to determine their concentrations in blood and other body fluids;
8. indications for diagnostic procedures and the interpretation of results. For example, bronchoscopy, thoracentesis, arthrocentesis, lumbar puncture, and aspiration of abscess cavities and soft tissues;
9. the sensitivity, specificity, efficacy, benefits, and risks of contemporary technologies, such as those for rapid microbiologic diagnosis and for diagnostic imaging;
10. the principles and practice of hospital epidemiology and infection control;
11. the understanding of adverse events attributed to specific immunizations and immunomodulators;
12. public health issues pertinent to pediatric infectious diseases.

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Program Requirements for Residency Education in Pediatric Nephrology (Pediatrics)

Programs must comply with the Program Requirements for Residency Education in the Subspecialties of Pediatrics and with the following specialty requirements. The specialty requirements may exceed the common requirements.

I. Scope of Training

The purpose of the training program must be to provide the subspecialty resident with the capability and experience to diagnose and manage renal diseases and to understand the physiology of fluid and electrolyte and acid-base regulation.

The training program must be designed to develop the physician's competence in clinical diagnosis, pathophysiology, and medical treatment of disorders of the kidneys; urologic abnormalities; hypertension; and disorders of body fluid physiology in newborns, infants, children, adolescents, and young adults. This experience should include the therapy of acute renal failure and end stage renal disease, including hemodialysis, continuous hemofiltration, peritoneal dialysis, and renal transplantation. Training and experience in selection, performance, and evaluation of procedures, including the renal biopsy, that are necessary for morphologic and physiologic assessment of renal disease must be included.

There should also be training in the evaluation of psychosocial aspects of life-threatening and chronic diseases as they affect the patient and the family and in counseling both acutely and chronically ill patients and their families.

The resident also should be provided with instruction and experience in the operational aspects of a pediatric nephrology service, including the dialysis facility. Knowledge of the staffing needs, unit management, preparation of grant proposals, quality improvement programs, appropriate communications with the referring physicians, and planning for program development should be acquired during training.

II. Faculty

A program must have at least two qualified pediatric nephrologists and ensure access to the full range of pediatric subspecialists. In addition, appropriate consultant faculty and staff must be available in related disciplines, including, but not limited to, pediatric urology, pediatric surgery, pathology, radiology, immunology, psychiatry, and organ transplantation.

III. Facilities/Resources

Inpatient, ambulatory care, and laboratory facilities that are necessary to accomplish the overall educational program must be available and functioning. Specifically, there must be facilities for renal replacement therapy and renal biopsy. The following must also be available: a radiology service that can provide modern renal-related procedures, a diagnostic radionuclide laboratory, biochemistry and serologic laboratories; a nutrition support service; and relevant social and psychological services. Surgery, urology, psychiatry, pathology, and radiologic services must be available.

IV. Educational Program

A. Patient Population

The primary teaching site must have at least 5 pediatric kidney transplants per year or have a formal written agreement with another institution that ensures nephrology residents will have adequate experience with renal transplantation.

The training program should be of sufficient size to ensure adequate exposure of residents to patients with acute renal failure and a chronic dialysis patient population, including patients that utilize home dialysis treatment modalities, to ensure adequate training in chronic dialysis.

The training program must afford the residents the opportunity to care for patients with renal and other disorders in the intensive care unit setting.

Adequate numbers of patients with a wide variety and complexity of renal disorders must be available to the training program. It is important that the residents have continuing responsibility for the care of outpatients throughout their training.

B. Clinical Experience

The residents must have formal instruction, clinical experience, or opportunities to acquire expertise in the prevention, evaluation, and management of the following:

1. Perinatal and neonatal conditions, including genetic disorders and congenital anomalies of the genitourinary tract
2. Hypertension
3. Acute renal failure
4. Chronic renal failure
5. New end-stage renal disease
6. Urinary tract infections
7. Renal transplantation
8. Neoplasms of the kidney
9. Fluid and electrolyte and acid base disorders
10. Acute and chronic glomerular diseases
11. Renal tubular disorders
12. Nephrolithiasis
13. Voiding dysfunction and urologic disorders
14. Renal dysplasia and cystic disease of the kidney
15. Inherited renal disorders

Special Experiences

In addition, residents must have experience in the following:

1. Evaluation and selection of transplant candidates
2. Preoperative evaluation and preparation of transplant recipients

3. Recognition and medical management of surgical and nonsurgical complications of transplantation
4. Dialysis therapy. Each resident should have exposure to dialysis and extracorporeal therapies, which includes
 - a. Evaluation and selection of patients for continuous renal replacement therapies.
 - b. Long-term follow-up with patients undergoing chronic dialysis.
 - c. Understanding of the principles and practices of both hemodialysis and peritoneal access.
 - d. Understanding of the special nutritional requirements of hemodialysis of patients.

C. Technical Experiences

Residents must be given sufficient experience with indications, contraindications, complications, and interpretation of results in the following areas to enable them to develop appropriate expertise:

1. Urinalysis
2. Percutaneous biopsy of both native and transplanted kidneys
3. Peritoneal dialysis
4. Acute and chronic dialysis and hemofiltration
5. Renal ultrasound

D. Curriculum

The program must offer instruction through courses, workshops, seminars, and laboratory experience to provide appropriate background for residents in diagnostic techniques and in the basic and fundamental disciplines related to the kidney. These should include immunopathology, cell biology, molecular biology, magnetic resonance imaging, computed tomography, ultrasound, and nuclear medicine.

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Program Requirements for Residency Education in Pediatric Pulmonology (Pediatrics)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs must comply with the following requirements, which may exceed the common requirements.

I. Scope of Training

The purpose of an accredited program is to provide the resident with the background to diagnose and manage pediatric patients with acute and chronic respiratory disorders, including those that are life-threatening, and to prepare the resident to conduct research in this field. The program should emphasize normal pulmonary physiology in pediatric patients and correlation of pathophysiology with clinical disorders. It must require research and provide opportunity for the development of teaching skills on the part of the residents. This educational program must be organized and conducted in a way that ensures an appropriate environment for the well-being and care of patients and their families.

The training program must be designed to develop the subspecialty resident's competence in the clinical diagnosis, pathophysiology, and medical treatment of respiratory disorders in pediatric patients. There must be training in the selection, performance, and evaluation of procedures necessary for morphologic and physiologic assessment of pulmonary diseases.

II. Faculty/Personnel

A. Pediatric Pulmonology Specialists

There must be at least two qualified pediatric pulmonologists who provide sufficient time to the program to ensure its educational and research quality and to provide adequate supervision of pulmonology residents. These staff must be certified in pediatric pulmonology by the American Board of Pediatrics or have equivalent qualifications.

B. Other Physician Teaching and Consultant Faculty

In addition to having the full range of pediatric subspecialists, the program must have consultant faculty in related disciplines at the institution where the training takes place. These must include faculty with special expertise in the following areas:

- Pediatric surgery and cardiothoracic surgery
- Allergy/immunology
- Pediatric otolaryngology
- Pediatric radiology
- Pediatric anesthesiology
- Pediatric pathology

In addition, consultants should be available in the following areas:

- Genetics
- Pediatric neurology
- Developmental and behavioral pediatrics
- Pediatric psychiatry

C. Other Professional Personnel

The following other professional staff are essential contributors to a program in that they enhance the subspecialty resident's understanding of the multidisciplinary nature of pediatric pulmonology: pediatric respiratory therapy staff, pulmonology nursing staff, social workers and support staff, pediatric nutritionist and registered dietitian, pediatric pharmacist, physical and occupational therapist, child life therapist, and speech therapist.

III. Facilities/Resources

An accredited program must have adequate facilities to support the educational activities.

A. Inpatient and Outpatient

There must be an inpatient area with full pediatric and related services, including a pediatric intensive care unit and neonatal intensive care unit, staffed by pediatric residents and faculty. The inpatient unit also must be capable of meeting the specific needs of young adults with cystic fibrosis, including a transition to adult pulmonologists where appropriate.

Adequate space in an ambulatory setting must be available for optimal evaluation and care of patients.

B. Laboratory and Support Services

Full support services, including radiology, laboratory, nuclear medicine, and pathology, must be available at the primary teaching site. At this site there also must be a pediatric pulmonary function laboratory capable of measuring lung volumes, including body plethysmography, flows, gas exchange, bronchoprovocation studies, and polysomnography.

A suite in which flexible bronchoscopy examinations in pediatric age patients can be performed must be present at the primary site or available through affiliation with another institution.

C. Research Resources

Adequate resources for research and/or clinical studies, including statistical consultation, laboratory space, and computer services, must be available.

IV. Educational Program

A. Patient Population

An adequate number and variety of patients with pulmonary disorders who range in age from newborn through young adulthood must be available. The patient population must be sufficiently varied and frequently encountered so as to ensure that the pediatric pulmonology resident has the opportunity to become clinically competent in its management.

B. Clinical and Continuity Experience

There should be sufficient opportunity for the subspecialty residents to provide consultation on a variety of patients to enable them to become familiar with the pulmonary manifestations of a broad spectrum of pediatric illnesses. It is particularly important that they have continuing responsibility for the care of patients with chronic pulmonary problems.

The clinical experience must include but not be limited to the following categories:

1. Asthma and allergic disorders affecting the pulmonary system
2. Bronchopulmonary dysplasia
3. Cystic fibrosis
4. Lower respiratory tract infections
5. Newborn respiratory diseases
6. Pulmonary intensive care
7. Sleep disordered breathing, such as apnea
8. Airway appliances and chronic ventilatory assistance
9. Aspiration syndromes
10. Anomalies of the respiratory system, including upper airway obstruction
11. Chronic suppurative lung disease
12. Respiratory infections in the immunocompromised host
13. Other diseases such as pulmonary hypertension, interstitial lung disease, hemosiderosis, carbon monoxide poisoning, and acute lung injuries

C. Diagnostic Tests and Procedures

Clinical experience in the interpretation of a variety of diagnostic tests and the performance of therapeutic procedures must be part of the training, including tests of pulmonary function and evaluation of respiration during sleep. The subspecialty resident must have the opportunity to become proficient in bronchoscopy, thoracentesis, and techniques of chest physiotherapy and pulmonary rehabilitation. Training must include consultative experience in pulmonary intensive care and must provide the opportunity for the subspecialty residents to develop an understanding of how a patient's critical respiratory problems affect other critical organ systems.

D. Curriculum

The program must offer instruction through courses, workshops, seminars, and laboratory experience to provide an appropriate experience for residents in the basic and fundamental disciplines related to the lung, including allergy and immunology, and immunopathology. Training must be provided in the evaluation of the psychosocial aspects of chronic pulmonary disease as they affect the pediatric patient and his or her family.

The program also must provide opportunities for and instruct the subspecialty residents in the development of competence in counseling chronically ill patients and their families. Health education and preventive measures related to pulmonary disease also should be emphasized.

E. Teaching and Administrative Experience

The subspecialty resident must be provided with instruction and experience in operational aspects of a pediatric pulmonology facility,

including staffing needs, unit management, and planning for program development.

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Program Requirements for Residency Education in Pediatric Rheumatology (Pediatrics)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Pediatrics, programs in pediatric rheumatology must comply with the following requirements, which may in some cases exceed the general subspecialty requirements.

I. Introduction

The purpose of a program in pediatric rheumatology is to provide subspecialty residents in pediatric rheumatology with the background to diagnose and manage patients with acute and chronic rheumatic and musculoskeletal diseases, including those that are life-threatening, and to help them develop investigative skills related to this specialized field.

II. Duration and Scope of Training

An accredited program in pediatric rheumatology must provide 3 years of training to allow sufficient time for the subspecialty residents to develop expertise in the long-term continuity of care that is required for the patients and to understand the natural history of the diseases. Continuity of care for a panel of patients throughout the 3 years is required.

III. Faculty

A. Pediatric Rheumatologists

There must be at least two pediatric rheumatologists in the program to ensure adequate time for the administrative, clinical, and research activities involved in educating the subspecialty residents.

B. Other Physician Teaching and Consultant Faculty

Consultant and collaborative faculty in related disciplines, particularly pediatric orthopedics, must be available at the institution where training takes place. There must be pediatric subspecialists available in cardiology, gastroenterology, hematology/oncology, immunology, infectious disease, and nephrology, as well as specialists who have expertise with pediatric patients in at least the following areas: dermatology, ophthalmology, pathology, and physical medicine and rehabilitation. Collaboration with basic science departments and with internal medicine rheumatology programs is encouraged.

C. Other Personnel

Staff from allied health disciplines, including registered physical and occupational therapists, must be available. The presence of a nurse specialist, a pediatric social worker, and a nutritionist is highly recommended.

IV. Facilities and Resources

There must be full support services, including nuclear medicine and access to pediatric rehabilitation services, electromyography laboratory and clinical immunology laboratory.

V. Educational Program

A. Breadth of Experience

The program must provide subspecialty residents with a thorough knowledge of normal growth and development with emphasis on the musculoskeletal system, as well as the correlation of pathophysiology with clinical diseases. The program should ensure the availability of all facilities and personnel necessary for the complete care of infant, child, adolescent, and young adult patients with rheumatic diseases. A patient population of sufficient size must be available to ensure training of both the general pediatric residents and the rheumatology residents.

The program must ensure that each subspecialty resident has the opportunity to provide continuing responsibility for both acute and chronic rheumatic diseases in order to observe the natural history of the disease process and effectiveness of therapeutic programs. Continuing responsibility for the care of patients with chronic rheumatic diseases is of particular importance.

B. Clinical Experience

The clinical component of the program must provide broadly based experience with a variety of rheumatic and musculoskeletal diseases and must be designed to develop the subspecialty resident's understanding of the pathophysiology of various rheumatic diseases and to promote competence in the clinical diagnosis and medical management of these disorders. There must be training in the selection, performance, and evaluation of procedures necessary for pathologic, physiologic, immunologic, microbiologic, and psychosocial assessment of rheumatic and musculoskeletal diseases.

1. Diagnostic tests and procedures

The program must provide sufficient experience for the residents to acquire skill in

- a. Therapeutic injection of diarthrodial joints;
- b. Nailfold capillary microscopy;
- c. Use of nonsteroidal anti-inflammatory drugs, disease-modifying drugs, biologic response modifiers, glucocorticoids, cytotoxic drugs, and infectious/post-infectious therapy.

2. The program must provide sufficient training for the residents to become proficient in the following:

- a. Diagnostic aspiration of joints and interpretation of analysis of joint synovial fluid
- b. Prescription of physical therapy, occupational therapy, splints, and other therapeutic modalities
- c. Bone and joint imaging
- d. Evaluation for surgical intervention, including participation in both preoperative and postoperative patient management
- e. Interpretation and utilization of laboratory tests as they relate to rheumatic disorders
- f. Understanding the indications for electromyographic (EMG) and nerve conduction studies
- g. Performing biopsies of tissues relevant to rheumatic diseases
- h. Slit lamp examination of the eye

3. Patient population

The patient population must be sufficiently varied and the volume sufficiently large to assure the subspecialty resident of the opportunity to become clinically competent in the management of common as well as uncommon rheumatic disorders. The patient population must be characterized by ample diversity of rheumatic diseases including but not limited to the following categories:

- a. Infectious/post-infectious such as acute rheumatic fever and Lyme disease
- b. Juvenile rheumatoid arthritis
- c. Kawasaki disease

- d. Systemic lupus erythematosus
- e. Scleroderma
- f. Dermatomyositis/polymyositis
- g. Henoch-Schönlein purpura
- h. Other vasculitic disorders, e.g., Wegners and Polyarteritis nodosa
- i. Nonarticular rheumatic diseases including reflex neurovascular dystrophy and fibromyalgia
- j. Infections of bones and joints
- k. Neonates with consequences of maternal rheumatic diseases or medications for rheumatic diseases
- l. Spondyloarthropathies, psoriasis, and other HLA B27-related disorders
- m. Malignancies of bone and muscle
- n. Disorders of collagen and connective tissue
- o. Rheumatic aspects of immunocompromised (congenital or acquired) children
- p. Rheumatic aspects of systemic diseases such as endocrine, metabolic, gastrointestinal and infectious diseases, skeletal dysplasias, and other systemic diseases
- q. Sports injuries, including over use syndromes
- r. Avascular necrosis, including Legg-Perthes syndrome
- s. Osteochondritis syndromes

C. There should be sufficient opportunity for the subspecialty resident to provide consultation for wide variety of patients with rheumatic complaints common in the spectrum of other childhood diseases.

D. Curriculum

1. Basic sciences and conferences

The program must emphasize anatomy, immunology, physiology, biochemistry, genetics, and molecular biology of the musculoskeletal system in the developing child and the young adult.

2. Didactic and laboratory experience

The program must have a well-developed, formally structured curriculum, including courses, workshops, seminars, and laboratory experience that provides an appropriate background for subspecialty residents in the basic and fundamental disciplines related to the musculoskeletal system and rheumatic disease, e.g., anatomy, biochemistry, embryology, genetics, immunology, molecular biology, pathology, pharmacology, and physiology. Instruction and experience in rehabilitative and psychosocial aspects of chronic rheumatic diseases as they affect the child are essential. Experience in counseling chronically ill patients and their families must be a component of the training program. Health education, current health care legislation, biomedical ethics, and preventive measures also should be emphasized.

3. Health care team

The subspecialty residents must be exposed to formal sessions on organization and leadership of a comprehensive health care team and the utilization of the services of all relevant allied health professionals, including those in social services, rehabilitation, education, and mental health. There also must be education in the use of community resources in the care of children with rheumatic diseases.

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Program Requirements for Residency Education in Pediatric Sports Medicine (Pediatrics)

I. Introduction

In addition to complying with the requirements below, each program must comply with the Program Requirements for Residency Education in the Subspecialties of Pediatrics.

II. Scope and Duration of Training

An educational program in sports medicine must be organized to provide a well-supervised experience at a level sufficient for the resident to acquire the competence of a physician with added qualifications in this field. It shall be 12 months in duration.

The practice of sports medicine is the application of the physician's knowledge, skills, and attitudes to those engaged in sports and exercise. Thus, the program must provide training in the development of the clinical competencies needed to diagnose and manage medical illnesses and injuries related to sports and exercise, for example, first-degree sprains, strains, and contusions, including appropriate referrals of, for example, fractures, dislocations, and third-degree sprains. Clinical experience must include injury prevention, preparticipation evaluation, management of acute and chronic illness or injury, and rehabilitation as applied to a broad spectrum of undifferentiated patients. There must be experience functioning as a team physician and in the promotion of physical fitness and wellness.

The program should emphasize physiology and biomechanics; principles of nutrition; pathology and pathophysiology of illness and injury; pharmacology; effects of therapeutic, performance-enhancing, and mood-altering drugs; psychological aspects of exercise, performance, and competition; ethical principles; and medical-legal aspects of exercise and sports.

III. Teaching Staff

In addition to the program director, each program must have at least one other faculty member with similar qualifications who devotes a substantial portion of professional time to the training program.

The teaching staff must include orthopedic surgeons who are engaged in the operative management of sports injuries and other conditions and who are readily available to teach and provide consultation to the residents. Teaching staff from the disciplines of nutrition, pharmacology, pathology, exercise physiology, physical therapy, behavioral science, physical medicine and rehabilitation, and clinical imaging also should be available to assist in the educational program. Coaches and athletic trainers should also be included.

IV. Facilities and Resources

The program must include the following:

A. Patient Population

A patient population, unlimited by age or gender and adequate in number and variety to meet the needs of the training program, must be available. The program director must ensure that residents are accorded meaningful patient responsibility with the supervision of a faculty member at all facilities and sites.

B. Sports Medicine Clinic

There must be an identifiable clinic that offers continuing care to patients who seek consultation regarding sports- or exercise-related health problems. Nonsurgical residents must be supervised by a

physician who has qualifications in sports medicine and is certified by the American Board of Emergency Medicine, the American Board of Family Practice, the American Board of Internal Medicine, or the American Board of Pediatrics or who possesses suitable equivalent qualifications.

Adequate up-to-date diagnostic imaging and rehabilitation services must be readily available and accessible to clinic patients. Consultation in medical and surgical subspecialties, physical therapy, nursing, nutrition, and pharmacology must be available. The opportunity to render continuing care and to organize recommendations from other specialties and disciplines is mandatory and will require that medical records include information pertinent to the assessment and management of patients with health problems related to sports and exercise.

C. Sporting Events/Team Sports/Mass-Participation Events

The program must have access to sporting events, team sports, and mass-participation events during which the resident can have meaningful patient responsibility.

D. Acute-Care Facility

There must be an acute-care hospital, with a full range of services, associated with and in proximity to the sponsoring residency. This facility must be readily accessible to patients served by the program.

V. Educational Program

The curriculum must provide the educational experiences necessary for the residents to achieve the cognitive knowledge, psychomotor skills, interpersonal skills, professional attitudes, and practical experience required of physicians in the care of patients with health problems related to sports and exercise.

Didactic as well as clinical learning opportunities must be provided as part of the required curriculum for all residents. Conferences or seminars/workshops in sports medicine should be specifically designed for the residents to augment the clinical experiences.

All educational activities must be adequately supervised, while allowing the resident to assume progressive responsibility for patient care. The clinical activities in sports medicine should represent a minimum of 50% of the time in the program. The remainder of the time should be spent in didactic, teaching, and/or research activities and the primary care or emergency medicine ambulatory facility.

Residents must spend 1/2 day per week maintaining their skills in their primary specialty.

Participation in the following must be required of all residents:

A. Preparticipation Evaluation of the Athlete

The program must ensure that all sports medicine residents are involved in the development and conduct of preparticipation examination programs.

B. Acute Care

The resident must have appropriate authority and responsibility to participate meaningfully in the medical care that is provided to acute-care patients (see Scope and Duration of Training, above). In addition, the program should arrange for residents to observe representative inpatient and outpatient operative orthopedic procedures.

C. Sports Medicine Clinic Experience

The resident must attend patients in a continuing, comprehensive manner, providing consultation for health problems related to sports and exercise. The resident shall spend at least 1 day per week for 10 months of the training period in this activity.

If patients are hospitalized, the resident should follow them during their inpatient stay and resume outpatient care following the hospitalization. Consultation with other physicians and professionals in other disciplines should be encouraged.

D. On-Site Sports Care

The resident should participate in planning and implementation of all aspects of medical care at various sporting events. The program must ensure that supervised sports medicine residents provide on-site care and management to participants in these events.

In addition, the resident must participate in the provision of comprehensive and continuing care to a sports team. Preferably, the experience should include several teams that engage in seasonal sports.

E. Mass-Participation Sports Events

The resident should participate in the planning and implementation of the provision of medical coverage for at least one mass-participation event. The program must ensure that its residents have experience that includes providing medical consultation, direct patient care, event planning, protection of participants, coordination with local emergency medical systems, and other medical aspects of those events.

VI. Specific Knowledge and Skills

A. Clinical

The program must provide educational experiences for the residents to develop clinical competence in the overall field of sports medicine.

The curriculum must include but not be limited to the following content and skill areas:

1. Anatomy, physiology, and biomechanics of exercise
2. Basic nutritional principles and their application to exercise
3. Psychological aspects of exercise, performance, and competition
4. Guidelines for evaluation prior to participation in exercise and sport
5. Physical conditioning requirements for various activities
6. Special considerations related to age, gender, and disability
7. Pathology and pathophysiology of illness and injury as they relate to exercise
8. Effects of disease, e.g., diabetes, cardiac conditions, arthritis, on exercise and the use of exercise in the care of medical problems
9. Prevention, evaluation, management, and rehabilitation of injuries
10. Understanding pharmacology and effects of therapeutic, performance-enhancing, and mood-altering drugs
11. Promotion of physical fitness and healthy lifestyles
12. Functioning as a team physician
13. Ethical principles as applied to exercise and sports
14. Medical-legal aspects of exercise and sports
15. Environmental effects on exercise
16. Growth and development related to exercise

B. Patient Education/Teaching

The program must provide the experiences necessary for the residents to develop and demonstrate competence in patient education regarding sports and exercise. They must have experience teaching others, e.g., nurses, allied health personnel, medical students, residents, coaches, athletes, other professionals, and members of patients' families. There must also be relevant experience working in a community sports medicine network involving parents, coaches, certified athletic trainers, allied medical personnel, residents, and physicians.

ACGME: June 2000 Effective: June 2000

Program Requirements for Graduate Medical Education in Sleep Medicine (Pediatrics)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

Sleep medicine is a discipline of medical practice in which sleep disorders are assessed, monitored, treated, and prevented by using a combination of techniques (clinical evaluation, physiologic testing, imaging, and intervention) and medication. Specialists in sleep medicine are expected to:

1. participate in an interdisciplinary care of patients of all ages that incorporates aspects of psychiatry, neurology, internal medicine, epidemiology, surgery, pediatrics and basic science;
2. acquire detailed knowledge of the sleep and respiratory control centers, physiology, and neurobiology underlying sleep and wakefulness;
3. diagnose and manage sleep disorder patients in outpatient and inpatient settings.

B. Duration and Scope of Education

1. All prerequisite fellowship education must be taken within programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.
2. The ACGME recognizes the following educational formats for entry into sleep medicine fellowships:
 - a) Fellows must complete 12 months of sleep fellowship education after the successful completion of one of the following prerequisite educational programs:
 - (1) 3 years of internal medicine; or
 - (2) 3 years of pediatrics
 - (3) 4 years of psychiatry;
 - (4) 4 years of neurology; or
 - (5) 5 years of otolaryngology.
3. Training must be separate and distinct from all training required for certification in internal medicine, pediatrics, pulmonology, psychiatry, neurology, and otolaryngology, and include as well as didactic and clinical experience in the care of patients with sleep disorders in both inpatient and outpatient settings.
4. Training should provide clinical exposure to the following disciplines as related to sleep disorders:
 - Cardiology
 - Neurology
 - Otolaryngology
 - Oral Maxillofacial Surgery
 - Pediatrics
 - Pulmonary Medicine
 - Psychiatry
 - Psychology, including Neuropsychology
5. Relation of the Subspecialty to Core Programs

Fellowship programs in the subspecialty of sleep medicine may only be accredited in institutions where the sponsoring specialty has an ACGME-accredited residency program. The sponsoring program may be in internal medicine, psychiatry, pediatrics, neurology, or otolaryngology.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions. There is a limit of one accredited sleep medicine program per sponsoring institution.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern fellow education during the assignment.

C. Institutional Facilities and Resources

1. Patient Population
 - a) There must be an adequate number and variety of patients of all ages in both inpatient and outpatient settings to expose fellows to the board spectrum of sleep disorders. This should include experience across the major categories of sleep disorders, including: apnea and other sleep-related breathing disorders; parasomnias; circadian rhythm disorders; insomnia; narcolepsy and related excessive daytime sleepiness disorders; and sleep problems related to other factors and diseases such as medications, and psychiatric and medical disorders.
 - a) Inpatient experience should include evaluation of a sufficient number of sleep disorder patients. Experience should include longitudinal management of patients for whom the fellow is the primary physician but acting under the supervision of a faculty member.
2. Facilities
 - a) The facility should be appropriately equipped, and have a minimum of two fully-equipped polysomnography bedrooms and support space.
 - b) There must be adequate space and equipment for the educational program, including meeting rooms, classrooms with audiovisual and other educational aids, office space for staff and fellows, pertinent library materials, and diagnostic, therapeutic, and research facilities.
3. Institutional Resources
 - a) The sponsoring institution must provide sufficient institutional resources—including GME staff, space, equipment, supplies, and time—to allow for effective oversight of its programs accredited by the ACGME.
 - b) In addition, there must be sufficient institutional resources to ensure that the programs accredited by the ACGME are implemented and developed effectively and in compliance with both the program and institutional requirements.
 - c) The American Academy of Sleep Medicine or an equivalent body should accredit for the use of both adults and children

the sleep laboratories and other related facilities and equipment.

4. Library
 - a) Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
 - b) Library services should include the electronic retrieval of information from medical databases.
 - c) There must be access to an on-site library or to a collection of appropriate texts and journals in each institution that participates in a fellowship program. On-site libraries and/or collections of texts and journals, or access to the electronic retrieval of these materials, must be readily available during nights and weekends.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program; he or she must be fully committed to the fellowship program, and devote sufficient time to provide leadership and supervision to the program and its fellows. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified by the specialty board in sleep medicine or be certified in sleep medicine by an ABMS Member Board, or possess qualifications judged to be acceptable by the sponsoring RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;

- (2) a change in the format of the educational program;
- (3) a change in the approved fellow complement for those specialties that approve fellow complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.

- a) The program that provides training in sleep medicine must have at least two core faculty, including the director, who are specialists in Internal Medicine, Pulmonology, Psychiatry, Pediatrics, Neurology, or Otolaryngology and who are certified in sleep medicine by the specialty board in sleep medicine or by the applicable ABMS board, or who possess qualifications judged acceptable by the sponsoring RRC.
- b) For programs with more than four fellows, a ratio of one core faculty to every two fellows must be maintained.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

- a) Appropriate expertise in the areas defined in Section I.B. above must be present between the director and faculty. The RRC recognizes that expertise in sleep medicine is available from physicians who are board certified in many medical specialties, particularly in Internal Medicine, Pulmonology, Psychiatry, Pediatrics, Neurology, and Otolaryngology; the RRC actively encourages multidisciplinary cooperation in the training of fellows.
- b) There must be designated faculty available to participate in consultation and teaching from the following disciplines as they relate to sleep medicine and the management of sleep disorders:
 - Cardiology
 - Neurology
 - Otolaryngology
 - Oral Maxillofacial Surgery
 - Pediatrics
 - Pulmonary Medicine
 - Psychiatry
 - Psychology including neuropsychology

3. Qualifications of the physician faculty are as follows:

- a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
- b) The physician faculty must be certified by the applicable ABMS Board, or possess qualifications judged to be acceptable by the RRC.
- c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:

- a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
- b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;

c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

- a) Nonphysician faculty must be appropriately qualified in their field.
- b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

IV. Fellow Appointments

A. Eligibility Criteria

The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

To determine the appropriate level of education for fellows who are transferring from another fellowship program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of fellowship education for fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

E. Fellow/Patient Ratio

The number of patients must be sufficient to provide a sound educational program. The program director must ensure an adequate number and variety of patients, with particular attention to balance in the age and gender of patients, as well as in patients with short- and long-term sleep disorders, inpatients, and outpatients.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

C. Fellows Scholarly Activities

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies

The fellowship program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their fellows to demonstrate the following:

1. *Patient care* that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. *Medical Knowledge* about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. *Practice-based learning and improvement* that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. *Interpersonal and communication skills* that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. *Systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. Didactic Program

1. Fellows must have formal instruction in, and demonstrate comprehensive knowledge of:
 - a) Major theories in sleep medicine, together with a thorough grounding in the generally accepted facts and basic sleep mechanisms.
 - b) Biological, psychological, social, economic, ethnic, and familial factors, which significantly influence the evaluation and treatment of sleep disorders.
 - c) Etiologies, prevalence, diagnosis, and treatment of all of the sleep disorders in the current nosology of sleep medicine.

- d) The use, reliability, and validity of the generally accepted techniques for diagnostic assessment.
 - e) Medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g., the relationship between hypertension and snoring)
 - f) The nature of the interactions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment; experience and/or familiarity with the major types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments, and other somatic therapies
 - g) Administration and interpretation of psychological tests
 - h) Financing and regulation of sleep medicine.
 - i) Medical ethics and its application in sleep medicine.
 - j) Legal aspects of sleep medicine.
 - k) Research methods in the clinical and basic sciences related to sleep medicine.
- 1) Technical skills including:
 - (1) skills necessary to perform polysomnographies from preparation and hookup of the patient to the completion of the study, including multiple sleep latency and maintenance of wakefulness tests.
 - (2) Scoring and interpretation of polysomnograms and recognition of artifacts, including full montages with additional EEG leads for seizure detection
 - (3) Consultative skills in sleep medicine in a variety of medical, surgical, and psychiatric settings

2. The Curriculum

The curriculum must include instruction in the following:

- a) Fundamental mechanisms of sleep
- b) Etiopathogenic characterization of sleep disorders
- c) Clinical manifestations of sleep disorders
- d) Diagnostic strategies in sleep disorders
- e) Treatment strategies in sleep disorders
- f) Epidemiological issues
- g) Airway anatomy

3. Seminars and Conferences

- a) The training program must conduct a monthly, multidisciplinary teaching conference and a monthly journal club organized by the faculty on topics that cover the scope of sleep medicine.
- b) The training program must conduct seminars and core conferences, that include didactic instruction in the following; this instruction must be relevant for pediatric and adult patients:
 - (1) Basic neurological sleep mechanisms
 - (2) Chronobiological mechanisms
 - (3) Respiratory physiology during sleep and pathophysiology
 - (4) Cardiovascular physiology during sleep and pathophysiology
 - (5) Endocrine physiology during sleep and pathophysiology
 - (6) Gastrointestinal physiology during sleep and pathophysiology
 - (7) Ontogeny of sleep
 - (8) Sleep across the life span
 - (9) Operation of polysomnographic monitoring equipment
 - (10) Polysomnographic troubleshooting
 - (11) Ambulatory monitoring methodology
 - (12) Polysomnogram interpretation
 - (13) SIDs and related respiratory distress
 - (14) Nosology for sleep disorders: The International Classification of Sleep Disorders
 - (15) Evaluation of patients presenting with excessive sleepiness
 - (16) Evaluation of patients presenting with difficulty initiating or maintaining sleep

- (17) Evaluation of patients presenting with parasomnias
- (18) Biological rhythm disorders
- (19) Pediatric and neonatal sleep medicine
- (20) Treatment approaches for obstructive sleep apnea, to include nasal CPAP, bilevel PAP, upper airway surgery, oral appliances, and position training
- (21) Treatment approaches for insomnia, to include cognitive-behavioral therapies and pharmacological therapy
- (22) Treatment approaches for narcolepsy and idiopathic CNS hypersomnolence
- (23) Treatment approaches for parasomnias
- (24) Treatment of circadian rhythm disorders
- (25) Pharmacology of sleep (i.e. medication effects on sleep)

F. Clinical Components

I. Clinical Skills

Fellows must have formal instruction, clinical experience, and demonstrate competence at the completion of training in the management of sleep disorders in all age groups including following:

- a) interviewing
- b) clear and accurate history taking
- c) performing competent physical, neurological, and mental status examinations
- d) recording of findings completely and systematically
- e) relating history and clinical findings to the relevant medical, neurologic, psychiatric, and social issues associated with etiology and treatment
- f) formulating a differential diagnosis for all conditions in the current standard nosology, taking into consideration all relevant data.
- g) diagnosing medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurologic, and psychiatric conditions
- h) formulating appropriate treatment plans and making appropriate referrals
- i) providing continuous care for a variety of patients from different age groups, seen regularly and frequently over an extended time, in a variety of treatment modalities; being able to relate to patients and their families, as well as other members of the health care team, with compassion, respect, and professional integrity
- j) Certification in cardiopulmonary resuscitation

2. Clinical Training

- a) Fellows must have formal instruction, clinical experience, and demonstrate competence at the completion of training in the following:
 - (1) The observation, evaluation, and management of patients of all ages with a wide variety of sleep disorders
 - (2) The integration of information obtained from patient history, physical examination, physiologic recordings, imaging studies, psychometric testing, pulmonary function testing, and biochemical and molecular tests results to arrive at an accurate and timely diagnosis and treatment plan.
 - (3) The indications for and potential pitfalls and limitations of diagnostic tests and the interpretation of the results in the context of the clinical situation. These diagnostic tests must include the following: polysomnography, multiple sleep latency testing, maintenance of wakefulness testing, actigraphy, and portable monitoring related to sleep disorders, imaging studies, magnetic resonance imaging, scoring and interpretation of polysomnograms and recognition of artifacts, including montages with additional EEG leads for seizure detection, and psychological and psychometric tests as they relate to sleep disorders.

- (4) The development and execution of plans for evaluation and treatment, including the appropriate technical skills necessary to perform polysomnography from preparation and hookup of the patient to the completion of the study, including multiple sleep latency tests, maintenance of wakefulness tests, and other diagnostic studies
- (5) The critical appraisal of the professional and scientific literature and application of new contributions to management and care of patients.

- b. Fellows must have formal instruction and clinical experience in systems-based skills that include working in outpatient and inpatient settings and effectively utilizing health care resources, including pathology and radiology services.

- (1) Clinical experiences that provide for basic and advanced training and education, as well as professional development
- (2) Opportunities to formulate a clinical diagnosis and to order and use laboratory data to clinically evaluate a patient's condition and to support outpatient and inpatient diagnostic evaluations
- (3) Progressive experience for training that includes caring for a sufficient number of sleep disorder patients to achieve competence in the assessment of patients with a wide range of sleep medicine disorders
- (4) Experience with medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g. the relationship between hypertension and snoring); ability to diagnose medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurologic, and psychiatric conditions; to formulate appropriate treatment plans; and to make appropriate referrals.
- (5) Experience with interactions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment; experience and/or familiarity with the major types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments, and other somatic therapies; competence in sleep medicine consultation in a variety of medical, surgical and psychiatric settings.
- (6) Experience in sleep disorders center administration, especially leadership of interdisciplinary teams.
- (7) Supervised experience in teaching sleep medicine to students in the health professions.
- (8) Trainees should make regular patient management rounds and record reviews with the attending faculty.

VI. Fellow Duty Hours and the Working Environment

Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows

- 1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the fellowship program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period.

In-house call is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call (or pager call)* is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
 - c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because fellowship education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the fellowship program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance. Fellows' evaluation by faculty must be made at least once every two months so that areas of weakness and strength may be communicated to the fellows.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle,

and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMCEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the fellowship program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

Fellows who plan to seek certification in Sleep Medicine by the American Board of Medical Specialties should communicate with the office of the board regarding the full requirements for certification.

Approved by ACGME: June 2004 Effective: June 2004

Program Requirements for Residency Education in Physical Medicine and Rehabilitation

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

Preface

The program requirements set forth here are to be considered common to all specialties, and are complete only when supplemented, where indicated and individually, by each specialty.

I. Introduction

A. Definition and Scope of Physical Medicine and Rehabilitation

Physical medicine and rehabilitation (PM&R), also referred to as physiatry, is a medical specialty concerned with diagnosis, evaluation, and management of persons of all ages with physical and/or cognitive impairments and disability. This specialty involves diagnosis and treatment of patients with painful or functionally limiting conditions, the management of comorbidities and coimpairments, diagnostic and therapeutic injection procedures, electrodiagnostic medicine and emphasis on the prevention of complications of disability from secondary conditions.

Physiatrists are trained in the diagnosis and management of impairments of the neurologic, musculoskeletal (including sports and occupational aspects) and other organ systems and the long-term management of patients with disabling conditions. Physiatrists provide leadership to multidisciplinary teams concerned with maximal restoration or development of physical, psychological, social, occupational and vocational functions in persons whose abilities have been limited by disease, trauma, congenital disorders or pain to enable people to achieve their maximum functional abilities.

B. Duration and Scope of Education

1. a. Four years of graduate medical education are necessary to complete training for a physician seeking specialization in this field, three years of which must be physical medicine and rehabilitation training. Of these three years no more than six months can be elective. No more than one month of this elective time may be taken in a non-ACGME accredited program, unless prior approval is given by the RRC.
- b. One year of the four years of training is to develop fundamental clinical skills. This year of training in fundamental clinical skills must consist of an accredited Transitional Year or include six months or more inpatient responsibility in accredited training in family practice, internal medicine, obstetrics-gynecology, pediatrics, or surgery, or any combination of these patient care experiences. The remaining months of this year may include any combination of accredited specialties or subspecialties.

Accredited training in any of the specialties or subspecialties selected must be for a period of at least four weeks. No more than eight weeks may be in non-direct patient care experiences. Training in fundamental clinical skills must be completed within the first two years of the four year training program.
2. Training programs may choose either to provide three years of physical medicine and rehabilitation training and appoint residents at the PG-2 level contingent on satisfactory completion of

one year's accredited training in fundamental clinical skills or to provide four years of training to include twelve (12) months of these fundamental clinical skills in areas other than physical medicine and rehabilitation.

3. a. A training program of three years duration is responsible for the thirty-six months of physical medicine and rehabilitation training and responsible for assuring that residents appointed at the PG-2 level have received satisfactory training in fundamental clinical skills.
- b. A training program of four years duration is responsible for the quality of the integrated educational experience for the entire training program, including twelve (12) months of training in fundamental clinical skills in areas other than physical medicine and rehabilitation.

II. Institutional Support

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

1. Physical medicine and rehabilitation must be organized as an identifiable specialty within the sponsoring institution.
2. Programs that cosponsor combined training in PM&R and another specialty must so inform the RRC. Residents in such training must be informed of the necessary requirements of the specialty boards in question.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives, and should provide resources not otherwise available to the program. The participation or change in participation by any institution which provides three months or more of training must be reported within 30 days to the RRC and approved by the RRC. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution that provides an educational experience for a resident that is one month in duration or longer. Such a letter of agreement should:
 - a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c. specify the duration and content of the educational experience; and
 - d. state the policies and procedures that will govern resident education during the assignment.
3. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.
4. Institutions sponsoring or participating in residency training in physical medicine and rehabilitation should be appropriately accredited by the Joint Commission on Accreditation of Healthcare Organizations for rehabilitation or the Commission on Accreditation of Rehabilitation Facilities. If the institution is not so ac-

credited, reasons why accreditation was not sought or was denied must be explained, and the inclusion of the institution in resident education must be justified.

5. The sponsoring institution must notify the RRC promptly of any major changes in leadership, governance, affiliation or fiscal arrangements that affect the educational program. The RRC may schedule a site visit when notified of such changes.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities and experience in his or her field, including at least four (4) years of recent post-residency experience as a clinician, administrator, and educator in PM&R.
 - b. The program director must be certified in the specialty by the American Board of Physical Medicine and Rehabilitation or possess qualifications as a physiatrist judged to be acceptable by the RRC.
 - c. The program director must be appointed in good standing and based at the primary teaching site.
 - d. The program director must have the professional ability, enthusiasm and sense of responsibility to achieve and maintain high quality of the training program.
 - e. The program director must have the authority and time needed to participate with other institutional program directors in maintaining the quality of all training programs.
4. Responsibilities of the program director are as follows:
 - a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
 - b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
 - c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:

- 1) the addition or deletion of a participating institution;
- 2) a change in the format of the educational program;
- 3) a change in the approved resident complement for those specialties that approve resident complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

5. The program director must notify in writing the Executive Director of the RRC within 30 days of any major change in the program that may significantly alter the educational experience for the residents, including but not limited to:
 - a. a copy of the newly appointed program director's curriculum vitae, including details of his/her experience and qualifications in graduate medical education,
 - b. significant changes in the complement of medical faculty,
 - c. changes in the resident complement, as defined in section IV. B., below,
 - d. changes in administrative structure, such as a change in the hierarchical status of the program/department within the institution,
 - e. changes in the length of training (whether 3 or 4 years),
 - f. changes in participation by any institution which provides three months or more of training, and
 - g. significant changes in any institution (see section II. B. 5, above).

Upon such notification, the RRC may schedule a site visit of the program.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must participate regularly and systematically in the training program, both clinical and didactic, must be readily available for consultations to the resident, and be available during clinical crises. Part-time faculty should have specific, regular teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b. The physician faculty must be certified in the specialty by the American Board of Physical Medicine and Rehabilitation or possess qualifications judged to be acceptable by the RRC.
 - c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
 - d. Non-physiatric medical faculty must be appropriately certified or possess appropriate educational qualifications.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a. the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b. the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c. the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical

series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
 - a. Nonphysician faculty must be appropriately qualified in their field.
 - b. Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

1. Professional staff in the disciplines of nursing, occupational therapy, orthotics and prosthetics, physical therapy, psychology, rehabilitation nursing, social service, speech-language pathology, recreational services, and vocational counseling, who are appropriately credentialed should be integrated into both the didactic and clinical experience of the resident whenever relevant.
2. The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

D. Facilities and Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. It is necessary to have beds assigned to the physical medicine and rehabilitation service, grouped in one or more geographic area(s). A minimum census of eight (8) physical medicine and rehabilitation inpatients should be available for each full-time equivalent resident assigned to an acute or subacute inpatient rehabilitation service.
2. There must be adequate equipment and space available to carry out a comprehensive training program in physical medicine and rehabilitation. There must be specific equipment for physical medicine interventions, and residents must have actual experience with this equipment. Equipment must be suitable for all age groups with special attention to modified equipment for the pediatric and geriatric patient. These include radiant, conductive and convective heat sources, other thermotherapy and hydrotherapy devices, exercise equipment, ambulatory aids, wheelchairs, and special devices for the impaired driver, electrodiagnostic and EMG equipment, urodynamic laboratory instruments, and simple splinting apparatuses. The occupational therapy area must be adequately equipped to give the residents experience in activities of daily living, and the evaluation of and training in devices to improve skills in activities of daily living. Psychometric and vocational and social evaluation facilities and test instruments must be adequate to expose the resident to the broad spectrum of their prescription and their use and interpretation in the common practice of rehabilitation medicine. Adequate office space should be available for the faculty and residents, to participate in both clinical examination of patients and in self-study.
3. The sponsoring institution must provide an adequate, available professional library with suitable basic textbooks and journals pertinent to general medicine and surgery as well as the specialty of physical medicine and rehabilitation. Loan capabilities with other main or lending libraries should be available. Also,

there must be access to an on-site library or collection of appropriate texts and journals in each institution participating in the residency program. Library services should include the electronic retrieval of information from medical databases. On-site libraries and/or collections of texts and journals must be readily available to residents during evening hours and weekends.

4. Basic teaching aids such as computers, slide projectors, and videotape facilities are essential. Reasonable access to these items on nights and weekends for residents and staff must be available. Adequate space must be available for seminars, lectures, and other teaching experiences. There must be facilities for team conferences and specialty care clinics, such as orthotics, prosthetics, children's handicaps and the like.
5. Facilities must be accessible to persons with disabilities.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. The program must select residents in accordance with institutional and departmental policies and procedures.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. In order to ensure the stimulating educational atmosphere that a peer group provides, residents should be enrolled in a training program at all times. All training programs should have at least two (2) residents per year in each year of training, with an approximately equal distribution of these residents. In addition, each training program should provide educational experiences which bring together all of the residents of the training program at frequent and regular intervals.
2. Failure to recruit any new residents for two consecutive years will result in Residency Review Committee review and possible adverse action. Also, the program must demonstrate the ability over time to retain qualified residents by consistently graduating at the end of residency at least 80% of the residents enrolled at the beginning of residency.
3. The program director will establish the maximum number of resident positions that can be supported by the educational resources for the program, subject to the approval of the RRC. The program director must report any change in the number of resident positions offered.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. The program also must accept responsibility for completion of the resident's training and fulfillment of educational goals and objectives leading to eligibility for board certification. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

Physical medicine and rehabilitation residents must have interaction with residents and faculty from other specialties and/or medical students in order to provide opportunities for peer interaction and teaching.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

Resident Participation

1. The curiosity and creativity of all residents must be stimulated. They must be involved in the critical appraisal of current literature.
2. Residents should have the opportunity to participate in structured, supervised research training. It is desirable that each resident produce a peer-reviewed publication during the residency program. A program director may elect to offer a special research or academic track for selected residents. This may take the form of an elective or research rotation, usually not to exceed six months, within the 36 months of physical medicine and rehabilitation residency training.

D. ACGME Competencies

(N.B.: Section V. D. does not apply to certain subspecialties)

The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. *Patient care* that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;

The training program must provide the opportunity for the graduate to develop the attitudes and psychomotor skills required to:

- a. modify history taking technique to include data critical to the recognition of functional abilities, and physical and psychosocial impairments which may cause functional disabilities,

- b. perform the general and specific psychiatric examinations, including electromyography, nerve conduction studies, and other procedures common to the practice of physical medicine and rehabilitation,
 - c. make sound clinical judgments, and
 - d. design and monitor rehabilitation treatment programs to minimize and prevent impairment and maximize functional abilities.
2. **Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;**
 - a. This must include knowledge about the diagnosis, pathogenesis, treatment, prevention, and rehabilitation of those neuromusculoskeletal, neurobehavioral, cardiovascular, pulmonary, and other system disorders common to this specialty in patients of both sexes and all ages.
 - b. The program must include education in the principles of bioethics as applied to medical care, and the residents must participate in decision-making involving ethical issues that arise in the diagnosis and management of their patients.
 3. **Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;**

The training program must stress the importance of self-evaluation, continuing medical education, and continued professional development after graduation.
 4. **Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;**

The training program must provide the opportunity for the resident to develop the necessary written and verbal communication skills essential to the efficient practice of psychiatry.
 5. **Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;**
 - a. Physician accountability
 - 1) The educational program must have mentors, role-model clinicians, and an environment that demonstrates the values of professionalism, such as placing the needs of the patient first, maintaining a commitment to scholarship, helping colleagues meet their responsibilities, maintaining a commitment to continued improvement, and being responsive to society's healthcare needs.
 - 2) Residents should participate in community service, professional organizations, or institutional committee activities.
 - b. Humanistic qualities

Physicians must have the welfare of their patients as their primary professional concern. The residents and faculty members, therefore must demonstrate humanistic qualities that foster the formation of appropriate patient/physician relationships. These qualities include integrity, respect, compassion, professional responsibility, courtesy, sensitivity to patient needs for comfort and encouragement, and an appropriate professional attitude and behavior toward colleagues. The written curriculum must emphasize the importance of humanistic qualities throughout the residency.
 - c. Professional ethics

The training program must foster a commitment to professional ethics in residents that is demonstrated by a spirit of collegiality and a high standard of moral behavior within the clinical setting in the care of patients, in the education of residents, in conducting research, and in interacting with funding organizations.
 6. **Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.**
 - a. Residents must receive instruction in the social and economic impact of medical decisions on patients and society and the need to be the primary advocate for patients' needs.
 - b. All residents must receive formal instruction regarding the principles, objectives and process of performance improvement and program evaluation, risk management and cost effectiveness in medicine.
 - c. The training program must provide the opportunity for the graduate to be able to coordinate effectively and efficiently an interdisciplinary team of allied rehabilitation professionals for the maximum benefit of the patient by:
 - 1) an understanding of each allied health professional's role,
 - 2) the ability to write adequately detailed prescriptions based on functional goals for psychiatric management, and
 - 3) the development of management and leadership skills.
- #### D. Didactic Components
1. Formal education must have a high priority. Didactic instruction must be well organized, thoughtfully integrated, based on sound educational principles, and carried out and attended on a regularly scheduled basis. It must expose residents to topics appropriate to their level of training. Systematically organized formal instruction (prepared lectures, seminars, assigned reading, etc.) must be an essential part of the residency. Clinical case conferences, such as those for radiology, neuromuscular disease and EMG, clinical PM&R and pain medicine, and journal clubs are desirable adjuncts to an organized didactic curriculum. Active participation by the faculty in the didactic program is required.
 2. The curriculum must include adequate and systematic training in basic sciences relevant to physical medicine and rehabilitation such as anatomy, physiology, pathology and pathophysiology of the neuromusculoskeletal, cardiovascular and pulmonary systems, kinesiology and biomechanics, functional anatomy, electrodiagnostic medicine, fundamental research design and methodologies, and instrumentation related to the field. This instrumentation should pertain to physiologic responses to the various physical modalities and therapeutic exercises, and the procedures commonly employed by psychiatry. This training should be correlated with clinical training but should, when appropriate, include basic science faculty. An accessible anatomy laboratory for dissection is highly desirable.
 3. The training program must provide adequate and supervised experience in medical administration and teaching methodology.
 4. Bedside teaching rounds on hospitalized physical medicine and rehabilitation patients must be made by residents with faculty at least five times per week.
- #### F. Clinical Components
1. The clinical portion of the curriculum must include a sufficient variety, depth, and number of clinical experiences. However, clinical activities must not compromise the educational requirements of the training program.
 2. The training program must include at least 12 months with direct responsibility for complete management of hospitalized patients on the physical medicine and rehabilitation service. Residents must spend at least 12 months of their training in the care of outpatients, including a significant experience in the care of musculoskeletal problems.
 3. The program must ensure, with each year of training, that each resident has increasing responsibility in patient care, leadership,

teaching and administration. Clinical experiences should allow for progressive responsibility with lesser degrees of supervision as the resident advances and demonstrates additional competencies. The program director must establish written guidelines for appropriate supervision of more junior residents by more senior residents and of all residents by attending physicians with attention to the acuity, complexity and severity of patient illness. Supervision must include faculty review of a clearly written patient history and physical examination and a meaningful continuous record of the patient's illness, background, management strategies, as well as lucid presentations of the case summary.

4. Provision must be made for the resident to review personally pertinent laboratory, roentgenographic and other imaging materials for the patient. Opportunity to observe directly and participate in the various therapies in the treatment areas must occur regularly throughout the residency program, including the proper use and function of equipment and tests.
5. The residents must have the opportunity to observe and gain fundamental understanding of orthotics and prosthetics, including fitting and manufacturing, through documented arrangements made with appropriate orthotic-prosthetic facilities.
6. The residents must have the opportunity to observe and gain fundamental understanding of the types of patients served, referral patterns and services available in the continuum of rehabilitation care in community rehabilitation facilities. These include subacute units and skilled nursing facilities, sheltered workshops and other vocational facilities, schools for persons with multiple handicaps, including deafness and blindness, independent living facilities for individuals with severe physical impairments, day hospitals, and home health care services, and community re-entry services. Some introduction to these options for care may be made by on-site visits to some of these facilities as well as didactic lectures. Residents should be encouraged to interact with health care consumer groups and organizations.
7. The clinical curriculum must be written and implemented for the comprehensive development of measurable competencies for each resident in the following areas:
 - a. history and physical examination pertinent to physical medicine and rehabilitation,
 - b. assessment of neurological, musculoskeletal and cardiovascular-pulmonary systems,
 - c. determining disability evaluations and impairment ratings,
 - d. data gathering and interpreting of psychosocial and vocational factors,
 - e. performance of electromyography, nerve conduction and somatosensory evoked potential studies, and other electrodiagnostic studies. In general, involvement in approximately 200 electrodiagnostic consultations per resident, under appropriate supervision, represents an adequate number.
 - f. therapeutic and diagnostic injection techniques,
 - g. prescriptions for orthotics, prosthetics, wheelchairs and ambulatory devices, special beds and other assistive devices,
 - h. Written prescriptions with specific details appropriate to the patient for therapeutic modalities, therapeutic exercises and testing performed by physical therapists, occupational therapists, speech/language pathologists. It is necessary to provide for an understanding and coordination of psychologic and vocational interventions and tests.
 - i. familiarity with the safety, maintenance, as well as the actual use, of medical equipment common to the various therapy areas and laboratories,
 - j. a formal experience in evaluation and application of cardiac and pulmonary rehabilitation as related to psychiatric responsibilities,

- k. the rehabilitation of children,
 - l. collaboration with other medical professionals and members of the allied health team, including management techniques consistent with the resident's team leadership role, and the treatment program management role of the physiatrist,
 - m. geriatric rehabilitation,
 - n. prevention of injury, illness and disability
 - o. counseling of patients and family members, including end of life care,
 - p. the importance of personal, social and cultural factors in the disease process and clinical management,
 - q. the principles of pharmacology as they relate to the indications for and complications of drugs utilized in PM&R, and
 - r. experience in the continuing care of patients with long-term disabilities through appropriate follow-up care.
8. The resident must have opportunities for progressive responsibility in diagnosing, assessing, and managing the conditions commonly encountered by the physiatrist in the rehabilitative management of patients of all ages of at least the following:
- a. acute musculoskeletal pain syndromes, including sports and occupational injuries,
 - b. chronic pain medicine,
 - c. congenital or acquired myopathies, peripheral neuropathies, motor neuron and motor system diseases,
 - d. rehabilitative care of traumatic brain injury,
 - e. hereditary, developmental and acquired central nervous system disorders, including cerebral palsy, stroke, myelomeningocele, and multiple sclerosis,
 - f. rehabilitative care of spinal cord trauma and diseases, including management of bladder and bowel dysfunction and pressure ulcer prevention and treatment,
 - g. rehabilitative care of amputations for both congenital and acquired conditions,
 - h. sexual dysfunction common to the physically impaired,
 - i. postfracture care and rehabilitation of postoperative joint arthroplasty,
 - j. pulmonary, cardiac, oncologic, infectious, immunosuppressive and other common medical conditions seen in patients with physical disabilities,
 - k. diseases, impairments and functional limitations seen in the geriatric population,
 - l. rheumatologic disorders treated by the physiatrist,
 - m. acute and chronic medical conditions, comorbidities and complications commonly seen and managed in the psychiatric patient,
 - n. medical conditioning, reconditioning and fitness, and
 - o. soft tissue disorders such as burns, ulcers and wound care.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be pro-

vided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. Didactic activities may include observation of diagnostic and therapeutic procedures.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
 - a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not inter-

fere with the ability of the resident to achieve the goals and objectives of the educational program.

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations

should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Physical Medicine and Rehabilitation should communicate with the office of the board regarding the full requirements for certification.

Policies and Procedures for Residency Education in the Subspecialties of Physical Medicine and Rehabilitation

- A. The initial application for a subspecialty program will not require an on-site survey, but will require submission of all application materials and information signed by the director of the subspecialty program and the director of the accredited sponsoring program in a relevant core specialty such as anesthesiology, emergency medicine, family practice, internal medicine, neurological surgery, neurology, orthopaedic surgery, pediatrics, physical medicine and rehabilitation, plastic surgery, surgery, or urology. The Residency Review Committee for Physical Medicine and

Rehabilitation (RRC) will take initial action based on a "paper review" of the program, namely, a review without survey.

- B. Subsequent review of subspecialty programs will be in conjunction with the survey and review of the core program. A separate set of forms will have to be completed by the subspecialty program director. In special cases determined by the RRC, the subspecialty program will be surveyed and reviewed separately. The RRC will also entertain interim requests and, on occasion, ask for interim progress reports.
- C. The RRC will designate programs as being accredited or not accredited. No further delineation of accreditation categories will be utilized. The accreditation of a program will be directly tied to that of the core. If the core program is subsequently accredited on a probationary basis, this is simultaneously a warning to the related subspecialty program that accreditation is in jeopardy. Withdrawal of accreditation of the core program will result in a simultaneous loss of accreditation of the subspecialty program.
- D. If the core program remains in good standing but the RRC judges the subspecialty program to be in noncompliance with the applicable program requirements, a warning will be issued. If these areas of noncompliance are not corrected, accreditation may be withdrawn from the subspecialty program. The Procedures for Proposed Adverse Action and for Appeal of Adverse Actions may be utilized by programs from which the accreditation has been withdrawn in an action separate from withdrawal of accreditation of the core program.
- E. Inquiries about accreditation of subspecialty programs should be directed to the Executive Secretary of the Residency Review Committee for Physical Medicine and Rehabilitation.

Program Requirements for Residency Education in Pain Medicine (Physical Medicine and Rehabilitation)

I. Scope and Duration of Training

A. Definition and Scope of the Specialty

Pain medicine is a discipline within the practice of medicine that specializes in the management of patients suffering from acute, chronic, and cancer pain. The management of acute and chronic pain syndromes is a complex matter involving many areas of interest and medical disciplines. Clinical and investigative efforts are vital to the progress of the specialty.

B. Duration of Training

Subspecialty training in pain medicine shall consist of 12 months of full-time training, beginning after satisfactory completion of a core residency program. At least 9 of the 12 months of training must be in clinical pain medicine. The remainder may be in clinical activities or research relevant to pain medicine. Assignments must not be made to activities not directly related to pain medicine.

II. Institutional Organization

A. Relationship to Core Program

Accreditation of a subspecialty program in pain medicine will be granted only when the program is in direct association with a core residency program in physical medicine and rehabilitation accredited by the Accreditation Council for Graduate Medical Education

(ACGME). If the subspecialty program is not conducted within the institution that sponsors the core residency program, there must be an integration agreement between the core program institution and the facility in which the pain medicine program is conducted. Rotations outside the institution in which the pain medicine program is based should not exceed 4 months.

B. Appointment of Residents

Programs will be reviewed for assurance that they provide an appropriate balance between the number of residents in training and the educational resources available to them. Any proposed increase in the number of residents must receive prior approval by the Residency Review Committee (RRC). Such approval will require documentation that the available clinical resources and faculty remain in compliance with the requirements.

C. Institutional Policy: Resources

Because pain medicine is a multidisciplinary approach to a common problem, there should be an institutional policy governing the educational resources committed to pain medicine that ensures cooperation of all involved disciplines.

III. Program Director/Faculty

A. Program Director

The program director must be a psychiatrist who has been certified in pain medicine by the American Board of Physical Medicine and Rehabilitation or who has appropriate educational qualifications in pain medicine as determined by the RRC. The program director should have appropriate experience in pain medicine as a clinician, administrator and educator.

The subspecialty program director has responsibility for the teaching program in pain medicine subject to the approval of the director of the core residency program.

B. Medical Director

The medical director of the pain medicine service may be someone other than the subspecialty program director. Recognizing the institutional and multidisciplinary nature of pain medicine, the primary specialty of the medical director is not as important as the provision that such an individual represent the best-qualified person within the institution.

C. Faculty

Qualified physicians with expertise in pain medicine must have a continuous and meaningful role in the subspecialty training program. Faculty involved in teaching subspecialty residents in pain medicine must possess expertise in the care of patients with acute, chronic, and cancer pain problems. Such expertise frequently crosses specialty boundaries. Thus, the program is encouraged to include faculty from American Board of Medical Specialties (ABMS)-recognized medical specialties other than physical medicine and rehabilitation. Where appropriate, supervision and teaching by faculty in these and other disciplines should be incorporated into the teaching program for subspecialty residents in pain medicine.

At least three faculty with expertise in pain medicine should be involved in teaching pain medicine residents, and these should equal two or more full-time equivalents. A ratio of one full-time equivalent faculty member to two subspecialty residents shall be maintained.

IV. Facilities and Resources

A. Space and Equipment

A pain medicine center (clinic) must be located within a hospital/medical office complex and must be designed specifically for the management of patient pain. Space for research and teaching conferences in pain medicine must be available.

Appropriate monitoring and life-support equipment must be immediately available wherever invasive pain medicine procedures are performed.

There must be appropriate on-call facilities for male and female residents and faculty.

B. Support Services

The following functions and support must be available:

1. Appropriate laboratory facilities
2. Appropriate radiologic imaging facilities
3. Psychiatric/psychological services, including behavioral modification
4. Physical and/or occupational therapy
5. Social services
6. Medical record keeping
7. Other services including vocational, nursing, pharmacy, dietary, pastoral, and end of life care, as well as liaison with hospice and abuse services
8. Appropriate electrodiagnostic facilities

C. Patient Population

For each resident in the subspecialty of pain medicine each year, there must be a minimum of 200 new patients. A minimum of 15% of the resident's experience should be spent in managing each of the three types of pain problems: acute pain, chronic pain, and cancer pain.

There must be ready access to consultation from other disciplines involved in pain medicine.

D. Library

There must be a departmental library with adequate material relevant to pain medicine. This may be supplemented but not replaced by private faculty book collections and hospital or institutional libraries. There must be adequate computer facilities available for each resident, including literature search engines and Internet services.

V. The Educational Program

A. Educational Environment

An accredited program in pain medicine must provide education, training, and experience in an atmosphere of mutual respect between instructor and resident so that residents will be stimulated and prepared to apply acquired knowledge and talents independently.

B. Clinical Components

There should be exposure to a wide variety of clinical pain problems. Such exposure is necessary for the development of broad clinical skills and knowledge required for a specialist in pain medicine. Subspecialty training in pain medicine must include experience in the management of both inpatients and outpatients.

The resident must become familiar with theory, benefits, indications, and practical applications of the following procedures and techniques:

1. A broad range of peripheral nerve block procedures
2. Epidural and subarachnoid injections
3. Joint and bursal sac injections
4. Cryotherapeutic techniques

5. Epidural, subarachnoid, or peripheral neurolysis
6. Electrical stimulation techniques
7. Implanted epidural and intrathecal catheters, ports, and infusion pumps
8. Acupuncture and acupressure
9. Behavioral modification and biofeedback
10. Rehabilitative and restorative therapies
11. Hypnosis, stress management, and relaxation techniques
12. Trigeminal ganglionectomy
13. Peripheral neurectomy and neurolysis
14. Sympathectomy techniques
15. Management of chronic headache
16. Alternative pain therapies
17. Neurosurgical ablative techniques
18. Prevention, recognition, and management of local anesthetic overdose, including airway management and resuscitation
19. Recognition and management of therapies, side effects and complications of pharmacologic agents used in pain medicine

In addition to the above skills, the pain medicine resident must have significant experience in providing concise written and verbal consultation to other services, including evidence-based differential diagnosis, planning, potential complications of treatment(s), prognosis, and follow-up.

C. Didactic Components

The pain medicine curriculum must include the following topics in lectures and reading:

1. Anatomy and physiology of the pain projection system
2. Epidemiology, economic impact, and sociology of pain disorders
3. Pharmacology of opiates, nonnarcotic analgesics, nonsteroidal anti-inflammatory agents, and other medications commonly used in pain medicine
4. Pharmacology of centrally acting drugs used in pain medicine
5. Measurement and assessment of pain and function
6. Principles of neural stimulation
7. Indications and limitations of diagnostic testing, including electrodiagnostic evaluation
8. Nerve blocks in pain medicine
9. Neuroablative procedures
10. Behavioral, cognitive, and supportive psychotherapeutic treatment principles, including rehabilitation and the role of team management
11. Principles and techniques of acute pain medicine
12. Principles and techniques of cancer pain medicine, including death and dying, and the ethical principles involved in hospital, hospice, and home care
13. Principles and techniques of management of other chronic pain problems
14. Principles of physical therapy, occupational therapy, and rehabilitation of the patient with chronic pain
15. Principles of multidisciplinary approaches to pain medicine
16. Management of pain in children
17. Management of pain in the elderly
18. Principles and ethics of pain research in humans and animals
19. Organization and management of a pain medicine center
20. Continuing quality improvement, utilization review, and program evaluation
21. Disability assessment and rehabilitation management
22. Assessment and management of musculoskeletal conditions

D. Pain Center Management

Subspecialty residents in pain medicine must gain experience in the management of a pain center (clinic) with regards to appointment and training of nonphysician personnel, establishment of policies relating to management of pain problems, coordination of the

activities of the pain center with other inpatient and outpatient services, and basic economics of pain-related health-care delivery.

E. Resident Teaching

The subspecialty resident in pain medicine must become experienced in teaching principles of pain medicine to resident physicians, medical students, and other health-care professionals.

F. Conferences

Pain medicine conferences must be held regularly. These should include morbidity and mortality conferences, journal reviews, and research seminars. Active participation in the planning and presentation of these conferences by the pain medicine resident and faculty is essential. Attendance at multidisciplinary conferences is encouraged.

VI. Scholarly Activity

The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, and physical medicine and rehabilitation pain medicine training must be conducted in centers where there is active research activity both in clinical and basic neuroscience fields. This activity should include the following:

- A. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
- B. Participation in journal clubs and research conferences.
- C. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals.
- D. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
- E. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
- F. Provision of support for resident participation in scholarly activities. The resident should have assigned time to conduct research or other scholarly activities. The goal for the resident should be at least one scientific presentation, abstract or publication.

VII. Evaluation

- A. Faculty responsible for teaching subspecialty residents in physical medicine and rehabilitation pain medicine must provide critical evaluations of each resident's progress and competence to the physical medicine and rehabilitation pain medicine program director at the end of 6 months and 12 months of training. These evaluations should include attitude, interpersonal relationships, fund of knowledge, manual skills, patient management, decision-making skills, and critical analysis of clinical situations. The program director or designee must inform each resident of the results of evaluations at least every 6 months during training, advise the resident on areas needing improvement, and document the communication. Subspecialty residents in physical medicine and rehabilitation pain medicine must obtain overall satisfactory evaluations at completion of 12 months of training to receive credit for training.
- B. Periodic evaluation of patient care (quality assurance) is mandatory. Subspecialty residents in physical medicine and rehabilitation pain medicine should be involved in continuous quality improvement, utilization review, and risk management.

VIII. Board Certification

The record of its graduates in obtaining certification in pain medicine by ABMS certifying bodies represents one measure of the quality of a program. The RRC will consider this information as part of the overall evaluation of the program.

ACGME: June 2000 Effective: June 2000

Program Requirements for Residency Education in Pediatric Rehabilitation Medicine (Physical Medicine and Rehabilitation)

I. Introduction

A. Definition

Pediatric rehabilitation medicine (PRM) is the subspecialty that utilizes an interdisciplinary approach to address the prevention, diagnosis, treatment, and management of congenital and childhood-onset physical impairments including related or secondary medical, physical, functional, cognitive, psychosocial, and vocational limitations or conditions. Rehabilitation management of children with physical impairments requires the identification of functional capabilities and the selection of the best rehabilitation intervention strategies, with an understanding both of the life course of the disability and of the continuum of care.

B. Program Design

The director and teaching staff of a program must prepare and comply with written educational goals for the program.

All educational components of a residency program should be related to the program goals.

1. The Residency Review Committee (RRC) for Physical Medicine and Rehabilitation must approve the program design as part of the regular review process.
2. Participation by any institution providing 3 months or more of training must be approved by the RRC.

C. Duration of Training

1. Training in PRM shall be 24 months in duration if it begins after satisfactory completion of an Accreditation Council for Graduate Medical Education (ACGME)-approved residency training program in physical medicine and rehabilitation (PM&R). The program must assure that the resident acquires knowledge and skills in general pediatrics, normal childhood development, normal neonatal development, and adolescent medicine including psychosocial issues.
2. Training in PRM shall be 12 months in duration if it begins after satisfactory completion of ACGME-approved combined or consecutive residency training in both PM&R and pediatrics.

D. Program Goals and Objectives

1. Goals

An approved subspecialty program must be designed to provide an educational experience to ensure that its graduates possess the advanced knowledge and competencies necessary to practice this subspecialty.

2. Objectives

The program must provide the resident opportunities to develop a specific set of attitudes, knowledge, and psychomotor skills in pediatric rehabilitation conditions to ensure his or her ability to

enhance the quality of care available to those individuals and their families. The resident must become competent in:

1. Defining aspects of growth and development in the context of children and adults with congenital and childhood onset disabilities, throughout the life course.
2. Identifying age-appropriate assessment and measurement tools to evaluate functional status or outcomes of interventions.
3. Managing common medical issues in pediatric rehabilitation.
4. Describing principles and techniques for general pediatric rehabilitative therapeutic management.
5. Evaluating and prescribing age-appropriate assistive devices and technologies to enhance function.
6. Understanding and performing pediatric rehabilitation procedures.
7. Outlining the clinical course of and functional prognosis for common pediatric disabilities.
8. Identifying interventions to assist children, adults, and their families to participate successfully in age-appropriate education and other activities.
9. Advocating for care needs, systems of care, and research to enhance the care and function of children and adults with congenital or childhood onset disabilities.
10. Providing consultation to psychiatrists, pediatricians, and other clinicians regarding PRM issues.
11. Participating in instruction and conducting research in PRM.
12. Applying principles of management and administration.

II. Administration and Organization

A. Sponsoring Institution

1. The institution sponsoring the PRM program must be a center for care of persons with pediatric rehabilitative diagnoses or affiliated with such a center. Affiliation with an accredited medical school is desirable. The Joint Commission on Accreditation of Healthcare Organizations-Rehabilitation Section or the Commission on Accreditation of Rehabilitation Facilities should accredit the institution.
2. Accreditation of a subspecialty program in PRM will be granted only when the program is affiliated with an ACGME-accredited residency program in PM&R.
3. There must be close cooperation between the core residency program and the subspecialty program. The lines of responsibility between residents in the core program and the subspecialty program must be clearly delineated.
4. The sponsoring institution should exercise the necessary administrative management of the training program.
5. There should be an institutional policy, reviewed at the time of regular institutional or internal review, governing the educational resources committed to the PRM program to ensure cooperation of all involved disciplines.
6. The institution must provide for financial resources that include, but are not limited to, salaries, fringe benefits, and opportunities for residents' continuing education.

B. Participating Institutions

Participating institutions should be in the same geographic location and conveniently and safely accessible to residents.

C. Appointment of Residents

1. The program shall establish written policies and procedures regarding selection and appointment of residents. There should be at least one resident in the program at all times.

2. The program shall have and implement written policies and procedures, based on the clinical and educational resources available, for determining the number of resident positions.
3. The program shall have and implement written policies and procedures, based on the clinical and educational resources available, regarding changes in resident complement or filling vacant positions.
4. The applicant must be licensed for unrestricted practice in a state or province of the United States or Canada.

III. Faculty Qualifications and Responsibilities

The program director and the teaching staff are responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director

There must be a single program director responsible for the program.

1. Qualifications of the Program Director
 - a. Documented qualifications as a clinician, administrator, and educator in the field of PRM.
 - b. Board certification in PRM or appropriate educational qualifications as determined by the RRC.
 - c. Licensure to practice medicine in the state where the sponsoring institution is located. (Certain federal programs are exempted.)
 - d. Appointment in good standing to the medical staff of an institution participating in the program.
2. Responsibilities of the Program Director
 - a. Sufficient time devoted to provide continuous leadership to the program as well supervision of the residents.
 - b. Active participation in research and scholarly activities in PRM.
 - c. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
 - d. Selection of residents for appointment to and assignment in the program in accordance with institutional and departmental policies and procedures.
 - e. Selection, assignment, and supervision of teaching staff and other program personnel at each institution participating in the program.
 - f. The supervision of residents through explicit written descriptions of supervisory lines of responsibility for care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communications and interaction with supervisory physicians.
 - g. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
 - h. Monitoring of resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for the timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
 - i. Preparation of an accurate statistical report and narrative description of the program as required by the RRC. Adequate

data collection and analysis is necessary for overall program evaluation and total quality management. Data regarding resident and faculty performance should be gathered, analyzed, and maintained.

- j. Notification to the RRC of any major programmatic changes. The RRC must be notified immediately of any change in the program directorship.

B. Number and Qualifications of Faculty

1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities. In addition to the program director there must be at least one other faculty member with expertise in PRM who is dedicated to the program.
2. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities in the field of PRM, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities in the field of PRM.
3. The faculty should be board certified in PRM or possess appropriate educational qualifications as determined by the RRC.
4. A member of the teaching staff of each participating institution must be designated to assume the day-to-day activities of the program at that institution, with overall coordination by the program director.
5. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative must participate in these reviews.
6. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each participating institution, the financial and administrative support of the program, the volume and variety of the patients available to the program for educational purposes, the performance of other members of the teaching staff, and the quality of supervision of the residents.

C. Other Program Personnel

Programs must be provided the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Facilities and Resources

A. Institutional Facilities

Education in PRM should include experience in both inpatient and outpatient facilities. The sponsoring and participating institutions must operate or have access to a service delivery system dedicated to the care of persons with pediatric rehabilitative disorders. Necessary resources include

1. Inpatient pediatric rehabilitation beds,
2. A designated outpatient clinic or examination area for persons with pediatric rehabilitative disorders,
3. Transitional services for home care, community entry, schooling, etc.

B. Specific Facilities and Resources

1. The sponsoring institution must have available the equipment, electrodiagnostic devices, radiology services, laboratory services, and clinical facilities necessary to provide appropriate care to persons with pediatric rehabilitative disorders. Facilities for

teaching services must be available as well as a medical records system that allows for efficient case retrieval.

2. The sponsoring institution must have available specialty consulting services essential to the care of persons with pediatric rehabilitative disorders. These services include anesthesia, emergency medicine, family medicine, genetics, neurological surgery, neurology, orthopedic surgery, pathology, pediatrics (including the relevant subspecialties), plastic surgery, psychiatry, radiology, surgery, urology, and other relevant health care professionals.
3. Availability of home care and specialized schooling.

C. Library

1. Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.
2. Residents must have access to computer and audiovisual capabilities and electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the residency program. These must be readily available during nights and weekends.

D. Patient Population

The patient population must be of sufficient size and diversity of pediatric age groups to provide the resident with the opportunity to care for an adequate number of persons in all pediatric rehabilitative diagnostic categories in both inpatient and outpatient settings.

V. Educational Program

A. Clinical Components

1. The clinical component of the curriculum must include a sufficient variety, depth, and volume of clinical experiences. The educational program should take into consideration the resident's documented past educational and patient care experiences. The training program must provide for the resident to spend a significant amount of time with responsibility for the direct care of hospitalized as well as non-hospitalized patients. Residents must devote at least 1/3 of their clinical experience to the care of hospitalized patients and at least 1/3 to non-hospitalized patients.
2. The educational program must be designed so that residents may attain knowledge and competency in the following areas of PRM:
 - a. Normal growth and development, including physical growth, developmental skills attainment (language and communication skills, physical skills, cognitive skills, emotional skills and maturity, academic achievement/learning skills), transitional issues, metabolic status, biomechanics, the effects of musculoskeletal development on function, sexuality, avocational interest development, wellness and health promotion, and aging issues for adults with congenital or childhood onset disabilities.
 - b. Applications, efficacy, and selection of PRM assessment tools, including enabling/disabling process, general health measures, developmental attainment measures, general functional measures, and specific outcomes measures.
 - c. Identification and management of common pediatric rehabilitation medical conditions and complications, including nutrition, bowel management, bladder management, gastroesophageal reflux, skin protection, pulmonary hygiene and protection, sensory impairments, sleep disorders, spasticity, DVT prophylaxis, congenital and acquired lymphedema, feeding disorders, swallowing dysfunction, seizure management, and behavioral problems.

- d. Principles and techniques for general pediatric rehabilitative therapeutic management, including early intervention, age-appropriate functional training, programs of therapy, play (avocation), therapeutic exercise, electrical stimulation and other modalities, communication strategies, oral motor interventions, discharge planning, educational and vocational planning, transitional planning, adjustment to disability support, and prevention strategies.
 - e. Evaluation and prescription for assistive devices technology, including orthotics, prosthetics, wheelchairs and positioning, ADL aids, interfaces and environmental controls, augmentative/alternative communication, environmental accessibility, electrical stimulation, and dynamic splinting.
 - f. Principles and techniques of PRM procedures, including spasticity management and electrodiagnosis.
 - g. Interpretation of diagnostic studies commonly ordered in PRM.
 - h. Rehabilitation management of musculoskeletal disorders and trauma, including sports injuries.
 - i. Rehabilitation management of cerebral palsy.
 - j. Rehabilitation management of spinal dysraphism and other congenital anomalies.
 - k. Rehabilitation management of pediatric spinal cord injury.
 - l. Rehabilitation management of pediatric traumatic brain injury.
 - m. Rehabilitation management of limb deficiency/amputation.
 - n. Rehabilitation management of neuromuscular disorders.
 - o. Rehabilitation management of rheumatologic and connective tissue disorders, including but not limited to specific conditions, such as juvenile rheumatoid arthritis, spondyloarthropathies, dermatomyositis, and lyme disease.
 - p. Pediatric rehabilitation management of burns.
 - q. Rehabilitation management of peripheral nerve injuries.
 - r. Administration, including principles of organizational behaviors and leadership, quality assurance, cost efficiency, knowledge of health care systems, community resources, and support services regulations pertaining to service provision (external reviews, inpatient services, outpatient services, home care, school based programs and capabilities), skills for effective advocacy, medical legal aspects (child protective services, guardianship, liability), professionalism, and ethics.
 - s. Psychological, social, and behavioral aspects of rehabilitation management, including family-centered care.
 - t. Requesting of appropriate medical/surgical consultations from other specialties.
3. The program should be designed so that the resident has an opportunity to follow individual patients longitudinally as well as the ability to encounter a wide variety of patient problems.
 4. The program should be designed so that the resident has an opportunity to develop a management style compatible with an interdisciplinary team process.

B. Didactic Components

1. Basic science content should include a didactic curriculum taught by faculty and a self-directed learning program to address the theoretical and clinical principles that form the fundamentals for managing patients with pediatric medicine disorders. Pathophysiology, discussion and knowledge of clinical manifestations, and management problems should constitute the major topics for study.
2. Presentation of specialty content should include faculty in anesthesiology, emergency medicine, family medicine, genetics, neurology, neurosurgery, orthopedic surgery, pediatrics (including the relevant subspecialties), plastic surgery, psychiatry, radiol-

ogy, surgery, and urology taking an active role in providing instruction in the areas of their practices relevant to PRM.

3. Conferences

- a. Required conferences should include case-oriented multidisciplinary conferences, journal clubs, and quality management seminars relevant to clinical care in PRM.
- b. Conferences must be of sufficient quality and frequency to provide in-depth coverage of the major topics in PRM over 1 year.
- c. There must be documentation of staff and resident attendance at conferences.
- d. Educational activities must be carried out under the direct supervision of faculty members.

C. Resident Policies

1. Supervision

- a. The level of supervision of the residents should be determined by the program director based on formal and informal evaluations.
- b. The program director should assign a member of the faculty as supervisor to each resident. Written objectives for each clinical rotation must be provided to each resident.
- c. The supervisor is responsible for the educational experience according to the written plan developed at the beginning of the training. The supervisor must meet regularly with the program director and resident for appropriate monitoring and feedback.

2. Duty hours

While the actual number of hours worked by a subspecialty resident may vary, the resident should have sufficient off-duty time to avoid undue fatigue and stress. The resident should be allowed to spend, on average, at least 1 full day out of 7 away from the hospital, and should be assigned on-call duty in the hospital no more frequently than an average of every third night. The program director is responsible for monitoring, in accord with written policies, on-duty assignments as well as activities outside the program.

3. Graded responsibility

Clinical experiences should allow for progressive responsibility with lesser degrees of supervision as the resident advances and demonstrates additional competencies. The program should be flexible but sufficiently structured to allow for such graded responsibility.

4. Peer interaction

The resident must have the opportunity to meet and share experience with residents in the core program and in other specialties. It is desirable for the resident to interact with peers in primary care and relevant subspecialties. Residents should have the opportunity to teach other residents, medical students, and other health care professionals.

5. Presence of other learners

Rotation to the PRM program by residents from other specialties or subspecialties as well as medical students is desirable.

D. Other Program Components

1. Research and scholarly activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuous professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of the teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity that includes:

- a. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
- b. Participation in journal clubs and research conferences.
- c. Active participation in regional or national conferences and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.
- d. Participation in research, particularly in projects that are funded following peer review and/or result in publication or presentations at national regional scientific meetings.
- e. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
- f. Provision of support for resident participation in scholarly activities. The resident should have assigned time to conduct research or other scholarly activity. The goal for the resident should be at least one scientific presentation, abstract, or publication.

2. Management

Within the interdisciplinary PRM care team, the resident should be taught and should understand and apply principles of organizational and group behavior, leadership and management styles, evaluation and modification of performance, labor management issues, cost accounting containment, and quality assurance techniques. The resident should gain an understanding and some proficiency in the areas of budget planning and presentation, preparation of management briefings, information systems, and external reviews such as those by the Commission for the Accreditation of Rehabilitation Facilities.

3. Teaching by the resident

The resident should have the opportunity to:

- a. Teach other hospital personnel and health care providers, patients, and patient support systems about the rehabilitation and longitudinal needs in PRM.
- b. Teach medical students, residents, and other health care professionals.
- c. Understand and utilize learning theory, including assessment of learning needs, development of objectives and curriculum plans, effective use of audiovisual aids and other teaching materials, and evaluation of teaching outcomes.
- d. Provide instruction to patients and families.
- e. Participate in educational activities within the interdisciplinary PRM care team.

VI. Evaluation

Evaluation is an essential component of the program. The program director and faculty must have a plan that addresses the evaluation of residents, faculty, and the program. Well-designed evaluation combined with feedback improves the program and focuses the learning process.

A. Residents

1. Policy and principles

- a. Evaluation should be based on the program objectives and on the objectives of the resident's individualized program. These include resident knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
- b. Evaluation must be carried out semi-annually and should be followed by extensive feedback to the resident. Remedial objectives may be established.

- c. Residents should be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
 - d. A permanent record of evaluation should be maintained for each resident and it should be accessible to the resident and other authorized personnel.
2. The following areas should be evaluated:
 - a. Acquisition of competencies outlined in V.A.2
 - b. Problem solving skills
 - c. Interpersonal relationship skills
 - d. Ability to access, retrieve, and critically evaluate the literature
 - e. Information management
 - f. Quality and cost-effectiveness measures of patient care
 - g. Research and other scholarly accomplishments
 3. A written final evaluation must be provided for each resident who completes the program. The evaluation must include a review of resident performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice completely independently. This final evaluation should be part of the permanent record maintained by the institution.
- B. The educational effectiveness of the program must be evaluated annually and in a systematic manner. In particular, the quality of the curriculum and the extent to which the resident has met the educational goals must be assessed. Written, confidential evaluations by residents should be utilized in this process. Resident satisfaction at the completion of training should also be assessed.
- C. The faculty must be evaluated at least annually. This should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Written confidential resident evaluations must be included in this process.
- D. One measure of the quality of a program is the performance of its residents on the examinations of the American Board of Physical Medicine and Rehabilitation for subspecialty certification in PRM.

VII. Board Certification

Residents who plan to seek certification by the American Board of Physical Medicine and Rehabilitation in pediatric rehabilitation medicine should communicate with the executive director of the ABPMR to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: June 2002 Effective: June 11, 2002

Program Requirements for Residency Education in Spinal Cord Injury Medicine (Physical Medicine and Rehabilitation)

I. Introduction

A. Definition

1. Spinal Cord Injury Medicine (SCIM) addresses the prevention, diagnosis, treatment and management of traumatic spinal cord injury (SCI) and nontraumatic myelopathies, including the prevention, diagnosis and treatment of related medical, physical,

psychosocial and vocational disabilities and complications during the lifetime of the patient.

2. The management of persons with spinal cord dysfunction (SCD) requires a team and interspecialty approach with contributions from several medical and surgical specialties as well as other health care professionals. The specialist in SCIM should serve as the team leader after the patient is medically and surgically stabilized. When the spinal cord dysfunction is due to an active process or a chronic degenerative disorder, the management of the patient's primary disease is the responsibility of a physician in the appropriate discipline.

B. Duration and Scope of Education

1. Training in SCIM shall be 12 months in duration beginning after satisfactory completion of an approved residency program in a specialty relevant to SCIM, such as anesthesiology, emergency medicine, family practice, internal medicine, neurological surgery, neurology, orthopaedic surgery, pediatrics, physical medicine and rehabilitation, plastic surgery, surgery, or urology.
2. The program must provide for individuals to acquire, within the interdisciplinary spinal cord injury team, knowledge of emergency care and knowledge and skills in the following areas:
 - a. post-initial care,
 - b. initial and ongoing medical rehabilitation,
 - c. discharge planning,
 - d. lifelong care, and
 - e. scholarly activity in support of these skills.
3. Any program that extends training beyond the 12-month minimum requirement must present a clear educational rationale consonant with the program requirements and objectives for subspecialty training. The program director must obtain approval of the Residency Review Committee (RRC) prior to implementation and at each subsequent review of the program. Prior to entry in the program, each resident must be notified in writing of the required length of training.

C. Program Goals and Objectives

The director and teaching staff of a program must prepare and comply with written educational goals for the program.

1. Goals: An approved subspecialty program must be designed to provide an educational experience to ensure that its graduates possess the advanced knowledge and competencies necessary to practice this subspecialty.
2. Objectives: The program must provide the resident opportunities to develop a unique set of attitudes, knowledge, and psychomotor skills because SCD affects multiple organ systems of the body and its treatment involves many specialty areas of expertise.
 - a. The resident must be given the opportunity to gain knowledge of:
 - 1) the impact of SCD on the various organ systems,
 - 2) the natural history, pharmacologic management, and evolution of organ system functioning after SCD and the interaction among the various organ systems,
 - 3) the impact of aging and longstanding injury on organ system decline,
 - 4) the prevention and treatment of secondary complications of SCD, and
 - 5) the maximal functions possible based on the characteristics and level of SCD and how to achieve them.
 - b. The resident must be given the opportunity to become proficient in:
 - 1) coordination in the post-initial care setting of the impact and timing of treatment of each organ system's dysfunction so that an optimum treatment effect can be obtained,

- 2) planning of the most efficient and effective treatment approaches for acquisition of skills and knowledge by the patient so that he/she may acquire the highest level of functioning, and
- 3) promotion of patient education about all aspects of SCD in order to promote patient independence and patient recognition of illness.

The program must prepare the person trained as a SCIM specialist to implement, over the course of the individual patient's lifetime, a health maintenance and disease prevention program with early recognition and effective treatment of complications related to SCD, and must promote awareness of the impact of aging on SCD.

D. Program Design

All educational components of a residency program should be related to program goals.

1. The program design and/or structure must be approved by the appropriate review committee as part of the regular review process.
2. Participation by any institution providing more than 3 months of training must be approved by the RRC.

II. Institutional Organization

A. Sponsoring Institution

1. The institution sponsoring the SCIM program must be a center for care of persons with SCD or affiliated with such a center. Affiliation with an accredited medical school is desirable. The institution should be accredited by the Joint Commission on Accreditation of Health Care Organizations-Rehabilitation Section (JCAHO-Rehab) or the Commission on Accreditation of Rehabilitation Facilities (CARF).
2. Accreditation of a subspecialty program in SCIM will be granted only when the program is administratively attached to an ACGME-accredited residency program in a relevant specialty.
3. There must be close cooperation between the core specialty training program and the subspecialty program. The lines of responsibility between resident staffs in the core program and the subspecialty program must be clearly delineated.
4. The sponsoring institution should exercise the necessary administrative management of the training program.
5. There should be an institutional policy, reviewed at the time of regular institutional or internal review, governing the educational resources committed to the SCIM program, assuring cooperation of all involved disciplines.
6. The institution must provide for the financial resources including, but not limited to, salaries, fringe benefits, and opportunities for continuing medical education of residents.

B. Participating Institutions

It is highly desirable for participating institutions to be in the same geographic location and conveniently and safely accessible to residents.

C. Appointment of Residents

1. The program shall establish written policies and procedures regarding selection and appointment of residents. The resident complement should be appropriate to the available clinical and educational resources, including faculty. It is highly desirable to have at least one resident in the program at all times.
2. The program shall have and implement written policies and procedures, based on the educational resources available, for determining the number of resident positions.

3. The program shall have and implement written policies and procedures, based on the educational resources available, regarding change in resident complement or filling vacant positions.
4. The applicant must be licensed for unrestricted practice in a state or province of the United States or Canada.

III. Faculty Qualifications and Responsibilities

The program director and the teaching staff are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director

There must be a single program director responsible for the program.

1. Qualifications of the program director include:
 - a. Documented qualifications as a clinician, administrator, and educator in the field of SCIM.
 - b. Board certification in a specialty or subspecialty related to the care of persons with SCD and subspecialty certification in SCIM or suitable equivalent qualifications.
 - c. Licensure to practice medicine in the state where the institution that sponsors the program is located.
 - d. Appointment in good standing to the medical staff of an institution participating in the program.
2. Responsibilities of the program director include:
 - a. Sufficient time devoted to provide continuous leadership to the program as well as supervision of the residents.
 - b. Active participation in research and scholarly activities in SCIM.
 - c. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
 - d. Selection of residents for appointment to and assignment in the program in accordance with institutional and departmental policies and procedures.
 - e. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program. The program director should assign faculty and perform annual evaluations of their performance.
 - f. The supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
 - g. Regular evaluation of the resident's knowledge, skills, and competence, including the development of professional attitudes consistent with being a physician.

The program director, with participation of members of the teaching staff, shall:

- 1) At least semi-annually evaluate the knowledge, skills, competence, and professional growth of the resident, using appropriate criteria and procedures.
- 2) Communicate each evaluation to the resident in a timely manner.
- 3) Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.

- 4) Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
- h. The provision of a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.
- i. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
- j. Monitoring of resident stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
- k. Preparation of an accurate statistical and narrative description of the program as requested by the RRC. Adequate data collection and analysis is necessary for overall program evaluation and total quality management. The program director should gather, analyze, and maintain data regarding resident and faculty performance.
 - l. Gathering and analyzing initial, discharge and follow-up data regarding the functional outcomes of persons served.
 - m. Notification to the RRC of major programmatic changes. The RRC must be notified immediately of any change in program directorship.

B. Number and Qualifications of Faculty

1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities. In addition to the program director, there must be at least one other faculty member with expertise in SCIM who is dedicated to the program.
2. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities in the field of SCIM, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities. The faculty should actively participate in teaching, research and scholarly activity in the field of SCIM.
3. The faculty should be Board-certified in a specialty or subspecialty related to the care of persons with SCD or possess suitable equivalent qualifications.
4. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
5. The teaching staff must be organized and have regular documented meetings in order to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.
6. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

C. Other Program Personnel

Programs must be provided the additional professional, technical and clerical personnel needed to support the administration and educational conduct of the program.

IV. Facilities and Resources

A. Institutional Facilities

Education in SCIM should include experience in both inpatient and outpatient facilities. The sponsoring and participating institutions must operate or have access to a service delivery system dedicated to the care of persons with SCD. Necessary resources include:

1. an emergency department that treats patients with SCI,
2. an accredited acute care hospital,
3. a dedicated inpatient rehabilitation unit,
4. a designated outpatient clinic for persons with SCD, and
5. availability of home care and independent living programs.

B. Specific Facilities and Resources

1. The sponsoring institution must have available the equipment, diagnostic imaging devices, electrodiagnostic devices, laboratory services, a urodynamic laboratory, and clinical facilities necessary to provide appropriate care to persons with spinal cord dysfunction. Medical library facilities and facilities for teaching experiences must be available, along with a medical records system that allows for efficient case retrieval.
2. The sponsoring institutions must have available specialty consultant services in anesthesia, emergency medicine, family practice, internal medicine (including the relevant subspecialties), neurological surgery, neurology, orthopedic surgery, pathology, pediatrics, physical medicine and rehabilitation, plastic surgery, psychiatry, radiology, surgery, and urology.

C. Library

1. Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.
2. Residents must have regular access, including nights and weekends, to computer and audiovisual capabilities and electronic retrieval of information from medical information databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

D. Patient Population

The patient population must be of sufficient size and diversity of age so as to provide the resident with the opportunity to care for an adequate number of persons with new SCD, to care for persons re-admitted to the hospital with intercurrent illness, and to care for appropriate numbers of outpatients. There should be a minimum census of eight patients per resident.

V. Educational Program

A. Clinical Components

1. The clinical portion of the curriculum must include a sufficient variety, depth, and volume of clinical experiences. The educational program should take into consideration the resident's documented past educational and patient care experiences. The training program must provide for the resident to spend a significant amount of time in responsibility for the direct care of hospitalized as well as non-hospitalized patients. Residents must devote at least one third of their clinical experience to the care of

hospitalized patients and at least one third to non-hospitalized patients.

2. The educational program must be designed for the resident to attain the following knowledge and competencies within the interspecialty and interdisciplinary care team:

a. Initial Care

1. Understand the organization and interdisciplinary practices of the Emergency Medical Services system relating to the prehospital and initial Emergency Department care of spinal cord injured patients as well as their concomitant and associated injuries. This is not meant to interfere with the independent decision making of the attending physician during the initial care.
2. Understand the techniques of appropriate spinal immobilization in order to protect patients from additional neurological damage.
3. Be able to perform a comprehensive neurologic assessment and determine the appropriate injury level of the patient.
4. Understand the supportive role of SCIM to neurological surgery, orthopedic surgery, emergency medicine, and other appropriate physicians in initial care sites, including intensive and critical care units.
5. Understand and assist in the management of the abnormalities and complications in other body systems resulting from SCI, especially the following: pulmonary, genitourinary, endocrine, metabolic, vascular, cardiac, gastrointestinal, musculoskeletal and integumentary.

b. Post-Initial Care

1. Understand how the stability of the spine is evaluated and know the various options for treatment of fractures/dislocations at all vertebral levels.
2. Understand the optimal coordination of services of the various physicians and other health professionals in the prevention and treatment of complications in each organ system.
3. Develop the skills to initiate and direct appropriate rehabilitation programming in the early hospital phase of treatment.
4. Understand the relationship between the extent and level of SCI on the patient's ultimate residual functional capacity and be able to inform and counsel the patient, the family, and other health specialists on a timely basis about the impact of the disability.
5. Through lectures and appropriate clinical assignments under the integrated services of pediatricians and specialists in SCIM, understand special needs and problems that children and adolescents with SCI may have in areas such as behavior, bladder and bowel and skin care, growth and development, immunizations, mobility, nutrition, pediatrics, self-care, recreation, and schooling. Also understand the special needs of parents and others in relating to and assisting young patients with these problems.

c. Initial and Ongoing Medical Rehabilitation

1. Coordinate the transition from post-initial care to rehabilitation and assume primary management responsibility.
2. Establish short and long term rehabilitation goals and coordinate the implementation of the rehabilitation program to meet such goals.
3. Monitor the evolution of neural dysfunction in order to recognize conditions that may require additional evaluation, consultation, or modification of treatment.
4. After post-initial care, in conjunction with the interspecialty SCI team, participate in the management of SCI following either operative or nonoperative stabiliza-

tion, including activity restrictions and appropriate orthotic support.

5. Understand the collaborative role of integral members of the SCI care team.
6. Recognize, diagnose and coordinate treatment for respiratory complications such as tracheostomies, airway obstruction, atelectasis, pneumonia, and tracheal stenosis, as well as for mechanical methods of respiration including both fixed and portable equipment. The resident should be able to manage patients with high quadriplegia and respirator-dependent patients, including weaning them from the respirator, and evaluating indications and contraindications of phrenic nerve pacing, motorized wheelchairs, portable respirators, environmental control systems, home modifications, etc.
7. Recognize, diagnose and treat orthostatic hypotension and other cardiovascular abnormalities during initial mobilization of the patient.
8. Evaluate and manage skin problems utilizing various techniques of prevention such as the proper use of specialized beds, other surfaces, cushions, and wheelchairs, to manage pressure ulcers effectively; and, in consultation with surgical colleagues, determine the indications for various surgical procedures including resection of bone and the development of flaps and other techniques for soft tissue coverage. The resident should also develop an understanding of the pre- and post-operative management of these patients.
9. With appropriate consultation, identify the risk of infection and coordinate treatment and infection control including the judicious use of antimicrobials.
10. Coordinate and implement management of the neurogenic bowel.
11. Understand management of the neurogenic bladder and sexual dysfunction and that the role of urologists is pivotal in the diagnosis and management of bladder dysfunction, urinary tract infection, urinary calculi, sexual dysfunction, obstructive uropathy with or without stones, infertility and problems of ejaculation; such specialists should be utilized early in the care of these patients.
12. Diagnose and treat, with appropriate consultation, complications such as deep vein thrombosis, pulmonary embolus, autonomic hyperreflexia, substance abuse, pain, spasticity, depression, and the sequelae of associated illnesses and pre-existing diseases.
13. Recognize pharmacologic alterations associated with SCI, including changes in pharmacokinetics, pharmacodynamics, drug interactions, over-medication, and compliance.
14. Diagnose and manage the psychological dysfunction associated with SCI.
15. Perform a functional assessment based on neurological, musculoskeletal and cardiopulmonary examinations and psychosocial and prevocational evaluations.
16. Determine functional goals for self-care, mobility, and vocational and avocational activities based on the level and completeness of the lesion.
17. If appropriate, prescribe motor retraining and conditioning activities, orthoses, and the adaptive equipment needed to meet the rehabilitation goals.
18. Anticipate the approximate length of stay, cost of hospitalization, equipment needs, etc., with the involvement of the patient, the patient's support persons and appropriate agencies.

19. Identify the indications for and the use of clinical neurophysiologic testing to assess the extent of neuropraxia, denervation, reinnervation, phrenic nerve function, and spinal cord function.
 20. Identify the indications and use of functional electrical stimulation (FES) as applied to the management of spinal cord impairment.
 21. Understand the kinesiology of upper extremity function and the use of muscle substitution patterns in retraining; the value, indications and contraindications of tendon and muscle transfers and other operative procedures that would enhance function.
 22. Within the interdisciplinary and interspecialty SCI teams, understand the concepts of muscle and tendon transfer, and of other operative procedures that enhance extremity function, and manage the post-operative retraining, when indicated.
 23. Prescribe appropriate motor vehicle modifications to promote independence in mobility and transportation.
 24. Understand group process and team dynamics, and coordinate the activities of the interdisciplinary team through daily rounds, staff conferences, and patient and family educational and training sessions in order to maximize the goals established by the patient and team.
 25. Understand the training and capabilities of rehabilitation nurses, social workers, psychologists, physical therapists, occupational therapists, prosthetists, orthotists, speech/language pathologists and recreational and vocational counselors; recognize the professional role and contributions of the various allied health professions individually and collectively; encourage their full participation in patient care management while maintaining medical responsibility; and appreciate that a team effort, with as much continuity as practical, will produce a more satisfying outcome and experience for the patient, family and team members.
 26. Conduct a problem-oriented conference and set goals with the participation of the allied health staff.
- d. Discharge Planning
1. Determine when the rehabilitation goals have been achieved, finalize the discharge plan, and arrange for the appropriate level of care to match the patient's needs.
 2. Participate in family meetings/discharge planning conferences, with focus upon community integration and adjustment to disability.
 3. Organize and conduct programs of patient and family education.
 4. In concert with appropriate disciplines and other team members, manage the psychological effects of the impairment in order to prevent their interference with the reintegration and re-entry to the community.
 5. Use the full range of community resources to facilitate the transition to the community.
 6. Understand the needs for personal care attendants, architectural modifications, and community follow-up care.
- e. Follow-Up Phase—Sustaining Care
1. Recognize, diagnose and treat intercurrent disease in conjunction with the proper consultants. There should be special emphasis on the prevention and management of these diseases in patients at various levels of SCI.
 2. Diagnose and coordinate the treatment of the complications associated with chronic SCI including pressure sores, spasticity, pain, urinary calculi, urinary tract infection, fractures, post-traumatic syringomyelia, and progressive respiratory decline.
3. Set up a program of regular follow-up, evaluation, and preventive health care to keep the person at his/her maximum health and rehabilitation status, and coordinate this care with the patient's personal community physician.
 4. Direct to or establish the patient in a program of vocational rehabilitation, if appropriate.
 5. Appreciate that the ultimate goal is to return and maintain the person with SCI as a satisfied and productive member of society.
 6. Understand the prevention and management of complications associated with long-standing disability, the effects of aging with a disability, and the provision of long-term follow-up services.
 7. Coordinate and manage an SCI home care program.
 8. Develop and maintain as needed a professional relationship with primary care physicians and be available to assist in the provision of care for specific health care issues, including follow-up examinations and management of complex issues of SCI care.
 9. In all phases of care, understand and define the ethical and legal issues especially pertinent to SCI, including diminished competence and the right to refuse treatment.
3. The program should be designed so that the resident has an opportunity to follow individual patients longitudinally as well as the ability to encounter a wide variety of patient problems.
 4. The program should be designed so that the resident has an opportunity to develop a management style compatible with the interdisciplinary team process.
- B. Didactic Components**
1. Basic science content. There should be a didactic curriculum taught by faculty and a self-directed learning program to address the theoretical and clinical principles that form the fundamentals for care of patients with SCD. Pathophysiology, discussion and knowledge of clinical manifestations, and management principles about the care of such patients should constitute the major topics for study.
 2. Specialty content. Specialists in anesthesiology, emergency medicine, internal medicine (including the relevant subspecialties), neurology, neurosurgery, orthopedic surgery, pediatrics, physical medicine and rehabilitation, plastic surgery, psychiatry, radiology, surgery, and urology should take an active role in the didactic curriculum, providing instruction in the areas of their practices relevant to SCD.
 3. Conferences
 - a. Required conferences should include case-oriented multidisciplinary conferences, journal club, and quality management seminars relevant to clinical care on the spinal cord program.
 - b. Conferences must be of sufficient quality and frequency to provide in-depth coverage of the major topics in SCIM over 1 year.
 - c. There must be documentation of staff and resident attendance.
 - d. Educational activities must be carried out under the direct supervision of faculty members.
- C. Resident Policies**
1. Supervision
 - a. The level of supervision of the residents should be determined by the program director based on formal and informal evaluations.

- b. The program director should assign a member of the faculty as supervisor to each resident. Written objectives for each clinical rotation must be provided to the resident.
 - c. The supervisor is responsible for the educational experience according to the written plan developed at the beginning of the training. The supervisor must meet regularly with the program director and resident for appropriate monitoring and feedback.
2. Duty hours. While the actual number of hours worked by a subspecialty resident may vary, the resident should have sufficient off-duty time to avoid undue fatigue and stress. The resident should be allowed to spend, on average, at least 1 full day out of 7 away from the hospital, and should be assigned on-call duty in the hospital no more frequently than an average of every third night. The program director is responsible for monitoring, according to written policies, on-duty assignments as well as activities outside the program.
 3. Graded responsibility. Clinical experiences should allow for progressive responsibility with lesser degrees of supervision as the resident advances and demonstrates additional competencies. The program should be flexible but sufficiently structured to allow for such graded responsibility.
 4. Peer interaction. The resident must have opportunity to meet and share experience with residents in the core program and in other specialties. It is desirable for the resident to interact with peers in primary care and relevant subspecialties. Residents should have the opportunity to teach other residents, medical students, and other health care professionals.
 5. Presence of other learners/fellows. Rotation to the SCIM program by residents from other specialties or subspecialties as well as medical students is desirable.

D. Other Program Components

1. Research and Scholarly Activity. Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:
 - a. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
 - b. Participation in journal clubs and research conferences.
 - c. Active participation in regional or national professional and scientific societies, particularly through presentations at meetings and publications in journals.
 - d. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
 - e. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
 - f. Provision of support for resident participation in scholarly activities. The resident should have assigned time to conduct research or other scholarly activities. The goal for the resident should be at least one scientific presentation, abstract, or publication.
2. Management. Within the interspecialty and interdisciplinary SCIM care team, the resident should be taught and should under-

stand and apply principles of organizational and group behavior, leadership and management styles, evaluation and modification of performance, labor-management issues, cost accounting and containment, and quality assurance techniques. The resident should gain an understanding and some proficiency in the areas of budget planning and presentation, preparation of management briefings, information systems, and external reviews such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Commission on Accreditation of Rehabilitation Facilities (CARF).

3. Teaching by the resident. The resident should have the opportunity to:
 - a. teach local medical communities and the general public about prevention of SCI;
 - b. teach prehospital personnel and other health care providers how to stabilize patients with SCI and institute a rational protocol for their prehospital care;
 - c. teach other hospital personnel and health care providers, patients, and care givers about the rehabilitation needs and long-term care of patients with SCI;
 - d. teach medical students, medical residents and other health professionals;
 - e. understand and utilize learning theory, including assessment of learning needs, development of objectives and curriculum plans, effective use of audiovisual and other teaching materials and evaluation of teaching outcomes;
 - f. provide instruction to patients and families; and
 - g. participate in educational activities within the interspecialty and interdisciplinary SCIM care team.

VI. Evaluation

Evaluation is an essential component of the program. The program director and faculty must have a plan that addresses the evaluation of residents, faculty, and the program. Well-designed evaluation, combined with feedback, improves the program and focuses the learning process.

A. Residents

1. Policy and Principles
 - a. Evaluation should be based on the program objectives and on the objectives of the resident's individualized program.
 - b. Evaluation must be carried out semi-annually and should be followed by extensive feedback to the resident. Remedial objectives may be established.
2. The following areas should be evaluated:
 - a. acquisition of described competencies,
 - b. problem-solving skills,
 - c. interpersonal relationship skills,
 - d. ability to access, retrieve, and critically evaluate the literature,
 - e. information management,
 - f. quality and cost-effectiveness measures of patient care, and
 - g. research and other scholarly accomplishments.

B. Faculty and Program

1. Faculty evaluation by residents should be on a semi-annual basis.
2. Areas to be evaluated are:
 - a. clinical skills and competencies,
 - b. teaching skills,
 - c. scholarly activity,
 - d. leadership skills, and
 - e. interpersonal skills.
3. The educational effectiveness of the program must be evaluated annually and in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals

have been met by the residents must be assessed. Written, confidential evaluations by residents should be utilized in this process. Resident satisfaction at the completion of training should also be assessed.

4. One measure of the quality of a program is the performance of its residents on the examinations of the American Board of Physical Medicine and Rehabilitation for special qualifications in SCIM.

VII. Board Certification

Residents who plan to seek certification by the American Board of Physical Medicine and Rehabilitation in Spinal Cord Injury Medicine should communicate with the Executive Director of the ABPMR to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: February 2002 Effective: July 2002

Program Requirements for Residency Education in Plastic Surgery

Common Program Requirements appear in bold.

Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

- A. Education in the specialty of plastic surgery deals with the resection, repair, replacement, and reconstruction of defects of form and function of the integument and its underlying anatomic systems, including the craniofacial structures, the oropharynx, the trunk, the extremities, the breast, and the perineum. It includes aesthetic (cosmetic) surgery of structures with undesirable form. Special knowledge and skill in the design and transfer of flaps, in the transplantation of tissues, and in the replantation of structures are vital to these ends, as is skill in excisional surgery, in management of complex wounds, and in the use of alloplastic materials. Residency education in plastic surgery is designed to educate and train physicians broadly in the art and science of plastic and reconstructive surgery and to develop a competent and responsible plastic surgeon with high moral and ethical character capable of functioning as an independent surgeon. A variety of educational plans will produce the desired result.
- B. The RRC accredits *independent* plastic surgery programs of 2 or 3 years or *integrated* programs of 5 or 6 years. All prerequisite residency education must be taken within programs accredited by the ACGME, the Royal College of Physicians and Surgeons of Canada, or the American Dental Association.
 1. Independent format: residents complete 2 or 3 years of concentrated plastic surgery education, with 12 months of chief responsibility, after successful completion of one of the following prerequisite curricula:
 - a. A minimum of 3 years of clinical education with progressive responsibility in a general surgery program. A transitional year or rotating internships may not be used to fulfill this requirement.
 - b. A neurological surgery, orthopaedic surgery, otolaryngology, or urology residency;
 - c. An educational program in oral and maxillofacial surgery approved by the American Dental Association (ADA) is an alternate pathway for prerequisite education prior to a plastic surgery residency. This pathway is available only to those individuals holding the DMD/MD or DDS/MD degree. This education also must include a minimum of 24 months of progressive responsibility on surgical rotations under the direction of the general surgery program director after receipt of the MD degree. Rotations in general surgery during medical school, prior to receiving the MD degree, will not be considered as fulfilling any part of the 24-month minimum requirement.
 2. Integrated format: residents complete 5 or 6 years of ACGME-accredited plastic surgery education following receipt of an MD or DO degree from an institution accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA). Graduates of schools of medicine from countries other than the United States or Canada must present evidence of final certification by the Education Commission for Foreign Medical Graduates (ECFMG).

- a. The integrated curriculum must contain 5 or 6 years of clinical surgical education under the authority and direction of the plastic surgery program director.
 - b. Of these 5 or 6 years, 24 months must be concentrated plastic surgery education with no less than 12 months of chief responsibility on the clinical service of plastic surgery. Residents must complete the last 24 months of their education in the same plastic surgery program.
 - c. Additional clinical experiences appropriate to plastic surgery education should be provided in anesthesiology, burn management, critical care medicine, emergency medicine, cardiothoracic surgery, general surgery, neurological surgery, oncologic surgery, orthopedic surgery, otolaryngology, pediatric surgery, trauma management, and vascular surgery.
3. Prior to entry into the program, each resident must be notified in writing of the required program length.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions. The sponsoring institution must provide sufficient faculty, financial resources, and academic and library support to enable the program to comply with the requirements for accreditation.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c. specify the duration and content of the educational experience; and
 - d. state the policies and procedures that will govern resident education during the assignment.
3. The addition or deletion of participating institutions providing 1/6 or more of a resident's clinical education must be prior-approved by the RRC.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environ-

ment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:

- a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b. The program director must be certified in the specialty by the American Board of Plastic Surgery, or possess qualifications judged to be acceptable by the RRC.
 - c. The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
- a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
 - b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
 - c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - 1) the addition or deletion of a participating institution;
 - 2) a change in the format of the educational program;
 - 3) a change in the approved resident complement for those specialties that approve resident complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.
 - e. The program director must annually compile a comprehensive record of the number and type of operative procedures performed by each resident completing the program. This record must include all of the procedures in which the plastic surgery resident was either surgeon or assistant during the plastic surgery program. The operative log must be provided as requested in the format and form specified by the RRC and it must be signed by both the resident and the program director as a statement of its accuracy. These records must be maintained by the program director.
 - f. The program director must advise resident applicants of the prerequisite requirements of the American Board of Plastic Surgery.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:

- a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b. The physician faculty must be certified in the specialty by the American Board of Plastic Surgery, or possess qualifications judged to be acceptable by the RRC.
 - c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
- a. the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b. the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c. the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.
- Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
- a. Nonphysician faculty must be appropriately qualified in their field.
 - b. Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. The program director must have documentation on file of the satisfactory completion of prerequisite education before the candidate begins plastic surgery residency education.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. Programs may not enroll more residents at any level or in total than the number of residents approved by the RRC.
2. Any increase in resident complement, including a temporary increase, must be approved in advance by the RRC. This also in-

cludes a temporary increase in resident complement when a resident's education must be extended for remedial reasons.

3. Vacant positions in either program format must be filled at the same level as the vacancy. If the program director wishes to fill a vacancy with a resident at another level, this request for a temporary increase in resident complement also requires advance approval from the RRC.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education. Although residents may transfer from one program to another, they may not change from one format education to another, i.e., integrated to independent format or vice versa, without advance approval of the RRC.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents. The addition of fellows or other students requires a clear statement of the areas of education, clinical responsibilities, duration of the education, and the impact of these fellows/other students on the education of the plastic surgery residents.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Didactic Component

The scope of plastic surgery is so broad that a well-organized, comprehensive, and an effective educational curriculum is necessary to ensure that all residents obtain experience in all the various areas of the specialty.

- a. The faculty should organize the conferences which allow discussion of topics selected to broaden knowledge in the wide field of plastic surgery and to evaluate current information.
- b. Conferences must include the pertinent basic science subjects, such as anatomy, physiology, pathology, embryology, radiation biology, genetics, microbiology, pharmacology, and also practice management, ethics, and medico-legal topics.
- c. Periodic review of the morbidity and mortality experiences of the service must be documented.

- d. The residents must participate and present educational material at conferences. Adequate time for preparation should be permitted, both to maximize the educational experience for the residents and to emphasize the importance of the experience.
 - e. The attendance of faculty and residents at conferences should be documented.
2. Clinical Component
- Knowledge of surgical design, surgical diagnosis, embryology, surgical and artistic anatomy, surgical physiology and pharmacology, wound healing, surgical pathology and microbiology, adjunctive oncological therapy, biomechanics, rehabilitation, and surgical instrumentation are fundamental to the specialty. The judgment and technical capability for achieving satisfactory surgical results are mandatory qualities for the plastic surgeon.
- a. Specific clinical experience should be provided in the following areas:
 - 1) Congenital defects of the head and neck, including clefts of the lip and palate, and craniofacial surgery.
 - 2) Neoplasms of the head and neck, including the oropharynx, and endoscopy.
 - 3) Craniomaxillofacial trauma, including fractures.
 - 4) Aesthetic (cosmetic) surgery of the head and neck, trunk, and extremities.
 - 5) Plastic surgery of the breast.
 - 6) Surgery of the hand/upper extremities.
 - 7) Plastic surgery of the lower extremities.
 - 8) Plastic surgery of congenital and acquired defects of the trunk and genitalia.
 - 9) Burn management, acute and reconstructive.
 - 10) Microsurgical techniques applicable to plastic surgery.
 - 11) Reconstruction by tissue transfer, including flaps and grafts.
 - 12) Surgery of benign and malignant lesions of the skin and soft tissues.
 - b. The sponsoring and participating institutions of the program must have an adequate number and variety of adult and pediatric surgical patients for resident education. Experience in all 12 categories of surgical experience is important and must not be limited by excessive clinical responsibility in any one or several categories or by excessive nonclinical activities.
 - c. Generally equivalent and adequate distribution of categories and cases among the residents must be demonstrated.
 - d. Resident experience in patient management should demonstrate graduated and progressive responsibility.
 - e. Experience in a well-organized and well-supervised outpatient clinic operating in relation to an inpatient service used in the program is required. This experience must include:
 - 1) the opportunity to see patients, establish provisional diagnoses, and initiate preliminary plans prior to the patients' treatment;
 - 2) an opportunity for follow-up care so that the results of surgical care may be evaluated by the responsible residents; and
 - 3) supervision under appropriate faculty supervision.
 - f. Experience in office practice procedures and management is strongly suggested. If residents participate in preoperative and postoperative care in a private office, the program director must ensure that the resident functions with an appropriate degree of responsibility with adequate supervision.
 - g. Recognizing the comprehensive nature of the specialty of plastic surgery, there should be clinical resources for the education of plastic surgery residents in anesthesiology, burn management, emergency medicine, cardiothoracic surgery,

general surgery, neurological surgery, orthopedic surgery, otolaryngology, pediatric surgery, surgical critical care, surgical oncology, trauma management, and vascular surgery.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. *Patient care* that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. *Medical Knowledge* about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. *Practice-based learning and improvement*
4. *Interpersonal and communication skills* that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. *Systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities

such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.
4. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.
 - a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These

policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.
- d. a policy for annual advancement of a resident must be developed and implemented.

2. Final Evaluation

The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must con-

duct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

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Program Requirements for Residency Education in Craniofacial Surgery (Plastic Surgery)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition of the Specialty

1. Craniofacial surgery is a subspecialty of plastic surgery that includes the in-depth study and reconstructive treatment of disorders of the soft and hard tissues of the face and cranial areas, such as congenital anomalies and posttraumatic and other acquired conditions. Although craniofacial surgery includes combined intracranial and extracranial surgery, the broad scope of the subspecialty is applicable to other procedures in the craniofacial region. Surgeons trained in craniofacial surgery should be able to manage any hard or soft-tissue reconstruction problem of the craniofacial region.
2. The team approach to many problems may be appropriate, resulting in the integration of other specialties into the craniofacial team. In addition to plastic surgery, these specialties should include neurological surgery, ophthalmology, otolaryngology, oral surgery, and orthodontics.

3. The primary goals of a craniofacial surgery educational program are to provide a broad education in the art and science of the specialty, and sufficient experience for surgeons to acquire competency as specialists in the field.

B. Duration and Scope of Education

1. The length of the educational program in craniofacial surgery is one year. Before entry into the program, each prospective craniofacial surgery resident must be notified in writing of the length of the program.
2. Admission to a craniofacial surgery educational program is open to those who have satisfactorily completed an accredited plastic surgery residency program or to other appropriately-qualified surgeons.
3. The craniofacial surgery program should be associated with an accredited program in plastic surgery; exceptions must be educationally justified. The educational relationship should demonstrate the use of shared resources to include, for example, faculty, educational conferences, patient management, and other institutional resources.

C. Program Goals and Objectives

1. Although educational programs in craniofacial surgery may differ in format and objectives, each program must demonstrate that residents are provided with the opportunity to obtain the knowledge, skills, clinical judgment, and attitudes essential to the practice of craniofacial surgery.
2. The craniofacial surgery resident must be provided with progressive senior surgical responsibility in the four essential phases of total patient care: preoperative evaluation, therapeutic decision making, operative experience, and postoperative management.
3. The craniofacial surgery resident must be provided with sufficient knowledge of the sciences of embryology, anatomy, physiology, and pathology as these relate to the diagnosis and treatment of diseases of the craniofacial areas. Education in the diagnosis and management of disease and deformity involving the jaws, teeth, and occlusion must also be included in the program.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions. The sponsoring institution must provide sufficient resources to meet the educational needs of the residents and to enable the program to comply with the requirements for accreditation.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c) specify the duration and content of the educational experience; and

- d) state the policies and procedures that will govern resident education during the assignment.
3. Participation by any institution that provides 2 months or more of the educational program must be approved in advance by the Residency Review Committee (RRC) for Plastic Surgery.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented clinical, educational, and administrative abilities and experience in craniofacial surgery.
 - b) The program director must be certified in the specialty by the American Board of Plastic Surgery, and hold certification in the subspecialty, or possess qualifications judged to be acceptable by the RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
 - d) The program director must be licensed to practice medicine in the state where the sponsoring institution is located.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System. Each resident's operative experience must be submitted annually.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved resident complement for those specialties that approve resident complement.
 On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

- e) The program director must notify the Executive Director of the RRC of any changes that might substantially alter the educational experience (e.g., a change in program director or changes in participating institutions).

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications in craniofacial surgery to instruct and supervise adequately all residents in the program. Members of the faculty must be able to devote sufficient time to meet their supervisory and teaching responsibilities. The required faculty/resident ratio is 1/1.

A member of the faculty of each participating institution must be designated as the local program director to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Plastic Surgery, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

Written lines of responsibility describing the clinical responsibilities of and relationship between craniofacial surgery residents and plastic surgery residents must be supplied to the RRC at the time of the review.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. The educational program should contain the following components: clinical, basic science, and research conferences; monthly morbidity and mortality sessions; other conferences focused specifically on craniofacial surgery. Conferences must be conducted regularly and as scheduled, and the topics of each must be linked to the goals and objectives for the course of study.
2. Basic Science

- a) normal and abnormal embryology and fetal development of the head and neck, with special emphasis on the development of the cranium, the maxillary and mandibular complex, the mechanisms of clefting, and the development of the temporomandibular joint and surrounding musculature;
 - b) normal growth and development of the cranium and face, with special attention to dental development and occlusion and to the consequences of congenital anomalies, trauma, surgery, and radiation;
 - c) dental radiographs, cephalometric analysis, and study models; construction of splints and their use in craniofacial and maxillofacial surgery;
 - d) interpretation of sophisticated diagnostic imaging modalities used in craniofacial surgery, such as computed tomography, magnetic resonance imaging, and arteriography;
 - e) standards of beauty and normalcy as they relate to the face, and an understanding of the relationship of cephalometric values to soft-tissue features;
 - f) bone healing, including primary healing, malunion, nonunion, osteomyelitis, and the physiology and methods of bone grafting;
 - g) use of alloplastic materials used for reconstruction; and
 - h) congenital, developmental, and secondary deformities of the head and face, including the embryology, pathogenesis, anatomy, natural history, and course of the disease following treatment.
3. Congenital Anomalies and Disorders
The foundation of this subspecialty is the treatment of congenital craniofacial anomalies. Because such treatment can be applied to a variety of acquired deformities, the program must include in-depth training, education, and participation in the diagnosis, planning, operative treatment, and postoperative care of craniofacial problems including but not necessarily limited to:
 - a) craniosynostosis;
 - b) congenital and developmental deformities of the face that may be related to craniosynostosis, including midface hypoplasia and facial asymmetries;
 - c) syndromal malformations of the face, such as Treacher Collins, hemifacial microsomia;
 - d) congenital orbital dysmorphologies, including orbitofacial clefts and hypertelorism;
 - e) facial cleft deformities;
 - f) atrophic and hypertrophic disorders, such as Romberg's disease, bone dysplasia;
 - g) craniofacial manifestations of systemic disorders, such as neurofibromatosis and vascular malformations and lymphatic disorders;
 - h) posttraumatic complex skull and facial deformities;
 - i) congenital and acquired disorders of the facial skeleton and occlusal relationships; and
 - j) craniofacial concepts in the exposure and/or reconstruction in cranial base oncologic surgery.
 4. Clinical Activities
The clinical education should include active participation in an integrated craniofacial team with sufficient patient volume to provide an exposure to diverse craniofacial problems. In addition to plastic surgery, the craniofacial team should include neurological surgery, ophthalmology, otolaryngology, dentistry, and orthodontics. Clinical activities should include:
 - a) education, training, and participation in the surgical methods of craniofacial surgery, including rigid fixation of skull facial bones and training in the fabrication of dental splints;
 - b) preoperative assessment and decision making regarding methods and timing of intervention in craniofacial disorders;

- c) management of craniofacial patients from the preoperative through the postoperative stages; and
 - d) knowledge of critical care in the postoperative management of craniofacial patients.
5. Education and experience in the following areas are desirable:
 - a) diagnostic methods and treatment techniques of temporomandibular joint disorders;
 - b) aesthetic contour deformities, such as masseteric hypertrophy and frontal cranial remodeling;
 - c) elective orthognathic surgery for orthodontic problems;
 - d) surgical correction of congenital clefts of the lip and palate, with emphasis on both primary and late repairs and revisions; and
 - e) reconstructive management of defects after ablative surgery for malignancy about the maxillofacial region, including pedicle and free flap surgery and bone grafting techniques.
 6. Operative Experience
 - a) A program of graduate education in craniofacial surgery must provide a sufficient number and variety of surgical experiences to ensure that residents receive sufficient exposure to a wide range of diseases and injuries to the soft and hard tissues of the craniofacial region.
 - b) The resident must be allowed senior responsibility as the operating surgeon while performing critical portions of the surgery in the operative management of a range of common craniofacial surgery procedures.
 - c) The craniofacial surgery resident is not a substitute for faculty, and should not act on a regular basis as a teaching assistant to the chief resident in plastic surgery. If the craniofacial surgery resident and the plastic surgery resident share operative experience, only one surgeon may receive credit as surgeon for the experience.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

(NB: Section V. D. does not apply to this subspecialty.)

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.
 - a) frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

The RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be or-

ganized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Plastic Surgery should communicate with the office of the board regarding the full requirements for certification.

Approved/effective ACGME: September 1997

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Program Requirements for Residency Education in Hand Surgery (Plastic Surgery)

I. Introduction

A. Definition of the Specialty

Hand surgery is a surgical subspecialty that deals with congenital and acquired defects of the hand and wrist that compromise the function of the hand. A hand surgery educational program is designed to educate physicians in the art and science of hand surgery and to develop a competent hand surgeon who is capable of independent function. The educational program should provide experience in the repair, resection, and reconstruction of defects of form and function of the hand; in the design, construction, and transfer of flaps and the transplantation of tissues, including microsurgery of multiple tissues; in replantation of upper extremity parts; in surgical and ancillary methods of treatment of tumors; in management of complex wounds; and in the use of alloplastic materials.

B. Scope of Education

1. Prerequisite resident education must be completed in a general surgery, orthopaedic surgery, or plastic surgery program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.
2. The length of the educational program is 1 year.

II. Institutional Organization**A. Sponsoring Institution**

The educational program should have one sponsoring institution that has primary responsibility for the entire program. The sponsoring institution should provide sufficient faculty; financial resources; and clinical, research, and library facilities to meet the educational needs of the residents and to permit the program to comply with the requirements for accreditation.

B. Participating Institutions

1. When multiple institutions participate in the educational program, the commitment of each participating institution must be documented in a written agreement that complies with the ACGME Institutional Requirements.
2. Assignments to participating institutions must be based on an appropriate educational rationale. Assignments that dilute the education of residents or that do not provide proper supervision and coordination of educational activities should not be established or maintained.
3. Assignments to participating institutions that are geographically distant from the sponsoring institution are not desirable. To be justifiable, such assignments must offer special resources or opportunities not otherwise available to the program.
4. The number and location of participating institutions must not preclude the participation of residents and faculty in the educational activities of the hand surgery course of study.

C. Appointment of Residents

1. The total number of residents must be approved in advance by the Residency Review Committee (RRC). The number of residents shall be based primarily on the number, qualifications, and commitment of the faculty; the volume and variety of the patient population available for educational purposes; and the institutional resources committed to resident education.
2. Programs may not graduate more hand surgery residents in any given year than the number of residents approved by the RRC.
3. Any increase, including a temporary increase in resident complement, must receive prior approval of the RRC. Requests for changes in the approved resident complement of a program must include a strong educational rationale.

III. Faculty Qualifications and Responsibilities

The program director and the faculty are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director

A single program director must be responsible for the program.

1. Qualifications of the program director
 - a. Requisite and documented clinical, educational, and administrative abilities and experience.
 - b. Licensure to practice medicine in the state where the institution that sponsors the program is located.

- c. Certification by the appropriate ABMS Board or suitable equivalent qualifications in the appropriate specialty and a certificate of added qualifications in hand surgery or suitable equivalent qualifications in hand surgery. The RRC will determine the acceptability of equivalent qualifications.
 - d. Appointment in good standing to the medical staff of an institution participating in the program.
 - e. Frequent changes in leadership or long periods of temporary leadership are undesirable and may adversely affect the accreditation status of the program.
2. Responsibilities of the program director
 - a. Prepare a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of hand surgery residents at each level of education and for each assignment. This statement must be distributed to hand surgery residents and members of the faculty. It should be readily available for review.
 - b. Select residents for appointment to the program according to institutional and departmental policies and procedures.
 - c. Select and supervise the faculty and other program personnel at each participating institution.
 - d. Supervise residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the faculty. Residents must be provided with prompt, reliable systems for communication and interaction with supervising physicians.
 - e. Regularly evaluate residents' knowledge, skills, and overall performance. The program director, with participation of the faculty, must
 1. at least quarterly, evaluate the progress of each hand surgery resident in writing, using appropriate criteria and procedures;
 2. communicate each evaluation to the resident in a timely manner;
 3. advance residents to positions of higher responsibility only on evidence of their satisfactory progressive scholarship and growth;
 4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel; and
 5. provide a final written evaluation to each hand surgery resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. Each evaluation should be signed by the resident and program director and be maintained on file by the program director for at least 5 years following completion of the program.
 - f. Implement fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
 - g. Monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of counseling and psychological support services to residents. Educational situations that consistently produce undesirable stress on residents must be evaluated and modified.
 - h. Prepare an accurate statistical and narrative description of the program, as requested by the RRC.

- i. Ensure that each resident is provided with a sufficient educational program, including a sufficient volume and variety of operative experience and progressive surgical responsibility.
- j. Annually collect, compile, and retain the number and types of hand surgery operative procedures performed in all institutions used for resident education. These data must be provided in the form and format specified by the RRC.
- k. Annually collect, compile, and retain a comprehensive record of the operative procedures performed by each hand surgery resident completing the program. This information must be provided in the form and format specified by the RRC. This record must be signed by the hand surgery resident and the program director, attesting to its accuracy.
- l. Advise applicants of the prerequisite requirements of the appropriate specialty board.
- m. Document the satisfactory completion of prerequisite education before the resident begins the hand surgery program.
- n. Notify the executive director of the RRC in writing of any major change in the program that significantly alters the educational experience for the residents, including
 1. changes in program leadership, to include any change in appointment of the program director, section or division head, or department chair, and
 2. changes in administrative structure that affect the status of the parent department in the institution.
- o. Obtain prior RRC approval for the following changes in the program:
 1. the addition or deletion of any participating institution to which residents are assigned for a total of 2 months or longer;
 2. any change in the approved resident complement of the program; and
 3. any change in the length or format of the program.

B. Faculty

1. The hand surgery faculty must be certified by the one of the sponsoring boards, or possess suitable equivalent qualifications and be certified in hand surgery or possess suitable equivalent qualifications. The majority of the faculty must possess certificates of added qualifications in hand surgery. The RRC will determine the acceptability of equivalent qualifications.
2. There must be a sufficient number of qualified faculty to adequately instruct and supervise hand surgery residents to ensure optimal patient care and resident education. The faculty must be able to devote sufficient time to the program to meet their supervisory and teaching responsibilities.
3. The faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
4. A faculty member at each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
5. The faculty must be organized and have regular documented meetings to review program goals and objectives and program effectiveness in achieving these goals. The hand surgery resident should participate in these reviews.
6. The faculty should, at least annually, evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of the faculty, and the quality of resident supervision.

C. Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. While not all members of the faculty must be research investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity. Scholarship is defined as an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice. This activity should include

1. participation in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship;
2. participation in journal clubs and research conferences;
3. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals;
4. participation in research, particularly in projects funded following peer review and/or that result in publications or presentations at regional and national scientific meetings;
5. offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research; and
6. provision of support for resident participation in scholarly activities.

D. Other Program Personnel

Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Facilities and Resources

A. Inpatient Facilities

1. Inpatient facilities should have a sufficient number of beds, support personnel, and proper equipment to ensure quality patient care and education.
2. Operating suite and diagnostic and treatment facilities must contain technologically current equipment.

B. Outpatient Facilities

Appropriately equipped outpatient facilities including support staff, operating suites, and clinic and office space must be available for resident participation in the preoperative evaluation, treatment, and postoperative follow-up of patients for whom the resident has responsibility.

C. Library Facilities

1. The residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.

V. Educational Program

A. Program Design

1. The program director and faculty must prepare and implement written educational goals for the program.
2. The program design and/or structure must be approved by the RRC as part of the regular review process.

B. Clinical Component

1. Residents must be provided with education in surgical design, surgical diagnosis, embryology, surgical and artistic anatomy, surgical physiology and pathology, pharmacology, wound healing, mi-

crobiology, adjunctive oncological therapy, biomechanics, rehabilitation, and surgical instrumentation.

2. A sufficient number and variety of adult and pediatric hand surgery patients must be available for resident education.
3. Generally equivalent and sufficient distribution of operative procedures among the residents in all categories of hand surgery must be demonstrated.
4. Residents should be provided with graduated and progressive patient management responsibility.
5. Because judgment and technical capability to achieve satisfactory surgical results are mandatory qualities for the hand surgeon, education should be provided in the following areas:
 - a. Skin repair, including grafts and flaps, multiple tissue flaps, free microscopic tissue transfers, and insertion of tissue expanders
 - b. Fingertip injuries
 - c. Tendon repair, including flexor tendon repair and graft, implantation of tendon spacer, extensor tendon repair, and tenolysis/tenodesis
 - d. Tendon transfer and tendon balancing
 - e. Nerve repair, including major and digital, graft, neurolysis, surgical treatment of neuroma, transpositions, and nerve decompressions
 - f. Management of fractures and dislocations, including phalangeal or metacarpal with and without internal fixation; wrist, radius, and ulna with and without internal fixation; and injuries to joint ligaments
 - g. Bone grafts
 - h. Joint and tendon sheath repairs, including release of contracture, synovectomy, arthroplasty with and without implant, arthrodesis, trigger finger release, and stiff joints that result from rheumatoid or other injury
 - i. Pollicization or ray transfer
 - j. Foot to hand transfer
 - k. Tumors, benign and malignant
 - l. Dupuytren's contracture
 - m. Replantation, revascularization
 - n. Amputations
 - o. Fasciotomy, deep incision and drainage for infection, and wound débridement
 - p. Congenital deformities, including syndactyly and others
 - q. Management of upper extremity vascular disorders and insufficiencies
 - r. Foreign body, implant removal
 - s. Thermal injuries
 - t. Arthroscopy
 - u. Upper extremity pain medicine

C. Didactic Components

1. A comprehensive, organized course of study must be offered, to include educational conferences that are well defined, documented, and regularly held. At minimum, the program must provide a didactic component for clinical education referencing section V.B.1 of these Program Requirements for Residency Education in Hand Surgery.
2. The written course of study should reflect careful planning, with evidence of a cyclical presentation of core specialty knowledge supplemented by the addition of current information, including practice management, ethics, and medicolegal topics as they relate to hand surgery.

Conferences must include basic science subjects related to clinical surgery of the hand, such as anatomy, physiology, pathology, genetics, microbiology, and pharmacology. A periodic review of the morbidity and mortality experience of the service must be included.

3. A list of the conferences should be maintained and available for review at the time of the site visit.
4. Conferences should be attended by both the residents and the faculty, and such attendance should be documented.
5. Conferences should be organized by the faculty to ensure that sufficient educational experience is provided. Hand surgery residents assigned to participating institutions other than the sponsoring institution should attend the hand surgery conferences at those sites.
6. Residents should make presentations at conferences and actively participate in conference discussions. Adequate time for resident preparation should be permitted to maximize the educational experience.
7. Hand surgery residents should be encouraged to pursue clinical or basic science research interests.

D. Supervision

1. All patient care services must be supervised by qualified hand surgery faculty. The program director must ensure, direct, and document proper supervision of residents at all times.
2. Residents must be provided with rapid, reliable systems for communicating with faculty at all times.
3. Hand surgery residents may function as intermediate supervisors when documented prior experience makes it appropriate, but faculty supervision must be available.

E. Duty Hours

1. It is desirable that residents' work schedules be designed so that on the average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. The ratio of hours worked to on-call time will vary, particularly at senior levels, and flexibility will be necessary.
2. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty.
3. Sufficient support services must be provided to ensure that residents are not required to spend excessive time in noneducational activities that can be discharged properly by other personnel.
4. The hand surgery residency is a full-time responsibility. Activities outside the educational program must not interfere with resident performance in the educational program as determined by the program director and must not interfere with resident opportunity for rest, relaxation, and study.

F. Appointment of Other Residents

1. The appointment of other residents for hand surgery education must not dilute or detract from the educational opportunities of hand surgery residents.
2. The appointment of other residents to the hand surgery service requires a clear statement of the areas of education, clinical responsibilities, and duration of the education. This statement must be supplied to the RRC at the time the program is reviewed.
3. If such residents so appointed will, in the judgment of the RRC, detract from the education of the hand surgery residents, the accreditation status of the program may be adversely affected.

VI. Evaluation

A. Resident Evaluation

The program director and faculty are responsible for regularly evaluating the residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.

B. Faculty Evaluation

1. At least annually, all individual faculty members must be formally evaluated by the program director. Hand surgery residents should be provided with the opportunity to evaluate faculty.
2. A mechanism for sharing the results of such evaluations with the faculty that preserves resident confidentiality in the evaluation process must be employed.
3. The program should demonstrate that such evaluations are used in improving the program.

C. Program Evaluation

1. The educational effectiveness of a program must be evaluated at least annually. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by hand surgery residents should be utilized in this process.
2. One measure of the quality of a program is the performance of its graduates on the examination for the certificate of added qualifications in hand surgery given by one of the sponsoring boards. The RRC may consider this information as part of the overall evaluation of the program.

VII. Board Certification

Residents who plan to seek hand surgery certification as administered by the American Board of Plastic Surgery should communicate with the secretary of the board to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: September 1997 Effective: July 1998

Program Requirements for Residency Education in Preventive Medicine

(Documentation and performance measures are included to assist program directors in the development and administration of preventive medicine residency training programs. Documentation and performance measures are not program requirements.)

Common Program Requirements appear in bold.

Sections of text that are not bolded are specialty-specific requirements.

Preface

The program requirements set forth here are to be considered common to all specialties, and are complete only when supplemented, where indicated and individually, by each specialty.

I. Introduction

A. Definition

Preventive Medicine is the specialty of medical practice that focuses on the health of individuals, communities, and defined populations. Its goal is to protect, promote, and maintain health and well-being and to prevent disease, disability, and death. Preventive medicine specialists have core competencies in biostatistics, epidemiology, environmental and occupational medicine, planning and evaluation of health services, management of health care organizations, research into causes of disease and injury in population groups, and the practice of prevention in clinical medicine. They apply knowledge and skills gained from the medical, social, economic, and behavioral sciences. Preventive medicine has three specialty areas with common core knowledge, skills, and competencies that emphasize different populations, environments, or practice settings: aerospace medicine, occupational medicine, and public health and general preventive medicine.

1. **Aerospace medicine** focuses on the health of the operating crews and passengers of air and space vehicles, together with the support personnel who are required to operate such vehicles. Segments of this population often work and live in remote, isolated, and sometimes closed environments under conditions of physical and psychological stress.
2. **Occupational medicine** focuses on the health of workers including the ability to perform work; the physical, chemical, biological, and social environments of the workplace; and the health outcomes of environmental exposures. Practitioners in this field diagnose, treat, and prevent morbid conditions caused by environmental exposures and stressors. They recognize that work and the environment in which work is performed can have favorable or adverse effects upon the health of workers as well as of other populations; that the nature or circumstances of work can be arranged to protect worker health; and that health and well-being at the workplace are promoted when workers' physical attributes or limitations are accommodated in job placement.
3. **Public health and general preventive medicine** focuses on promoting health, preventing disease, and managing the health of communities and defined populations. These practitioners combine population-based public health skills with knowledge of primary, secondary, and tertiary prevention-oriented clinical practice in a wide variety of settings.

B. Objectives and Components of the Residency Educational Process

The objective of preventive medicine is to develop in physicians the competencies requisite to the practice of preventive medicine in the recognized specialty areas. The main components of the residency educational process are

1. definition of specific educational goals in terms of competencies, skills, and knowledge, expressed in behavioral, measurable terms;
2. assessment of the incoming resident relative to the specific educational goals;
3. design and provision of educational experiences through which specific educational goals may be achieved;
4. documentation of provision of educational experiences and the attainment of educational goals in terms of interim and overall outcome performance measures; and
5. use of periodic performance measures to determine the quality of the educational experience and the clinical competence of the individual resident, as well as the quality of the program.

C. Duration and Scope of Education

1. An accredited residency program in preventive medicine must provide 36 months of training
2. The educational program must include the following core components:
 - a. A 12 month clinical phase leading to the acquisition of clinical competencies as specified in III.E.
 - b. A total of 24 months in
 - 1) An academic phase leading to the acquisition of academic competencies as specified in III.F, and an MPH or other appropriate post-graduate degree.
 - 2) A minimum of 12 months in a practicum phase leading to the acquisition of core preventive medicine and specialty (i.e. aerospace, occupational, or public health) competencies as specified in III.G. through III.J.

Programs with a status of full accreditation may pursue combined training programs. Programs seeking to integrate preventive medicine training with other Accreditation Council for Graduate Medical Education (ACGME)-accredited training (combined programs) must meet all preventive medicine requirements. Programs must also meet all requirements as specified by both certifying boards of the integrated residencies.

II. Institutions

A. Sponsoring Institutions

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

The sponsoring institution must maintain office and laboratory space and access to computer facilities. A collection of basic reference texts and periodicals in preventive medicine and public health must be maintained. Residents must be provided with office facilities and support services during assigned duty hours. Funds must be provided for residents for travel to appropriate professional meetings.

Documentation Requirement: Facilities and support are documented at the time of the site visit.

Measure: Facilities and support are provided.

1. For programs offering training in basic clinical competencies
The institution's Graduate Medical Education Committee (GMEC) should approve the program. In addition to the preventive medicine residency, there must be at least one

ACGME-accredited residency at the same institution that provides direct patient care.

Documentation Requirement: The program has on file and available to the program director documentation of an ACGME-accredited residency program that provides direct patient care.

Measure: The program has on file and available to the site visitor current documentation of approval of the clinical year by the institution's GMEC.

Measure: Records documenting GMEC review and approval of clinical year.

2. For programs offering training in core preventive medicine knowledge (academic phase)

Core preventive medicine knowledge is offered through a course of study leading to the degree of Master of Public Health or other appropriate postgraduate degree. The MPH or other appropriate postgraduate degree must be accredited by the CEPH or other appropriate postgraduate accrediting body.

The sponsoring institution must provide an environment of inquiry and scholarship in which residents have structured research opportunities to participate in the development of new knowledge.

Documentation Requirement: Accreditation documentation. A description of the sponsoring institution must include a statement of its research activities and how participation in these is available to the resident.

Measure: Research opportunities are available to the resident. The accreditation is documented.

3. For programs offering training in competencies of preventive medicine practice (practicum phase)
 - a. Aerospace medicine
 - 1) The year of acquisition of competencies in aerospace medicine practice must be accomplished in an institutional setting where operational aeromedical problems are routinely encountered and aerospace life support systems are under active study and development.
 - 2) Laboratory facilities should be equipped to provide simulated environments in which the effects of and adaptation to extreme conditions of temperature, barometric pressure, acceleration, weightlessness, and psychological stress can be studied.
 - b. Occupational medicine

Acquisition of practice competencies in occupational medicine must be accomplished in institutions that provide comprehensive occupational health services to defined work groups, including regular and frequent presence in the work sites served.
 - c. Public health and general preventive medicine

The sponsoring institution may be an academically affiliated institution, an academically affiliated health care organization, or a government public health agency.

 - 1) If the sponsoring institution is an academic institution or an academically affiliated health care organization, it should have resources for developing a comprehensive graduate program in preventive medicine. An affiliation must be established with a governmental public health agency to ensure appropriate public health practice and research opportunities.
 - 2) If the sponsoring institution is a health agency, it should offer a comprehensive experience in community or public health. To ensure an appropriate didactic component, affiliations must be established with a medical school or a school of public health.

Documentation Requirement: Affiliation agreements are current and provided to the RRC and site visitor.

Measure: Appropriate affiliation agreements clearly documenting these requirements.

4. Support departments

The support departments of the sponsoring institutions, such as medical records and the medical library, must contribute to the education of residents in accordance with the *Essentials of Accredited Residencies in Graduate Medical Education*.

Documentation Requirement: The site visitor report must address the availability of medical records and medical reference materials.

Measure: Medical records and medical reference materials are available to the resident and faculty.

5. JCAHO accreditation

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) must accredit all participating hospitals.

Documentation Requirement: Programs must have on file and readily available for site visitor inspection a copy of current accreditation of all participating hospitals by JCAHO.

Measure: Required documents are current.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:

- a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
- b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
- c. specify the duration and content of the educational experience; and
- d. state the policies and procedures that will govern resident education during the assignment.

C. Participating Institutions and Training Sites

1. Individual phases or parts of the training program may be offered at participating institutions; the participating institutions must meet all requirements of the Institutional Requirements.

The participating institution must provide experiences through which the appropriate knowledge, skills, and competency may be acquired consistent with the overall educational objectives of the residency.

A faculty or staff member at each participating institution or training site must be designated to assume responsibility for the following:

- a. The day-to-day activities of the program at that institution.
- b. Supervision of residents to achieve the objectives of the educational goals of the residency and educational plans of the residents as appropriate to the participating institution.
- c. Direct supervision of residents to ensure applicable patient care and practicum experiences through explicit written descriptions of supervisory lines of responsibility. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

d. The responsible faculty or staff member and the residents assigned to the participating institution must coordinate all activities with the program director.

2. The reciprocal commitments of the residency program and the participating institutions must be explicit in a written agreement or contract, to include the following:

- a. The educational objectives of the affiliation experience, and the knowledge, skills, and competency experiences to be provided.
- b. The scope of the affiliation with placement locations noted.
- c. The resources, including space, support services, and clinical facilities of the affiliate, that will be available to the residents.
- d. The duties and responsibilities the residents will have in the affiliate.
- e. The relationship that will exist between residents and staff of the residency program and the affiliate.
- f. The supervisory relationship and identified supervisor, who shall be qualified by certification or equivalent experience in the area, as determined by the program director. There must be active participation by the residents at the affiliated site, and resident supervision on-site must be performed by a physician or appropriately qualified health professional. Supervisors must directly assess clinical development.
- g. Procedures for academic discipline and handling of resident complaints or grievances.

Documentation Requirement: Copies of these written agreements or contracts must be provided to the RRC in advance of a site visit.

Measure: Written agreements or contracts demonstrate that each affiliated institution can provide a well-planned, relevant educational opportunity for the resident. The program director and the supervisor at the participating institution must sign these agreements.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:

- a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
- b. The program director must be certified in the specialty by the American Board of Preventive Medicine (ABPM) in the appropriate specialty area of preventive medicine, or possess qualifications judged to be acceptable by the RRC.
- c. The program director must be appointed in good standing to the medical staff of an institution participating in the program and based at the primary teaching site.
- d. Clinical, educational, and administrative experience

- e. License to practice medicine in the state where the institution that sponsors the program is located (Certain federal programs are exempted.)

Documentation Requirement: The curriculum vitae (CV) of the program director must be submitted in advance of a site visit, when program directors change, and on the request of the RRC.

Measure: Documentation in the CV that the requirements are met.

4. Responsibilities of the program director are as follows:

The program director is responsible for and must be able to demonstrate the provision of the following:

- a. **The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.**
- b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
- c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
- d. **The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:**
 - 1) the addition or deletion of a participating institution;
 - 2) a change in the format of the educational program;
 - 3) a change in the approved resident complement for those specialties that approve resident complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

- e. Supervision of residents to achieve the objectives of the educational goals of the residency and educational plans of the residents.
- f. Counseling of residents in the academic phase in the selection of assignments, services, or elective courses that will assist the resident in achieving the skills and knowledge needed in the resident's practicum experiences and intended fields of practice in preventive medicine.
- g. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
- h. Selection, development, and supervision of the faculty and other program personnel at each institution participating in the program.
- i. Supervision of residents for applicable patient care and practicum experiences through explicit written descriptions of supervisory lines of responsibility. Patient care responsibilities include gradual assumption of clinical responsibility under direct supervision for a variety of clinical problems and preventive encounters. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
- j. Provision of information that describes the program's accreditation status, educational objectives, and structure to each applicant, or in the event of a major change to each resident.

- k. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.

- l. Review of the interinstitutional agreements with participating institutions annually and for scheduling updates as needed to ensure currency.
- m. General administration of the program, including those activities related to the instruction, supervision, counseling, evaluation, and advancement of residents.
- n. Maintenance of records related to program accreditation.
- o. Preparation and submission of documentation required by the RRC.

Documentation Requirement: Written plans, policies, evaluations, and other applicable program communications (e.g., letters, memos).

Measure: Program files contain the required documentation.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
 2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member, through provision of appropriate knowledge, skills, direct clinical supervision, or competencies. Faculty must also demonstrate a commitment to their own continuing education and participation in scholarly activities.
 3. **Qualifications of the physician faculty are as follows:**
 - a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b. The physician faculty must be certified in the specialty by the American Board of Preventive Medicine, or possess qualifications judged to be acceptable by the RRC.
 - c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
 - d. Faculty and/or practicum supervisors must be assigned to provide the knowledge, skills, direct clinical supervision, and competencies as outlined in the educational goals of the program, and specific assignments must be indicated in each resident's educational plan. Faculty must have documented qualifications to provide the appropriate knowledge, skill, or competency to which they are assigned.
- Documentation Requirement:* A matrix must be provided showing faculty assignments to provide appropriate knowledge, skills, and competencies. CVs must demonstrate appropriate qualifications.
- Measure:* Program files contain matrices and CVs that document faculty qualifications appropriate to provide the knowledge, skill, or competency to which they are assigned.
4. **The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:**
 - a. the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b. the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c. the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical

cal series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include the following:

- d. Active participation in regional or national professional and scientific societies, particularly through presentation at the organizations' meetings and publication in their journals. Participation in research, particularly in projects that are funded following peer review and/or result in publication or presentations at regional and national scientific meetings.
- e. Active participation in the review of residents and of planning and review of the residency program.

Documentation Requirement: Minutes of planning meetings; logs of journal club, rounds, or case conference attendance; membership on thesis committees; updated CVs for faculty and staff that document continuing education, meeting attendance, and publications.

Measure: Program documents attesting to faculty contributions to program planning, review, and resident education.

5. **Qualifications of the nonphysician faculty are as follows:**
 - a. Nonphysician faculty must be appropriately qualified in their field.
 - b. Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g. sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. Facilities and General Support

The residency program and its affiliates must maintain adequate facilities, including office and laboratory space and access to computer facilities. Residents should have convenient access to the Internet and other online resources, and when available, the electronic medical information system of participating health care institutions.

A collection of basic reference texts and periodicals in preventive medicine and public health shall be maintained. Access to support services must be provided. Residents must be provided with adequate office facilities during assigned duty hours. All residents must be provided funds for travel to designated professional meetings.

Documentation Requirement: The program must supply in advance of a site visit a description of facilities and general support available to the resident.

Measure: The facilities and general support adequately support resident education.

2. Library

Residents must have ready access to medical reference materials, either at the institution where the residents are located or through arrangement with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases and an on-site reference librarian. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

Documentation Requirement: A description of availability of medical reference materials to residents must be supplied prior to a site visit.

Measure: the resident has the ability to access adequate medical reference materials, e.g., reference texts and journal articles.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

Resident Qualifications

1. Entering the clinical phase

Residents entering the clinical phase must meet one of the eligibility requirements as outlined in the Institutional Requirements section II.A.1. In addition, residents must have completed steps I and II of the United States Medical Licensing Examination (USMLE) or, prior to 1996, its equivalent.

2. Entering either the academic or practicum phases

The entering resident must have completed training in an ACGME-accredited clinical year (12 months) with a minimum of 6 months of direct patient care. Direct patient care is the provision of preventive, diagnostic, and therapeutic interventions to patients. (Hereinafter patient care is defined as the provision of preventive, diagnostic, and therapeutic intervention to patients.)

3. Entering the practicum phase only

a. The entering resident must have completed an

ACGME-accredited clinical year and have an MPH or other appropriate postgraduate degree. The MPH or other appropriate postgraduate degree must be accredited by the Council on Education in Public Health (CEPH) or other appropriate postgraduate accrediting body.

b. If the resident has not been awarded an MPH or other appropriate postgraduate degree, then knowledge of each of the four core subjects - biostatistics, epidemiology, environmental and occupational health, and health services organization and administration - must have been obtained through at least 40 contact hours for each course in an academic setting. The resident must complete the accredited MPH, or other appropriate postgraduate degree, prior to the end of the residency program.

c. The entering resident must have completed training in an ACGME-accredited clinical year (12 months) with a minimum of 6 months of direct patient care. Direct patient care is the provision of preventive, diagnostic and therapeutic interventions to patients.

Documentation Requirement: The program must maintain and make available for site visitor inspection a file for each resident (the resident file) that contains copies of certificates and academic institution records to document the specified requirements. Copies of these documents must be submitted to the RRC on request.

Measure: Resident files contain the appropriate documentation.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum**A. Program Design/Residency Design****1. Format**

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

Educational goals overview

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

Documentation Requirement: The written overview statement outlining the educational goals of the program with respect to knowledge, skills, and competencies of residents to be acquired during the training period must be supplied in advance of a planned site visit.

Measure: Overview statement covers core and appropriate specialty area goals and competencies. Content is preventive medicine. Depth and breadth are commensurate with the selected specialty area. Indicates how the knowledge, skills, and competencies are to be met.

3. Identification of specialty area

Residency programs must identify the specialty area of preventive medicine of the residency, the period of desired length of accreditation (1, 2, or 3 years), and the planned number of residents in each year.

Documentation Requirement: The appropriate form must be completed and supplied in advance of a planned site visit.

Measure: Accurately completed form.

4. Change in training period

The length of residency training for a particular resident may be extended by the program director if that resident needs additional training. If the extension is for only 6 months or less, the program director must notify the Residency Review Committee (RRC) of the extension and must describe the proposed curriculum for that resident and the measures taken to minimize the impact on other residents. Any changes in rotation schedules should be included in the notification. Approval must be ob-

tained in advance from the RRC if the extension is greater than 6 months.

5. Program schedule

Prepare a written schedule of activities for each resident during the accredited length of the residency that demonstrates the provision of knowledge, skills, and competencies, including directly supervised clinical care, outlined in the educational goals. The residency program must specify a minimum set of competencies that each resident must acquire prior to completion of the program. This statement must be distributed to residents and members of the teaching staff.

Documentation Requirement: The written schedule must be submitted in advance of a planned site visit.

Measure: The statement provides a coherent approach to provision of an overall resident experience that will create the opportunity for the resident to acquire the knowledge, skills, and core and specialty area competencies during the accredited length of the residency.

6. Resident support

Salaries and benefits of individual residents must comply with the institutional requirements for funding of residents.

7. Grievance process

The program must ensure that all training sites have a grievance process that is in compliance with the Institutional Requirements (Institutional Agreements and Conditions of Resident Employment). A written statement describing the grievance process for each training site must be available for review at the time of the site visit.

Documentation Requirement: Appropriate policies included in institutional agreements for all training sites.

Measure: Policies are accurate and comply with the Institutional Requirements.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

(N.B.: Section V.D. does not apply to certain subspecialties)

The acquisition of basic clinical competencies will require an ACGME-accredited clinical year (12 months) with 6 months of direct patient care. The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner (These competencies may also be acquired during academic and practicum training of the residency program and should be incorporated where applicable). Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

- 1. Patient care** that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
- 2. Medical Knowledge** about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
- 3. Practice-based learning and improvement** that involves the investigation and evaluation of care for their patients, the ap-

praisal and assimilation of scientific evidence, and improvements in patient care;

4. **Interpersonal and communication skills** that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Documentation Requirement: Resident schedules and incoming resident assessment.

Measure: Resident schedules, incoming resident assessment, and program files document rotations and activities that verify a total of 12 months of clinical experience.

E. Competencies, Skills, and Knowledge

1. The program director and teaching staff must prepare a list of specific competencies, skills, and knowledge that they are prepared to deliver to residents through the training program. Competency acquisition must be evaluated through the use of clearly defined performance indicators.
2. Residents in the same program may be in different "tracks" that have a different method or approach to training. Programs are encouraged to seek innovative ways to deliver and fund GME; however, the entire program will be assessed by the RRC—no tracks can be accredited separately.

Documentation Requirement: The program must submit a cross-referenced list of specific competencies, skills, and knowledge, including faculty assignments, available through the program. Performance indicators for the assessment of competency acquisition must be specified and tracked for each resident.

Measure: The content is preventive medicine. Depth and breadth are adequate and commensurate with the selected specialty area. Performance indicators are specified and documented for the competencies.

F. Educational Courses, Rotations, and Activities

The program director and teaching staff must prepare a matrix of educational courses, rotations, supervised clinical experiences, and other educational activities available through the residency by which a resident will have the opportunity to acquire the specific competencies, skills, and knowledge. This matrix must be cross-referenced to the knowledge, skills, and competencies. Ongoing activities that provide an opportunity for group faculty-resident interaction, such as weekly didactic series, journal club, and grand rounds, are essential.

Documentation Requirement: A list of courses, rotations, and activities cross-referenced to the list of competencies, skills, and knowledge must demonstrate how educational objectives are met. Descriptions of each course, rotation, and activity must be submitted to the RRC prior to a site visit. The institution providing each course, rotation, or activity must be specified.

Measure: The cross-referenced list documents that the program provides courses, rotations, and activities corresponding to the program's knowledge, skills, and competencies list.

G. Incoming Resident Assessment

Each incoming resident must be assessed as to his/her knowledge, skills, and competencies in relationship to the educational goals for the residency program. This assessment may take the form of a self-assessment, an in-service exam, a structured interview, or other

method that assesses knowledge, skills, and competencies. This assessment is used by the program director and faculty to guide the development of an individualized educational plan for each resident.

Documentation Requirement: The program must have a written assessment (self-assessment, in-service exam, structured interview, or other method) of incoming resident skills, knowledge, and competencies in the program files.

Measure: The assessment is specific to the educational objectives for the residency program and must be included in the educational plan for each resident.

H. Educational Plan

1. The residents, in collaboration with the program director and teaching staff, must prepare a written educational plan that directs the acquisition of a core set of competencies, skills, and knowledge appropriate to the objectives of individual residents, based on the residents' assessments. The educational plan will detail the courses, rotations, and activities to which they will be assigned to achieve the designated skills, knowledge, and competencies during their residencies.

Documentation Requirement: The program must have a written educational plan on file for each resident prior to a site visit.

Measure: The educational plan documents each resident's baseline skill, knowledge, and competency inventory; the resident's individual educational objectives; and the courses, rotations, and activities schedules that will provide the opportunity for each resident to meet the educational objectives.

2. The assigned activities must be organized into a structured schedule prior to each year of residency experience. A record of courses, rotations, and activities attended must be completed at the close of each year.

Residencies that offer 2- or 3-year programs may create schedules that concurrently integrate courses, rotations, and activities that incorporate the following criteria:

- a. Adequate time is available to complete each objective.
- b. The sequential acquisition of knowledge, skills, and competencies is clinical, academic/didactic, practicum.
- c. The practicum experiences may be concurrent with academic experiences, but may not precede didactic experiences.
- d. Resident hours on duty in a clinical setting shall be scheduled and monitored to avoid excessive stress and fatigue. Residents must have a keen sense of personal responsibility for continuing patient care and must recognize that their obligation to patients is not automatically discharged at any given hour of the day or any particular day of the week.
- e. Resident care in the clinical setting must be directly supervised.
- f. In no case should a resident go off duty until the proper care and welfare of patients have been addressed and, if applicable, until responsibilities to the community and public have been fulfilled.
- g. Duty hours and night and weekend call for residents must reflect the responsibility for patients and provide for adequate patient care.
- h. Residents must not be required regularly to perform excessively difficult or prolonged duties. When averaged over any 4-week period, residents should spend no more than 80 hours per week in all duties. Residents at all levels should, on average, have the opportunity to spend at least 1 day out of 7 free of hospital duties and should be on call no more often than every third night. There should be adequate opportunity to rest and sleep when on call for 24 hours or more. There should be adequate backup so that patient care is not jeopardized during or following assigned periods of duty. Patient care quality and

education continuity must be ensured through assignment of progressive responsibility.

Documentation Requirement: The program must submit the educational plans for all current residents and the final completed schedules for residents who have completed the program since the prior site visit.

Measure: Resident schedules show progressive responsibility.

Current residents: Documents the learning goals for an individual resident in terms of competencies, knowledge, and skills. Documents creation of a schedule that includes courses, rotations, and activities conducive to the accomplishment of the learning plan.

Former residents: Documents completion of an educational program in preventive medicine.

I. Academic Competencies-Preventive Medicine Knowledge Content Areas

1. Core knowledge content areas

The program must address in adequate depth and breadth the following competencies, skills, and knowledge that underlie the practice of preventive medicine:

- a. Health services administration
- b. Biostatistics
- c. Epidemiology
- d. Clinical preventive medicine
- e. Behavioral aspects of health
- f. Environmental health

2. Aerospace medicine knowledge content areas

- a. History of aerospace medicine
- b. The flight environment
- c. Clinical aerospace medicine
- d. Operational aerospace medicine
- e. Management and administration

3. Occupational medicine knowledge content areas

- a. Disability management and work fitness
- b. Workplace health and surveillance
- c. Hazard recognition, evaluation, and control
- d. Clinical occupational medicine
- e. Regulations and government agencies
- f. Environmental health and risk assessment
- g. Health promotion and clinical prevention
- h. Management and administration
- i. Toxicology

4. Public health and general preventive medicine

The knowledge content areas for public health and general preventive medicine, while similar to those of the core content areas, emphasize more in-depth knowledge in each area.

- a. Health services administration, public health practice, and managerial medicine
- b. Environmental health
- c. Biostatistics
- d. Epidemiology
- e. Clinical preventive medicine

Documentation Requirement: Resident schedules, resident academic records, rotation and course descriptions, academic transcripts.

Measure: The academic courses cover the knowledge areas listed above.

J. Preventive Medicine Competencies

The attainment of advanced preventive medicine practice competencies requires a sequence of continued learning and supervised application of the knowledge, skills, and attitudes of preventive medicine in the specialty area. The resident must assume progressive responsibility for patients and/or the clinical and administra-

tive management of populations or communities during the course of training.

The resident shall acquire the following core preventive medicine competencies:

1. Communication, program, and needs assessment
 - a. Communicate clearly to multiple professional and lay target groups, in both written and oral presentations, the level of risk from hazards and the rationale for interventions
 - b. Conduct program and needs assessments and prioritize activities using objective, measurable criteria such as epidemiological impact and cost-effectiveness
2. Computer applications relevant to preventive medicine

Residents shall be able to use computers for word processing, reference retrieval, statistical analysis, graphic display, database management, and communication.
3. Interpretation of relevant laws and regulations

Residents shall be able to identify and review relevant laws and regulations germane to the resident's specialty area and assignments.
4. Identification of ethical, social, and cultural issues relating to public health and preventive medicine contexts

Residents shall be able to recognize ethical, cultural, and social issues related to a particular issue and develop interventions and programs that acknowledge and appropriately address the issues.
5. Identification of organizational and decision-making processes

Residents shall be able to identify organizational decision-making structures, stakeholders, style, and processes.
6. Identification and coordination of resources to improve the community's health

Residents shall be able to assess program and community resources, develop a plan for appropriate resources, and integrate resources for program implementation.
7. Epidemiology and biostatistics, including the ability to
 - a. characterize the health of a community
 - b. design and conduct an epidemiological study,
 - c. design and operate a surveillance system,
 - d. select and conduct appropriate statistical analyses,
 - e. design and conduct an outbreak or cluster investigation, and
 - f. translate epidemiological findings into a recommendation for a specific intervention.
8. Management and administration, including the ability to
 - a. assess data and formulate policy for a given health issue,
 - b. develop and implement a plan to address a specific health problem,
 - c. conduct an evaluation or quality assessment based on process and outcome performance measures, and
 - d. manage the human and financial resources for the operation of a program or project
9. Clinical preventive medicine, including the ability to
 - a. develop, deliver, and implement, under supervision, appropriate clinical services for both individuals and populations and
 - b. evaluate the effectiveness of clinical services for both individuals and populations.
10. Occupational and environmental health, including opportunities for residents to be able to assess and respond to individual and population risks for occupational and environmental disorders.

Documentation Requirement: Resident schedules, rotation descriptions, interinstitutional agreements.

Measure: Adequate depth and breadth is provided.

K. Aerospace Medicine Competencies

Specialty training for the physician in aerospace medicine must provide for the attainment of competencies relevant to the diagnosis, prevention, and treatment of disorders associated with the

unique aerospace environments and with the adaptive systems designed to enhance performance and support life under such conditions.

1. Manage the health status of individuals working in all aspects of the aerospace environment
 - a. Adequate supervised time in direct clinical care of aerospace medical problems must be provided to assure competency in managing aerospace and general medical problems in aerospace personnel.
 - b. The resident is expected to develop and apply medical standards and grant exceptions and to facilitate prevention, early diagnosis, and treatment of health hazards.
 - c. *For programs with a training track in space medicine:* The resident is expected to perform all activities of a crew surgeon for a space flight, develop and apply medical care standards and programs, evaluate the physiologic effects of spaceflight on crewmembers, and conduct and evaluate longitudinal studies on astronauts.
2. Promote aerospace passenger health, safety and comfort
The resident is expected to acquire skills to educate passengers and physicians about the hazards of flight with certain medical conditions and to serve as passenger advocates to promote flight safety.
3. Facilitate optimum care of patients transported in the aerospace environment
The resident is expected to identify appropriate patients for aeromedical transport and to provide guidance for safe aeromedical transport of patients with common medical problems.
4. Apply human factors/ergonomic concepts to the aerospace environment
The resident will acquire skills to advise in the development of air and space flight equipment, biomedical equipment, and vehicles for flight and space flight; techniques for enhancing performance; and techniques of crew resource management.
5. Promote aerospace operational safety and mishap prevention
The resident will acquire skills to provide appropriate safety information and education and to conduct the medical aspects of any mishap investigation, including recommendations to prevent recurrences.
6. Interpret, integrate, and/or perform aeromedical research
The resident will acquire skills to effectively conduct aeromedical research into health, safety, human factors, and biomedical engineering aspects of the flight environment.

Documentation Requirement: Resident schedules, rotation descriptions, interinstitutional agreements.

Measure: Adequate depth and breadth is provided.

L. Occupational Medicine Competencies

Residents must be able to perform the following tasks.

1. Manage the health status of individuals who work in diverse work settings.
 - a. Adequate supervised time in direct clinical care of workers, from numerous employers and employed in more than one work setting, must be provided to ensure competency in mitigating and managing medical problems of workers.
 - b. Residents must be able to assess safe/unsafe work practices and to safeguard employees and others, based on clinic and worksite experience.
2. Monitor/survey workforces and interpret monitoring/surveillance data for prevention of disease in workplaces and to enhance the health and productivity of workers

Active participation in several surveillance or monitoring programs, for different types of workforces, is required to learn principles of administration and maintenance of practical workforce

and environmental public health programs. Residents must plan at least one such program.

3. Manage worker insurance documentation and paperwork, for work-related injuries that may arise in numerous work settings
Residents should first learn worker insurance competencies under direct supervision of faculty and demonstrate competency to "open," direct, and "close" injury/illness cases.
4. Recognize outbreak events of public health significance, as they appear in clinical or consultation settings
 - a. Residents should understand the concept of sentinel events, and know how to assemble/work with a team of fellow professionals who can evaluate and identify worksite public health causes of injury and illness.
 - b. Residents must be able to recognize and evaluate potentially hazardous workplace and environmental conditions, and recommend controls or programs to reduce exposures, and to enhance the health and productivity of workers.
 - c. Reliance on toxicologic and risk assessment principles in the evaluation of hazards must be demonstrated.
5. Report outcome findings of clinical and surveillance evaluations to affected workers as ethically required; advise management concerning summary (rather than individual) results or trends of public health significance

Documentation Requirement: Resident schedules, rotation descriptions, interinstitutional agreements.

Measure: Competencies, skills and knowledge relevant to preventive intervention in the workplace are addressed in workplace settings. The resident has the opportunity to demonstrate constructive participation in comprehensive programs to prevent occupational injury and illness and maintain worker health. Clinic settings demonstrate bridging from clinical activities to effective preventive intervention in the workplace.

M. Public Health and General Preventive Medicine Competencies

Residents in public health and general preventive medicine must attain competencies in public health, clinical preventive medicine (as appropriate to the specific program), epidemiology, health administration, and managerial medicine.

1. Public health practice
At least 1 month must be spent in a rotation at a governmental public health agency and must include participation in at least one of the following essential public health services:
 - a. Monitoring health status to identify community health problems
 - b. Diagnosing and investigating health problems and health hazards in the community
 - c. Informing and educating populations about health issues
 - d. Mobilizing community partnerships to identify and solve health problems
 - e. Developing policies and plans to support individual and community health efforts
 - f. Enforcing laws and regulations that protect health and ensure safety
 - g. Linking people to needed personal health services and ensuring the provision of health care when otherwise unavailable
 - h. Ensuring a competent public health and personal health care workforce
 - i. Evaluating the effectiveness, accessibility, and quality of personal and population-based health services
 - j. Conducting research for innovative solutions to health problems
2. Clinical preventive medicine

- a. Residents shall acquire an understanding of primary, secondary, and tertiary preventive approaches to individual and population-based disease prevention and health promotion.
 - b. Residents shall be able to develop, implement, and evaluate the effectiveness of appropriate clinical preventive services for both individuals and populations.
3. Epidemiology
Residents shall design and conduct health and clinical outcomes studies.
 4. Health administration
 - a. Residents shall design and use management information systems.
 - b. Residents shall plan, manage, and evaluate health services to improve the health of a defined population using quality improvement and assurance systems.
Documentation Requirement: Resident schedules, rotation descriptions, interinstitutional agreements.
Measure: The resident demonstrates competency in public health agency administration and public health program planning and implementation, as well as managerial medicine competencies.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call (or pager call)* is defined as a call taken from outside the assigned institution.
 - a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMCC, however, is required.

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMCC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

The program director and faculty must annually evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the faculty, and the quality of supervision of residents.

D. Courses, Rotations, and Activities

1. Written method of evaluation. The program will evaluate in writing the provision of and individual resident participation in assigned courses, rotations, and activities. The method will evaluate achievement of competency, skill, and knowledge objectives from the perspectives of both the resident and the faculty.

Documentation Requirement: The program will submit a written description prior to the site visit of the method by which the program director and the resident will document resident participation in assigned courses, rotations, and activities as well as acquisition of skills and knowledge and demonstration of competencies.

Measure: Evaluation method provides for documentation by the supervisor and the resident of resident participation in learning experiences, the skills and knowledge acquired, and the competencies demonstrated.

2. Faculty and residents will use the evaluation method to evaluate the courses, rotations, and activities of each resident on at least a semiannual basis.

Documentation Requirement: The program will maintain and make readily available to site visitors copies of evaluations by both the residents and the faculty of courses, rotations, and activities for the prior 5 years. Evaluation of residents in the academic phase will be the responsibility of the sponsoring institution and will include a transcript or equivalent document provided to each resident. The evaluations for each resident must be available for review by the individual resident.

Measure: Documents for each resident for each experience that learning opportunities were provided, skills and knowledge were acquired, and competencies were demonstrated.

E. Summary Resident Evaluation

The program director, with participation of the faculty, shall evaluate resident progress toward educational goals in writing at least semiannually. Where progress toward educational goals deviates significantly from the educational plan, counseling or corrective actions must be documented. Fair procedures, as established by the sponsoring institution, and in compliance with the ACGME Institutional Requirements regarding academic discipline and resident complaints or grievances, must be implemented.

Faculty should monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

The evaluations must be reviewed with the resident formally and in a timely manner. Where appropriate, interim evaluation is encouraged.

Documentation Requirement: These evaluations must be on file for the prior 5 years and readily available to the site visitor.

Measure: Documents that the resident has been supplied feedback on progress against plan on acquisition of knowledge, skills, and demonstration of competencies. Final evaluation documents completion of learning plan.

F. Program Evaluation**1. Residents**

Residents shall annually provide a confidential written evaluation of the educational program based on completion of a written questionnaire. This evaluation shall be provided to the program director. An additional confidential evaluation shall be provided to the chair of the residency advisory committee (RAC).

Documentation Requirement: Confidential written evaluations by each resident of the program must be maintained on file for the prior 5 years, be noted in the RAC minutes, and be readily available to the site visitor.

Measure: Documents that each resident has provided annual feedback to the program on the program structure, factors considered conducive to acquisition of skills and knowledge and demonstration of competencies, activities planned but not provided, and suggestions for program enhancement.

2. Faculty-Residency Advisory Committee

The RAC shall consist of faculty, external members, practicum supervisors, and at least one resident representative. A majority of the members must have their primary affiliation outside the sponsoring institution. Members must be certified in preventive medicine or knowledgeable about specialty training in preventive medicine. The RAC chair must be a physician. The program director must serve in an ex-officio capacity.

The RAC must meet at least semiannually.

The mission of the RAC is to promote a residency training experience that is aligned with preventive medicine practice. The RAC, as an external body, complements the graduate medical education committee (GMEC), which serves to evaluate and support the residency from within the sponsoring institution.

The functions of the RAC are to advise and assist the program director to

- a. develop and update a written residency mission statement that describes goals and objectives;
- b. develop educational experiences and practicum rotations;
- c. provide new or emerging knowledge, skills, or competencies that may influence the content or conduct of preventive medicine education;
- d. review the GMEC review of the residency program;
- e. review confidential and written resident evaluations of the program and make recommendations for changes;
- f. review the program director evaluation of individual residents; and
- g. provide an annual report to the institution through the chair of the committee.

Documentation Requirement: Minutes document the functions of the RAC.

Measure: Minutes are available in the program files that document the activity of the RAC and faculty/member participation.

G. Resident Progression and Program Completion

The program director and faculty must document completion of courses, rotations, and activities and must certify that residents completing the program have fulfilled all established requirements of their educational plan. This final evaluation must be part of the resident's permanent record and must be maintained by the institution.

Although a person may have entered a practicum phase with an incomplete academic phase, that person may not be certified as having completed the practicum phase in the absence of a transcript certifying that all the requirements for the Master of Public Health or other appropriate postgraduate degree have been completed.

Documentation Requirement: This documentation must be readily available for site visitor review.

Measure: Documents status in and/or completion of the educational plan by each resident. Documents that a resident completing the practicum has achieved the planned competencies.

H. Resident Summary

The residency must maintain a database of all residents participating in the program and their professional status for 5 years.

1. The program must monitor the percentage of entering residents who take the certifying examination of the American Board of Preventive Medicine (ABPM). A minimum of 50% of entering residents must take the certifying exam averaged over any 5-year period.
2. Of those residents taking the certifying examination, a minimum of 50% must pass the certifying examination averaged over any 5-year period.

Documentation Requirement: Prior to the site visit the program must provide documentation of the residents participating in the program, their professional status, the percentage taking the certifying examination, and the percentage passing the certifying examination.

Measure: 50% of entering residents must take the certifying examination of the ABPM, and of those taking the examination, 50% must pass.

I. Institutional Report of Program Director

The program director and the chair of the RAC must provide to the director of graduate medical education, or equivalent, at the institution an annual written report of the residency quality. The program director and the chair of the RAC must provide a written plan of corrective actions for any recommendations received from the director of graduate medical education.

Documentation Requirement: Reports and plans for corrective actions written since the prior site visit must be readily available to the site visitor.

Measure: Recommendations are acted upon by the residency program director.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Preventive Medicine should communicate with the office of the board regarding the full requirements for certification.

ACGME: September 2000 Effective: July 2001
Editorial Revision (Common Program Requirements): December 2004

Program Requirements for Residency Education in Medical Toxicology (Preventive Medicine)

I. Introduction

A. Definition and Description of the Subspecialty

1. Medical toxicology is a clinical specialty that includes the monitoring, prevention, evaluation and treatment of injury and illness due to occupational and environmental exposures, pharmaceutical agents, as well as unintentional and intentional poisoning in all age groups. A medical toxicology residency must be organized to provide residents with experience in the clinical practice of medical toxicology for all age groups and to provide a sound basis for the development of physician practitioners, educators, researchers, and administrators capable of practicing medical toxicology in academic and clinical settings.
2. Residencies in medical toxicology must teach the basic skills and knowledge that constitute the foundations of medical toxicology practice and must provide progressive responsibility for and experience in the application of these principles to the management of clinical problems. It is expected that the resident will develop a satisfactory level of clinical maturity, judgment, and technical skill that will, on completion of the program, render the resident capable of independent practice in medical toxicology.
3. Programs must provide a broad education in medical toxicology to prepare the resident to function as a specialist capable of providing comprehensive patient care.

B. Duration and Scope of Education

1. Prerequisite training for entry into a medical toxicology program should include the satisfactory completion of an ACGME-accredited residency. [Note: Candidates who do not meet this criterion should consult the American Board of Emergency Medicine, or the American Board of Preventive Medicine regarding their eligibility for subspecialty certification.]
2. The length of the educational program is 24 months. The program must be associated with an ACGME-accredited residency program in emergency medicine, or preventive medicine.
3. Prior to entry into the program, each resident must be notified in writing of the required length of the program.

II. Institutional Organization

A. Sponsoring Institution

1. The sponsoring institution must provide sufficient faculty, financial resources, and clinical, research, and library facilities to meet the educational needs of the residents and to enable the program to comply with the requirements for accreditation. It is highly desirable that the program structure include the participation of a medical school, a school of public health, and a school of pharmacy or department of pharmacology.
2. Programs in medical toxicology should be based at a primary hospital (hereafter referred to as the primary clinical site). The majority of the didactic and clinical experiences should take place at the primary clinical site.
3. The following services must be organized and provided at the primary clinical site:
 - a. An emergency service for both adult and pediatric patients, adult and pediatric inpatient facilities, and adult and pediatric intensive care facilities

- b. Renal dialysis services with 24-hour availability
 - c. Toxicology laboratory services with 24-hour availability
 - d. Inpatient and outpatient facilities with staff who consult the toxicology service
 - e. It is desirable that hyperbaric oxygen therapy is available
4. The program must develop an institutional affiliation to provide residents with clinical experiences not provided at the primary clinical site, other than those listed in II.A.3.a-d.

B. Participating Institutions

1. All participating institutions must provide appropriate support services to ensure an adequate educational experience. This includes support personnel in all categories and physical resources to ensure that residents have sufficient time and space to carry out their clinical and educational functions.
2. The program must develop an institutional affiliation with a clinical facility to provide residents with clinical experience in critical care areas should this experience not be provided at the sponsoring institution.
 - a. Approval of participating institutions will be based on the presence of sufficient opportunities for residents to manage, either as primary physicians or consultants, the entire course of critically poisoned patients in both the pediatric and adult categories.
 - b. Institutional resources must be available to support the provision of clinical experience in adult and pediatric critical care areas for residents without prior experience of at least 1 month in an adult intensive care unit and 1 month in a pediatric intensive care unit.
 - c. Programs using multiple participating institutions must ensure the provision of a unified educational experience for the residents. Each participating institution must offer significant educational opportunities to the overall program that do not duplicate experiences otherwise available within the program. An acceptable educational rationale must be provided for each participating institution.
 - d. Participating institutions must not be geographically distant from the sponsoring institution unless special resources are provided that are not available at the primary clinical site.
 - e. The number and geographic distribution of participating institutions must not preclude all residents' participation in conferences and other educational exercises.
 - f. A letter of agreement with each institution participating in the program must be developed to include
 1. the educational objectives and the method to accomplish and to evaluate each objective;
 2. the resources and facilities in the institution(s) that will be available to each resident, including but not limited to library resources;
 3. the resident's duties and responsibilities and duty hours for the assignment; and
 4. the relationship that will exist between medical toxicology residents and residents and faculty in other programs.

C. Library

Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions. Reference material specific to the content of the subspecialty must be available in either text or electronic retrieval form.

D. Appointment of Residents

The Residency Review Committee (RRC) will approve the number of medical toxicology residents in the program. Approval will be based on the number, qualifications, and scholarly activity of the

faculty; the volume and variety of the patient population available for educational purposes; and the institutional resources available to the program.

III. Faculty Qualifications and Responsibilities

- A. In addition to the qualifications and responsibilities of the program director and faculty described in the Program Requirements for Residency Education in the Subspecialties of Emergency Medicine or the Program Requirements for Residency Education in Preventive Medicine, there must be a minimum of two medical toxicology faculty who each devote a minimum of 5 hours per week of direct teaching time to the residents and whose medical practice makes them available to the residents for consultations on cases.
- B. The program director and faculty must be certified in medical toxicology or possess suitable equivalent qualifications as determined by the RRC.
- C. Consultants from appropriate medical subspecialties including those with special expertise in disaster and mass casualty incident management, hyperbaric medicine, immunology, industrial hygiene, occupational toxicology, pulmonary medicine, biostatistics, epidemiology, public health, botany, cardiology, dermatology, gastroenterology, nephrology, ophthalmology, pathology, pharmacology, surgical subspecialty, zoology, hazardous materials and mass exposure to toxins, laboratory toxicology, forensic toxicology and environmental toxicology, and nonmedical specialties, such as botany, herpetology, and mycology should be available for consultation and academic lectures.

IV. The Educational Program

- A. The director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a residency program should be related to program goals. The program design and/or structure must be approved by the RRC.
- B. The curriculum must include the following academic and clinical content:
 1. The clinical manifestations, differential diagnosis, and management of poisoning
 2. The biochemistry of metabolic processes, the pharmacology, pharmacokinetics, and teratogenesis, toxicity, and interactions of therapeutic drugs
 3. The biochemistry of toxins, kinetics, metabolism, mechanisms of acute and chronic injury, and carcinogenesis
 4. Experimental design and statistical analysis of data as related to laboratory, clinical, and epidemiologic research
 5. Laboratory techniques in toxicology
 6. Occupational toxicology, including acute and chronic workplace exposure to intoxicants and basic concepts of the workplace and industrial hygiene
 7. Prevention of poisoning, including prevention of occupational exposures by intervention methodologies, that take into account the epidemiology, environmental factors, and the role of regulation and legislation in prevention
 8. Environmental toxicology, including identification of hazardous materials and the basic principles of management of large-scale environmental contamination and mass exposures
 9. The function, management, and financing of poison control centers
 10. Oral and written communication skills and teaching techniques
 11. Principles of epidemiology and risk communication, analytical laboratory techniques, and research methodologies in toxicology

C. Clinical Experience

Residents must have a minimum of 12 months of clinical experience as the primary or consulting physician responsible for providing direct/bedside patient evaluation, management, screening, and preventive services.

Residents must be provided with experience in evaluating and managing patients with workplace and environmental exposures and must have experience in workplace evaluation, as well as in an occupational medicine or toxicology clinic.

- D. Residents must have opportunities to evaluate and manage patients with acute and long-term workplace and environmental toxic exposures. Clinical training should include experience in an industrial setting or an occupational medicine clinic or access to occupational medicine patients in a referral setting. The resident should also have the opportunity to evaluate and manage intoxicated patients in both industrial and referral setting, including responsibility for providing bedside evaluation, management, screening, and preventive services for a minimum of 12 months or its full-time equivalent.

E. Regional Poison Information Center

1. The program must provide residents with educational experiences in a regional poison control center certified by the American Association of Poison Control Centers or its equivalent. It is highly desirable that the poison control center be in physical proximity to the primary clinical site.
2. Each resident must have 12 months' experience with a referral population of poisoned patients under the supervision of a physician who is certified in medical toxicology or who possesses suitable equivalent qualifications as determined by the RRC.
3. The poison control center should have at least 1,500 calls annually that require physician telephone consultation or intervention.

F. Planned Educational Conferences

Each program must offer to its residents an average of at least 5 hours per week of planned educational experiences (not including change-of-shift reports). These educational experiences should include presentations based on the defined curriculum, morbidity and mortality conferences, journal review, administrative seminars, and research methods. They may include but are not limited to problem-based learning, laboratory research, and computer-based instruction, as well as joint conferences cosponsored with other disciplines.

G. Additional Educational Experiences

The program curriculum must include pharmacology, pharmacokinetics, and drug interactions. This must be accomplished by (1) an affiliation with a school of pharmacy or department of pharmacology that provides regular didactic experience and consultation to residents or (2) the presence of a Doctor of Pharmacology or PhD pharmacologist as a participating member of the teaching faculty.

H. Additional Clinical Experiences

The program should provide the opportunity for the residents to maintain their primary board skills during training, but it may not require that residents provide more than 12 hours per week of clinical practice not related to medical toxicology as a condition of the educational program.

I. Communication and Teaching Experience

Residents must have progressive experience and responsibility for the teaching of medical toxicology to health care professionals. Residents in the second year of training should participate in the teaching and supervision of first-year residents and should be responsible for regular contributions to formal didactic experiences within the training program, in other academic depart-

ments in the institution(s), and in the community. Research leading to publication should be encouraged.

V. Board Certification

Those planning to seek a subspecialty certificate from their primary board should communicate with the administrative officer of the board to ascertain the full requirements.

ACGME: June 1998 Effective: June 1998

Program Requirements for Residency Education in Undersea and Hyperbaric Medicine (Preventive Medicine)

I. Introduction

A. Definition and Scope of the Specialty

1. The subspecialty of Undersea and Hyperbaric Medicine is a discipline that deals with the prevention of injury and illness due to exposure to environments in which the ambient pressure is increased, such as in diving or hyperbaric chamber exposure, and the therapeutic use of high environmental pressure and the delivery of oxygen under high pressure to treat disease. The scope of the subspecialty emphasizes the occupational, environmental, safety, and clinical aspects of diving, hyperbaric chamber operations, compressed air work and hyperbaric oxygen therapy. A program in undersea and hyperbaric medicine must provide a broad educational experience and a sound basis for the development of physician practitioners, educators, researchers, and administrators capable of practicing in academic and clinical settings.
2. Training in undersea and hyperbaric medicine must teach the basic skills and knowledge that constitute the foundations of undersea and hyperbaric medicine practice and must provide progressive responsibility for and experience in the application of these principles to the management of clinical problems. It is expected that the resident will develop a satisfactory level of clinical maturity, judgment, and technical skill that will, on completion of the program, render the resident capable of independent practice in undersea and hyperbaric medicine.
3. Programs must offer a broad education in undersea and hyperbaric medicine to prepare the resident to function as a specialist capable of providing comprehensive patient care.

B. Duration and Scope of Education

1. The length of the educational program must be 12 months. The program must be associated with an ACGME-accredited residency program in emergency medicine or preventive medicine.
2. Prior to entry into the program, each prospective resident must be notified in writing of the required length of the program.

II. Institutional Organization

- A. The sponsoring institution must provide sufficient faculty, financial resources, clinical, research, and library facilities to meet the educational needs of the residents and enable the program to comply with the requirements for accreditation. It is highly desirable that the program structure include the participation of a medical school.
- B. The program should be based at a primary hospital (hereafter referred to as the primary clinical site). More of the didactic and

clinical experiences should take place at the primary clinical site than at any other single site. Educationally justified exceptions to this requirement will be considered.

- C. The following services must be organized and provided at the primary clinical site:

1. Twenty-four hour availability of hyperbaric medicine services, with at least 100 consultations and 1000 patient treatments per year
2. An emergency service for both adult and pediatric patients, adult and pediatric inpatient facilities, and adult and pediatric surgical and intensive care facilities
3. Inpatient and outpatient facilities with staff who consult the hyperbaric medicine service

- D. Participating Institutions

1. All participating institutions must provide appropriate support services to ensure an adequate educational experience. This includes support personnel and physical resources to ensure that residents have sufficient time and space to carry out their clinical and educational functions.
 2. The program must develop an institutional affiliation with a clinical facility to provide residents with clinical experience in critical care areas should this experience not be provided at the sponsoring institution.
 3. Approval of participating institutions will be based on the presence of sufficient opportunities for residents to manage, as appropriate, either as primary physicians or consultants, the entire course of therapy, including critically ill patients in both adult and pediatric categories.
 4. Programs using multiple participating institutions must ensure the provision of a unified educational experience for the residents. Each participating institution must offer significant educational opportunities to the overall program that do not duplicate experiences otherwise available within the program. An acceptable educational rationale must be provided for each participating institution.
 5. Participating institutions must not be geographically distant from the sponsoring institution unless special resources are provided that are not available at the primary clinical site.
 6. The number and geographic distribution of participating institutions must not preclude all residents' participation in conferences and other educational exercises.
 7. A letter of agreement with each institution participating in the program must be developed to include:
 - a. The educational objectives and the method to accomplish and to evaluate each objective;
 - b. The resources and facilities in the institution(s) that will be available to each resident, including but not limited to library resources;
 - c. The resident's duties, responsibilities, and duty hours for the assignment; and
 - d. The relationship that will exist between undersea and hyperbaric medicine residents and the faculty in other programs.
 8. Participation by any institution that provides 3 months or more of education in a program must be approved by the RRC.
- E. Appointment of Subspecialty Residents
 1. The Residency Review Committee (RRC) will approve the number of undersea and hyperbaric medicine residents in the program. Approval will be based on the number, qualifications, and scholarly activity of the faculty; the volume and variety of the patient population available for education purposes; and the institutional resources available to the program.
 2. Prerequisite training for entry to an undersea and hyperbaric medicine program is contingent upon completion of an

ACGME-accredited residency program involving a minimum of 12 months of preventive, primary, surgical, and/or critical care training.

F. Resident Policies

1. Supervision

- a. All patient care services must be supervised by appropriately qualified faculty.
- b. The program director must ensure, direct, and document proper supervision of residents at all times.
- c. Residents must be provided with rapid, reliable systems for communicating with faculty. Supervising faculty with appropriate experience for the severity and complexity of patient conditions and treatments must be available at all times.

2. Duty hours and conditions of work

It is desirable that residents' work schedules be designed so that on the average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on-call in the hospital no more often than every third night.

III. Faculty Qualifications and Responsibilities

The program director and the faculty are responsible for the general administration of the program, including activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director

There must be a single program director responsible for the program.

1. Qualifications of the program director

- a. Licensure to practice medicine in the state where the institution that sponsors the program is located.
- b. Certification in undersea and hyperbaric medicine by the American Board of Emergency Medicine or the American Board of Preventive Medicine or possess appropriate educational qualifications as determined by the RRC.
- c. Appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the program director

- a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and faculty. It should be readily available for review.
- b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
- c. Selection and supervision of the faculty and other program personnel at each institution participating in the program.
- d. Supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff.
- e. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
- f. The program director, with participation of the faculty, shall
 - 1) at least quarterly evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures;
 - 2) communicate each evaluation to the resident in a timely manner;

- 3) advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth;
- 4) maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel; and
- 5) provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.
- g. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
- h. Monitoring of resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that consistently produce undesirable stress on residents must be evaluated and modified.
- i. Preparation of an accurate statistical and narrative description of the program as requested by a review committee.
- j. Notification of the RRC regarding major programmatic changes.

B. Faculty

- 1. There must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all the residents in the program at each participating institution. The faculty must be able to devote sufficient time to meet their supervisory and teaching responsibilities. In addition to the program director, one additional faculty member must possess certification by the American Board of Emergency Medicine or the American Board of Preventive Medicine in undersea and hyperbaric medicine or possess appropriate educational qualifications as determined by the RRC.
- 2. All members of the faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
- 3. Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. While not all of the faculty must be investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity.
- 4. A member of the faculty of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
- 5. Consultants from appropriate medical subspecialties should be available for consultation and didactic teaching, including those with experience and understanding of such fields of medicine as preventive medicine, infectious disease, orthopaedics, vascular surgery, plastic surgery, anesthesiology, critical care, emergency medicine, ophthalmology, oral surgery, podiatry, pulmonary medicine, otolaryngology, rehabilitative medicine, and other disci-

plines as they pertain to the comprehensive treatment of the clinical hyperbaric patient.

C. Other Program Personnel

Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. The Educational Program

The program director and teaching staff of a program must prepare and comply with written educational goals for the program. All educational components of a residency should be related to the program goals. Clinical, basic science, and research conferences as well as seminars and critical literature review activities pertaining to the subspecialty must be conducted regularly and as scheduled. The program design and/or structure must be approved by the RRC.

A. The curriculum must include the following academic and clinical content

1. History of undersea and hyperbaric medicine
 2. Decompression theory and physiology, including theory and application of decompression tables
 3. Oxygen physiology in normobaric, hyperbaric and hypobaric environments; oxygen toxicity
 4. Pathophysiology of decompression illness and arterial gas embolism, including iatrogenic gas embolism
 5. Diving operations and human performance in the hypo/hyperbaric environments
 6. Medical examination/standards for divers and personnel working in hypo/hyperbaric environments
 7. Effects of hyperbaric oxygenation on infectious disease
 8. Principles of treatment of toxic gas exposures, such as carbon monoxide poisoning
 9. Effects of hyperbaric oxygenation on irradiated tissues and ischemic wounds
 10. Tissue oxygen measurement
 11. Multiplace and monoplace hyperbaric chamber operations, including safety considerations, management of critically ill patients in the hyperbaric environment, clinical monitoring, and mechanical ventilation
 12. Evaluation of the patient for clinical hyperbaric treatment, including contraindications and side effects
 13. Hazards of standard electrical therapies in hyperbaric environment, e.g., electrical defibrillation and precautions
 14. Emergency procedures for both monoplace and multiplace installations
 15. Saturation diving covering air quality standards and life support requirements, including the physiology and practical (medical) issues associated with heliox, trimix, and hydrogen/oxygen/helium mixtures
 16. Systems management, including administrative aspects of chamber operations, such as billing issues, quality assurance, and peer review
- B. Residents must have a minimum of 10 months of clinical experience as the primary or consulting physician responsible for providing direct/bedside patient evaluation and management. A maximum of 2 elective months can be offered in appropriate related areas.
- C. Residents must have opportunities to evaluate and manage patients with both acute and non-emergency indications for hyperbaric oxygen therapy. The resident should have the opportunity to evaluate and manage 100 or more patients, including responsibility for providing bedside evaluation and management. This experience should be organized for a minimum of 10 months or its full-time equivalent and cover IV.C.1 through IV.C.8. Up to 2 months of elective time may be allowed for additional training in

areas of relevance to undersea and hyperbaric medicine, such as critical care, surgery, submarine medicine, toxicology, or radiation oncology. Competencies that will be attained at the end of the 12-month training period must include:

1. Assessment of prospective divers for fitness to dive
2. Assessment of hyperbaric chamber personnel for fitness to participate as a tender in a multiplace hyperbaric chamber
3. Assessment of patients with suspected decompression sickness or iatrogenic gas embolism and prescription of treatment
4. Assessment of patients with specific problem wounds with respect to indications for hyperbaric oxygen therapy, fitness for hyperbaric treatment, and prescription of treatment
5. Assessment and management of patients with complications of hyperbaric therapy
6. Management of critically ill patients in the hyperbaric environment
7. Knowledge of the indications for hyperbaric oxygen therapy
8. Assessment of patients with toxic gas exposure (e.g., carbon monoxide)

D. Planned Educational Conferences

Each program must offer to its residents an average of at least 5 hours per week of planned educational experiences (not including change-of-shift reports). These educational experiences should include presentations based on the defined curriculum, morbidity and mortality conferences, journal review, administrative seminars, and research methods. They may include but are not limited to problem-based learning, laboratory research, and computer-based instruction, as well as joint conferences cosponsored with other disciplines.

E. Additional Clinical and Educational Experiences

The program should provide the opportunity for the residents to maintain their primary board skills during training, but it may not require that residents provide more than 12 hours per week of clinical practice not related to hyperbaric medicine as a condition of the educational program.

F. Teaching and Research Experience

Residents must have progressive experience and responsibility for the teaching of undersea and hyperbaric medicine to health care trainees and professionals, including medical students, interns, residents, and nurses. Residents should participate in the formal didactic teaching program. Research leading to publication should be encouraged.

V. Facilities and Resources

A. Space and Equipment

Adequate space must be available for faculty to perform their educational, research, and administrative functions. A library containing hyperbaric texts and journals must be readily available. Adequate conference and teaching space must be available for didactic and case conferences.

B. Inpatient, Ambulatory Care, Laboratory, and Other Clinical Facilities

A hyperbaric chamber must be available that is capable of treatment of the full range of conditions amenable to hyperbaric oxygen therapy. A full service clinical laboratory must be available at all times that is capable of measurement of chemist, blood indices, and microbiology of patients needing hyperbaric therapy. Radiologic services must be available within the institution at all times. Inpatient and outpatient facilities, including intensive care units capable of addressing the needs of patients with respiratory poisons, gas forming infections, wound healing problems, gas embolism, and other conditions requiring hyperbaric treatment, must be available.

C. Patient Population

There shall be sufficient patients of all ages and both sexes with medical and surgical conditions requiring hyperbaric therapy. Patients with necrotizing infections, carbon monoxide and cyanide poisoning, diving problems, gas embolism, and osteomyelitis must be present in the patient population.

D. Support Services

Support services must include physical therapy, social services, occupational medicine, and psychologic and psychological testing services.

VI. Certification

Those planning to seek a subspecialty certificate from their primary board should communicate with the administrative officer of the Board to ascertain the full requirements.

ACGME: February 2002 Effective: February 2002

Program Requirements for Residency Training in Psychiatry

Common Program Requirements appear in bold.

Sections of text that are not bolded are specialty-specific requirements.

I. Introduction**A. Definition**

An approved residency program in psychiatry must provide an educational experience designed to ensure that its graduates will possess sound clinical judgment, requisite skills, and a high order of knowledge about the diagnosis, treatment, and prevention of all psychiatric disorders, together with other common medical and neurological disorders that relate to the practice of psychiatry. Although residents cannot be expected to achieve the highest possible degree of expertise in all of the diagnostic and treatment procedures used in psychiatry in 4 years of training, those individuals who satisfactorily complete residency programs in psychiatry must be competent to render effective professional care to patients. They must, furthermore, have a keen awareness of their own strengths and limitations, and of the necessity for continuing their own professional development. The didactic and clinical program must be of sufficient breadth and depth to provide residents with a thorough and well-balanced presentation of psychological, sociocultural, and neurobiological observations, theories and knowledge of major diagnostic and therapeutic procedures in the field of psychiatry. The program must also provide the education and training necessary to understand the major psychiatric literature, to evaluate the reliability and validity of scientific studies, and to incorporate appropriately new knowledge into the practice of medicine.

Programs are expected to operate in accordance with the AMA Principles of Ethics with Special Annotations for Psychiatry, and to ensure that the application and teaching of these principles are an integral part of the educational process.

B. Duration and Scope of Education**1. Admission Requirements**

Physicians may enter psychiatry programs at either the first-year or second-year postgraduate level. Physicians may enter programs at the second-year postgraduate level only after successful completion of one of the following:

- a) one clinical year of training in a program in internal medicine, family practice, or pediatrics accredited by the Accreditation Council for Graduate Medical Education (ACGME);
 - b) A transitional year program accredited by the ACGME;
 - c) one year of an ACGME-accredited residency in a clinical specialty requiring comprehensive and continuous patient care;
- For physicians entering at the PG-2 level, the PG-1 year may be credited toward the 48-month requirement

2. Length of the Program

- a) A complete psychiatry residency is 48 months. Twelve of these months may be spent in an ACGME-approved child and adolescent psychiatry residency. Accreditation by the ACGME is required for all years of the training program. Programs may not permit residents to use vacation time or other benefit time to advance the date of graduation from training. Although residency is best completed on a full-time basis; part-time training at no less than half time is permissible to accommodate residents with personal commitments (e.g., child care).
- b) Any program that alters the length of training beyond these minimum requirements must present a clear educational rationale consistent with the Program Requirements and objec-

- tives for residency training. The program director must obtain the approval of the sponsoring institution and the Residency Review Committee (RRC) prior to implementation and at each subsequent review of the program.
- c) Prior to entry into the program, each resident must be notified in writing of the required length of training for which the program is accredited. The required length of training for a particular resident may not be changed without mutual agreement during his or her program, unless there is a break in the resident's training or unless the resident requires remedial training.
 - d) Programs should meet all of the Program Requirements of Residency Training in Psychiatry. Under rare and unusual circumstances, programs of either one-year or 2-year duration may be approved, even though they do not meet all of the above requirements for psychiatry. Such one- or 2-year programs will be approved only if they provide some highly specialized educational and/or research programs. Also, such programs will be approved only if they ensure that residents will complete the didactic and clinical requirements outlined in the Program Requirements.
3. Program Format by Year of Training
- a) First Year of Training

A psychiatric first postgraduate-year must include at least 4 months in internal medicine, family practice, and/or pediatrics. This training must be in a clinical setting which provides comprehensive and continuous patient care.

 - (1) Neurology rotations may not be used to fulfill this 4-month requirement.
 - (2) One month, but no more, of this requirement may be fulfilled by an emergency medicine or intensive care rotation, provided the experience is predominantly with medical evaluation and treatment and not surgical procedures.
 - (3) A psychiatric first postgraduate-year should not include more than 6 months in psychiatry, and must not include more than 8 months in psychiatry.
 - (4) A minimum of 2 months of neurology, or its full-time equivalent on a part-time basis, is required prior to completion of training. It is highly desirable that this experience occur during a psychiatric first postgraduate-year, and it may include a maximum of one month of supervised inpatient or outpatient child neurology.
 - (5) The program director of the Department of Psychiatry must maintain contact with residents during the first postgraduate-year while they are on services other than psychiatry.
 - b) Second through Fourth Years of Training

Although some of the training described below may be offered in the first postgraduate-year, all must be completed prior to graduation from the program.

 - (1) The program must have an explicitly-described educational curriculum which covers the broad spectrum of clinical psychiatry as outlined in Section V B 1 a) through m).
 - (2) The formal didactic instruction must include regularly-scheduled lectures, teaching rounds, seminars, clinical conferences, and required-reading assignments covering the topics identified in Section V.
 - (3) There must be an educationally-sound balance among time spent in direct patient care, clinical and didactic teaching, and supervision. Formal educational activity shall have high priority in the allotment of the resident's time and energies. Service needs and clinical responsibilities must not prevent the resident from obtaining the requisite didactic educational activities and formal instruction.

- (4) Planned Educational Experiences. Each program must offer its residents planned and sufficient educational experiences. These educational experiences should include presentations based on a defined curriculum, journal review, administrative seminars, and research methods. They may include, but are not limited to, problem-based learning, laboratories, and computer-based instruction, as well as joint conferences cosponsored with other disciplines. The program should ensure that residents are relieved of non-emergent clinical duties in order to attend these planned educational experiences. Although release from some off-service rotations may not be possible, the program should require that each resident participate in at least 70% of the planned psychiatry educational experiences offered (excluding vacations). Attendance must be monitored and documented.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

- 1. Programs should be conducted under the sponsorship of an institution that meets the Institutional Requirements that apply to residency programs in all specialties, as outlined in the *Essentials of Accredited Residencies*.
- 2. The administration of the sponsoring institution(s) should be understanding of and sympathetic to the attainment of educational goals, and should evidence its willingness and ability to support these goals philosophically and financially. The latter includes a commitment by the institution and by the program that embraces appropriate compensation for faculty and residents, adequate offices and educational facilities, support services, and opportunities for research.

B. Participating Institutions

- 1. **Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.**
- 2. **Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:**
 - a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern resident education during the assignment.
- 3. It is important that each affiliated institution demonstrate significant commitment to the overall program. The educational rationale for including each institution within the program must be stated. The number and distribution of participating training sites must not preclude satisfactory participation by residents in teaching and didactic exercises. Geographic proximity will be one factor in evaluating program cohesion, continuity, and *critical mass*. Affiliated training-sites will be evaluated on the basis of whether they contribute to a well-integrated educational program, with respect to both didactic and clinical experiences.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
The program director must devote at least one-half of his or her time to the administration and operation of the educational program, including didactic, supervisory, and clinical teaching activities. Programs with multiple institutions, many residents, and/or large clinical populations will require additional time.
2. The program director, together with the faculty, is responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents, as well as the maintenance of records related to program accreditation, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership. Frequent changes in leadership or long periods of temporary leadership usually have a negative effect on an educational program, and may adversely affect the accreditation status of the program.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise as well as documented educational, clinical, and administrative abilities.
 - b) The program director must be certified in the specialty by the American Board of Psychiatry and Neurology, or possess appropriate educational qualifications judged to be acceptable by the RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site, and must be licensed to practice medicine in the state where the institution that sponsors the program is located (certain federal programs are exempted).
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents, in order to determine if an adequate educational environment exists to support these changes and if the program's clinical and ac-

ademic resources are adequate to support these changes.

Such changes, for example, include:

- (1) the addition or deletion of a participating institution;
- (2) a change in the format of the educational program, or the addition of any rotation of 6 months' full-time equivalent or longer;
- (3) a change in the approved resident complement for those specialties that approve resident complement;
- (4) any change in the total length of the program.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

- e) The program director must make resident appointments and assignments in accordance with institutional and departmental policies and procedures.
- f) The program director must supervise residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff.
- g) The program director must regularly evaluate residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
- h) The program director must provide written information to applicants and residents regarding financial compensation, liability coverage, and the policies regarding vacations, sick leave, parental leave, and other special leaves.
- i) The program director must monitor residents' stress, including physical or emotional conditions which inhibit performance or learning, as well as drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents.
Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
- j) The program director must maintain a permanent record of evaluation for each resident that is accessible to the resident and other authorized personnel. These records will be made available on review of the program.
- k) The program director will notify the Executive Director of the RRC in writing within 60 days of any major change in the program that may significantly alter the educational experience for the residents, including:
 - (1) changes in leadership of the department or the program;
 - (2) changes in administrative structure, such as an alteration in the hierarchical status of the program/department within the institution; and
 - (3) changes in the resident complement that would bring the number of residents below the required critical mass of 3 residents per year for 2 consecutive years.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, commitment to their own continuing medical education, participation in scholarly activities, and must support the goals and objectives of the educational program of which they are a member.
 - a) The residency must be staffed by a sufficiently-wide variety and appropriate number of capable psychiatrists and other

mental health professionals with documented qualifications to achieve the goals and objectives of the training program.

b) A written record of the educational responsibilities of all staff and faculty members (whether full-time or part-time) who participate directly in the education of residents is essential. This record should include the qualifications and experience of each faculty member, and the nature, as well as the frequency, duration, and site, of the teaching activity.

3. Qualifications of the physician faculty are as follows:

a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

b) The physician faculty must be certified in the specialty by the American Board of Psychiatry and Neurology, or possess qualifications judged to be acceptable by the RRC.

c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:

a) the scholarship of *discovery*, as evidenced by participation in clinical and/or basic research, peer-reviewed funding or by publication of original research in a peer-reviewed journal, monograph or book;

b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;

c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

There must be evidence of scholarly activity among the faculty psychiatrists. Although not all members of a faculty need to be investigators, scholarly activities should be present on a continuous basis. There should also be evidence of participation in a spectrum of academic and professional activities within the institution, as well as within local and national associations.

5. Qualifications of the nonphysician faculty are as follows:

a) Nonphysician faculty must be appropriately qualified in their field.

b) Nonphysician faculty must possess appropriate institutional appointments.

6. The faculty must participate regularly and systematically in the training program, and must be readily available for consultation whenever a resident is faced with a major therapeutic or diagnostic problem.

7. The faculty psychiatrists should actively participate in the planning, organization, and presentation of conferences as well as in clinical teaching and supervision.

8. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

9. The teaching staff must be organized, and have regular documented meetings to review program goals and objectives as well

as program effectiveness in achieving them. At least one resident representative should participate in these reviews.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. All programs must have adequate patient populations for each mode of required training and, minimally, must include organized clinical services in inpatient, outpatient, emergency, consultation/liaison, and child and adolescent psychiatry.

2. Training programs must have available to them adequate inpatient and outpatient facilities and other suitable clinical placements where the residents can meet the educational objectives of the program. The program should specify the facilities in which the goals and objectives are to be implemented.

3. All residents must have available to them offices adequate in size and decor to allow them to interview patients and accomplish their duties in a professional manner. The facility must also provide adequate and specifically-designated areas in which residents can perform basic physical examination and other necessary diagnostic procedures and treatment interventions.

4. Other Educational Resources

a) The administration of the facility where the program is located must provide ample space and equipment for educational activities. There must be adequate space and equipment specifically designated for seminars, lectures, and other teaching exercises.

b) The program must have available audiovisual equipment and teaching material such as films, audio cassettes, and videotapes, as well as the capability to record and play back educational videotapes.

c) Residents must have ready-access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases.

d) There must be access to an on-site library and/or to an electronic collection of appropriate texts and journals. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends. This library should provide:

(1) a substantial number of current basic textbooks in psychiatry, neurology and general medicine;

(2) a number of the major journals in psychiatry, neurology, and medicine sufficient for an excellent educational program;

(3) the capability to obtain textbooks and journals on loan from major medical libraries;

(4) the capability to perform MEDLINE or other medical information searches (or ready-access to a library that has this capacity); and

(5) access to the internet.

e) Each clinical service must have a mechanism that ensures that charts are appropriately maintained and readily accessible for regular review for supervisory and educational purposes. Randomly-selected charts will be reviewed at the time of survey.

E. Chair of Psychiatry

The chair of psychiatry must be a physician, and must either be certified by the American Board of Psychiatry and Neurology or judged by the RRC to possess appropriate educational qualifications.

F. Education Policy Committee

The director of the residency program should have an educational policy committee composed of members of the psychiatry program teaching staff that includes representation from the residents as well as a member of the teaching staff from each ACGME-approved subspecialty residency that may be affiliated with the psychiatry residency. There should be a written description of the committee, including its responsibility to the sponsoring department or institution and to the program director. This committee should participate actively in:

1. planning, developing, implementing, and evaluating all significant features of the residency program, including the selection of residents (unless there is a separate residency selection committee);
2. determining curriculum goals and objectives; and
3. evaluating both the teaching staff and the residents.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

1. The program director is responsible for maintaining a process for selecting resident physicians who are personally and professionally suited for training in psychiatry. It is highly desirable that each program have a residency selection committee to advise the program director.
2. All programs should state specifically and as clearly as possible the objectives and competencies required for successful completion of the program. These objectives and criteria should be made available to residency applicants.
3. The residency program director must accept only those applicants whose qualifications for residency include sufficient command of English to facilitate accurate, unimpeded communication with patients and teachers.
4. All programs should state specifically and as clearly as possible the objectives and competencies required for successful completion of the program. These objectives and criteria should be made available to residency applicants.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. In order to promote an educationally-sound, intellectually-stimulating atmosphere of effective and graded responsibility, programs must maintain a critical mass of at least 3 residents at each level of training. Programs that fall below this prescribed critical mass will be reviewed, and if this deficiency is not corrected, they may be cited for noncompliance, except when the number of PG-4 residents is below critical mass owing to residents entering child and adolescent psychiatry training.
2. Programs in which the number of residents exceeds the resources of patient population, faculty, or facilities for adequate training will be found deficient on the basis of size.
3. Any permanent change in the number of approved positions requires prior approval by the RRC (Programs seeking interim ap-

proval of a permanent increase in the number of approved resident positions should contact the Executive Director of the RRC). Prior approval is not required for temporary changes in resident numbers owing to makeup or remedial time for currently-enrolled residents, or to fill vacancies. Approval of permanent increases above the approved range of residents will require documentation that didactic and clinical training, including supervision, will not be compromised.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

1. The program must document the procedures used to select residents. Application records must contain complete information from medical schools and graduate medical education programs. A documented procedure must be in place for evaluating the credentials, clinical training experiences, past performance, and professional integrity of residents transferring from one program to another, including from a general psychiatry to a child and adolescent psychiatry program. This procedure must include solicitation and documentation of relevant information from the training directors of the previous programs participated in by the transferring resident. This documentation must specify all clinical and didactic experiences for which the resident has been given credit. Those residents selected at the second postgraduate-year or above must have satisfied the training objectives cited above for reaching that level of training.
2. A transferring resident's educational program must be sufficiently individualized so that he/she will have met all the educational and clinical experiences of the program, as accredited, prior to graduation.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments. All educational components of a residency program should be related to program goals.

a) Objectives of Training

(1) First Year

The training obtained during the first postgraduate-year should provide residents with medical skills most relevant to psychiatric practice. These include being able to:

- (a) perform a complete initial history and physical examination, including appropriate diagnostic studies;

- (b) diagnose common medical and surgical disorders, and to formulate appropriate initial treatment plans;
- (c) provide limited, but appropriate, continuous care of patients with medical illnesses, and to make appropriate referrals;
- (d) be especially conversant with medical disorders displaying symptoms likely to be regarded as psychiatric, and with psychiatric disorders displaying symptoms likely to be regarded as medical;
- (e) be especially cognizant of the nature of the interactions between psychiatric treatments and medical and surgical treatments; and
- (f) be able to relate to patients and their families, as well as other members of the healthcare team with compassion, respect, and professional integrity.

(2) Second Through Fourth Years

The program must provide a well-planned, high-quality curriculum that includes specific, assessable objectives for program components as well as criteria for graduation. These must be stated in writing and provided to each resident and faculty member. Residents must be taught to conceptualize all illnesses in terms of biological, psychological, and sociocultural factors that determine normal and abnormal behavior. They must be educated to gather and organize data, integrate these data within a comprehensive formulation of the problem to support a well-reasoned differential diagnosis, formulate a treatment plan, and implement treatment and follow-up care as required. The program must provide residents with sufficient opportunities to develop knowledge, clinical skills, sensitivity to cultural diversity, and professional principles.

(a) The didactic curriculum should include:

- i) critical appraisals of the major theories and viewpoints in psychiatry, together with a thorough grounding in the generally accepted clinical facts;
- ii) presentation of the biological, psychological, sociocultural, economic, ethnic, gender, religious/spiritual, sexual orientation, and family factors that significantly influence physical and psychological development throughout the life cycle;
- iii) presentation of the etiologies, prevalence, diagnosis, treatment, and prevention of all major psychiatric disorders in the current standard diagnostic statistical manual, including the biological, psychological, sociocultural, and iatrogenic factors that affect the long-term course and treatment of psychiatric disorders and conditions;
- iv) comprehension of the diagnosis and treatment of neurologic disorders commonly encountered in psychiatric practice, such as neoplasms, dementia, headaches, traumatic brain injury, infectious diseases, movement disorders, multiple sclerosis, Parkinson's disease, seizure disorders, stroke, intractable pain, and other related disorders;
- v) the use, reliability, and validity of the generally-accepted diagnostic techniques, including physical examination of the patient, laboratory testing, imaging, neurophysiologic and neuropsychological testing, and psychological testing;
- vi) the financing and regulation of psychiatric practice, including information about the structure of

- public and private organizations that influence mental health care;
- vii) medical ethics as applied to psychiatric practice;
- viii) the history of psychiatry and its relationship to the evolution of medicine;
- ix) the legal aspects of psychiatric practice;
- x) when and how to refer; and
- xi) research methods in the clinical and behavioral sciences related to psychiatry.

b) Clinical training should provide sufficient experiences in:

- i) the elements of clinical diagnosis with all age groups (of both sexes, to include some ethnic minorities), such as interviewing; clear and accurate history taking; physical, neurological, and mental status examination; and complete and systematic recording of findings;
- ii) relating history and clinical findings to the relevant biological, psychological, behavioral, and sociocultural issues associated with etiology and treatment;
- iii) formulating a differential diagnosis and treatment plan for all psychiatric disorders in the current standard nomenclature, taking into consideration all relevant data;
- iv) the major types of therapy, including short- and long-term individual psychotherapy, psychodynamic psychotherapy, family/couples therapy, group therapy, cognitive and behavior therapy, crisis intervention, drug and alcohol detoxification, and pharmacological regimens, including concurrent use of medications and psychotherapy;
- v) electroconvulsive therapy, a somatic therapy that is viewed as so important that its absence must be justified (Examples of other somatic therapies include biofeedback and phototherapy.);
- vi) providing continuous care for a variety of patients from different age groups, seen regularly and frequently for an extended time, in a variety of treatment modalities;
- vii) psychiatric consultation in a variety of medical and surgical settings;
- viii) providing care and treatment for the chronically-mentally ill with appropriate psychopharmacologic, psychotherapeutic, and social rehabilitative interventions;
- ix) psychiatric administration, especially leadership of interdisciplinary teams, including supervised experience in utilization review, quality assurance and performance improvement;
- x) providing psychiatric care to patients who are receiving treatment from nonmedical therapists and coordinating such treatment;
- xi) knowledge of the indications for and limitations of the more common psychological and neuropsychological tests;
- xii) critically appraising the professional and scientific literature; and
- xiii) teaching psychiatry to medical students, residents, and others in the health professions.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also pro-

vide residents with direct experience in progressive responsibility for patient management.

1. Clinical Experience

Carefully-supervised clinical care of patients is the core of an adequate program. The clinical services must be so organized that residents have major responsibility for the care of a significant proportion of all patients assigned to them, and have sufficient and ongoing high-quality supervision. The number of patients for which residents have primary responsibility at any one time must be adequate enough to permit them to provide each patient with appropriate treatment, and to have sufficient time for other aspects of their educational program. At the same time, the total number must be large enough to provide an adequate depth and variety of clinical experiences. The amount and type of patient care responsibility a resident assumes must increase as the resident advances in training. Each resident must have major responsibility for the diagnosis and treatment of a reasonable number and adequate variety of patients with both acute and chronic illnesses representing the major psychotic and nonpsychotic categories of psychiatric diagnoses/conditions. Adequate experience in the diagnosis and management of the medical and neurological disorders encountered in psychiatric practice also must be ensured. Each resident must have supervised experience in the evaluation and treatment of patients of different ages throughout the life cycle and from a variety of ethnic, racial, sociocultural, and economic backgrounds. It is desirable that residents have didactic learning and supervised experiences in the delivery of psychiatric services in the public sector and in managed care health systems. The clinical experiences are to be designed to develop the requisite skills as outlined in Section V A 2 a) (2) (b) above. Specific clinical experiences must include the following:

- a) **Neurology:** Two months of supervised clinical experience in the diagnosis and treatment of patients with neurological disorders/conditions. This 2-month experience (or its equivalent if done on a part-time basis) may occur in an inpatient, outpatient, or consultation/liaison setting. A maximum of one month of child neurology may be used toward the 2-month requirement. The 2-month training experience must provide opportunities to conduct initial evaluations, to participate in the subsequent diagnostic process, and to follow patients during the treatment and/or evolution of their neurological disorders/conditions. The training in neurology should have sufficient didactic and clinical experience for residents to develop expertise in the diagnosis of those neurological disorders/conditions that might reasonably be expected to be encountered in psychiatric practice and which must be considered in the differential diagnosis of psychiatric disorders/conditions.
- b) **Inpatient:** Significant responsibility for the assessment, diagnosis, and treatment of an appropriate number and variety of general psychiatric inpatients for a period of not less than 9 months, but no more than 18 months (or its full-time equivalent if done on a part-time basis). In general, it is highly desirable that the minimum general inpatient experience be 12 months, although it is recognized that in some settings other training opportunities might lead to the absolute minimum of 9 months. The experience must provide residents with sufficient opportunities to develop competence in the intensive biopsychosocial assessment and management of patients with acute mental disorders/conditions. It is recognized that the setting in which this care occurs may vary according to the health care delivery system. Rotations on specialized clinical services such as addiction psychiatry, adolescent psychiatry,

forensic psychiatry, geriatric psychiatry, research units, and day and/or partial hospitalization may not totally substitute for the general psychiatric inpatient experience. These may be included to meet the required minimum experiences, with adequate documentation to demonstrate that the experience on such specialized units is with acutely-ill patients, and is comparable in breadth, depth, and experience to training on general inpatient psychiatric units. Up to 3 months of rotations on specialized clinical services as noted above may be applied to the minimum 9-month requirement. However, no portion of this experience may be counted to meet the timed requirement in child and adolescent psychiatry. Experience in any special unit used to provide inpatient psychiatry must be under the direction and supervision of a psychiatrist.

- c) **Outpatient:** An organized, continuous, and supervised clinical experience in the assessment, diagnosis, and treatment of outpatients of at least one year (or its full-time equivalent if done on a part-time basis) that emphasizes a developmental and biopsychosocial approach to outpatient treatment. At least 80% of this experience must be with adult patients. A minimum of 20% of the overall experience (clinical time and patient volume) must be continuous and followed for a duration of at least one year. The outpatient requirement must include experience with a wide variety of disorders, patients, and treatment modalities, with experience in both brief and long-term care of patients, using individual psychotherapy (including psychodynamic, cognitive, behavioral, supportive, brief), and biological treatments and psychosocial rehabilitation approaches to outpatient treatment. Long-term psychotherapy experience must include a sufficient number of patients, seen at least weekly for at least one year, under supervision. Other long-term treatment experiences should include patients with differing disorders and patients who are chronically mentally ill. No portion of this experience may be counted to meet the timed requirements in child and adolescent psychiatry.
- d) **Child and Adolescent Psychiatry:** An organized clinical experience under the supervision of child and adolescent psychiatrists in the evaluation, diagnosis, and treatment of children, adolescents, and their families. Such experiences should be no less than 2 months full-time equivalent and involve a sufficient number and variety of patients, by both age and psychopathology, treated with a variety of interventional modalities. Residents should have experiences in determining the developmental status and needs for intervention with the children of some of their adult patients, and in consulting with these patients regarding the referral of their children for psychiatric services. Residents must have patient care responsibility under the supervision of child and adolescent psychiatrists who are certified in child and adolescent psychiatry by the American Board of Psychiatry and Neurology, or who possess appropriate educational qualifications. This 2-month experience may be provided in a variety of settings (e.g., outpatient). Although adolescent inpatient units may be used to satisfy a portion of this requirement, rotations to student health services may not.
- e) **Consultation/Liaison:** Supervised psychiatric consultation/liaison responsibility for a minimum of 2 months full-time equivalent, involving adult patients on other medical and surgical services. On-call experiences may be a part of this training. Up to one month of pediatric consultation/liaison psychiatry may be credited toward the 2-month requirement.
- f) **Emergency Psychiatry:** Supervised responsibility on an organized, 24-hour psychiatric emergency service that is responsi-

ble for evaluation, crisis management, and triage of psychiatric patients. Instruction and experience should be provided in the evaluation and management of suicidal patients. A psychiatric emergency service that is a part of, or works with, other medical emergency services is desirable because of the opportunities for collaboration and educational exchange with colleagues in other specialties. There must be organized instruction and supervised clinical opportunities available to residents in emergency psychiatry that lead to the development of knowledge and skills in the emergency evaluation, crisis management, and triage of patients. This should include the assessment and management of patients who are a danger to themselves or others, the evaluation and reduction of risk to caregivers, and knowledge of relevant issues in forensic psychiatry. There should be sufficient continued contact with patients to enable the resident to evaluate the effectiveness of clinical interventions. Although on-call experiences may be a part of this training, such experiences alone will not be sufficient to constitute adequate training in emergency psychiatry. A portion of this experience may occur in ambulatory urgent-care settings, but must be separate and distinct from the 12 months of training designated for the outpatient requirement.

- g) Community Psychiatry: Supervised responsibility for the care of persistently- and chronically-ill patients in the public sector, (e.g., community mental health centers and public hospitals and agencies, or other community-based settings). Experiential settings may include residential treatment centers, community mental health agencies, vocational rehabilitation centers, and senior citizen agencies. Opportunities should exist to consult with, learn about, and use community resources and services in planning patient care, and to work collaboratively with case managers, crisis teams, and other mental health professionals.
- h) Geriatric Psychiatry: One-month FTE-supervised clinical management of geriatric patients with a variety of psychiatric disorders, including familiarity with long-term care in a variety of settings. This may be fulfilled as part of the inpatient or outpatient requirement.
- i) Addiction Psychiatry: One-month FTE-supervised evaluation and clinical management of patients within inpatient and/or outpatient settings, and familiarity with rehabilitation and self-help groups. This may be fulfilled as part of the inpatient or outpatient requirement.
- j) Forensic Psychiatry: Experience under the supervision of a psychiatrist in evaluation of patients with forensic problems.
- k) Supervised clinical experience in the evaluation and treatment of couples, families, and groups.
- l) Psychological Testing: Supervised experience with the more common psychological test procedures, including neuropsychological assessment, in a number of cases sufficient to give the resident an understanding of the clinical usefulness of these procedures and of the correlation of psychological test findings with clinical data. Under the supervision and guidance of a qualified clinical psychologist, residents should have experience with the interpretation of the psychological tests most commonly used, some of which experience should be with their own patients.
- m) Supervised, active collaboration with psychologists, psychiatric nurses, social workers, and other professional and paraprofessional mental health personnel in the treatment of patients.

2. Didactic Components

The didactic and clinical curriculum must be of sufficient breadth and depth to provide residents with a thorough, well-balanced presentation of the generally-accepted theories, schools of thought, and major diagnostic and therapeutic procedures in the field of psychiatry.

- a) The curriculum must include a significant number of interdisciplinary clinical conferences and didactic seminars for residents in which psychiatric faculty members collaborate with neurologists, internists, and colleagues from other medical specialties and mental health disciplines.
 - b) Clinical training must include adequate, regularly scheduled, individual supervision. Each resident must have at least 2 hours of individual supervision weekly, in addition to teaching conferences and rounds, except when on non-psychiatric rotations.
 - c) Didactic instruction must be systematically organized, thoughtfully integrated, based on sound educational principles, and include prepared lectures, seminars, and assigned readings that are carried out on a regularly-scheduled basis. In a progressive fashion, it should expose residents to topics appropriate to their level of training, as outlined in Section V A 2. Staff meetings, clinical case conferences, journal clubs, and lectures by visiting professors are desirable adjuncts, but must not be used as substitutes for an organized didactic curriculum.
 - d) The curriculum must include adequate and systematic instruction in neurobiology; psychopharmacology, and other clinical sciences relevant to psychiatry, child and adult development; major psychological theories, including learning theory, psychodynamic theory, and appropriate material from the sociocultural and behavioral sciences such as sociology and anthropology. The curriculum should address development, psychopathology, and topics relevant to treatment modalities employed with patients with severe psychiatric disorders/conditions.
 - e) The residency program should provide its residents with instruction about American culture and subcultures, particularly those found in the patient community associated with the training program. This instruction should include such issues as gender, race, ethnicity, socioeconomic status, religion/spirituality, and sexual orientation. Many physicians may not be sufficiently familiar with attitudes, values, and social norms prevalent among various groups of contemporary Americans. Therefore, the curriculum should contain enough instruction about these issues to enable residents to render competent care to patients from various cultural and ethnic backgrounds. Understanding cultural diversity is an essential characteristic of good clinical care. The program must devote sufficient didactic training to residents whose cultural backgrounds are different from those of their patients, and provide a suitable educational program for them as well.
 - f) Didactic exercises must include resident presentation and discussion of clinical case material at conferences attended by faculty and fellow residents. This training should involve experiences in integrative case formulation that includes neurobiological, phenomenological, psychological, and sociocultural issues involved in the diagnosis and management of cases presented.
- ### 3. Clinical Records
- Clinical records must reflect the residents' ability to:
- a) record an adequate history and perform mental status, physical, and neurological examinations;
 - b) organize a comprehensive differential diagnosis and discussion of relevant psychological and sociocultural issues;

- c) proceed with appropriate laboratory and other diagnostic procedures;
- d) develop and implement an appropriate treatment plan followed by regular and relevant progress notes; and
- e) prepare an adequate discharge summary and plan.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

1. Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.
2. The program must promote an atmosphere of scholarly inquiry, including the provision of access to ongoing research activity in psychiatry. Residents must be taught the design and interpretation of research studies, including the responsible use of informed consent, research methodology, and interpretation of data. The program must teach expertise in the critical assessment of new therapies and developments that are described in the literature. Residents must be advised and supervised by faculty members qualified in the conduct of research. Programs must have a plan to foster the development of skills for residents who are interested in conducting psychiatric research. This plan should include opportunities for conducting research under the supervision of a mentor and training in the principles and methods of research.

D. ACGME Competencies

The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. *Patient care* that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. *Medical Knowledge* about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. *Practice-based learning and improvement* that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. *Interpersonal and communication skills* that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. *Systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. Other Required Components

1. Progressive Responsibility
Under supervision, resident clinical experience in patient management should demonstrate graduated and progressive responsibility.
2. Teaching Opportunities

Residents must be instructed in appropriate methods of teaching, and have ample opportunity to teach students in the health professions.

3. Electives
All programs should provide residents an opportunity to pursue individually chosen electives.
4. Record of Clinical Experience
There must be a record maintained of specific cases treated by residents, in a manner that does not identify patients, but which illustrates each resident's clinical experience in the program. This record must demonstrate that each resident has met the educational requirements of the program with regard to variety of patients, diagnoses, and treatment modalities. In the case of transferring residents, the records should include the experiences in the prior as well as the current program. This record must be reviewed periodically with the program director or a designee, and must be made available to the surveyor of the program.

F. Resident Policies

1. The program should not allow on-call schedules and activities outside the residency that interfere with education, clinical performance, or clinical patient care responsibilities.
2. Each resident must be given a copy of the *Essentials of Accredited Residencies* at the beginning of training.
3. Readily available procedures for assisting the resident to obtain appropriate help for significant personal or professional problems should be in place.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if un-

expected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident. These will be made available on review of the program. Regular, systematic, documented evaluation of the knowledge, skills, and professional growth of each resident, using appropriate criteria and procedures, must be maintained, including complete records of evaluations containing explicit statements on the resident's progress toward meeting educational objectives and his or her major strengths and weaknesses. Each evaluation should be communicated to the resident in an ongoing and timely manner.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.
- d) The program must demonstrate that residents have achieved competency in at least the following forms of treatment:
 - (1) brief therapy;
 - (2) cognitive-behavioral therapy;
 - (3) combined psychotherapy and psychopharmacology;
 - (4) psychodynamic therapy; and
 - (5) supportive therapy.
- e) The program must provide documented evidence to demonstrate that the proficiency/competence of each resident is assessed using techniques that may include supervisory reports, videotapes, oral examinations, case reports, patient care observations, or other methods.
- f) The program must provide opportunity for and document regularly scheduled meetings between the resident and the program director or designated faculty members. These meetings should be of sufficient frequency, length and depth to ensure that the residents are continually aware of the quality of their progress toward attainment of professional goals and objectives. These evaluation sessions should be held at least semiannually and preferably more frequently. The program should give residents opportunities to assess the program and the faculty in a manner that ensures resident confidentiality. Provision should be made for remediation in cases of unsatisfactory performance.

- g) The program must formally examine the cognitive knowledge of each resident at least annually in the PG-2 through PG-4 years, and conduct an organized examination of clinical skills at least twice during the 4 years of training. In a timely manner, the program must develop specific remedial plans for residents who do not perform satisfactorily. Residents must not advance to the next year of training, or graduate from the program, unless the outcome from the remedial plan results in the attainment of educational and clinical goals established for the program.
- h) Residents should be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional, educational, and clinical growth.
- i) A written set of due-process procedures must be in place for resolving problems that occur when a resident's performance fails to meet required standards. These procedures must conform to those policies and procedures adopted by the sponsoring institution for the provision of due process to all residents training in sponsored programs, and must include the criteria for any adverse action, such as placing a resident on probation, or for terminating a resident whose performance is unsatisfactory. The procedures should be fair to the residents, to patients under their care, and to the training program. A copy should be provided to the residents at the beginning of training.
- j) Upon any resident's departure from a program (including by graduation), the program director must prepare a letter describing the nature and length of the rotations for which the resident has been given credit. If a resident departs the program without receiving full credit for all educational experiences, the reasons for withholding credit must be specified in the letter. The resident must be given the letter, and a copy must be retained in the resident's permanent file.
- k) When a resident leaves the program (including by graduation), the program director will affirm in the training record that there is no documented evidence of unethical or unprofessional behavior, nor any serious question regarding clinical competence. Where there is such evidence, it will be comprehensively recorded, along with the responses of the trainee. The evaluation should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.
- l) For residents transferring to child and adolescent psychiatry, it is essential that the program director document the nature and length of the rotations for which the resident has been given credit and include a listing of any remaining requirements needed to successfully complete the general psychiatry program. The resident must be informed that eligibility for certification by the American Board of Psychiatry and Neurology is not possible unless all general psychiatry program requirements are met, even if the resident completes the requirements for training in child and adolescent psychiatry. A copy of this notification must be provided to the resident and a copy included in the resident's permanent file.

2. Final Evaluation

The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.
3. Programs must demonstrate that they have an ongoing mechanism to evaluate the effectiveness of their didactic and clinical teaching.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Inquiries Concerning Accreditation and Certification

- A. All inquiries concerning the accreditation of psychiatry residencies should be addressed to Executive Director, Residency Review Committee for Psychiatry, 515 N. State St. / Ste 2000, Chicago, IL 60610.
- B. All inquiries as to whether a physician is qualified to be admitted for examination for certification in psychiatry should be addressed to Executive Vice President, American Board of Psychiatry and Neurology, 500 Lake Cook Rd / Ste 335, Deerfield, IL 60015.

*ACGME: February 2000 Effective: January 2001
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Effective: November 12, 2004*

Program Requirements for Residency Education in Addiction Psychiatry (Psychiatry)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition of the Subspecialty

Addiction psychiatry is the psychiatry subspecialty that focuses on the prevention, evaluation, and treatment of Substance-related Disorders as well as related education and research. In addition, the addiction psychiatrist will be fully trained in techniques required in the treatment of the larger group of patients with dual diagnoses of addictive disorders and other psychiatric disorders.

B. Duration and Scope of Education

1. The training period in addiction psychiatry must be 12 months. Any program that extends training beyond these minimum requirements must present a clear educational rationale consonant with the special requirements and objectives for residency training in addiction psychiatry.
2. Training in addiction psychiatry that occurred during the general residency training will not be credited toward the one-year requirement.
3. Training is best accomplished on a full-time basis. If it is undertaken on a part-time basis, the 12-month program must be completed within a two-year period.
4. Prior to entry, each addiction psychiatry resident must be notified in writing of the required length of training for which the program is accredited. The required length of training may not be changed without mutual agreement unless there is a break in training or the resident requires remedial training.

C. Educational Goals and Objectives

1. The program must offer advanced training such that the knowledge, skills, clinical judgment, and attitudes essential to the practice of addiction psychiatry at the consultant level are provided.
2. Clinical experience must include the opportunity to evaluate and follow a variety of patients of both sexes, including adolescents, adults, and geriatric age groups spanning a broad range of diagnoses as enumerated in Program Requirements V.B.3. Residents must provide both primary and consultative care in both inpatient (including intensive care) and outpatient settings for patients with a wide variety of types of Substance-related Disorders. Where the primary site of training is devoted to the care of patients with only a particular form of Substance-related Disorders, appropriate affiliations must be arranged to ensure that adequate exposure is provided to a sufficient number and variety of patients with Substance-related Disorders.
3. Programs must be based on a structured written curriculum with well-defined goals and objectives. Clinical, basic science, and research conferences as well as seminars and critical literature review activities pertaining to Substance-related Disorders must be conducted regularly and as scheduled. The curriculum must include sufficient didactic content so that the graduates will have a comprehensive understanding of the pharmacology of all commonly abused substances, as well as the actions of pharmacological agents used to treat these conditions. Clinical experience and

didactics should be integrated to provide appropriate progressive learning.

4. Training must focus on the biopsychosocial and functional concepts of diagnosis and treatment as applied to inpatient, outpatient, and other treatment settings. Iatrogenic aspects of illness, as well as cultural, ethnic, racial, socioeconomic, ethical, and legal considerations that may affect or interact with the psychiatric care of these patients must be included in the program.
5. The program should present the epidemiology of Substance-related Disorders, such as cultural, ethnic, racial, gender, sexual orientation, socioeconomic, and familial factors affecting the availability and use of addicting substances.

II. Institutions

A. Sponsoring Institution

1. **One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.**
2. The program must be administratively attached to and sponsored by a core residency program in psychiatry that holds full accreditation from the ACGME. The program must function in close relationship to the general psychiatry residency.
3. The program must take place in facilities approved by the appropriate state licensing agencies and, where appropriate, by the Joint Commission on Accreditation of Healthcare Organizations.

B. Participating Institutions

1. **Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives.** The number of and distance between participating institutions shall not impair training and participation in conferences and other organized educational aspects of the program. **When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.**
2. **Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:**
 - a. **identify the faculty who will assume both educational and supervisory responsibilities for residents**
 - b. **specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;**
 - c. **specify the duration and content of the educational experience; and**
 - d. **state the policies and procedures that will govern resident education during the assignment.**
3. **Presence of Other Training Programs**
The addiction psychiatry program should provide peer interaction between its residents and those of other medical/surgical specialties. To achieve this goal an ACGME-accredited training program in at least one nonpsychiatric specialty, such as neurology, internal medicine, or family medicine should be present within the participating institutions of the program. Peer interaction among the residents should occur in the course of clinical and/or didactic work, but is most satisfactory when organized around joint patient evaluation and/or care.

III. Program Personnel and Resources

A. Program Director

1. **There must be a single program director responsible for the program. The person designated with this authority is ac-**

countable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a. The program director must be an active clinician and possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b. The program director must be certified in the specialty by the American Board of Psychiatry and Neurology (ABPN) in the subspecialty of addiction psychiatry, or possess qualifications judged to be acceptable by the RRC.
 - c. The program director must be appointed in good standing and based at the primary teaching site.
 - d. devote sufficient time to the program to ensure implementation and achievement of the educational goals and objectives.
4. Responsibilities of the program director are as follows:
 - a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
 - b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
 - c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - 1) the addition or deletion of a participating institution;
 - 2) a change in the format of the educational program;
 - 3) a change in the approved resident complement for those specialties that approve resident complement
 On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.
 - e. Supervising the recruitment, selection, and appointment process for applicants, including compliance with appropriate credentialing policies and procedures in accordance with institutional and departmental policies and procedures. The director must receive documentation from the prior general psychiatry program in order to verify satisfactory completion of all educational and ethical requirements for graduation, before appointment to the program.
 - f. Ensuring the provision of written descriptions of departmental policies regarding salary and benefits, due process, sickness and other leaves, on-call responsibilities, and vacation time to all residents upon appointment to the program. All residents

must be provided with written descriptions of the malpractice coverage provided for each clinical assignment.

- g. Monitoring the progress of each addiction psychiatry resident, including the maintenance of a training record that documents completion of all required components of the program as well as evaluations of residents' clinical and didactic work by supervisors and teachers. This record shall include a patient log which shall document for each addiction psychiatry resident that he/she has completed all clinical experiences required by the Program Requirements and the educational objectives of the program.
- h. Maintaining all other training records including those related to appointment, departmental processes regarding due process, sickness and other leaves, on-call responsibilities, and vacation time.
- i. Assuring the opportunity for residents to achieve the cognitive knowledge, interpersonal skills, professional attitudes, and practical experience required of an addiction psychiatrist providing acute and chronic care for the patient with Substance-related Disorders.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. In addition to the program director, there must be at least one other faculty member certified by the American Board of Psychiatry and Neurology (ABPN) in the subspecialty of addiction psychiatry. Programs with large patient populations, multiple institutions, and large resident complements will be expected to have the number of physician faculty appropriate to the program's size and structure.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b. The physician faculty must be certified in the specialty by the American Board of Psychiatry and Neurology (ABPN) in the subspecialty of addiction psychiatry, or possess qualifications judged to be acceptable by the RRC.
 - c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a. the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b. the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c. the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.
 Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that

promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. **Qualifications of the nonphysician faculty are as follows:**
 - a. Nonphysician faculty must be appropriately qualified in their field.
 - b. Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

1. Additional necessary professional, technical, and clerical personnel must be provided to support the program.
2. Addiction psychiatry residents must be provided with meaningful patient care experiences as part of an interdisciplinary care team. The resident should work in settings that include representatives from clinical disciplines such as social work, psychology, psychiatric nursing, occupational therapy, pharmacy, and nutrition, as well as clinicians in anesthesia (including pain medicine), emergency medicine, family practice, geriatrics, internal medicine, neurology, obstetrics-gynecology, surgical specialties, and pediatrics/adolescent medicine as appropriate for the care of the patient. In addition, residents should work with other staff such as substance abuse counselors and, where appropriate, with teachers.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

All elements of the program must be located in designated facilities based on written affiliation agreements between the participating institutions and the administration of the program.

1. **Inpatient Care Facility:** The sponsor of the program must be a part of, or affiliated with, at least one acute care general hospital with a full range of services, including medical and surgical services, intensive care units, emergency services, diagnostic laboratory, and imaging services. If the acute care hospital is specialized and does not itself have the full spectrum of services described above, the program must document that it has access for training purposes to other affiliated acute care facilities that have the services not present at the specialized facility.
2. **Partial Hospitalization and Day Treatment:** Programs must have access to a partial hospitalization and/or day treatment program (such as an intensive outpatient program). Such programs may be located in community-based institutions or within the sponsoring department of psychiatry in its acute care hospital. Exposure to self-help and other community programs (such as 12-step programs widely used by patients with Substance-related Disorders) must be provided.
3. **Ambulatory Care Service:** The program must provide experience in a multidisciplinary ambulatory care facility such as a methadone maintenance clinic, an alcohol treatment clinic, or other specialized outpatient program.
4. **Library:** Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.
 - a. Library services should include computer support for electronic retrieval of information from medical databases.
 - b. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in the training program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

5. **Ancillary Support Services:** At all participating facilities, there must be appropriate support services to ensure an adequate educational experience. This includes support personnel in all categories including clerical and laboratory and physical resources to ensure that residents have sufficient time and space to carry out their clinical and educational functions.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. The addiction psychiatry resident must have satisfactorily completed an ACGME accredited general psychiatry residency prior to entering the program.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching. Any permanent changes in resident complement will require prior approval by the RRC.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents. At the same time, the presence of residents in addiction psychiatry must not dilute or otherwise detract from the didactic or clinical experience available to general psychiatry residents.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Curriculum Content

The field of addiction psychiatry requires knowledge of pharmacology, psychiatry, general medicine, as well as an understanding

of the interaction of these disciplines. Programs must include both direct experiences in clinical care as well as formal didactic conferences. Instruction and experience must include the performance of the mental status examination, a neuropsychiatric evaluation instrument such as the Mini-Mental Status Examination, community and environmental assessments, family and caregiver assessments, medical assessments, and physical and psychological functional assessments. These skills comprise the basis for the formal assessment of the addicted patient using a synthesis of clinical findings, historical and current information, as well as data from laboratory and other special studies.

- a. Residents must acquire knowledge and skills in the following areas:
 - 1) Knowledge of the signs and symptoms of the use and abuse of all of the major categories of substances enumerated in V.B.3.b, as well as knowledge of the types of treatment required for each.
 - 2) Knowledge of the signs of withdrawal from these major categories of substances, knowledge and experience with the range of options for treatment of the withdrawal syndromes, and the complications commonly associated with such withdrawal.
 - 3) Knowledge of the signs and symptoms of overdose; the medical and psychiatric sequelae of overdose, and experience in providing proper treatment of overdose.
 - 4) Management of detoxification: Inpatient management of Substance-related Disorders. Experience in working collaboratively with specialists in the emergency department and intensive care units in the diagnosis and management of acute overdose symptoms.
 - 5) Knowledge of the signs and symptoms of the social and psychological problems as well as the medical and psychiatric disorders which often accompany the chronic use and abuse of the major categories of substances.
 - 6) Experience in the use of psychoactive medications in the treatment of psychiatric disorders often accompanying the major categories of Substance-related Disorders.
 - 7) Experience in the use of techniques required for confrontation of and intervention with a chronic substance abuser, and in dealing with the defense mechanisms that cause the patient to resist entry into treatment.
 - 8) Experience in the use of the various psychotherapeutic modalities involved in the ongoing management of the chronic substance abusing patient, including individual psychotherapies (e.g., cognitive-behavioral therapy), couples therapy, family therapy, group therapy, motivational enhancement therapy, and relapse prevention therapy.
 - 9) Experience in working collaboratively with other mental health providers and allied health professionals, including nurses, social workers, psychologists, nurse practitioners, counselors, pharmacists, and others who participate in the care of patients with Substance-related Disorders.
 - 10) Knowledge and understanding of the special problems of the pregnant woman with Substance-related Disorders and of the babies born to these women.
 - 11) Knowledge of family systems and dynamics relevant to the etiology, diagnosis, and treatment of Substance-related Disorders.
 - 12) Knowledge of the genetic vulnerabilities, risk and protective factors, epidemiology, and prevention of Substance-related Disorders.
 - 13) Familiarity with the major medical journals and professional-scientific organizations dealing with research on the

understanding and treatment of Substance-related Disorders.

- 14) Critical analysis of research reports, as presented in journal clubs and seminars.
 - 15) Experience in teaching and supervising clinical trainees in the care of patients with Substance-related Disorders.
 - 16) Understanding of the current economic aspects of providing psychiatric and other healthcare services to the addicted patient.
 - 17) Knowledge of quality assurance measures and cost effectiveness of various treatment modalities for Substance-related Disorders.
2. Conferences
Conferences in addiction psychiatry, such as grand rounds, case conferences, reading seminars, and journal clubs, should be specifically designed to complement the clinical experiences. Regular attendance by residents and faculty should be documented.
 3. Clinical Experiences
The number and variety of new and follow-up patients spanning the life cycle from adolescence to old age must be sufficient to ensure an adequate outpatient and inpatient experience as specified in I.C.2. The spectrum of patients should include diverse socioeconomic, educational, and cultural backgrounds.
The training program must include the following clinical components:
 - a. Evaluation, consultation, and treatment of:
 - 1) Patients with primary Substance-related Disorders and their families.
 - 2) Medical and surgical patients in the emergency department, intensive care units, and general wards of the hospital with acute and chronic Substance-related Disorders, including acute intoxication and overdose.
 - 3) Psychiatric inpatients and outpatients with chemical dependencies and co-morbid psychopathology to include a broad range of psychiatric diagnoses, such as affective disorders, psychotic disorders, organic disorders, personality disorders, and anxiety disorders as well as patients suffering from medical conditions commonly associated with Substance-related Disorders such as hepatitis and HIV/AIDS.
 - 4) Medication dependent patients with chronic medical disorders/conditions (such as patients with chronic pain).
 - b. Exposure to patients with Substance-related Disorders related to the following substances:
 - 1) alcohol
 - 2) opioids
 - 3) cocaine and other stimulants
 - 4) cannabis and hallucinogens
 - 5) benzodiazepines
 - 6) other substances of abuse, including sedatives, hypnotics or anxiolytics
 - 7) miscellaneous/unusual, e.g., nutmeg, designer drugs, organic solvents/inhalants
 - c. Treatment by the resident of a minimum of 5 addicted outpatients with a variety of diagnoses requiring individual treatment for at least 6 months.
 - d. Rotations should provide residents with experience in evaluating acute and chronic patients in inpatient and outpatient settings. There should be an identifiable structured educational experience in neuropsychiatry relevant to the practice of addiction psychiatry that includes both didactic and clinical training methods. The curriculum should emphasize functional assessment, signs and symptoms of neuropsychiatric impairment associated with Substance-related Disorders, and

the identification of physical illnesses and iatrogenic factors that can alter mental status, and behavior.

- e. The program must provide specific experiences in consultation to acute and chronic medically ill patients with substance related disorders who are being treated on emergency, intensive care, medical and/or surgical services of a general hospital. Supervision of addiction psychiatry residents in their clinical evaluation of such patients, as well as in their consultative role, is essential. The program should provide residents with the opportunity to function at the level of a specialist consultant to primary care physicians and to intensive care specialists.
- f. Experience in working with multidisciplinary teams as a consultant and as a team leader, including the integration of recommendations and decisions from consulting medical specialists and other professionals in related health disciplines.
- g. Experience in working with patients who are participating in self-help programs.
- h. Experience with opiate replacement therapy.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. *Patient care* that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. *Medical Knowledge* about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. *Practice-based learning and improvement* that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. *Interpersonal and communication skills* that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. *Systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must

recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Supervision must include observation, assessment, and demonstration of the residents' knowledge and skills in clinical evaluation, technical proficiency, and professional attitudes. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.
4. Each resident must have a minimum of two hours of individual supervision weekly, of which one hour may be group supervision.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.
 - a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

- b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
5. Moonlighting
- a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
 - b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
 - c. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.
6. Oversight
- a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
 - b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
7. Duty Hours Exceptions
- An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.
8. Presence of Other Training Programs
- The addiction psychiatry program should provide peer interaction between its residents and those of other medical/surgical specialties. To achieve this goal an ACGME-accredited training program in at least one nonpsychiatric specialty, such as neurology, internal medicine, or family medicine should be present within the participating institutions of the program. Peer interaction among the residents should occur in the course of clinical and/or didactic work, but is most satisfactory when organized around joint patient evaluation and/or care.
9. Resident Teaching Experiences
- The program should provide appropriate experiences designed to develop administrative and teaching skills for the addiction psychiatry residents. As the residents progress through the program, they should have the opportunity to teach personnel such as other residents, medical students, and other allied health professionals.
- a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
 - b. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations and written quarterly evaluations of the residents by all supervisors and the directors of clinical components of training. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
 - c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.
2. Final Evaluation
- The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.
- B. Faculty**
- The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.
- C. Program**
- The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
 2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by

the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Board Certification

Residents who plan to seek certification by the American Board of Psychiatry and Neurology in the subspecialty of addiction psychiatry should communicate with the office of the Executive Vice President/Secretary of the Board regarding the full requirements for certification, to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: February 2003 Effective: July 2003

Editorial Revision (Common Program Requirements)

January 2005

Program Requirements for Residency Education in Child and Adolescent Psychiatry (Psychiatry)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition

Child and adolescent psychiatry is a specialty of medical practice within psychiatry. The goal of residency training in child and adolescent psychiatry is to produce specialists in the delivery of skilled and comprehensive medical care of children and adolescents suffering from psychiatric disorders. The child and adolescent psychiatrist must have a thorough understanding of the development, assessment, treatment, and prevention of psychopathology as it appears from infancy through adulthood. He or she also should have the skills to serve as an effective consultant to primary care physicians, nonpsychiatrist mental health providers, schools, community agencies, and other programs serving children and adolescents.

Approved residencies in child and adolescent psychiatry must offer well-supervised and well-balanced clinical experiences with a continuum of care, which may include inpatients, day hospital patients, outpatients, and consultees, and must also provide a formal educational experience. The residency must provide a combination of didactic and clinical work that is both broad enough to ensure knowledge of the full spectrum of disorders of childhood and adolescence, and intensive enough to ensure thorough diagnostic, treatment, and consultative skills. Diagnostic and therapeutic experiences must be provided in sufficient number and depth with pre-school, grade school, and adolescent patients of both sexes and their families for the resident to understand the breadth of clinical problems the he or she will study and treat.

B. Duration and Scope of Training

1. In addition to the postgraduate first-year and a minimum of 2 years of accredited training in general psychiatry, 2 years of training in a child and adolescent psychiatry program accredited by the Accreditation Council for Graduate Medical Education (ACGME) is required.
2. To achieve greater flexibility in the sequence of residency training and to assist in recruitment, the 2-year child and adolescent psychiatry training experience may be initiated immediately fol-

lowing, or at any point beyond, the PGY-1 level in the psychiatry residency sequence. Training is best done full time, and it must be done in no more than two blocks. If done in two blocks, the blocks must not be more than 5 years apart, and the shorter block must not be less than 6 months long. At the discretion of the program director, training credit for part-time status may be given, as long as the training is half-time or more and is completed in 4 years or less.

3. In general, training in child and adolescent psychiatry obtained as part of the curriculum for general psychiatry training may not count toward residency training in child and adolescent psychiatry. However, certain clinical experiences with children, adolescents, and families taken as part of the child and adolescent psychiatry training program, limited to 1 month of child neurology, 1 month of pediatric consultation/liaison, 3 months of child and adolescent inpatient experience, 1 month of addiction psychiatry, up to 20% of outpatient experience as described in Section V B 1 c) of the Program Requirements for Psychiatry, and forensic psychiatry and community psychiatry experience may be designed to fulfill the Program Requirements in general psychiatry and child and adolescent psychiatry, if these experiences are limited to child and adolescent psychiatry patients, up to a maximum of 12 months. The program director must document areas for which credit is given in both programs. These experiences may not be used to reduce the total length of time devoted to training in child and adolescent psychiatry, which must remain at 2 years.

Prior to entry into the program, each resident must be notified in writing of the required length of training for which the program is accredited. The required length of training for a particular resident may not be changed during his or her program without mutual agreement, unless there is an interruption in his or her training or the resident requires remedial training.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions. The administration of the sponsoring institution(s) should understand the educational goals, and should evidence its willingness and ability to support these goals financially as well as philosophically.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern resident education during the assignment.
3. It is important that each affiliated institution offer significant educational opportunities to the overall program. The number and distribution of participating training sites must not preclude sat-

isfactory participation by residents in teaching and training exercises. Geographic proximity will be one factor in evaluating program cohesion, continuity, and "critical mass." Affiliated training sites will be evaluated on the basis of whether they contribute to a well-integrated educational program with respect to both didactic and clinical experiences.

- C. In addition, each training program accredited for child and adolescent psychiatry must have a formal educational affiliation agreement with a general psychiatry residency program that is accredited for at least 3 years of training. The written agreement of such affiliation must be signed by the residency directors of both programs, and copies must be submitted for review by the Residency Review Committee (RRC).

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.

2. The program director, together with the faculty, is responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation and resident progress and performance, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:

- a) The program director must possess the requisite specialty expertise as well as documented educational, clinical, and administrative abilities.
- b) The program director must be certified in child and adolescent psychiatry by the American Board of Psychiatry and Neurology, or possess qualifications judged to be acceptable by the Residency Review Committee.
- c) The program director must be appointed in good standing and based at the primary teaching site, and must be licensed to practice medicine in the state where the institution that sponsors the program is located (certain federal programs are exempted).

4. Responsibilities of the program director are as follows:

- a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, in consultation with the chair of division chief, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

The program director is responsible for selecting residents, planning the curriculum, evaluating individual resident progress, and maintaining records of these endeavors. The program director shall provide residents with the goals of training, their responsibilities, and the evaluation procedures.

- b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually

both program and resident records through the ACGME's Accreditation Data System.

- c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.

- d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents, in order to determine if an adequate educational environment exists to support these changes and if the program's clinical and academic resources are adequate to support these changes. Such changes, for example, include:

- (1) the addition or deletion of a participating institution, to which residents are assigned half-time or more for 6 months or longer for the full-time equivalent of at least 4 months;
- (2) a change in the format of the educational program;
- (3) a change in the approved resident complement for those specialties that approve resident complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

- e) The program director must devote at least half-time to the training program, including teaching activities.
- f) The program director must select residents for appointment to the program in procedures.
- g) The program director must supervise residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff.
- h) The program director must implement fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
- i) The program director must monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
- j) The program director must provide an annual written evaluation of the quality of teaching and supervision of each of the teaching faculty.
- k) The program director must provide written information regarding financial compensation, liability coverage, and the policies regarding vacations, sick leave, and family leave, as well as other special leaves to residents and applicants who are interviewed.
- l) The program director must notify the executive director of the RRC in writing within 30 days of any major change in the program that may significantly alter the educational experience for the residents, including:
 - (1) changes in leadership of the department of the program;
 - (2) changes in administrative structure, such as an alteration in the status of the program/department within the institution;
 - (3) a reduction in any year of the critical mass of residents below four in the training program; and
 - (4) a reduction in the number of faculty below 3 full-time equivalent positions for more than 1 year.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty and other mental health professionals with sufficient breadth and depth of documented qualifications to instruct and supervise adequately all residents in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Psychiatry and Neurology, or possess appropriate educational qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.
6. The faculty must include a total of at least 3 full-time-equivalent, fully-trained child and adolescent psychiatrists who devote substantial time to the residency program, 2 of whom must be certified in child and adolescent psychiatry by the American Board of Psychiatry and Neurology or judged by the RRC to possess appropriate educational qualifications.
7. Psychiatric faculty must participate regularly and systematically in the training program. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
8. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day

activities of the program at that institution, with overall coordination by the program director.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. Training programs must have adequate facilities and affiliations to meet the educational objectives of the program. Ample office space with readily accessible play materials must be available for each resident to see patients.
2. Space for physical and neurological examinations and appropriate medical equipment must be readily available. Access to laboratory testing also must be readily available.
3. There must be adequate space and equipment specifically designated for seminars, lectures, and other educational activities. The program must have available such basic teaching aids such as videotaping equipment or one-way mirrors.
4. The sponsoring institution must provide residents with ready access to a library that contains a substantial number of current basic textbooks and major journals in psychiatry, child and adolescent psychiatry, neurology, pediatrics, and general medicine, sufficient for an excellent educational program. The library must be capable of obtaining textbooks and journals on loan from major medical libraries and of carrying out MEDLINE and other medical information searches (or accessing a library that has this capacity), and it must be reasonably available to residents on weekends and during evening hours.

E. Head of Child and Adolescent Psychiatry

1. The head of the department, division, or section of child and adolescent psychiatry should be a fully-trained child and adolescent psychiatrist with documented clinical, educational, and administrative abilities and experience, and should be certified in child and adolescent psychiatry by the American Board of Psychiatry and Neurology or judged by the RRC to possess appropriate educational qualifications.
2. The head of child and adolescent psychiatry must be appointed to and in good standing with the medical staff of an institution participating in the program.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

The residency program director must accept only those applicants whose qualifications of residency include sufficient command of English to permit accurate and unimpeded communication.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

A program must have at least 4 residents in the 2-year training program. (This may not include those residents who participate in a triple board training format.) Peer interaction and the need for group discussion in seminars and conferences are crucial.

The number of residents from other graduate medical education programs and mental health disciplines who participate in the child and adolescent psychiatry educational curriculum should not be so great as to compromise the educational resources of the child and adolescent psychiatry residency.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

The program must document the procedures used to select residents in accordance with institutional and departmental policies and procedures. Application records must document information from graduate medical education programs. A documented procedure must be in place for checking the credentials, the clinical training experiences, and the past performance and professional integrity of residents transferring from one program to another, including from a general psychiatry program to a child and adolescent psychiatry program. This procedure must include solicitation and documentation of relevant information from the training directors of the previous programs participated in by the transferring resident.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and applicants who are interviewed, and must be reviewed with residents prior to their assignments.

All educational components of a residency program should be related to program goals. There must be sufficient stable leadership, faculty, clinical facilities, and affiliations to provide a consistent educational experience.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management. The program must have an explicitly-described educational curriculum composed of formal didactic instruction and a program of graduated learning and supervised clinical experience through the 2 years that is distributed to residents and faculty. The latter is to be marked by progressive responsibility for the diagnosis and treatment of preschool and grade school children, adolescents, and their families.

Educational quality must have the highest priority in the allotment of the residents' time and energy. The clinical responsibilities of residents must not infringe unduly on didactic activities.

The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Clinical Experience

- a) Clinical instruction must be well organized, thoughtfully integrated, based on sound educational principles, and carried out on a regularly scheduled basis.
- b) Goals that include knowledge, skill, and attitude objectives must be specified for each clinical rotation.
- c) Each resident must have responsibility for the evaluation and treatment of a sufficient number and adequate variety of patients representing the full spectrum of psychiatric illnesses in children and adolescents, including developmental and substance use disorders. The number of patients for whom residents have primary responsibility at any one time must permit them to provide each patient with appropriate treatment, as well as to have sufficient time for other aspects of their educational program. The depth and variety of clinical experiences must be adequate.
- d) Clinical records, recorded by the child and adolescent psychiatry residents, should document an adequate individual and family history, mental status, physical and neurological examinations when appropriate, supplementary medical and psychological data, and integration of these data into a formulation, differential diagnosis, and comprehensive treatment plan.
- e) Opportunities for the development of both conceptual understanding of and clinical skills in the major treatment modalities with children and adolescents, which include brief and long-term individual therapy, family therapy, group therapy, crisis intervention, supportive therapy, psychodynamic psychotherapy, cognitive-behavioral therapy, and pharmacotherapy must be provided. There must be opportunities for residents to be involved in providing continuous care for a variety of patients from different age groups, seen regularly and frequently for an extended time, in a variety of treatment modalities. Residents should have some experience with continuity of patient care across clinical programs providing different levels of care. Care for outpatients must include work with some child and adolescent patients for at least one year's duration.
- f) Residents must have an opportunity to evaluate and treat patients from diverse cultural backgrounds and varied socioeconomic levels.
- g) Training must include supervised, active collaboration with other professional mental health personnel, pediatricians, teachers, and other school personnel in the evaluation and treatment of patients.
- h) There must be teaching about the appropriate uses and limitations of psychological tests. Residents should have the opportunity to observe some of their patients being tested.
- i) There must be an organized teaching and clinical experience in pediatric neurology, mental retardation, and other developmental disorders.
- j) Residents must have experiences in the initial management of psychiatric emergencies in children and adolescents. This experience may occur in a variety of settings.
- k) Experience with acutely- and severely-disturbed children or young adolescents is an essential part of training. This experience must occur in settings with an organized treatment program, such as inpatient units, residential treatment facilities, partial hospitalization programs, and/or day treatment pro-

grams. This experience must be the full-time equivalent of not fewer than 4 or more than 10 months. The resident must be actively involved with the diagnostic assessment, treatment planning, and treatment provision for these acutely and severely disturbed patients.

- l) Residents must have experience as consultants in situations in which they do not primarily engage in treatment, but use their specialized knowledge and skills to assist others to function better in their roles. Training and experience in consultation to facilities serving children, adolescents, and their families must include:
 - (1) supervised consultation experience with an adequate number of pediatric patients in outpatient and/or inpatient medical facilities;
 - (2) supervised formal observation and/or consultation experiences in schools;
 - (3) supervised training and experience in legal issues relevant to child and adolescent psychiatry, which may include forensic consultation, court testimony, and/or interaction with a juvenile justice system; and
 - (4) training and experience in supervised consultation to community systems of care and their treatment components.
- m) Residents must have experience in administrative decision-making processes and practice management involving health care delivery and interactions with health care systems.

2. Didactic Curriculum

- a) Didactic instruction must be well organized, thoughtfully integrated, based on sound educational principles, and carried out on a regularly scheduled basis. Goals that include knowledge and attitude objectives must be specified for each course or seminar. Systematically-organized formal instruction (prepared lectures, seminars, assigned reading, etc.) must be integral to the residency. Staff meetings, clinical case conferences, journal clubs, and grand rounds are important adjuncts, but they must not be used as substitutes for an organized didactic curriculum.
- b) Emphasis on development is an essential part of training in child and adolescent psychiatry. The teaching of developmental knowledge and the integration of neurobiological, phenomenological, psychological, and sociocultural issues into a comprehensive formulation of clinical problems are essential. Teaching about normal development should include observation of and interaction with normal children of various ages.
- c) The didactic and clinical curriculum must be of sufficient breadth and depth to provide residents with a thorough, well-balanced presentation of the generally-accepted observations and theories, as well as the major diagnostic, therapeutic, and preventive procedures in the field of child and adolescent psychiatry.
- d) The curriculum must include adequate and systematic instruction in basic neurobiological, psychological, and clinical sciences relevant to psychiatry and in the application of developmental psychological and sociocultural theories relevant to the understanding of psychopathology. It must provide teaching about the full range of psychopathology in children and adolescents, including the etiology, epidemiology, diagnosis, treatment, and prevention of the major psychiatric conditions that affect children and adolescents.
- e) The curriculum must also include teaching in the ethical practice of child and adolescent psychiatry. There must as well be

instruction in diversity and cultural issues pertinent to children and adolescents.

- f) Residents must receive instruction in the recognition and management of domestic and community violence as it affects children and adolescents. This includes physical and sexual abuse as well as neglect.
- g) The opportunity for residents to be involved in research or scholarly activity must be available.
- h) The curriculum must include an adequate number of interdisciplinary clinical conferences and didactic seminars for residents, where faculty psychiatrists collaborate in teaching with colleagues from other medical specialties and mental health disciplines.
- i) There should be instruction in the principles and practice of utilization review, quality assurance, and performance improvement.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. Although not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

1. active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states, and the application of current knowledge to practice;
2. participation in journal clubs and research conferences;
3. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals;
4. participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings;
5. the offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research;
6. the provision of support for resident participation in scholarly activities.

D. ACGME Competencies

The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. **Patient care** that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. **Practice-based learning and improvement** that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;

4. *Interpersonal and communication skills* that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. *Systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. Other Required Components

Teaching Opportunities

Opportunities for residents to teach community groups, medical students, and/or other residents should be available.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

Each resident must have at least 2 hours of individual supervision weekly, in addition to teaching conferences and rounds. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

5. The program should carefully monitor any professional activity outside the residency, and ensure that it does not interfere with education, performance, or clinical responsibility. The program should carefully monitor all on-call schedules and hours within and outside residency to prevent undue interference with education, performance, or clinical responsibility.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call (or pager call)* is defined as a call taken from outside the assigned institution.

a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

The program will maintain records of all evaluations required in this section, and these will be made available on review of the program.

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance. The program director, with participation of members of the teaching staff, must regularly evaluate residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.

- a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

3. The program must provide an opportunity for the resident and the program director or designated faculty members to meet regularly. These meetings, which must be documented, should be of sufficient frequency, length, and depth to ensure that the residents are continually aware of the quality of their progress toward attainment of program goals. At least semiannually, the program director must evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures. Provision should be made for remediation in cases of unsatisfactory performance.
4. Residents must be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
5. In addition to periodic assessments, an annual evaluation procedure is required, which must include a written examination of the knowledge base as well as a formal documented clinical skills examination.
6. Programs must develop at least one written core competency for its residents in each of the following areas:
 - a) Clinical science
 - b) Interpersonal skills and communication
 - c) Patient care
 - d) Practice-based learning and improvement
 - e) Professionalism and ethical behavior
 - f) Systems-based care

- c) Patient care
- d) Practice-based learning and improvement
- e) Professionalism and ethical behavior
- f) Systems-based care

The program must provide documented evidence to demonstrate that the proficiency and competence of each resident is assessed, using techniques that may include supervisory reports, videotapes, oral examinations, case reports, patient care observations, or other methods.

7. Evaluation must include a review of the resident's performance during the final period of training, and should verify that the resident has demonstrated sufficient professional ability to practice competently, ethically, and independently, based on the program's defined core competencies.
8. At the time of the resident's graduation or departure from the program, the program director will affirm in the training record whether there is documented evidence of unethical behavior, unprofessional behavior, or clinical incompetence. Where there is such evidence, it must be comprehensively recorded, along with the responses of the resident. This final evaluation should be part of the resident's permanent record maintained by the institution.
9. A written set of due-process procedures must be in place for resolving problems that occur if a resident's performance fails to meet required standards. These must include the criteria for any adverse action, such as placing a resident on probation, or for terminating a resident whose performance is unsatisfactory. The procedures should be fair to the resident, patients under care, and the training program. A copy should be provided to the residents at the beginning of training.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

The program director is responsible for the evaluation of faculty teaching and supervision. This must include an annual confidential written assessment of faculty members by the residents, a summary of which must be provided to faculty.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner. In particular, the quality of the overall educational program and the extent to which the educational goals have been met by residents must be assessed. Confidential written evaluations by residents must be utilized in this process. The teaching staff must annually evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and

the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Inquiries Concerning Accreditation and Certification

- A. All inquiries concerning the accreditation of child and adolescent psychiatry residency programs should be addressed to the Executive Director, Residency Review Committee for Psychiatry, 515 N. State St., Ste 2000, Chicago, IL 60610.
- B. All inquiries as to whether an individual physician is qualified to be admitted for examination for certification in psychiatry should be addressed to Executive Vice President, American Board of Psychiatry and Neurology, 500 Lake Cook Rd., Ste 335, Deerfield, IL 60015.

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Program Requirements for Residency Education in Forensic Psychiatry (Psychiatry)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition of the Subspecialty

Forensic psychiatry is the psychiatry subspecialty that focuses on interrelationships between psychiatry and the law (civil, criminal, and administrative law), that include

1. the psychiatric evaluation of individuals involved with the legal system, or consultations on behalf of the third parties such as employers or insurance companies;
2. the specialized psychiatric treatment required by those who have been incarcerated in jails, prisons, or special forensic psychiatric hospitals;

3. active involvement in the area of legal regulation of general psychiatric practice; and
4. related education and research efforts.

B. Duration and Scope of Education

1. The training period in forensic psychiatry must be 12 months.
2. Training in forensic psychiatry that occurs during the general residency training will not be credited toward the one-year requirement.
3. Training is best accomplished on a full-time basis. If it is undertaken on a part-time basis, the 12-month program must be completed within a 2-year period.
4. Prior to entry, each forensic psychiatry resident must be notified in writing of the required length of training for which the program is accredited and the requirements for satisfactory completion of the program. Neither the required length of training for a particular individual nor the graduation requirements may be changed without mutual agreement during his or her program unless there is a break in his or her training or the individual requires remedial training.

C. Educational Goals and Objectives

1. The program must offer advanced training that affords sufficient opportunities for the resident to develop the knowledge, skills, clinical judgment, and attitudes essential to the practice of forensic psychiatry.
2. Clinical experience must include experiences in the following three areas:
 - a. forensic evaluation of a variety of subjects of both genders, including adolescent, adult, and geriatric age groups, who represent a broad range of mental disorders and circumstances, in both civil and criminal contexts;
 - b. consultation to general psychiatric services on issues related to the legal regulation of psychiatric practice, such as civil commitment, confidentiality, refusal of treatment, decision-making competence, guardianship, etc.;
 - c. treatment of persons involved in the criminal justice system. Appropriate affiliations must be arranged to ensure that adequate exposure to a sufficient number and variety of experiences is provided.
3. Programs must be based on a structured written curriculum with well-defined goals and objectives. Clinical case conferences and seminars dealing with topics such as law, ethics, the relevant basic and social sciences, and research must be conducted regularly and as scheduled. The curriculum must include sufficient didactic content so that graduates will be knowledgeable about the content outlined in V.B.1.a-e.
4. Training must focus on the social and legal context for forensic work, both civil and criminal. Instruction should take into account the sociocultural, ethnic, economic, and ethical considerations that affect mentally ill persons who come into contact with the legal system.

II. Institutions

A. Sponsoring Institution

1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.
2. The program must be administratively attached to and sponsored by a core residency program in psychiatry that holds full accreditation from the ACGME.

3. The program must take place in facilities approved by state licensing agencies and, where appropriate, the Joint Commission on the Accreditation of Healthcare Organizations.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. The number of and distance between participating institutions should not be so great as to interfere with training and participation in conferences and other organized educational aspects of the program. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c. specify the duration and content of the educational experience; and
 - d. state the policies and procedures that will govern resident education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. Frequent changes in leadership or long periods of temporary leadership are undesirable and may adversely affect the accreditation status of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b. The program director must be certified in the specialty by the American Board of Psychiatry and Neurology (ABPN) in the subspecialty of forensic psychiatry, or possess qualifications judged to be acceptable by the RRC.
 - c. The program director must be appointed in good standing and based at the primary teaching site.
 - d. be an active clinician and must devote sufficient time to the program to ensure implementation of the educational goals and objectives.
 - e. participate in scholarly activities appropriate to the subspecialty such as local, regional, and national specialty societies; research; presentations; and publication.
4. Responsibilities of the program director are as follows:
 - a. The program director must oversee and organize the activities of the educational program in all institutions that par-

ticipate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

- b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
- c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
- d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - 1) the addition or deletion of a participating institution;
 - 2) a change in the format of the educational program;
 - 3) a change in the approved resident complement for those specialties that approve resident complement.On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.
- e. Selecting residents for appointment to the program in accordance with institutional and departmental policies and procedures. The director must receive documentation from the general psychiatry program completed by an applicant to verify satisfactory completion of all educational and ethical requirements for graduation before the applicant is appointed to the program. Agreements with applicants made prior to the completion of the general residency must be contingent on this requirement.
- f. Monitoring the progress of each forensic psychiatry resident, including the maintenance of a training record that documents completion of all required components of the program as well as evaluations of residents' clinical and didactic work by supervisors and teachers. This record shall include a patient log that shall document that each resident has completed all clinical experiences required by the Program Requirements and the educational objectives of the program.
- g. Ensuring the provision of written descriptions of departmental policies regarding salary and benefits, due process, sickness and other leaves, on-call responsibilities, and vacation time to all residents on their appointment to the program. All residents must be provided with written descriptions of the malpractice coverage provided for each clinical assignment.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

- b. The physician faculty must be certified in the specialty by the American Board of Psychiatry and Neurology (ABPN) in the subspecialty of forensic psychiatry, or possess qualifications judged to be acceptable by the RRC.
 - c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
 - d. be additionally qualified by experience in forensic psychiatry to provide the expertise needed to fulfill the didactic, clinical, and research goals of the program.
 - e. include at least one certified child and adolescent psychiatrist.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
- a. the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b. the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c. the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.
- Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
- a. Nonphysician faculty must be appropriately qualified in their field.
 - b. Nonphysician faculty must possess appropriate institutional appointments.
6. Programs with large patient populations, multiple institutions, and large resident complements will be expected to have additional faculty appropriate to their program's size and structure.
7. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director. The director of forensic psychiatry training at each participating institution shall be appointed by or with the concurrence of the forensic psychiatry program director.
8. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.
9. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.
- C. Other Program Personnel**
- 1. Additional necessary professional, technical, and clerical personnel must be provided to support the program.
 - 2. In addition to the faculty psychiatrists, the faculty must include a lawyer and a forensic psychologist.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

- 1. All elements of the program must be located in designated facilities based on written affiliation agreements and must include experiences in the following three venues:
 - a. Facilities in which forensic psychiatric evaluations are performed on subjects with a broad variety of psychiatric disorders, where residents can learn evaluation techniques. These may include court clinics, inpatient forensic units, outpatient forensic clinics, and private practices.
 - b. Facilities that provide general psychiatric services to patients with a broad variety of psychiatric disorders, where residents can learn consultation regarding legal issues in psychiatric practice. These may include inpatient and outpatient facilities or may be specialized facilities that provide psychiatric care to correctional populations.
 - c. Facilities that treat persons in the correctional system, where residents can learn about the specialized treatment issues raised by these populations and settings. These may include prisons, jails, hospital-based correctional units, halfway facilities, rehabilitation programs, community probation programs, forensic - clinics, juvenile detention facilities, and maximum security forensic hospital facilities. Appropriate support services to ensure an adequate educational experience at all participating institutions must be available, including support personnel and a physically safe environment in which residents may carry out their clinical and educational functions.
- 2. Library
 - a. Residents must have ready access to a major medical library or on-line access to relevant medical and legal materials at the institution where the residents are located or through arrangement with convenient nearby institutions.
 - b. Library services should include the electronic retrieval of information from medical databases.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. The forensic psychiatry resident must have satisfactorily completed an ACGME accredited general psychiatry residency prior to entering the program. An excessively high rate of resident attrition from a program will be a cause of concern to the RRC.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching. Any permanent changes in resident complement require prior approval by the RRC.

C. Resident Transfer

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents. At the same time, the presence of residents in forensic psychiatry must not dilute or otherwise detract from the didactic or clinical experience available to general psychiatry residents.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Didactic Curriculum

The didactic curriculum must include the following components:

- a. A psychiatric curriculum that includes the
 - 1) history of forensic psychiatry;
 - 2) roles and responsibilities of forensic psychiatrists;
 - 3) assessment of competency to stand trial, criminal responsibility, amnesia, testamentary capacity, and civil competency;
 - 4) issues involved in the assessment of dangerousness;
 - 5) assessment of the accused sexual offender;
 - 6) evaluation and treatment of incarcerated individuals;
 - 7) ethical, administrative, and legal issues in forensic psychiatry;
 - 8) legal regulation of psychiatric practice;
 - 9) writing of a forensic report; and
 - 10) eyewitness testimony.
- b. A law curriculum that covers issues in the legal system related to forensic psychiatry, such as
 - 1) fundamentals of law, statutes, and administrative regulations;
 - 2) the structure of federal and state court systems;
 - 3) use of a law library or on-line legal reference services;
 - 4) theory and practice of sentencing of the convicted offender;
 - 5) basic civil procedure;
 - 6) basic criminal procedure;
 - 7) jurisdiction;
 - 8) responsibility;
 - 9) tort law;
 - 10) children's rights;
 - 11) family law;
 - 12) confessions;
 - 13) structure and function of juvenile systems; and
 - 14) structure and function of correctional systems.
- c. A civil law curriculum that includes issues such as
 - 1) conservators and guardianships;
 - 2) child custody determinations;

- 3) parental competence and termination of parental rights;
- 4) child abuse/neglect
- 5) psychiatric disability determinations;
- 6) testamentary capacity;
- 7) psychiatric malpractice;
- 8) personal injury litigation; and
- 9) developmental disability law, i.e., individualized educational needs and the right to the least restrictive environment for education.

d. A criminal law curriculum that includes issues such as

- 1) competence to stand trial;
- 2) competence to enter a plea;
- 3) testimonial capacity;
- 4) voluntariness of confessions;
- 5) insanity defense(s);
- 6) diminished capacity;
- 7) evaluations in aid of sentencing;
- 8) safe release of persons acquitted by reason of insanity; and
- 9) competence to be executed.

e. Conferences in forensic psychiatry, such as grand rounds, case conferences, readings seminars, and journal clubs, should be specifically designed to augment the clinical experiences. Regular attendance by the residents and the faculty should be documented.

2. Forensic experiences

- a. Forensic experiences must provide residents with sufficient opportunity for the psychiatric evaluation of individuals involving
 - 1) criminal behavior
 - 2) criminal responsibility and competency to stand trial,
 - 3) sexual misconduct,
 - 4) dangerousness, and
 - 5) civil law and regulation of psychiatry issues.
- b. Residents also must have experience in the review of written records, including clinical and legal documents, and in the preparation of written reports and/or testimony in a diversity of cases, for example:
 - 1) aiding the court in the sentencing of criminal offenders,
 - 2) domestic relations cases,
 - 3) personal injury cases,
 - 4) allegations of sexual abuse, and
 - 5) other cases involving ethical issues and legal regulation, such as involuntary hospitalization, confidentiality, right to treatment, right to refuse treatment, informed consent, and professional liability.
- c. Residents must have supervised experience in testifying in court or in mock trial simulations.
- d. Residents must have supervised training in the relevance of legal documents, such as police reports, court testimony, polygraphs, hypnosis, narcoanalysis, psychological and neuropsychological testing, brain-imaging techniques, and other procedures relevant to assessments and treatment in forensic psychiatry.
- e. Consultative experiences must provide residents with an opportunity to interact with clinicians regarding legal issues that arise in psychiatric practice. This can occur in inpatient or outpatient settings and should include patients from diverse socioeconomic, educational, ethnic, and cultural backgrounds, with a variety of diagnoses. Residents should have the opportunity to consult with clinicians regarding civil commitment and dangerousness, confidentiality, decision-making competence, guardianship, and refusal of treatment.
- f. Clinical placement must provide residents with experience in the evaluation and management of acutely and chronically ill

patients in correctional systems such as prisons, jails, community programs, and secure forensic facilities. There also must be experience in working with other professionals and personnel in both forensic and community settings. A sufficient number and variety of patients, ranging from adolescence to old age and of diverse backgrounds, should be provided to ensure an adequate experience. Residents must have at least 6 months' experience in the management of patients in correctional systems.

- g. Direct clinical work with children under the age of 14 years should be limited to residents who have previously completed ACGME-approved training in child and adolescent psychiatry or to residents who are under the supervision of a board certified child and adolescent psychiatrist or an individual who possesses qualifications judged to be acceptable by the RRC.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. *Patient care* that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. *Medical Knowledge* about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. *Practice-based learning and improvement* that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. *Interpersonal and communication skills* that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. *Systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate

supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.
4. Each resident must have a minimum of two hours of individual supervision weekly, of which one hour must be individual and one hour may be group supervision.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.
 - a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

G. Presence of Other Training Programs

The forensic psychiatry program should provide peer interaction between its residents and those of other specialties. To achieve this goal, an accredited training program in at least one nonpsychiatric medical specialty should be present within the program's participating institutions. Peer interaction among the residents should occur in the course of clinical and/or didactic work, but it is most satisfactory when organized around joint patient evaluation and/or care. In addition, peer interaction with students in related fields, such as law, psychology, and social work, is highly desirable.

H. Resident Administrative and Teaching Experiences

The program should provide appropriate experience designed to develop the administrative and teaching skills of forensic psychiatry residents. As residents progress through the program, they should have the opportunity to teach personnel such as other residents, mental health professionals, and students.

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations, and quarterly written evaluations of

the residents by all supervisors and the directors of clinical components of training. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.

- c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Board Certification

Residents who plan to seek certification by the American Board of Psychiatry and Neurology in the subspecialty of forensic psychia-

try should communicate with the office of the Executive Vice President of the Board regarding the full requirements for certification to ascertain the current requirements for acceptance as a candidate for certification.

*ACGME: February 2003 Effective: June 2003
Editorial Revision (Common Program Requirements)
January 2005*

Program Requirements for Residency Education in Geriatric Psychiatry (Psychiatry)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition of the Subspecialty

Geriatric psychiatry is that area of psychiatry which focuses on prevention, diagnosis, evaluation, and treatment of mental disorders and signs/symptoms seen in older adult patients. An educational program in geriatric psychiatry must be organized to provide professional knowledge, skill, and opportunities to develop competencies through a well-supervised clinical experience.

B. Duration and Scope of Education

1. The training period in geriatric psychiatry must be 12 months. Any program that extends the length of the program beyond 12 months must present an educational rationale consistent with the Program Requirements and the objectives for resident education.
2. Training in geriatric psychiatry that occurred during general residency training will not be counted toward meeting the one-year requirement.
3. Training is best accomplished on a full-time basis. If it is undertaken on a part-time basis, the 12-month program must be completed within a two-year period.
4. Prior to entry in the program, each geriatric psychiatry resident must be notified in writing of the required length of training for which the program is accredited. The required length of training for a particular individual may not be changed without mutual agreement during his/her program unless there is a break in his/her training or the individual requires remedial training.

C. Educational Goals and Objectives

1. The goal of residency training in geriatric psychiatry is to produce specialists in the delivery of skilled and comprehensive psychiatric medical care of older adults suffering from psychiatric and neuropsychiatric disorders. Geriatric psychiatry programs must also provide advanced training for the resident to function as an effective consultant in the subspecialty. Programs must emphasize scholarship, self-instruction, development of critical analysis of clinical problems, and the ability to make appropriate decisions.
2. Clinical experience must include opportunities to assess and manage elderly inpatients and ambulatory patients of both sexes with a wide variety of psychiatric problems. Geriatric psychiatry residents must be given the opportunity to provide both primary and consultative care for patients in both inpatient and outpatient settings in order to understand the interaction of normal

aging and disease as well as to gain mastery in assessment, therapy, and management.

3. The program must include training in the biological and psychosocial aspects of normal aging; the psychiatric impact of acute and chronic physical illnesses; and the biological and psychosocial aspects of the pathology of primary psychiatric disturbances beginning in or continuing into older age.
4. There must be a focus on multidimensional biopsychosocial concepts of treatment and management as applied both in inpatient facilities (acute and long-term care) and in the community or home settings. There must also be emphasis on the medical and iatrogenic aspects of illness as well as on sociocultural, ethnic, economic, ethical, and legal considerations that may affect psychiatric management.

II. Institutions

A. Sponsoring Institution

1. One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.
2. The program must be administratively attached to and sponsored by a core residency program in psychiatry that holds full accreditation from the ACGME. The program must function in close relationship with the general psychiatry residency.
3. The program must take place in facilities approved by the appropriate state licensing agencies and, where appropriate, by the Joint Commission on Accreditation of Healthcare Organizations.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c. specify the duration and content of the educational experience; and
 - d. state the policies and procedures that will govern resident education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program

director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:

- a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b. The program director must be certified in the specialty by the American Board of Psychiatry and Neurology (ABPN) in the subspecialty of geriatric psychiatry, or possess qualifications judged to be acceptable by the RRC.
 - c. The program director must be appointed in good standing and based at the primary teaching site.
- 4. Responsibilities of the program director are as follows:**
- a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
 - b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
 - c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - 1) the addition or deletion of a participating institution;
 - 2) a change in the format of the educational program;
 - 3) a change in the approved resident complement for those specialties that approve resident complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

- e. Supervising the recruitment and appointment process for applicants, including compliance with appropriate credentialing policies and procedures in accordance with institutional and departmental policies and procedures. No applicants should be appointed to the program without written documentation of completion of a general psychiatry residency from the prior program director that verifies satisfactory completion of all educational and ethical requirements for graduation.
- f. Monitoring the progress of each geriatric psychiatry resident, including the maintenance of a training record that documents completion of all required components of the program as well as the evaluations of performance by supervisors and teachers. This record shall include a patient log that must document that each resident has completed all clinical experiences required by the Program Requirements and the educational objectives of the program.
- g. Assuring that residents are provided written descriptions of the departmental policies regarding due process, sickness and other leaves, on-call responsibilities, and vacation time upon appointment to the program. All residents must be provided with written descriptions of the professional liability coverage provided for each clinical assignment.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct

and supervise adequately all residents in the program. In addition to the program director, there must be at least one other faculty member who is certified by the American Board of Psychiatry and Neurology in the subspecialty of geriatric psychiatry or possess qualifications judged by the RRC to be acceptable.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b. The physician faculty must be certified in the specialty by the American Board of Psychiatry and Neurology in the subspecialty of geriatric psychiatry, or possess qualifications judged to be acceptable by the RRC.
 - c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a. the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b. the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c. the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
 - a. Nonphysician faculty must be appropriately qualified in their field.
 - b. Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

1. Additional necessary professional, technical, and clerical personnel must be provided to support the program.
2. Geriatric Care Team

Geriatric psychiatry residents must be provided with meaningful patient care experiences as part of an interdisciplinary care team.

 - a. In addition to geriatric psychiatry, the Geriatric Care Team should include representatives from related clinical disciplines such as psychology, social work, psychiatric nursing, activity or occupational therapy, physical therapy, pharmacy, and nutrition.
 - b. A variety of individuals representing disciplines within medicine, such as family practice, internal medicine (including their geriatric subspecialties), neurology, and physical medicine and rehabilitation, should be available for participation

on the Geriatric Care Team as needed for patient care and teaching purposes.

- c. It is highly desirable that geriatric psychiatry residents have access to professionals representing allied disciplines (such as ethics, law, and pastoral care) as needed for patient care and teaching purposes.
- d. Geriatric psychiatry residents should be provided with opportunities to participate as members of medical geriatric teams in institutions where such teams are present.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. **An Acute Care Hospital:** The psychiatry department sponsoring the program must be a part of or affiliated with at least one acute care general hospital that has the full range of services usually ascribed to such a facility, including both medical and surgical services, intensive care units, emergency department, diagnostic laboratory and imaging services, and pathology department. If the acute care hospital is specialized (such as in geriatric or psychiatric care) and does not itself have the full spectrum of services described above, the program must document that it has access for training purposes to other affiliated acute care facilities that have the remaining general services not present at the specialized facility.
2. **A Long-Term Care Facility:** Inclusion of at least one long-term care facility is an essential component of the geriatric psychiatry program. Such facilities may be either discrete institutions separate from an acute care hospital or formally designated units or services within an acute care hospital. Suitable training sites include both nonpsychiatric facilities (such as a nursing facility or chronic care hospital) and psychiatric facilities.
3. **An Ambulatory Care Service:** The ambulatory care service must be designed to render care in a multidisciplinary environment such as a geriatric clinic, psychiatric outpatient department, or community mental health center where nonpsychiatric medical specialists are also available.
4. **Ancillary Support Services:** At all participating facilities, there must be sufficient administrative support to ensure adequate teaching facilities, appropriate office space, support personnel, and teaching resources.
5. **Library:** Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.
 - a. Library services should include the electronic retrieval of information from medical databases.
 - b. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. The geriatric psychiatry resident must have satisfactorily completed an ACGME accredited general psychiatry residency prior to entering the program.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources

for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching. Any permanent changes in the resident complement will require prior approval by the Residency Review Committee.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents. At the same time, the presence of residents in geriatric psychiatry must not substantially dilute or otherwise detract from the didactic or clinical experience available to general psychiatry residents.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Didactic Components

a. The program curriculum must address, as a minimum, the following content and skill areas:

- (1) The current scientific understanding of aging and longevity, including theories of aging, epidemiology and natural history of aging, and diseases of the aged. This includes specific knowledge of: the effects of biologic aging on human physiology with emphasis on altered pharmacokinetics, pharmacodynamics, and sensory acuity in the elderly; the differences and gradations between normal and abnormal age changes with particular reference to such areas as memory and cognition, affective stability, personality and behavioral patterns, and sexuality. There must be an understanding of successful and maladaptive responses to stressors frequently encountered in older adults such as retirement, widowhood, role changes, interpersonal and health status losses, financial reverses, environmental relocations, and increased dependency.
- (2) The relevance of cultural and ethnic differences, and the special problems of disadvantaged minority groups, as

- these bear upon distinguishing and treating abnormal and maladaptive clinical changes as well as the use of psychosocial support services.
- (3) The epidemiology, diagnosis, and treatment of all major psychiatric disorders seen in the elderly. Such disorders, seen alone and in combination, typically include but are not limited to: affective disorders, dementias, delirium, late-onset psychoses, medical presentations of psychiatric disorders, iatrogenesis, adjustment disorders, anxiety disorders, sleep disorders, sexual disorders, substance-related disorders, personality disorders, and continuation of psychiatric illnesses that began earlier in life.
 - (4) The performance of mental status examination, including structured cognitive assessment, community and environmental assessment, family and caregiver assessment, medical assessment, and functional assessment. Such skills form the basis for formal multidimensional geriatric assessment using the appropriate synthesis of clinical findings and historical as well as current information acquired from the patient and/or relevant others (such as family members, care givers, and other health care professionals). The multidimensional assessment is essential to short term and long-term diagnostic and treatment planning; training must be provided in formulating these various assessments into an appropriate and coherent treatment plan.
 - (5) The formal and informal administrative leadership of the mental health care team, including skills in communicating treatment plans to the patient and the family.
 - (6) The selection and use of clinical laboratory tests; radiologic and other imaging procedures; and polysomnographic, electrophysiologic, and neuropsychologic tests as well as making appropriate referrals to and consultations with other health care specialists.
 - (7) The initiation and flexible guidance of treatment with the need for ongoing monitoring of changes in mental and physical health status and medical regimens. Residents should be taught to recognize and manage psychiatric comorbid disorders (for example, dementia and depression) as well as the management of other disturbances often seen in the elderly such as agitation, wandering, changes in sleep patterns, and aggressiveness.
 - (8) The recognition of the stressful impact of psychiatric illness on caregivers. Attention should be placed on the appropriate guidance of and protection of caregivers as well as the assessment of their emotional state and ability to function.
 - (9) Recognition and assessment of elder abuse and appropriate intervention strategies.
 - (10) The appropriate use of community or home health services, respite care, and the need for institutional long-term care.
 - (11) The management of the care of elderly persons with emotional or behavioral disorders, including the awareness of appropriate modifications in techniques and goals in applying the various psychotherapies (with individual, group, and family focuses) and behavioral strategies.
 - (12) The indications, side effects, and therapeutic limitations of psychoactive drugs and the pharmacologic alterations associated with aging, including changes in pharmacokinetics, pharmacodynamics, drug interactions, appropriate medication management and strategies to recognize and correct medication noncompliance. Attention should be given to the psychiatric manifestations of iatrogenic influences such as the multiple medications frequently taken by the elderly.
 - (13) The use of nonpharmacologic approaches with particular reference to applications and limitations of behavioral therapeutic strategies, physical restraints, and the appropriate use and application of electroconvulsive therapy in the elderly.
 - (14) The appropriate use of psychodynamic understanding of developmental problems, conflict, and adjustment difficulties in the elderly which may complicate the clinical presentation and influence the doctor-patient relationship or treatment planning.
 - (15) The appropriate use of psychotherapies as applied to the elderly.
 - (16) The ethical and legal issues especially pertinent to geriatric psychiatry, including competence, guardianship, right to refuse treatment, wills, informed consent, elder abuse, the withholding of medical treatments, and federal legislative guidelines governing psychotropic drug prescription in nursing homes.
 - (17) The current economic aspects of supporting services, including but not limited to Title III of the Older Americans Act, Medicare, Medicaid, and cost containment.
 - (18) The research methodologies related to geriatric psychiatry, including biostatistics, clinical epidemiology, medical information sciences, decision analysis, critical literature review, and research design (including cross-sectional and longitudinal methods).
- b. Conferences
Conferences in geriatric psychiatry, such as grand rounds, case conferences, readings seminars, and journal club should be specifically designed to augment the clinical experiences. Regular attendance by the residents and the faculty should be documented.
2. Clinical Components
 - a. Patient Population
There must be sufficient number and variety of patients in all institutions where training takes place to accomplish the educational goals. This should include not only the spectrum of psychiatric diagnoses, but also experience with a diversity of patients by sex, socioeconomic, educational, and cultural backgrounds.
 - b. The training program must include the following clinical components:
 - (1) Longitudinal Care Experience
All geriatric psychiatry residents should have the opportunity at a senior level of responsibility to follow and treat a sufficient number of patients requiring continuing care. This experience should be of sufficient duration for the resident to understand the problems and learn the skills associated with longitudinal management and treatment. Emphasis during this experience should be placed on approaches to consultation, diagnosis, and treatment of the acutely and chronically ill elderly in a diversity of care settings, both medical and psychiatric, including those with less technologically sophisticated environments. Training should include clinical experience in geriatric psychopharmacology; electroconvulsive therapy (ECT); the use of relevant individual and group psychotherapies; the use of activity therapies; the psychosocial impact of institutionalization; family dynamics in the context of aging, including intergenerational issues; teaching nonmental health professionals about mental health in the

aged; the bioethical dilemmas encountered when treating illness in the very old; and working within facilities that may have limitations, such as a decreased staff-patient ratio.

(2) Geriatric Psychiatry Consultation Experience

Attaining skills as a consultant is an essential part of training. Consultation experiences should be formally available on the nonpsychiatric services of an acute care hospital. They should include consultation to inpatient, outpatient, and emergency services. There should also be consultative experience in chronic care facilities. Familiarity with the organizational and administrative aspects of home health care services should be provided. Exposure to outreach services and crisis intervention services in both community and home settings should be provided.

(3) Other Medical Specialty Experience

There should be an identifiable, structured educational experience in neurology, physical medicine and rehabilitation, geriatric medicine or geriatric family practice, and palliative care relative to the practice of psychiatry that includes both didactic and clinical training methods. The curriculum should address functional assessment, altered signs and symptoms of physical illness that occur in the elderly, and the identification of physical illnesses and iatrogenic factors that can alter mental status and behavior.

c. Additional Educational Environment

The program must provide opportunities for the geriatric psychiatry resident to render continuing care and to exercise leadership responsibilities in organizing recommendations from the mental health team as well as in integrating recommendations and input from primary care physicians, consulting medical specialists, and representatives of other allied disciplines.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. *Patient care* that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. *Medical Knowledge* about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. *Practice-based learning and improvement* that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. *Interpersonal and communication skills* that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. *Systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call ef-

fectively on other resources in the system to provide optimal health care.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.
4. Each resident shall have a minimum of two hours of individual supervision weekly, of which one hour may be group supervision.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.

4. **At-home call (or pager call)** is defined as a call taken from outside the assigned institution.
- The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

- Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
- Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

- Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
- Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

G. Presence of Other Training Programs:

The program should provide peer interaction between its geriatric psychiatry residents and those of other medical specialties. To achieve this goal, there should be an ACGME-accredited training program in at least one relevant nonpsychiatric specialty such as neurology, internal medicine, family practice, geriatric medicine, or physical medicine and rehabilitation within the participating institutions of the geriatric psychiatry program. Peer interaction among the residents should occur in the course of clinical and/or didactic work but is most satisfactory when organized around joint patient evaluation and/or care.

H. Resident Teaching Experiences:

The program should provide appropriate experiences designed to develop the administrative and teaching skills of the geriatric psychiatry residents. As the geriatric psychiatry residents progress through the program, they should have the opportunity to teach

personnel such as other residents, medical students, nurses and allied health professionals.

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations of the knowledge, skills and professional growth of the residents using appropriate criteria and procedures. More frequent evaluations should be scheduled and documented if necessary. In addition, residents should be evaluated quarterly by all supervisors and the directors of clinical components of training should be completed. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.

2. Final Evaluation

The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

- Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
- The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates

on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Psychiatry and Neurology in the subspecialty of geriatric psychiatry should communicate with the office of the Executive Vice President/Secretary of the Board regarding the full requirements for certification to ascertain the current requirements for acceptance as a candidate for certification.

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Program Requirements for Residency Education in Pain Medicine (Psychiatry)

I. Scope and Duration of Training

A. Definition and Scope of the Specialty

Pain medicine is a discipline within the practice of medicine that specializes in the management of patients suffering from acute, chronic, and cancer pain. The management of acute and chronic pain syndromes is a complex matter involving many areas of interest and medical disciplines. Clinical and investigative efforts are vital to the progress of the specialty.

B. Duration of Training

Subspecialty training in pain medicine shall consist of 12 months of full-time training, beginning after satisfactory completion of a core residency program. At least 9 of the 12 months of training must be in clinical pain medicine. The remainder may be in clinical activities or research relevant to pain medicine. Assignments must not be made to activities not directly related to pain medicine.

II. Institutional Organization

A. Relationship to Core Program

Accreditation of a subspecialty program in pain medicine will be granted only when the program is in direct association with a core residency program in psychiatry accredited by the Accreditation Council for Graduate Medical Education (ACGME). If the subspecialty program is not conducted within the institution that sponsors the core residency program, there must be an integration agreement between the core program institution and the facility in

which the pain medicine program is conducted. Rotations outside the institution in which the pain medicine program is based should not exceed 4 months.

B. Appointment of Residents

Programs will be reviewed for assurance that they provide an appropriate balance between the number of residents in training and the educational resources available to them. Any proposed increase in the number of residents must receive prior approval by the Residency Review Committee (RRC). Such approval will require documentation that the available clinical resources and faculty remain in compliance with the requirements.

C. Institutional Policy: Resources

Because pain medicine is a multidisciplinary approach to a common problem, there should be an institutional policy governing the educational resources committed to pain medicine that ensures cooperation of all involved disciplines.

III. Program Director/Faculty

A. Program Director

The program director must be a psychiatrist who has been certified in pain medicine by the American Board of Psychiatry and Neurology or possess appropriate educational qualifications as judged by the RRC. The program director should have appropriate experience in pain medicine as a clinician, administrator, and educator.

The subspecialty program director has responsibility for the teaching program in pain medicine subject to the approval of the director of the core residency program.

B. Medical Director

The medical director of the pain medicine service may be someone other than the subspecialty program director. Recognizing the institutional and multidisciplinary nature of pain medicine, the primary specialty of the medical director is not as important as the provision that such an individual represent the best-qualified person within the institution.

C. Faculty

Qualified physicians with expertise in pain medicine must have a continuous and meaningful role in the subspecialty training program. Faculty involved in teaching subspecialty residents in pain medicine must possess expertise in the care of patients with acute, chronic, and cancer pain problems. Such expertise frequently crosses specialty boundaries. Thus, the program is encouraged to include faculty from American Board of Medical Specialties (ABMS)-recognized medical specialties other than psychiatry. Where appropriate, supervision and teaching by faculty in these and other disciplines should be incorporated into the teaching program for subspecialty residents in pain medicine.

At least three faculty with expertise in pain medicine should be involved in teaching pain medicine residents, and these should equal two or more full-time equivalents. A ratio of at least one full-time equivalent faculty member to two subspecialty residents shall be maintained.

IV. Facilities and Resources

A. Space and Equipment

A pain medicine center (clinic) must be located within a hospital/medical office complex and must be designed specifically for the management of patient pain. Space for research and teaching conferences in pain medicine must be available.

Appropriate monitoring and life-support equipment must be immediately available wherever invasive pain medicine procedures are performed.

There must be appropriate on-call facilities for male and female residents and faculty.

B. Support Services

The following functions and support must be available:

1. Appropriate laboratory facilities
2. Appropriate radiologic imaging facilities
3. Psychiatric/psychological services, including behavioral modification
4. Physical and/or occupational therapy
5. Social services
6. Medical record keeping
7. Other services including vocational, nursing, pharmacy, dietary, pastoral, and end-of-life care, as well as liaison with hospice and abuse services
8. Appropriate electrodiagnostic facilities

C. Patient Population

For each resident in the subspecialty of pain medicine each year, there must be a minimum of 200 new patients. A minimum of 15% of the resident's experience should be spent in managing each of the three types of pain problems: acute pain, chronic pain, and cancer pain.

There must be ready access to consultation from other disciplines involved in pain medicine.

D. Library

There must be a departmental library with adequate material relevant to pain medicine. This may be supplemented but not replaced by private faculty book collections and hospital or institutional libraries. There must be adequate computer facilities available for each resident, including literature search engines and Internet services.

V. The Educational Program

A. Educational Environment

An accredited program in pain medicine must provide education, training, and experience in an atmosphere of mutual respect between instructor and resident so that residents will be stimulated and prepared to apply acquired knowledge and talents independently.

B. Clinical Components

There should be exposure to a wide variety of clinical pain problems. Such exposure is necessary for the development of broad clinical skills and knowledge required for a specialist in pain medicine. Subspecialty training in pain medicine must include experience in the management of both inpatients and outpatients.

The resident must become familiar with theory, benefits, indications, and practical applications of the following procedures and techniques:

1. A broad range of peripheral nerve block procedures
2. Epidural and subarachnoid injections
3. Joint and bursal sac injections
4. Cryotherapeutic techniques
5. Epidural, subarachnoid, or peripheral neurolysis
6. Electrical stimulation techniques
7. Implanted epidural and intrathecal catheters, ports, and infusion pumps
8. Acupuncture and acupressure
9. Behavioral modification and biofeedback
10. Rehabilitative and restorative therapies

11. Hypnosis, stress management, and relaxation techniques
12. Trigeminal rhizolysis
13. Peripheral neurectomy and neurolysis
14. Sympathectomy techniques
15. Management of chronic headache
16. Alternative pain therapies
17. Neurosurgical ablative techniques
18. Prevention, recognition, and management of local anesthetic overdose, including airway management and resuscitation
19. Recognition and management of therapies, side effects, and complications of pharmacologic agents used in pain medicine

In addition to the above skills, the pain medicine resident must have significant experience in providing concise written and verbal consultation to other services, including evidence-based differential diagnosis, planning, potential complications of treatment(s), prognosis, and follow-up.

C. Didactic Components

The pain medicine curriculum must include the following topics in lectures and reading:

1. Anatomy and physiology of the pain projection system
2. Epidemiology, economic impact, and sociology of pain disorders
3. Pharmacology of opiates, nonnarcotic analgesics, nonsteroidal anti-inflammatory agents, and other medications commonly used in pain medicine
4. Pharmacology of centrally acting drugs used in pain medicine
5. Measurement and assessment of pain and function
6. Principles of neural stimulation
7. Indications and limitations of diagnostic testing, including electrodiagnostic evaluation
8. Nerve blocks in pain medicine
9. Neuroablative procedures
10. Behavioral, cognitive, and supportive psychotherapeutic treatment principles, including rehabilitation and the role of team management
11. Principles and techniques of acute pain medicine
12. Principles and techniques of cancer pain medicine, including death and dying, and the ethical principles involved in hospital, hospice, and home care
13. Principles and techniques of management of other chronic pain problems
14. Principles of physical therapy, occupational therapy, and rehabilitation of the patient with chronic pain
15. Principles of multidisciplinary approaches to pain medicine
16. Management of pain in children
17. Management of pain in the elderly
18. Principles and ethics of pain research in humans and animals
19. Organization and management of a pain medicine center
20. Continuing quality improvement, utilization review, and program evaluation
21. Disability assessment and rehabilitation management
22. Assessment and management of musculoskeletal conditions
23. Psychological screening tools to evaluate pain disorders
24. History and physical examination skills, including indications/contraindications and interpretation of diagnostic studies relating to pain disorders

D. Pain Center Management

Subspecialty residents in pain medicine must gain experience in the management of a pain center (clinic) with regards to appointment and training of nonphysician personnel, establishment of policies relating to management of pain problems, coordination of the activities of the pain center with other inpatient and outpatient services, and basic economics of pain-related health-care delivery.

E. Resident Teaching

The subspecialty resident in pain medicine must become experienced in teaching principles of pain medicine to resident physicians, medical students, and other health-care professionals.

F. Conferences

Pain medicine conferences must be held regularly. These should include morbidity and mortality conferences, journal reviews, and research seminars. Active participation in the planning and presentation of these conferences by the pain medicine resident and faculty is essential. Attendance at multidisciplinary conferences is encouraged.

VI. Scholarly Activity

The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, and psychiatry pain medicine training must be conducted in centers where there is active research activity both in clinical and basic neuroscience fields. This activity should include the following:

- A. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
- B. Participation in journal clubs and research conferences.
- C. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.
- D. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
- E. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
- F. Provision of support for resident participation in scholarly activities. The resident should have assigned time to conduct research or other scholarly activities. The goal for the resident should be at least one scientific presentation, abstract, or publication.

VII. Evaluation

- A. Faculty responsible for teaching subspecialty residents in psychiatry pain medicine must provide critical evaluations of each resident's progress and competence to the psychiatry pain medicine program director at the end of 6 months and 12 months of training. These evaluations should include attitude, interpersonal relationships, fund of knowledge, manual skills, patient management, decision-making skills, and critical analysis of clinical situations. The program director or designee must inform each resident of the results of evaluations at least every 6 months during training, advise the resident on areas needing improvement, and document the communication. Subspecialty residents in psychiatry pain medicine must obtain overall satisfactory evaluations at completion of 12 months of training to receive credit for training.
- B. Periodic evaluation of patient care (quality assurance) is mandatory. Subspecialty residents in psychiatry pain medicine should be involved in continuous quality improvement, utilization review, and risk management.

VIII. Board Certification

The record of its graduates in obtaining certification in pain medicine by ABMS certifying bodies represents one measure of the qual-

ity of a program. The RRC will consider this information as part of the overall evaluation of the program.

ACGME: June 2000 Effective: June 2000

Program Requirements for Residency Education in Psychosomatic Medicine (Psychiatry)

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction**A. Definition and Scope of the Specialty**

Psychosomatic Medicine is the discipline encompassing the study and practice of psychiatric disorders in patients with medical, surgical, obstetrical and neurological conditions, particularly for patients with complex and/or chronic conditions. Physicians specializing in psychosomatic medicine have expertise in the diagnosis and treatment of psychiatric disorders in complex medically ill patients. The practice of psychosomatic medicine requires comprehensive knowledge of patients with acute or chronic medical, neurological, or surgical illness in which psychiatric morbidity affects their medical care and/or quality of life; patients with somatoform disorder or with psychological factors in which psychiatric morbidity affects a physical condition; and patients with a psychiatric disorder that is the direct consequence of a primary medical condition.

B. Duration and Scope of Education

1. An accredited residency program in psychosomatic medicine must provide 12 months of supervised graduate education.
2. To be eligible for accreditation, the subspecialty program must function as an integral part of an accredited residency program in psychiatry. There must be a reporting relationship, to ensure compliance with the ACGME accreditation standards, from the program director of the subspecialty program to the program director of the parent psychiatry residency program.
3. Prior to entry into the program, each resident must be notified in writing of the required length of training.

II. Institutional Support**A. Sponsoring Institution**

One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

B. Participating Institutions

1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and ed-

educational and peer activities. Exceptions must be justified and prior-approved.

3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should
 - a. identify the faculty who will assume the educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.D. and VI.A of the Program Requirements;
 - b. outline the educational outcomes to be attained by the resident during the assignment;
 - c. specify the period of resident assignment;
 - d. establish the policies that will govern resident education during the assignment.

III. Resident Appointment

A. Eligibility Criteria

1. The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.
2. Subspecialty training in psychosomatic medicine is a voluntary component in the continuum of the educational process; such training should take place on satisfactory completion of an ACGME-accredited program in psychiatry.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfer

To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

1. The appointment of other residents requires a clear statement of the areas of training, clinical responsibilities, and duration of the special education. This statement must be supplied to the Residency Review Committee at the time the program is site visited.
2. The appointment of fellows and other specialty residents or students for special education must not dilute or detract from the educational opportunities of the regularly appointed psychosomatic residents. If such residents/trainees so appointed will, in the judgment of the Residency Review Committee, detract from the education of the regularly appointed psychosomatic residents, the accreditation status of the program may be adversely affected.

IV. Faculty

The program director and faculty are responsible for the general administration of the program and for the establishment

and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

A. Qualifications of the Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.
2. The program director must
 - a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.
 - b. be certified in psychosomatic medicine by the American Board of Psychiatry and Neurology or possess qualifications judged to be acceptable by the RRC.
 - c. be appointed in good standing and based at the primary teaching site.

B. Responsibilities of the Program Director

1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
2. Preparing an accurate statistical and narrative description of the program as requested by the RRC as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).
3. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair.
4. Grievance procedures and due process: The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.
5. Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.
6. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents, for example:
 - a. The addition or deletion of major participating institution(s) as specified in section II.B. of this document.
 - b. Change in the approved resident complement for those specialties that approve resident complement.
 - c. Change in the format of the educational program. On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

C. Faculty Qualifications

1. The physician faculty must
 - a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.

- b. be certified in psychosomatic medicine by the American Board of Psychiatry and Neurology or possess qualifications judged by the RRC to be acceptable.
 - c. be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities

1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the residents in the program. In addition to the program director, there must be a minimum of one additional physician faculty member who meets the requirements in IV.C. above.
2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.
3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

E. Other Program Personnel

The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program

The program design and sequencing of educational experiences will be approved by the RRC as part of the accreditation process. The educational program must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes that are essential for practice of the subspecialty.

A. Role of Program Director and Faculty

The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by

1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.
2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.
3. providing residents with direct experience in progressive responsibility for patient management. The responsibility given to residents in patient care should depend upon each resident's knowledge, problem-solving ability, manual skills, experience, and the severity and complexity of each patient's illness.

B. ACGME Competencies

The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. *Patient care* that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. *Medical knowledge* about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
3. *Practice-based learning and improvement* that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. *Interpersonal and communication skills* that result in effective information exchange and collaboration with patients, their families, and other health professionals.
5. *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. *Systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C. Components of the Educational Program

1. Curriculum

The training program must provide opportunities for residents to acquire advanced clinical knowledge and skills in the field of psychosomatic medicine. This objective must be accomplished by a combination of supervised clinical experiences and formal didactic conferences. The curriculum must assure residents the opportunity to acquire the cognitive knowledge, interpersonal skills, professional attitudes, and practical experience required of a psychiatrist with added qualifications in psychosomatic medicine. All major dimensions of the curriculum must be structured educational experiences guided by written goals and objectives as well as by specified teaching and evaluation methods. Educational experiences must be planned and faculty must attend and meaningfully participate.

2. Didactic experiences in psychosomatic medicine must provide residents with sufficient opportunity to develop knowledge, skill and proficiency involving
 - a. the nature and extent of psychiatric morbidity in medical illness and its treatments,
 - b. the impact of comorbid psychiatric disorders on the course of medical illness,
 - c. understanding of how and why patients respond to illness,
 - d. knowledge of appropriate treatment interventions for co-existing psychiatric disorders in the medically ill
 - e. psychological and psychiatric effects of new medical or surgical therapies,
 - f. the epidemiology of psychiatric illness and its treatment in medical disease, and
 - g. knowledge of the nature and factors that influence the physician/patient relationship.

D. Clinical Components

1. Patient Population

There must be an adequate number of patients representing both sexes with a wide variety of clinical problems to provide a patient population sufficient to meet the educational needs of the residents. The number of critically ill patients available for the residents at the primary clinical site should be sufficient to meet the educational goals of the program.

2. Clinical experiences in psychosomatic medicine must provide residents with sufficient opportunity for the psychiatric evaluation of individuals involving
 - a. psychiatric complications of medical illnesses,
 - b. psychiatric complications of medical treatments, especially medications, new surgical or medical procedures, transplantation, and a range of experimental therapies,
 - c. typical and atypical presentations of psychiatric disorders that are due to medical, neurological, and surgical illnesses,
 - d. evaluation and management of delirium, dementia, and secondary ("organic") psychiatric disorders,
 - e. evaluation and management of somatoform disorders, and chronic pain,
 - f. assessment of capacity to give informed consent for medical and surgical procedures in the presence of cognitive impairment
 - g. provision of non-pharmacologic interventions, including cognitive-behavioral psychotherapy, interpersonal psychotherapy, as well as focused, short-term psychotherapy in patients suffering the effects of complex medical disorders or their treatments,
 - h. indications for, and use of, psychotropics in specific medical, neurological, obstetrical, and surgical conditions,
 - i. interactions between psychotropic medications and the full-range of medications used for a variety of medical and surgical conditions,
 - j. collaboration with other physicians, and other members of the multidisciplinary treatment team,
 - k. teaching other physicians and other members of the multidisciplinary team how to recognize and respond to various psychiatric disorders,
 - l. leading an integrated psychosocial health care team in the medical setting.
3. Residents must participate in continuity of patient care.
4. A written statement defining the role of related disciplines must be in place outlining requirements for multidisciplinary care and resident interactions with other specialties.

E. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:
 - a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
 - b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
 - c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
 - d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.
2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

F. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents

- a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty. Supervision of the residents by psychosomatic faculty members must be available at all times.
- b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
- c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours

- a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

- a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
- b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical care.
- c. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.
- d. At-home call (pager call) is defined as call taken from outside the assigned institution.

- 1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable per-

sonal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

- 2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - 3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
4. Moonlighting
- a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
 - b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.
 - c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.
5. Oversight
- a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
 - b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

VI. Evaluation

A. Resident Evaluation

1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include
 - a. the use of methods that produce an accurate assessment of residents' competence.
 - b. mechanisms for providing regular and timely performance feedback to residents that includes at least
 - 1) written semiannual evaluation that is communicated to each resident in a timely manner and
 - 2) the maintenance of a record of evaluation for each resident that is accessible to the resident.
 - c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.
2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institu-

tion. The final evaluation of each resident must document proficiency in the following outcome areas:

- a. knowledge of abnormal behavior and psychiatric illnesses that occur among medical, neurological, obstetrics-gynecology, and surgical patients,
- b. knowledge of biological, psychological and social factors that influence the development, course and outcome of medical/surgical diseases,
- c. ability to diagnose and treat psychiatric disturbances that occur among the physically ill, including the administration of psychotropic medications to seriously ill patients,
- d. understanding of pharmacology, including the psychopharmacology of the medically ill, with emphasis on, and psychiatric side effects of, non-psychotropic medications and the interactions of psychotropic medications with other medications on the central nervous system,
- e. ability to provide consultation in medical and surgical settings,
- f. facilitative skills necessary to enhance the care of psychiatric disturbances among the physically ill through cooperative interaction with other physicians and allied health professionals,
- g. ability to effectively supervise medical students and residents performing consultations and to teach medical and surgical colleagues about psychiatric complications of physical illness,
- h. participation in the development of new knowledge, evaluation of research findings, and the continuing acquisition of new knowledge, through the development of good habits of inquiry,
- i. knowledge of the organizational and administrative skills needed to finance, staff, and manage a psychosomatic medicine service.

B. Faculty Evaluation

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.
2. Outcome assessment
 - a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
 - b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. When averaged over any five-year period, a minimum of 80% of all program graduates must successfully complete the examinations of the American Board of Psychiatry and Neurology.

VII. Experimentation and Innovation

A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

B. Requests for experimentation or innovative projects that may deviate from the program requirements must be RRC prior-approved and must include the educational rationale and a method for evaluating the project.

C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

VIII. Board Certification

Residents who plan to seek certification by the American Board of Psychiatry and Neurology should communicate with the Executive Vice President of the Board to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: June 2003 Effective: June 2003

Program Requirements for Graduate Medical Education in Sleep Medicine (Psychiatry)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

Sleep medicine is a discipline of medical practice in which sleep disorders are assessed, monitored, treated, and prevented by using a combination of techniques (clinical evaluation, physiologic testing, imaging, and intervention) and medication. Specialists in sleep medicine are expected to:

1. participate in an interdisciplinary care of patients of all ages that incorporates aspects of psychiatry, neurology, internal medicine, epidemiology, surgery, pediatrics and basic science;
2. acquire detailed knowledge of the sleep and respiratory control centers, physiology, and neurobiology underlying sleep and wakefulness;
3. diagnose and manage sleep disorder patients in outpatient and inpatient settings.

B. Duration and Scope of Education

1. All prerequisite fellowship education must be taken within programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.
2. The ACGME recognizes the following educational formats for entry into sleep medicine fellowships:

a) Fellows must complete 12 months of sleep fellowship education after the successful completion of one of the following prerequisite educational programs:

- (1) 3 years of internal medicine; or
- (2) 3 years of pediatrics
- (3) 4 years of psychiatry;
- (4) 4 years of neurology; or
- (5) 5 years of otolaryngology.

3. Training must be separate and distinct from all training required for certification in internal medicine, pediatrics, pulmonology, psychiatry, neurology, and otolaryngology, and include as well as didactic and clinical experience in the care of patients with sleep disorders in both inpatient and outpatient settings.

4. Training should provide clinical exposure to the following disciplines as related to sleep disorders:

- Cardiology
- Neurology
- Otolaryngology
- Oral Maxillofacial Surgery
- Pediatrics
- Pulmonary Medicine
- Psychiatry
- Psychology, including Neuropsychology

5. Relation of the Subspecialty to Core Programs

Fellowship programs in the subspecialty of sleep medicine may only be accredited in institutions where the sponsoring specialty has an ACGME-accredited residency program. The sponsoring program may be in internal medicine, psychiatry, pediatrics, neurology, or otolaryngology.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions. There is a limit of one accredited sleep medicine program per sponsoring institution.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:

- a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
- b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
- c) specify the duration and content of the educational experience; and
- d) state the policies and procedures that will govern fellow education during the assignment.

C. Institutional Facilities and Resources

1. Patient Population

- a) There must be an adequate number and variety of patients of all ages in both inpatient and outpatient settings to expose fellows to the board spectrum of sleep disorders. This should include experience across the major categories of sleep disorders, including: apnea and other sleep-related breathing

- disorders; parasomnias; circadian rhythm disorders; insomnia; narcolepsy and related excessive daytime sleepiness disorders; and sleep problems related to other factors and diseases such as medications, and psychiatric and medical disorders.
- b) Inpatient experience should include evaluation of a sufficient number of sleep disorder patients. Experience should include longitudinal management of patients for whom the fellow is the primary physician but acting under the supervision of a faculty member.
2. Facilities
- a) The facility should be appropriately equipped, and have a minimum of two fully-equipped polysomnography bedrooms and support space.
- b) There must be adequate space and equipment for the educational program, including meeting rooms, classrooms with audiovisual and other educational aids, office space for staff and fellows, pertinent library materials, and diagnostic, therapeutic, and research facilities.
3. Institutional Resources
- a) The sponsoring institution must provide sufficient institutional resources—including GME staff, space, equipment, supplies, and time—to allow for effective oversight of its programs accredited by the ACGME.
- b) In addition, there must be sufficient institutional resources to ensure that the programs accredited by the ACGME are implemented and developed effectively and in compliance with both the program and institutional requirements.
- c) The American Academy of Sleep Medicine or an equivalent body should accredit for the use of both adults and children the sleep laboratories and other related facilities and equipment.
4. Library
- a) Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions.
- b) Library services should include the electronic retrieval of information from medical databases.
- c) There must be access to an on-site library or to a collection of appropriate texts and journals in each institution that participates in a fellowship program. On-site libraries and/or collections of texts and journals, or access to the electronic retrieval of these materials, must be readily available during nights and weekends.
- a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
- b) The program director must be certified by the specialty board in sleep medicine or be certified in sleep medicine by an ABMS Member Board, or possess qualifications judged to be acceptable by the sponsoring RRC.
- c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
- a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
- b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
- c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
- d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
- (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved fellow complement for those specialties that approve fellow complement.
- On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program; he or she must be fully committed to the fellowship program, and devote sufficient time to provide leadership and supervision to the program and its fellows. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
 - a) The program that provides training in sleep medicine must have at least two core faculty, including the director, who are specialists in Internal Medicine, Pulmonology, Psychiatry, Pediatrics, Neurology, or Otolaryngology and who are certified in sleep medicine by the specialty board in sleep medicine or by the applicable ABMS board, or who possess qualifications judged acceptable by the sponsoring RRC.
 - b) For programs with more than four fellows, a ratio of one core faculty to every two fellows must be maintained.
 2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.
 - a) Appropriate expertise in the areas defined in Section I.B. above must be present between the director and faculty. The RRC recognizes that expertise in sleep medicine is available from physicians who are board certified in many medical specialties, particularly in Internal Medicine, Pulmonology, Psychiatry, Pediatrics, Neurology, and Otolaryngology; the RRC actively encourages multidisciplinary cooperation in the training of fellows.

b) There must be designated faculty available to participate in consultation and teaching from the following disciplines as they relate to sleep medicine and the management of sleep disorders:

Cardiology
Neurology
Otolaryngology
Oral Maxillofacial Surgery
Pediatrics
Pulmonary Medicine
Psychiatry
Psychology including neuropsychology

3. Qualifications of the physician faculty are as follows:

a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

b) The physician faculty must be certified by the applicable ABMS Board, or possess qualifications judged to be acceptable by the RRC.

c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:

a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;

c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

a) Nonphysician faculty must be appropriately qualified in their field.

b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

IV. Fellow Appointments

A. Eligibility Criteria

The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

B. Number of Fellows

The RRC will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

C. Fellow Transfers

To determine the appropriate level of education for fellows who are transferring from another fellowship program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of fellowship education for fellows who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities available to regularly appointed fellows.

E. Fellow/Patient Ratio

The number of patients must be sufficient to provide a sound educational program. The program director must ensure an adequate number and variety of patients, with particular attention to balance in the age and gender of patients, as well as in patients with short- and long-term sleep disorders, inpatients, and outpatients.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

C. Fellows Scholarly Activities

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

D. ACGME Competencies

The fellowship program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their fellows to demonstrate the following:

1. *Patient care* that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;

2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. **Practice-based learning and improvement** that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. **Interpersonal and communication skills** that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. Didactic Program

1. Fellows must have formal instruction in, and demonstrate comprehensive knowledge of:
 - a) Major theories in sleep medicine, together with a thorough grounding in the generally accepted facts and basic sleep mechanisms.
 - b) Biological, psychological, social, economic, ethnic, and familial factors, which significantly influence the evaluation and treatment of sleep disorders.
 - c) Etiologies, prevalence, diagnosis, and treatment of all of the sleep disorders in the current nosology of sleep medicine.
 - d) The use, reliability, and validity of the generally accepted techniques for diagnostic assessment.
 - e) Medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g., the relationship between hypertension and snoring)
 - f) The nature of the interactions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment; experience and/or familiarity with the major types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments, and other somatic therapies
 - g) Administration and interpretation of psychological tests
 - h) Financing and regulation of sleep medicine.
 - i) Medical ethics and its application in sleep medicine.
 - j) Legal aspects of sleep medicine.
 - k) Research methods in the clinical and basic sciences related to sleep medicine.
 - l) Technical skills including:
 - (1) skills necessary to perform polysomnographies from preparation and hookup of the patient to the completion of the study, including multiple sleep latency and maintenance of wakefulness tests.
 - (2) Scoring and interpretation of polysomnograms and recognition of artifacts, including full montages with additional EEG leads for seizure detection
 - (3) Consultative skills in sleep medicine in a variety of medical, surgical, and psychiatric settings
2. The Curriculum

The curriculum must include instruction in the following:

 - a) Fundamental mechanisms of sleep
 - b) Etiopathogenic characterization of sleep disorders
 - c) Clinical manifestations of sleep disorders
 - d) Diagnostic strategies in sleep disorders
 - e) Treatment strategies in sleep disorders
 - f) Epidemiological issues
 - g) Airway anatomy

3. Seminars and Conferences

- a) The training program must conduct a monthly, multidisciplinary teaching conference and a monthly journal club organized by the faculty on topics that cover the scope of sleep medicine.
- b) The training program must conduct seminars and core conferences, that include didactic instruction in the following; this instruction must be relevant for pediatric and adult patients:
 - (1) Basic neurological sleep mechanisms
 - (2) Chronobiological mechanisms
 - (3) Respiratory physiology during sleep and pathophysiology
 - (4) Cardiovascular physiology during sleep and pathophysiology
 - (5) Endocrine physiology during sleep and pathophysiology
 - (6) Gastrointestinal physiology during sleep and pathophysiology
 - (7) Ontogeny of sleep
 - (8) Sleep across the life span
 - (9) Operation of polysomnographic monitoring equipment
 - (10) Polysomnographic troubleshooting
 - (11) Ambulatory monitoring methodology
 - (12) Polysomnogram interpretation
 - (13) SIDs and related respiratory distress
 - (14) Nosology for sleep disorders: The International Classification of Sleep Disorders
 - (15) Evaluation of patients presenting with excessive sleepiness
 - (16) Evaluation of patients presenting with difficulty initiating or maintaining sleep
 - (17) Evaluation of patients presenting with parasomnias
 - (18) Biological rhythm disorders
 - (19) Pediatric and neonatal sleep medicine
 - (20) Treatment approaches for obstructive sleep apnea, to include nasal CPAP, bilevel PAP, upper airway surgery, oral appliances, and position training
 - (21) Treatment approaches for insomnia, to include cognitive-behavioral therapies and pharmacological therapy
 - (22) Treatment approaches for narcolepsy and idiopathic CNS hypersomnolence
 - (23) Treatment approaches for parasomnias
 - (24) Treatment of circadian rhythm disorders
 - (25) Pharmacology of sleep (i.e. medication effects on sleep)

F. Clinical Components

1. Clinical Skills

Fellows must have formal instruction, clinical experience, and demonstrate competence at the completion of training in the management of sleep disorders in all age groups including following:

 - a) interviewing
 - b) clear and accurate history taking
 - c) performing competent physical, neurological, and mental status examinations
 - d) recording of findings completely and systematically
 - e) relating history and clinical findings to the relevant medical, neurologic, psychiatric, and social issues associated with etiology and treatment
 - f) formulating a differential diagnosis for all conditions in the current standard nosology, taking into consideration all relevant data.
 - g) diagnosing medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurologic, and psychiatric conditions
 - h) formulating appropriate treatment plans and making appropriate referrals

- i) providing continuous care for a variety of patients from different age groups, seen regularly and frequently over an extended time, in a variety of treatment modalities; being able to relate to patients and their families, as well as other members of the health care team, with compassion, respect, and professional integrity
 - j) Certification in cardiopulmonary resuscitation
2. Clinical Training
- a) Fellows must have formal instruction, clinical experience, and demonstrate competence at the completion of training in the following:
 - (1) The observation, evaluation, and management of patients of all ages with a wide variety of sleep disorders
 - (2) The integration of information obtained from patient history, physical examination, physiologic recordings, imaging studies, psychometric testing, pulmonary function testing, and biochemical and molecular tests results to arrive at an accurate and timely diagnosis and treatment plan.
 - (3) The indications for and potential pitfalls and limitations of diagnostic tests and the interpretation of the results in the context of the clinical situation. These diagnostic tests must include the following: polysomnography, multiple sleep latency testing, maintenance of wakefulness testing, actigraphy, and portable monitoring related to sleep disorders, imaging studies, magnetic resonance imaging, scoring and interpretation of polysomnograms and recognition of artifacts, including montages with additional EEG leads for seizure detection, and psychological and psychometric tests as they relate to sleep disorders.
 - (4) The development and execution of plans for evaluation and treatment, including the appropriate technical skills necessary to perform polysomnography from preparation and hookup of the patient to the completion of the study, including multiple sleep latency tests, maintenance of wakefulness tests, and other diagnostic studies
 - (5) The critical appraisal of the professional and scientific literature and application of new contributions to management and care of patients.
 - b. Fellows must have formal instruction and clinical experience in systems-based skills that include working in outpatient and inpatient settings and effectively utilizing health care resources, including pathology and radiology services.
 - (1) Clinical experiences that provide for basic and advanced training and education, as well as professional development
 - (2) Opportunities to formulate a clinical diagnosis and to order and use laboratory data to clinically evaluate a patient's condition and to support outpatient and inpatient diagnostic evaluations
 - (3) Progressive experience for training that includes caring for a sufficient number of sleep disorder patients to achieve competence in the assessment of patients with a wide range of sleep medicine disorders
 - (4) Experience with medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g., the relationship between hypertension and snoring); ability to diagnose medical and psychiatric sleep disorders, as well as sleep disorders associated with common medical, neurologic, and psychiatric conditions; to formulate appropriate treatment plans; and to make appropriate referrals.
 - (5) Experience with interactions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment; experience and/or familiarity with the major

types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments, and other somatic therapies; competence in sleep medicine consultation in a variety of medical, surgical and psychiatric settings.

- (6) Experience in sleep disorders center administration, especially leadership of interdisciplinary teams.
- (7) Supervised experience in teaching sleep medicine to students in the health professions.
- (8) Trainees should make regular patient management rounds and record reviews with the attending faculty.

VI. Fellow Duty Hours and the Working Environment

Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the fellowship program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up

to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty.
4. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
 - c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because fellowship education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the fellowship program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance. Fellows' evaluation by faculty must be made at least once every two months so that areas of weakness and strength may be communicated to the fellows.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the fellowship program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program

are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

Fellows who plan to seek certification in Sleep Medicine by the American Board of Medical Specialties should communicate with the office of the board regarding the full requirements for certification.

Approved by ACGME: June 2004 Effective: June 2004

Program Requirements for Graduate Medical Education in Diagnostic Radiology

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

Preface

The program requirements set forth here are to be considered common to all specialties, and are complete only when supplemented, where indicated and individually, by each specialty.

I. Introduction

A. Definition and Scope of the Specialty

Diagnostic radiology encompasses a variety of diagnostic and image-guided therapeutic techniques, including all aspects of radiological diagnosis, nuclear radiology, diagnostic ultrasound, magnetic resonance, computed tomography, interventional procedures, and the use of other forms of radiant energy. The residency program in diagnostic radiology shall offer a quality graduate medical educational experience of adequate scope and depth in all of these associated diagnostic disciplines.

B. Duration and Scope of Education

Resident education in diagnostic radiology must include 5 years of clinically oriented graduate medical education, of which 4 years must be in diagnostic radiology. The clinical year must consist of Accreditation Council for Graduate Medical Education (ACGME), Royal College of Physicians and Surgeons of Canada (RCPSC), or equivalent accredited training in internal medicine, pediatrics, surgery or surgical specialties, obstetrics and gynecology, neurology, family practice, emergency medicine, or any combination of these, or an ACGME or equivalent accredited transitional year.

If the clinical year is offered by the institution of the core residency, and it is not itself an ACGME-accredited year, the program director will be responsible for assuring the quality of the year.

The diagnostic radiology program shall offer a minimum of 4 years of graduate medical education (including vacation and meeting time) in diagnostic radiology, of which at least 42 months of training must be in the parent or integrated institution(s). (Time spent attending the AFIP course is excluded.) The minimum period of training in nuclear radiology shall be 6 months. The maximum period of training in any subspecialty area shall be 12 months.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives, and should provide resources not otherwise available to the program. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document per Sections III.B. and VII.A. of the Program Requirements;
 - c. specify the duration and content of the educational experience; and
 - d. state the policies and procedures that will govern resident education during the assignment.
 3. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. All participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved by the RRC.
 4. Integrated and Affiliated Institutions

Institutions may participate on an affiliated or an integrated basis. When another institution is utilized and a single program director assumes responsibility for the entire residency, including the appointment of all residents and teaching staff, that institution is designated as integrated. Within a single program some participating hospitals may qualify as integrated, while others are merely affiliated. Rotations to affiliated institutions may not exceed 6 months during the 4 years of training. (Time spent attending the AFIP course is excluded.) Rotations to integrated institutions are not limited in duration. Participation by any affiliated institution providing more than 3 months of training must be approved by the RRC. Prior approval of the RRC must be obtained for participation of an institution on an integrated basis, regardless of the duration of the rotations.

Affiliation shall be avoided with institutions that are at such a distance from the parent institution as to make resident attendance at rounds and conferences impractical, unless there is a comparable educational experience at the affiliated institution.

Service responsibility alone at a participating institution does not constitute a suitable educational experience.
- b. The program director must be certified in the specialty by the American Board of Radiology or possess qualifications judged to be acceptable by the RRC.
 - c. The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
 - a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
 - b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
 - c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - 1) the addition or deletion of a participating institution to which rotations total 3 months or more; prior approval is required for addition or deletion of an integrated institution, regardless of the rotation duration;
 - 2) a change in the format of the educational program;
 - 3) a change in the approved resident complement
 - 4) On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.
 5. The program director must be provided at least one day a week protected time to fulfill the responsibilities inherent in meeting the educational goals of the program, and must have appropriate authority to organize and fulfill administrative teaching responsibilities to achieve the educational goals.
 6. A complete curriculum vitae of the program director shall be filed with the Executive Director of the RRC at the time of appointment and updated with each review of the program by the RRC.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities, including at least 3 years of participation as an active faculty member in an accredited residency program.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. As noted (IV.B.2.), there must be at a minimum one full-time equivalent faculty member at the parent and integrated institutions for every resident in the program. All members of the faculty must have their academic appointment in the department of radiology.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

- b. The physician faculty must be certified in the specialty by the American Board of Radiology or possess qualifications judged to be acceptable by the RRC.
 - c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. While not all members of a teaching faculty must be investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity. *Scholarship* is defined as the following:
- a. the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b. the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c. the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.
- Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
- a. Nonphysician faculty must be appropriately qualified in their field.
 - b. Nonphysician faculty must possess appropriate institutional appointments.
6. Didactic and clinical teaching must be provided by faculty with documented interests and expertise in the subspecialty involved. The teaching faculty responsible for the training in each designated subspecialty area must demonstrate a commitment to the subspecialty. Such commitment may be demonstrated by any of the following: (1) fellowship training or 3 years of subspecialty practice; (2) membership in a subspecialty society; (3) publications and presentations in the subspecialty; (4) annual CME credits in the subspecialty.
7. At least one physician faculty member must be designated to have primary responsibility for the educational content of each of the nine subspecialty areas. This individual must practice at least 50% of his or her time in the department. The nine subspecialty areas are neuroradiology, musculoskeletal radiology, vascular and interventional radiology, chest radiology, breast imaging, abdominal radiology, pediatric radiology, ultrasonography (including obstetrical and vascular ultrasound), and nuclear radiology. No faculty member may have primary responsibility for the educational content of more than one subspecialty area, although faculty may have clinical responsibility and/or teaching responsibilities in several subspecialty areas. A pediatric radiologist may have a primary appointment at another institution and still be the designated faculty member supervising pediatric radiologic education.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program. A dedicated residency program coordinator is required.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. The program must provide not only adequate space, equipment, and other pertinent facilities to ensure an effective educational experience for residents in diagnostic radiology but also the modern facilities and equipment required in all of the subspecialty rotations.
2. There must be 24-hour access to an on-site departmental library or to a collection of journals, references, and resource materials pertinent to progressive levels of education in diagnostic radiology and associated fields in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must include standard diagnostic radiology and radiological subspecialty textbooks and major radiology journals.
3. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions. The institutional library must have facilities for electronic retrieval of information from medical databases and on-line literature searches.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents

The RRC will approve the number of residents based upon the adequacy of resources for resident education, i.e., the quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. The complement of residents must be commensurate with the total capacity of the program to offer an adequate educational experience in diagnostic radiology. A reasonable volume of radiologic examinations is no less than 7000 per year per resident. The number of examinations in each of the subspecialty areas must be of sufficient volume to ensure adequate training experience.
2. At a minimum, there must be one full-time equivalent faculty member at the parent and integrated institutions for every resident in training in the program.
3. Peer contact and discussion are as important to the learning process as contact with teaching faculty. The number of diagnostic radiology residents in the program must be sufficient to provide for frequent and meaningful discussion with peers as well as to provide appropriate coverage for adequate patient care. Appointment of a minimum of eight residents with, on average, two appointed each year, is required for an efficient learning environment. Prior approval by the RRC is required for an increase in the number of residents.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum**A. Program Design****1. Format**

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management as they advance through the program. The educational program must culminate in sufficiently independent responsibility for clinical decision-making to ensure that the graduating resident has developed sound clinical judgment.

The level of resident responsibility should be increased progressively with each year of education. This includes responsibility in patient care, leadership, teaching, and practice management. Senior residents should supervise or act as consultants to junior residents and medical students.

The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of resident education by ensuring that residents continue to be involved in clinical responsibilities throughout residency. Full-time participation in educational conferences, clinical services, and call responsibilities is expected at all levels of training, including the entire final year of residency.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

All residents should have training in critical thinking skills and outcomes research. During their training, all residents should be encouraged to engage in an investigative project under faculty supervision. This may take the form of laboratory research, clinical research, or the retrospective analysis of data from patients, and results of such projects shall be suitable for publication or presentation at local, regional, or national scientific meetings.

D. ACGME Competencies

The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. **Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;

3. **Practice-based learning and improvement** that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;

4. **Interpersonal and communication skills** that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;

5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;

6. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. Didactic Components

The education in diagnostic radiology must occur in an environment that encourages the interchange of knowledge and experience among residents in the program and with residents in other major clinical specialties located in those institutions participating in the program.

Diagnostic radiologic physics, radiation biology, radiation protection, and pathology are required elements of the curriculum. In view of the importance of understanding pathology as a basis for radiologic diagnosis, emphasis should be placed on its study. Radiologic/pathologic conferences are required for those residents who do not participate in formalized extramural pathology teaching programs. Didactic instruction in molecular imaging should be offered.

Teaching files (electronic or film) of cases related to all aspects of diagnostic radiology must be available for use by residents. Aggregates of these files should contain a minimum of 1000 cases that are actively maintained and continually enhanced with new cases. The American College of Radiology learning file or its equivalent should be available to residents; this only partially meets the teaching file requirements.

Conferences and teaching rounds must be correlated and provide for progressive resident participation. There should be intradepartmental conferences as well as interdepartmental conferences of appropriate frequency with each major clinical department in which both residents and faculty participate on a regular basis.

F. Clinical Components

The program in diagnostic radiology must provide a sufficient volume and variety of patients to ensure that residents gain experience in the full range of radiologic examinations, procedures, and interpretations. A reasonable volume is no less than 75000 total radiologic examinations at the parent or integrated program, and no less than 7,000 radiologic examinations per year per resident. The number of examinations in each of the subspecialty areas must be of sufficient volume to ensure adequate training experience. If volume in any subspecialty area is less than acceptable, a plan must be developed to increase trainee exposure. The presence of residents and subspecialty residents from outside institutions for limited rotations should not dilute the educational experience of the core program residents.

The clinical training must provide for progressive, supervised responsibility for patient care and must ensure that the supervised resident performs those procedures commonly accepted in all aspects of diagnostic radiology. The training must include progressive

study and experience in all of the diagnostic radiologic subspecialties. The training program should ensure sufficient time to gain experience in neuroradiology, musculoskeletal radiology, vascular and interventional radiology, chest radiology, breast imaging, abdominal radiology, pediatric radiology, ultrasonography (including obstetrical and vascular ultrasound), and nuclear radiology. There must be a minimum of 12 weeks of clinical rotations in breast imaging. Each resident should have documentation of the interpretation/multi-reading of at least 240 mammograms within a 6-month period within the last 2 years of the residency program.

Additionally, each resident must have documented supervised experience in interventional procedures, for example, image-guided biopsies, drainage procedures, noncoronary angioplasty, embolization and infusion procedures, and percutaneous introduction techniques.

The program director must require that residents maintain a record (electronic or written) in which they document the performance, interpretation, and complications of vascular, interventional, and invasive procedures. The record must be reviewed by the program director or faculty designee on a yearly basis.

Training and clinical experience are required in plain film interpretation, computed tomography, magnetic resonance imaging, angiography, and nuclear radiology examinations of the cardiovascular system (heart and great vessels). This training must include both the adult and the pediatric age group. The program must also provide didactic instruction in cardiac anatomy, physiology, and pathology, including the coronary arteries.

Radiologic education in different organ systems must provide the opportunity for residents to develop adequate knowledge regarding normal and pathologic physiology, including the biologic and pharmacologic actions of materials administered to patients in diagnostic studies.

Each resident must have basic life-support training, and advanced cardiac life-support training is recommended.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Faculty supervision must be available at all sites of training. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

The responsibility or independence given to residents should depend on their knowledge, manual skills, and experience. The resident in the first year of training in the diagnostic radiology program must have a minimum of 6 months of training in diagnostic radiology prior to independent in-house on-call responsibilities. Residents must always have faculty backup when taking night or weekend call. All radiologic images must be reviewed and all reports must be signed by faculty.

2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. During this time, residents may complete call activities and participate with faculty in read-out sessions of the previous night's cases.
3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as reading a new study or participating in an interventional procedure on a patient for whom the resident has not previously provided care.
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
 - a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not

interfere with the ability of the resident to achieve the goals and objectives of the educational program.

2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

The RRC for Diagnostic Radiology will not consider requests for exception to the limit to 80 hours per week, averaged monthly.

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b. Assessment should include the regular and timely performance feedback to residents. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.

Written evaluation of each resident's progress and competence should be conducted preferably at the end of each rotation, but not less than four times yearly. The program director or the program director's designee must meet with all the residents at least semiannually to discuss these written evaluations and provide feedback on performance.

Residents should be advanced to positions of higher responsibility only on the basis of their satisfactory progressive professional growth and scholarship. More frequent reviews of performance for residents experiencing difficulties or receiving unfavorable evaluations are required. When a resident fails to progress satisfactorily, a written plan identifying the problems and addressing how they can be corrected must be placed in his or her individual file.

- c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.
2. Final Evaluation

The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMCC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. During the most recent 5-year period, at least 50% of its graduates should pass without condition the written and oral examinations on the first attempt. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Radiology should communicate with the Executive Director of the Board regarding the full requirements for certification, including duration of training.

Duty Hours and editorial revisions: July 1, 2003

Duty Hours section effective: July 1, 2003

Editorial revisions: December 2003

Revised common requirements: July 2004

Policies and Procedures for Residency Education in the Subspecialties of Diagnostic Radiology

Subspecialty programs must be administratively linked to an accredited core residency program in diagnostic radiology. (The only exception is pediatric radiology, as discussed below.) An application for accreditation of a new subspecialty program will be considered only if the core program has full accreditation. An application will not be accepted for review if the core program in diagnostic radiology is accredited on a provisional or a probationary basis, or if it has been accredited with a warning that adverse action will be taken if it is not in substantial compliance with the *Essentials of Accredited Residencies in Graduate Medical Education* at the time of the next review.

A subspecialty program in pediatric radiology may not necessarily be administratively linked to an accredited core residency program in diagnostic radiology if the pediatric radiology program is conducted in a children's hospital. In such a case, the subspecialty program may be considered free-standing and, therefore, not required to be under the sponsorship of a diagnostic radiology residency program.

An on-site survey of the proposed program is required for the initial review by the Residency Review Committee. Accreditation will be granted on the basis of the application and the written report from the on-site survey of the proposed program. Following the initial approval, the subspecialty program will be surveyed and reviewed in conjunction with the core diagnostic radiology program.

Subspecialty programs will be designated as "accredited" or "non-accredited." No other delineation of accreditation categories will be used. The accreditation status of the subspecialty program will be directly related to that of the core diagnostic radiology program, as follows:

Subspecialty programs may be cited for deficiencies and advised that either the deficiencies must be corrected by the specified time or accreditation will be withdrawn regardless of the accreditation status of the associated diagnostic radiology program.

If the associated diagnostic radiology program is accredited on a probationary basis, or accredited with a warning that adverse action will be taken, the subspecialty program will be informed that its accreditation status is also in jeopardy. Thereafter, accreditation of the subspecialty programs will be withdrawn if the Residency Review Committee finds that the sponsoring institution(s) is (are) not making satisfactory progress in addressing the adverse accreditation status of the core diagnostic radiology program.

Withdrawal of accreditation of the core diagnostic radiology residency program will result in simultaneous withdrawal of accreditation of the subspecialty program.

In the case of withholding of accreditation or withdrawing accreditation of subspecialty programs, the *Procedures for Proposed Adverse Actions* and the *Procedures for Appeal of Adverse Actions* apply.

Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

Preface

The program requirements set forth here are to be considered common to all specialties, and are complete only when supplemented, where indicated and individually, by each specialty.

These requirements apply to all of the accredited subspecialty areas of diagnostic radiology and should be consulted along with the individual subspecialty Program Requirements

I. General Information

A. A residency education program in a subspecialty of diagnostic radiology is an educational experience of at least 1 year designed to develop advanced knowledge and skills in a specific clinical area. All educational components of the program should be related to program goals. The program design and/or structure must be approved by the Residency Review Committee (RRC) as part of the regular review process.

Prerequisite training for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a diagnostic radiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), or other training judged suitable by the program director.

B. Residency education programs in the subspecialties of diagnostic radiology may be accredited only in institutions that either sponsor a residency education program in diagnostic radiology accredited by the ACGME or are integrated by formal agreement into such programs. (See Program Requirements for Pediatric Radiology for exceptions to this requirement.) Close cooperation between the subspecialty and residency program directors is required.

C. Subspecialty programs will not be approved if they have substantial negative impact on the education of the diagnostic radiology residents in the core program.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

A maximum of three months of the subspecialty program may be spent in rotations to affiliated institutions.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern the education of fellows during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the subspecialty program. The person designated with this authority is accountable for the operation of the program. In the event of a change of program director, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
2. The program director, together with the faculty, is responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining appropriate continuity of leadership.
3. Qualifications of a program director are as follows:
 - a. The program director must possess the requisite subspecialty expertise, as well as documented educational and administrative abilities.
 - b. The program director must be certified in the specialty by the American Board of Radiology in Diagnostic Radiology or Radiology, or possess qualifications judged to be acceptable by the RRC, and shall have had postresidency experience in the subspecialty, preferably fellowship training
(See *Program Requirements for Residency Education in the individual subspecialties for subspecialty certification requirements for the program director.*)
 - c. The program director must be appointed in good standing and based at the primary teaching site.
 - d. The program director must be an experienced educator and supervisor of fellows in the subspecialty.
 - e. The program director must be a member of the radiology faculty, spend essentially all professional time in the subspecialty, and devote sufficient time to fulfill all responsibilities inherent in meeting the educational goals of the program.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate supervision of fellows at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as es-

tablished by the sponsoring institution and in compliance with the Institutional Requirements.

- d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the number of fellows for which the program is approved by the RRC.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, sound clinical and teaching abilities, support of the goals and objectives of the educational program of which they are a member, and a commitment to their own continuing medical education and participation in scholarly activities.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite subspecialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified by the American Board of Radiology in Diagnostic Radiology or Radiology, or possess qualifications judged to be acceptable by the RRC. (See Program Requirements for Residency Education in the individual subspecialties for faculty subspecialty certification requirements.)
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.
5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.

- b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the administration and educational conduct of the program.

Facilities and Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. Space and Equipment

(See *Program Requirements for Residency Education in the individual subspecialties for space and equipment requirements.*)

2. Library

Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangement with convenient nearby institutions. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. Access to computerized literature search facilities is necessary. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Fellow Appointments

A. Eligibility Criteria

The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

Prerequisite training for entry into a subspecialty fellowship program of Diagnostic radiology should include the satisfactory completion of a diagnostic radiology residency program accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada (RCPSC), or other training judged suitable by the program director.

B. Number of Fellows

The RRC will approve the number of fellows based upon the adequacy of resources for education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

(See *Program Requirements for Residency Education in the individual subspecialties for required faculty to fellow ratio.*)

C. Transfer of Fellows

To determine the appropriate level of education for fellows who are transferring from another subspecialty fellowship program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to their acceptance into the program. A program director is required to provide verification of fellowship training for fellows who may leave the program prior to completion of their training.

D. Subspecialty Fellow/Core Residents

The subspecialty fellowship program must not dilute or detract from the educational opportunities available to residents in the core Diagnostic Radiology residency program.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

A subspecialty fellowship program must provide advanced education so that the fellows can acquire special skill and knowledge in a specific subspecialty. This education should consist of a cognitive and a technical component. The cognitive component should emphasize the scholarly attributes of self-instruction, teaching, skilled clinical analysis, sound judgment, and research creativity. The technical component must provide appropriate opportunity for the fellows to acquire the operative and other psychomotor skills required for the practice of the subspecialty.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

B. Subspecialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

1. Clinical Components

A sufficient number of patients must be available to ensure appropriate inpatient and outpatient experience for each subspecialty fellow without adversely affecting the experience of residents in the diagnostic radiology core program.

2. Didactic Components

Subspecialty conferences, including review of all current complications and deaths, seminars, and clinical and basic science instruction, must be regularly scheduled. Active participation of the subspecialty fellow in the planning and the production of these meetings is essential.

C. Scholarly Activities: Fellows

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

(See *Program Requirements for Residency Education in the individual subspecialties for participation of fellows in research.*)

VI. Duty Hours and the Working Environment

Providing fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and the well-being of the fellow. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energy. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

A. Supervision of Fellows

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

A fellow must have the opportunity to provide consultation with faculty supervision. He or she should have clearly defined educational responsibilities for diagnostic radiology residents, medical students, and professional personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.

There must be close interaction between the core residency program in diagnostic radiology and the subspecialty program. Lines of responsibility for the diagnostic radiology residents and the subspecialty fellow must be clearly defined. It is imperative that the educational program for the subspecialty fellow not adversely affect the education of the diagnostic radiology residents, in terms of either experience or patient responsibility.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the subspecialty program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day when fellows are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. During this time, fellows may complete call activities and participate in read-out sessions with faculty of the previous night's cases.
3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as reading a new study or participating in an interventional procedure on a patient for whom the fellow has not previously provided care.
4. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.

- c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because subspecialty fellowship training is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fatigue sufficient to jeopardize patient care.

F. Duty Hours Exception

The RRC for Diagnostic Radiology will not consider requests for exception to the limit to 80 hours per week, averaged monthly.

VII. Evaluation

A. Fellow

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the subspecialty fellowship program must demonstrate that it has an effective mechanism for assessing performance of fellows throughout the program, and for utilizing the results to improve performance.

- a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to fellows that includes at least quarterly written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

2. Final Evaluation

The program director must provide a written final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be

part of the fellow's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the subspecialty fellowship program. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

IX. Certification

(See Program Requirements for Residency Education in the individual subspecialties for subspecialty certification requirements for program graduates.)

Editorial Revision: July 2004

Program Requirements for Residency Education in Abdominal Radiology (Radiology-Diagnostic)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology, programs must comply with the following requirements, which in some cases may exceed the common requirements.

I. Scope and Duration of Training

A. Definition and Scope of the Specialty

Abdominal radiology constitutes the application and interpretation of conventional radiology, computed tomography, ultrasonography, magnetic resonance (MR) imaging, nuclear medicine, fluoroscopy, and interventional methods customarily included within the specialty of diagnostic radiology as they apply to diseases involving the gastrointestinal tract, genitourinary tract, and the intraperitoneal and extra peritoneal abdominal organs.

The program must be organized to enhance substantially the residents' knowledge of the application of all forms of diagnostic imaging and interventional techniques to the unique clinical pathophysiologic problems encountered in diseases affecting the gastrointestinal and genitourinary systems. The program should include education in normal and pathologic anatomy and physiology of gastrointestinal and genitourinary disease and be structured to develop expertise in the appropriate application of all forms of diagnostic imaging and interventions to problems of the abdomen and pelvis.

B. Duration of Training

Prerequisite training for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a diagnostic radiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), or other training judged suitable by the program director.

II. Faculty Qualifications and Responsibilities

The director of the program in abdominal radiology must be an experienced educator and supervisor of residents in abdominal radiology. The program director must be certified by the American Board of Radiology in radiology or diagnostic radiology, or possess equivalent qualifications, and shall have had postresidency experience in abdominal radiology, preferably fellowship training.

The faculty should include, in addition to the program director, at least one other full-time radiologist specializing in abdominal radiology. At a minimum, the program faculty must have two full-time equivalent faculty members dedicated to the program. Although it is desirable that abdominal radiologists supervise special imaging such as computed tomography, ultrasonography, and magnetic resonance imaging, in instances where they are not expert in a special imaging technique, other radiologists who are specialists in those areas must be part-time members of the abdominal radiology faculty. The faculty must provide didactic teaching and supervision of the residents' performance and interpretation of all abdominal imaging procedures.

(See Program Requirements for the Subspecialties of Diagnostic Radiology for additional program director and faculty requirements.)

The total number of residents in the program must be commensurate with the capacity of the program to offer an adequate educational experience in abdominal radiology. The minimum number of residents need not be greater than one, but at least two residents is desirable. To ensure adequate supervision and evaluation of the residents' academic progress, the faculty/resident ratio should not be less than one faculty member to each resident.

III. Facilities and Resources

A. Space and Equipment

Modern imaging equipment and adequate space must be available to accomplish the overall educational program in abdominal radiology. There must be state-of-the-art equipment for conventional radi-

ography, digital fluoroscopy, computed tomography, ultrasonography, nuclear medicine, and magnetic resonance imaging. Laboratory and pathology services must be adequate to support the educational experience in abdominal radiology. Adequate areas for display of images, interpretation of images, and consultation with clinicians must be available.

B. Library

Ancillary teaching resources must include access to a medical library. A variety of textbooks, journals, and other teaching materials in abdominal radiology and related medical and surgical fields must be available. A subspecialty teaching file and in-house file must be actively developed and available for use by residents. The ACR teaching files in gastrointestinal and genitourinary radiology only partially meet this requirement.

IV. Educational Program

A. Clinical Components

The program must provide both clinical and didactic experiences that encompass the full breadth of diseases and their pathophysiology, including coverage of uncommon problems involving the gastrointestinal tract, genitourinary tract, and abdomen, including but not limited to the liver and biliary system, pancreas, stomach, esophagus, small bowel, colon, spleen, kidneys, adrenal glands, bladder, male and female reproductive systems, and lymphatic system.

The program must provide an adequate volume and variety of imaging studies and interventional procedures and must provide instruction in their indications, appropriate utilization, risks, and alternatives. The resident must have the opportunity to perform the abdominal imaging studies, including: urethrography; urography; cystography; hysterosalpingography; computed tomography; ultrasonography; MR imaging; and plain radiographic and fluoroscopic studies of the hollow gastrointestinal tract.

The resident also must gain experience in performing guided biopsies of intraperitoneal and retroperitoneal structures and aspiration and drainage of abscesses. The resident must be familiar with the indications and complications of percutaneous nephrostomy and transhepatic cholangiography and obtain experience in providing fluoroscopic guidance for the dilation of gastrointestinal, biliary, pancreatic, and ureteric duct strictures. Interpretation of endoscopic retrograde cholangiopancreatography (ERCP) and operative cholangiography must be taught. The program also should provide opportunity, through conferences and individual consultation, for the residents to integrate invasive procedures, where indicated, into optimal care plans for patients, even though formal responsibility for performing the procedures may not be part of the program.

The program must provide instruction in the indications for, as well as the complications of, certain procedures, such as visceral angiography, tumor embolization, radionuclide scintigraphy, lithotripsy, gastrostomy, nephrostomy, and cholecystostomy.

Graded responsibility or independence given to residents should depend on their knowledge, technical skill, and experience. Attending faculty must be available to perform and/or supervise procedures as required.

B. Didactic Components

A major goal of the didactic portion of the training program should be to provide the resident with understanding of the pathophysiology of diseases that affect the gastrointestinal and genitourinary tracts. Diagnostic skill and understanding of uncommon problems in abdominal disease, as well as of the indications, risks, limitations, alternatives, and appropriate utilization of imaging and

interventional procedures, should be part of the body of knowledge imparted.

Education must be available in the basic radiologic sciences, e.g., diagnostic radiologic physics, radiation biology, and the pharmacology of radiographic contrast materials.

There must be intradepartmental conferences, as well as conferences with related clinical departments, in which residents in abdominal radiology participate on a regular basis. These should include one or more weekly departmental conferences in abdominal radiology, and at least one monthly interdepartmental clinical conference.

Residents must be given the opportunity to present the radiologic aspects of cases in combined clinical conferences related to allied disciplines. They also should prepare clinically and/or pathologically proven cases for inclusion in an ongoing teaching file. There must be daily image interpretation sessions that require that residents reach their own diagnostic conclusions, which then are reviewed and critiqued by faculty. Diagnostic reports generated by residents should be closely reviewed for content, level of confidence, grammar, and style.

Residents should be encouraged to attend and participate in regional conferences. They should attend at least one national meeting or postgraduate course in abdominal radiology during the year of fellowship training.

C. Additional Required Components

There should be an ACGME-accredited residency or subspecialty training program available in general surgery, gastroenterology, oncology, urology, gynecology, and pathology; at a minimum there must be Board-certified (or equivalent) specialists in these areas to provide appropriate patient populations and educational resources in the institution. These specialists may serve as additional faculty.

D. Scholarly Activities

The training program should have a research component that offers an opportunity for residents to learn the fundamentals of design, performance, and interpretation of research studies, as well as how to evaluate investigative methods. Particular attention should be given to developing competence in critical assessment of new imaging modalities and of the radiologic literature, and residents will be expected to participate actively in research projects. The program must provide sufficient office space, supplies, and secretarial support to enable residents to conduct research projects as well as perform literature searches, manuscript preparation, statistical analysis, and photography.

V. Duty Hours and Conditions of Work

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning evaluation requirements.)

VI. Evaluation

(See Program Requirements for the Subspecialties of Diagnostic Radiology for evaluation requirements.)

ACGME: June 22, 1998 Effective: June 23, 1998
Editorial Revision: June 6, 2002

Program Requirements for Residency Education in Cardiothoracic Radiology (Radiology-Diagnostic)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology, programs must comply with the following requirements, which may in some cases exceed the common requirements.

I. Scope, Duration, and Organization of Training

A. Definition and Scope of the Specialty

Special training and skill are required to enable the cardiothoracic radiologist to function as an expert diagnostic and therapeutic consultant and practitioner. The training program in the subspecialty of cardiothoracic radiology constitutes a closely supervised experience in the application and interpretation of imaging examinations and interventional procedures related to the lungs, pleura, mediastinum, chest wall, heart, pericardium, and the thoracic vascular system in the adult. The imaging methods and procedures include, but are not necessarily limited to, routine radiography, fluoroscopy, computed tomography (CT), magnetic resonance (MR) imaging, ultrasound, and interventional techniques.

The objective of training in this subspecialty of radiology is to provide trainees with an organized, comprehensive, and highly supervised full-time educational experience in the selection, interpretation, and performance of examinations and procedures related to cardiothoracic radiology; a thorough knowledge of the recent clinical aspects of diseases of the thorax; and opportunities and skills for research in the field of cardiothoracic radiology. The majority of the time in the program should be spent in clinical training in cardiothoracic radiology.

B. Duration of Training

The program shall offer 1 year of graduate medical education in cardiothoracic radiology. This year of training must follow successful completion of an Accreditation Council for Graduate Medical Education (ACGME)-accredited program in diagnostic radiology or its equivalent.

C. Institutional Organization

A cardiothoracic radiology training program should function in direct association and/or affiliation with an ACGME-accredited training program in general diagnostic radiology.

D. Faculty/Resident Numbers

There should be at least one trainee in the program. The total number of trainees must be commensurate with the capacity of the program to offer an adequate educational experience in cardiothoracic radiology. To ensure adequate supervision and evaluation of a trainee's academic progress, the faculty/trainee ratio should not be less than one full-time faculty person for every trainee in the program.

II. Faculty Qualifications and Responsibilities

The program director must be certified by the American Board of Radiology in Diagnostic Radiology or possess other appropriate qualifications, and shall have had appropriate postresidency experience in cardiothoracic radiology, preferably subspecialty training in cardiothoracic radiology.

At a minimum, the cardiothoracic radiology faculty must include, in addition to the program director, one or more radiologists who commit a significant portion of their professional effort to cardiothoracic imaging and to the program. Faculty participating in cardiothoracic radiology training must be certified by the American Board of Radiology in Diagnostic Radiology or possess other appropriate qualifications, and shall have had appropriate postresidency experience in cardiothoracic radiology, preferably subspecialty training. Faculty are strongly encouraged to spend the majority of their professional activity in the field of cardiothoracic radiology; however, individual faculty expertise may be limited to a segment of cardiothoracic radiology or a related discipline, such as cardiovascular and interventional radiology, CT, or MR imaging. The faculty must provide didactic teaching and supervision of all aspects of the trainees' performance and interpretation of cardiothoracic imaging procedures.

III. Facilities and Resources

A. Space and Equipment

Modern facilities and equipment with adequate space should be available. Access to conventional radiographic, fluoroscopic, CT, MR, and ultrasound equipment must be provided. Where possible, exposure to and use of computed or digital radiography, picture archiving and communications systems (PACS), and nuclear medicine are desirable. The interventional rooms should be equipped for monitoring so that examinations may be performed on high-risk patients. A room should be available near the procedure room for sterilization and preparation of instrument trays and other reusable supplies. There must be adequate space within the department to house these facilities. Adequate areas for image display, interpretation of images, and consultation with clinicians and adequate office space for cardiothoracic radiology faculty and trainees should be provided.

B. Office Space and Research Support

The institution should provide office space, computer facilities, office supplies, and secretarial help for the conduct of research projects. Assistance with literature searches, editing, statistical tabulation, and photography should be provided. The institution should provide laboratory facilities to support research efforts. It is also desirable that there be an animal facility with radiographic-fluoroscopic equipment, particularly that which might be used for invasive diagnostic and therapeutic procedures.

C. Library

There should be ready access to a library of general medical texts and periodicals. A collection of the major diagnostic radiology journals and current textbooks in diagnostic radiology, cardiothoracic radiology, and anatomy should also be available. Computerized literature search facilities must be available, and the ACR (or comparable) teaching films and videodiscs, including current sections of cardiothoracic radiology, should be available.

IV. The Educational Program

A. Clinical Components

The program must provide a sufficient volume and variety of pulmonary and cardiac disorders, including neoplastic, infiltrative, infectious, immunologic, vascular, traumatic, degenerative, and congenital disorders so that trainees gain adequate experience in the full gamut of cardiothoracic imaging techniques, procedures, and interpretations. The program must provide an adequate volume and variety of interventional cases, e.g., percutaneous aspiration and drainage procedures, and noninterventional examinations, e.g., CT, MR,

and radiographic studies. Clinical experience may be supplemented by training affiliations with other institutions.

The program must offer the opportunity for trainees to consult on, conduct, and interpret under close supervision invasive and noninvasive procedures in cardiothoracic radiology. Imaging studies shall include standard radiography and intensive care radiography, CT, and MR imaging. Experience in percutaneous biopsy procedures, ultrasound- and CT-guided thoracentesis, drainage procedures involving the pleural space, pulmonary angiography, and thoracic aortography, nuclear medicine (including positron-emission tomography) and computed radiography, and PACS, when possible, should be included in the program. Clinical experience in adult cardiac imaging, including chest radiographs, CT, and MR imaging, is a necessary component of the training program.

With regard to invasive procedures, trainees must be given graduated responsibility in the performance of procedures as their competence increases. Responsibility for these procedures should include preprocedural and postprocedural patient care. The program director should require that trainees maintain documentation of the interventional cases in which they have been the performing radiologist and should review the logs with them at least once in the course of the training year.

Strong clinical services in pulmonary medicine, cardiology, cardiothoracic surgery, and general thoracic surgery should be present in the institution sponsoring the cardiothoracic radiology program. There should be clinical and educational exposure to thoracic-oriented specialties such as cardiac and general thoracic surgery, pulmonary and critical care medicine, cardiology, thoracic trauma, oncology, and pathology. Access to both inpatients and outpatients is required.

The program should emphasize the importance of imaging protocols to ensure that excessive or inappropriate exams are not performed.

The subspecialty program in cardiothoracic radiology must not have any adverse impact, such as dilution of available clinical material, on the training of diagnostic radiology residents at the same institution. To ensure this, close cooperation between the subspecialty and residency program directors is required.

B. Supervision

All clinical training must be supervised. The responsibility or independence given to trainees should depend on their knowledge, manual and cognitive skills, and experience. Personnel must be available to perform or to supervise technical procedures.

C. Didactic Components

A written curriculum should be available and distributed to residents and faculty. The didactic component and teaching sessions should cover the principles of cardiothoracic radiology and the concepts of anatomy, physiology, internal medicine, and cardiothoracic surgery pertinent to the practice of cardiothoracic radiology.

Attendance and participation in regular image interpretation sessions is required. Intra- and interdepartmental conferences in cardiothoracic radiology should average approximately one per week. Regularly scheduled interdepartmental conferences that incorporate clinical cardiothoracic disciplines such as pulmonary medicine, cardiology, thoracic oncology, cardiothoracic surgery, general thoracic surgery, and pulmonary pathology are a necessary component of the program. Faculty and trainee attendance should be documented. Trainees should be encouraged to attend and participate in local extramural conferences and should attend at least one national meeting or postgraduate course in cardiothoracic radiology during the year in training. Trainees should be encouraged to present the radiologic aspects of cases that are discussed in clinical conferences with the allied disciplines, including formulation of a

diagnosis and/or recommendations for further imaging or imaging-guided intervention. They should also prepare clinically or pathologically proven cases for inclusion in a teaching file. Diagnostic reports generated by trainees should be closely reviewed for content, grammar, and style.

D. Other Required Components

1. Trainee participation in research

The training period in cardiothoracic radiology should provide research opportunities for the trainee. S/he should be able to participate in the design, performance, and interpretation of research studies and have the opportunity to develop competence in critical assessment of investigative techniques. Completion of at least one clinical or basic research investigation during the period of training is encouraged.

2. Interchange with trainees in other specialties and students

The training program must allow close interaction with the diagnostic radiology residency program. Trainees should be encouraged to participate in research projects with persons in other specialties, particularly those related to cardiothoracic disease. They should attend clinical conferences in other specialties and serve as consultants to these conferences. It is desirable that they participate in the clinical teaching of medical students and the preclinical teaching of subjects such as anatomy and physiology.

3. Duty hours and conditions of work

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning duty hour requirements.)

V. Evaluation

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning evaluation requirements.)

ACGME: June 2002 Effective: June 11, 2002

Program Requirements for Residency Education in Endovascular Surgical Neuroradiology (Radiology-Diagnostic)

I. Definitions and Objectives

Endovascular surgical neuroradiology is a subspecialty that uses catheter technology, radiologic imaging, and clinical expertise to diagnose and treat diseases of the central nervous system. The unique clinical and invasive nature of this subspecialty requires special training and skills. The program must include training and experience in the following:

- A. Signs and symptoms of disorders amenable to diagnosis and treatment by endovascular surgical neuroradiology techniques.
- B. Neurological examinations to evaluate patients with neurological disorders.
- C. Pathophysiology and natural history of these disorders.
- D. Indications and contraindications to endovascular surgical neuroradiology procedures.
- E. Clinical and technical aspects of endovascular surgical neuroradiology procedures.

- F. Medical and surgical alternatives.
- G. Preoperative and postoperative management of endovascular patients.
- H. Neurointensive care management.
- I. Fundamentals of imaging physics and radiation biology.
- J. Interpretation of radiographic studies pertinent to the practice.

In this subspecialty, the objective of training is to give residents an organized, comprehensive, supervised, full-time educational experience in endovascular surgical neuroradiology. This experience includes the management of patients with neurological disease, the performance of endovascular surgical neuroradiology procedures, and the integration of endovascular surgical neuroradiology therapy into the clinical management of patients.

Training in endovascular surgical neuroradiology must be conducted in an environment conducive to investigative studies of a clinical or basic science nature.

A program in endovascular surgical neuroradiology must be jointly administered by Accreditation Council for Graduate Medical Education (ACGME)-accredited programs in neurological surgery, diagnostic radiology, and neuroradiology, which must be present within the same institution. Exceptions to this requirement will be subject to the review and approval, on a case-by-case basis, by the RRCs for Neurological Surgery and Diagnostic Radiology. The program is not intended to replace or duplicate the ACGME-accredited program in neuroradiology.

II. Duration of Training

The program shall offer 1 year of graduate medical education in endovascular surgical neuroradiology.

III. Program Director

The program director must be certified by either the American Board of Radiology or the American Board of Neurological Surgery or possess appropriate educational qualifications as determined by the RRC. The program director must have special expertise in endovascular surgical neuroradiology techniques and concentrate at least 50% of his/her practice in endovascular surgical neuroradiology therapy. In addition, the program director must devote sufficient time to the program to fulfill all the responsibilities inherent in meeting its educational goals. The program director should hold appointments to the teaching staff in both neurological surgery and radiology. The program director is responsible for establishing and maintaining the curriculum, selecting and supervising the residents, and selecting faculty members. The program director must have adequate support from the institution and both departments to carry out the mission of the program.

The director of the endovascular surgical neuroradiology training program must be appointed by and be responsible to the program director of the sponsoring training program.

IV. Faculty

Besides the program director, the program faculty must include at least one full-time member with expertise in endovascular surgical neuroradiology techniques, who (1) is certified by either the American Board of Radiology or the American Board of Neurological Surgery or (2) possesses appropriate educational qualifications as determined by the RRC. The faculty must provide didactic teaching and direct supervision of residents' performance in clinical patient management and in the procedural, interpretive, and consultative aspects of endovascular surgical neuroradiology therapy. The faculty also should stimulate scholarly activities and be able to direct residents in the conduct of such activities. Faculty members should hold appointments jointly in radiology and neurological surgery de-

partments. Evaluation of the faculty should be accomplished at least annually.

V. Faculty-to-Resident Ratio

The total number of residents in the program must be commensurate with the capacity of the program to offer an adequate educational experience in endovascular surgical neuroradiology therapy. To ensure adequate teaching supervision and evaluation of a resident's academic progress, the faculty-to-resident ratio must be at least one full-time faculty person for every resident enrolled in the program.

VI. Educational Program

A. Curriculum

The training program must offer didactic and clinical experiences that encompass the full clinical spectrum of endovascular surgical neuroradiology therapy.

1. Preparatory requirements
 - a. Common requirements: All endovascular surgical neuroradiology residents must have completed at least 12 months, preferably consecutive, in neuroradiology. In addition, all endovascular surgical neuroradiology residents must have skills and knowledge in catheter techniques.
 - b. Trainees accepted into an ACGME-accredited program in endovascular surgical neuroradiology who do not come from a radiology training program shall have access to a 1-year period of training in neuroradiology in the institution sponsoring the endovascular surgical neuroradiology program.
 - c. Residents entering from a neurosurgery background must have fulfilled the following preparatory requirements, in addition to the common requirements:
 - 1) Completed an ACGME accredited residency in neurological surgery.
 - 2) Completed a course in basic radiology skills acceptable to the program director where the neuroradiology training will occur. The basic radiology skills and neuroradiology training may be acquired during elective time in the neurological surgery residency.
 - d. Residents entering from a neurology background must have fulfilled the following preparatory requirements, in addition to the common requirements:
 - 1) Completed an ACGME-accredited residency in neurology;
 - 2) Completed an ACGME-accredited 1-year vascular neurology program;
 - 3) Completed a 3-month course in basic radiology skills acceptable to the program director where the neuroradiology training will occur. The basic radiology skills and neuroradiology training may be acquired during elective time in the neurology residency.
 - 4) Completed 3 months of clinical experience in an ACGME-accredited neurological surgery program, which may be acquired during elective time in neurology and/or vascular neurology training.
 - e. Residents entering from a radiology background must have fulfilled the following preparatory requirements, in addition to the common requirements:
 - 1) Completed an ACGME accredited residency in diagnostic radiology.
 - 2) Completed 3 months of clinical experience in an ACGME accredited neurological surgery program, which may be acquired during elective time in diagnostic radiology and/or neuroradiology training.

- f. Specifically, the preparatory training must provide residents skills and knowledge in the following areas:
- 1) The use of needles, catheters, guidewires, and angiographic devices and materials.
 - 2) The basic radiological sciences, including radiation physics, radiation protection, and the pharmacology of radiographic contrast materials.
 - 3) Angiography and image interpretation.
 - 4) The proper use and interpretation of laboratory tests and methods that are adjunctive to endovascular surgical neuroradiology procedures, such as physiological monitoring, noninvasive neurovascular testing, and noninvasive neurovascular imaging
 - 5) The evaluation of patients with neurological disease.
 - 6) The basic and clinical neurosciences, including neuroanatomy, neurobiology, and the pathophysiology and natural history of neurologic disorders, especially cerebrovascular and neoplastic conditions.
 - 7) The clinical aspects of patient assessment, treatment planning, and patient management related to endovascular surgical neuroradiology therapy, including the fundamentals of invasive monitoring and neurointensive care management.
 - 8) The clinical indications, risks, and limitations of endovascular surgical neuroradiology procedures.
 - 9) The use and administration of analgesics, antibiotics, anticoagulation agents, neuroanesthetic agents, and other drugs commonly used in endovascular surgical neuroradiology procedures.
 - 10) The director of the Endovascular Surgical Neuroradiology Program is responsible for documenting that the applicant has completed the appropriate preparatory training.
2. Endovascular surgical neuroradiology clinical training
- A period of 12 continuous months must be spent in clinical endovascular surgical neuroradiology training, during which the resident has the opportunity to carry out all of the following under close supervision: perform clinical preprocedure evaluations of patients, interpret preliminary diagnostic studies, consult with clinicians on other services, perform diagnostic and therapeutic endovascular surgical neuroradiology procedures, generate procedural reports, and participate in short-term and long-term postprocedure follow-up care, including neurointensive care. The continuity of care must be of sufficient duration to ensure that the resident is familiar with the outcome of all endovascular surgical neuroradiology procedures. Residents should serve as consultants under the supervision of staff endovascular surgical neuroradiology practitioners. Direct interactions of residents with patients must be closely observed to ensure that appropriate standards of care and concern for patient welfare are strictly maintained. Communication, consultation, and coordination of care with the referring clinical staff and clinical services must be maintained and documented with appropriate notes in the medical record.
- The program must provide adequate opportunity for residents to participate in and personally perform and analyze a broad spectrum of endovascular procedures in adults, children, and neonates. Specific training should be provided in the following areas:
- a. Anatomical and physiologic basic knowledge:
 - 1) Basic knowledge in arterial angiographic anatomy of the brain, spine, spinal cord, and head and neck.
 - 2) Venous angiographic anatomy of the brain, spine, spinal cord, and head and neck.
 - 3) Collateral circulation
 - 4) Dangerous anastomosis
 - 5) Cerebral blood flow
 - 6) Autoregulation
 - 7) Pharmacology of CNS vasculature
 - b. Technical aspects of endovascular surgical neuroradiology, including:
 - 1) Catheter and delivery systems
 - 2) Embolic agents in cerebral, spinal, and head and neck embolization
 - 3) Flow-controlled embolization
 - 4) Complication of cerebral embolization
 - 5) Flow control between the extracranial and intracranial circulation
 - 6) Electrophysiology
 - 7) Provocative testing (pretherapeutic evaluation)
 - 8) Complications of brain, spine, spinal cord, and head and neck embolization.
 - 9) Imaging of vascular system
 - c. Pharmacology
 - 1) Contrast materials
 - 2) Provocative testing with anesthetics and sedatives
 - 3) Anticoagulants
 - 4) Thrombolytics
 - d. Coagulation cascade
 - e. Brain arteriovenous malformation, spinal cord, arteriovenous fistulas of the brain, spine, spinal cord, head and neck vascular malformations, ischemic stroke, and cerebral aneurysms
 - 1) Classification
 - 2) Clinical presentation
 - 3) Natural history
 - 4) Epidemiology
 - 5) Hemodynamic basis
 - 6) Indications for treatment
 - 7) Contraindication for treatment
 - 8) Therapeutic modalities
 - 9) Combined therapies
 - f. Tumors of the head, neck, spine, and central nervous system
 - g. Revascularization for occlusive vascular diseases
 - 1) Arteriopathy
 - 2) Atherosclerotic lesions
 - 3) Techniques of revascularization: balloon angioplasty, thrombolytics, and stenting.
 - h. Embolization for epistaxis or other causes of hemorrhage
 - i. Invasive functional testing
 - j. Balloon test occlusions
3. Conferences and didactic training
- Residents must make daily rounds with the attending faculty during which patient management decisions are discussed and made. Conferences should be organized by the faculty and held to allow discussion of topics selected to broaden knowledge in the field of endovascular surgical neuroradiology. Specifically, teaching conferences should embrace the scope of endovascular surgical neuroradiology as outlined in Section I (Definitions and Objectives) of these Program Requirements. Conferences should include journal clubs, pathology meetings, and neuroanatomy dissection courses related to endovascular surgical neuroradiology.
- There must be didactic and interactive conference time, including interdepartmental meetings with neurosurgeons and neuroradiologists. Regular review of all mortality and morbidity related to the performance of endovascular surgical neuroradiology procedures must be documented. Residents must participate actively in these reviews, which should be held at least monthly. Residents should be encouraged to attend and

participate in local extramural conferences and should attend at least one national meeting or postgraduate course in endovascular surgical neuroradiology therapy while in training.

VII. Patient Population

The institution's patient population must have a diversity of illnesses from which broad experience in endovascular surgical neuroradiology therapy can be obtained. The case material should encompass a range of neurological diseases, including neurovascular. An adequate variety and number of endovascular surgical neuroradiology procedures must be available for each resident. Each program must perform at least 100 therapeutic endovascular surgical neuroradiology procedures per year. These procedures include the treatment of aneurysms, brain arteriovenous malformations, arteriovenous fistulas of the brain, tumors of the central nervous system, occlusive vascular diseases, revascularization, traumatic injury, maxillofacial vascular malformation, and tumors. In addition, the program must provide adequate training and experience in invasive functional testing.

Each resident must maintain a personal case log, which the program director must certify at the completion of training.

The program director must submit the entire clinical experience of the endovascular surgical neuroradiology program and the residents in the format prescribed by the RRC. The list of procedures and the logs must be made available to the RRC at the time of its review of the core program and the endovascular neuroradiology training program.

The subspecialty program in endovascular surgical neuroradiology must not have an adverse impact on the educational experience of diagnostic radiology, neuroradiology, neurological surgery, or vascular surgery residents in the same institution.

VIII. Equipment and Facilities

Modern imaging/procedure rooms and equipment must be available and must permit the performance of all endovascular surgical neuroradiology procedures. Rooms in which endovascular surgical neuroradiology procedures are performed should be equipped with physiological monitoring and resuscitative equipment. The following state-of-the-art equipment must be available: MRI scanner, CT scanner, digital subtraction angiography equipment, ultrasound, and a radiographic-fluoroscopic room(s) with a tilt table. Facilities for storing catheters, guidewires, contrast materials, embolic agents, and other supplies must be next to or within procedure rooms. There must be adequate space and facilities for image display and interpretation and for consultation with other clinicians.

The institutions where endovascular surgical neuroradiology training is conducted must include appropriate inpatient, outpatient, emergency, and intensive care facilities for direct resident involvement in providing comprehensive endovascular surgical neuroradiology care.

IX. Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include

1. active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth under-

- standing of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. participation in journal clubs and research conferences.
3. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals.
4. participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
5. offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
6. provision of support for resident participation in scholarly activities

X. Research

A subspecialty program should have an investigational component such that the residents may become familiar with the design, implementation, and interpretation of clinical research studies. Facilities should be made available for research activity.

XI. Research Facilities

The institution should provide laboratory facilities to support research projects pertinent to endovascular therapies.

XII. Interchange With Residents in Other Specialties and Students

Residents should be encouraged to participate in research activities with residents and staff in other related specialties. They also should be encouraged to attend and participate in clinical conferences. It is desirable that they participate in the clinical teaching of neurological surgery and radiology residents and medical students.

XIII. Duty Hours and Conditions of Work

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning duty hour requirements.)

XIV. Evaluation

A. Residents

Subspecialty program directors must establish clearly defined procedures for regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The assessment must include cognitive, motor, and interpersonal skills as well as judgment. The program director, with participation of members of the teaching staff, shall

1. at least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures.
2. communicate each evaluation to the resident in a timely manner.
3. advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
5. provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

B. Faculty

Faculty must be evaluated at least annually to review teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Residents should participate in these evaluations.

C. Program

The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed by the subspecialty program director, the core diagnostic radiology program director, and the Institutional Review Committee on a regular basis. Written evaluations by residents should be utilized in this process.

ACGME: June 26, 2000 Effective: June 27, 2000

ACGME: February 11, 2003 Effective: April 11, 2003

Program Requirements for Residency Education in Musculoskeletal Radiology (Radiology-Diagnostic)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology, programs must comply with the following requirements, which in some cases may exceed the common requirements.

I. Scope and Duration of Training**A. Definition and Scope of the Subspecialty**

The musculoskeletal radiology training program constitutes a closely supervised experience in the application and interpretation of all imaging examinations and procedures as they relate to the analysis of disorders of the musculoskeletal system, including bones, joints, and soft tissues. The imaging methods and procedures include, but are not necessarily limited to, routine radiography, computed tomography, ultrasonography, radionuclide scintigraphy, magnetic resonance, arthrography, and image-guided percutaneous biopsy techniques. The objective of training in musculoskeletal radiology is to provide an organized, comprehensive, supervised, and progressively responsible full-time educational experience in the selection, interpretation, and performance of these examinations and procedures. A further objective is to provide the resident an opportunity to develop skills necessary for clinical and/or basic research in the subspecialty of musculoskeletal radiology.

B. Duration of Training

Prerequisite training for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a diagnostic radiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), or other training judged suitable by the program director.

II. Faculty Qualifications and Responsibilities

The program director must be certified in diagnostic radiology or radiology by the American Board of Radiology or possess equivalent qualifications.

In addition to the program director, the program must include at least one person experienced in musculoskeletal radiology who has

a substantial commitment to the training program. If necessary, other radiologists with expertise in certain imaging methods or procedures may function at least as part-time members of the training program. To ensure adequate supervision of the residents, there must be at least one full-time faculty person available for each two residents in the program.

III. Facilities and Resources**A. Space and Equipment**

Modern facilities and equipment and adequate space must be available to ensure an adequate educational experience for the resident. Access to routine radiographic, computed tomographic, scintigraphic, magnetic resonance, and ultrasound equipment must be provided. Adequate space for film display, film interpretation, and consultation with referring physicians must be available, and adequate office space, office supplies, and secretarial help for the conduct of research projects should be provided for musculoskeletal radiology faculty and residents. Assistance with literature searches, editing, statistical tabulation, and photography should be provided.

B. Library

The training program must provide ancillary teaching resources including access to a medical library with a sufficient number of textbooks and journals related to musculoskeletal diseases and electronic literature search capabilities. A musculoskeletal radiology/pathology teaching file must be developed and available for use by the residents. The American College of Radiology teaching file will only partially meet this requirement.

IV. Educational Program**A. Clinical Components**

Residents in musculoskeletal radiology must be provided access to a variety of patients encompassing the entire range of disorders of the musculoskeletal system, including articular, degenerative, metabolic, hematopoietic, infectious, traumatic, vascular, congenital, and neoplastic diseases. The imaging methods and procedures available for training should include routine radiography, computed tomography, ultrasonography, radionuclide scintigraphy, magnetic resonance, arthrography, and image-guided percutaneous biopsy techniques.

The program curriculum must provide clinical experience and didactic sessions encompassing the entire spectrum of musculoskeletal diseases. This must include both the axial and the appendicular skeletons of both adult and pediatric patients. The resident must interpret, under appropriate supervision, diagnostic examinations that include routine radiography, computed tomography, and magnetic resonance. Furthermore, the resident must perform and interpret arthrograms. The program must provide experience with image-guided percutaneous biopsy procedures and exposure to ultrasonography, bone densitometry, and radionuclide scintigraphy as they relate to diseases of the musculoskeletal system. A log must be kept by each resident documenting the types of arthrographic and biopsy procedures that she or he performs. With regard to invasive procedures, residents are to be given graduated responsibility as competence increases; such responsibility should include preprocedural and postprocedural patient care. Emphasis is placed on close coordination and cooperation with referring physicians, including orthopedic surgeons, rheumatologists, and emergency department specialists, and on establishment of proper imaging protocols to ensure that excessive or inappropriate examinations are not ordered and performed. Access to both inpatients and outpatients is required.

B. Didactic Components

There must be didactic conferences and teaching sessions that provide coverage of musculoskeletal concepts related to anatomy, physiology, pathology, orthopedic surgery, and rheumatology. Attendance at and participation in department conferences, such as daily film interpretation sessions, are required. Regularly scheduled interdepartmental conferences in, for example, orthopedic surgery, neurosurgery, and other appropriate surgical specialties; pathology; rheumatology; and oncology are also necessary components of the program. In addition, the training experience should include radiology-oriented conferences with medical students and graduate medical staff. The resident also should be encouraged to attend at least one national meeting or postgraduate course dealing with musculoskeletal radiology during his/her fellowship year.

Although the precise responsibility of the resident will vary from one clinical conference to another, opportunities must exist for active participation in the formulation of a diagnosis and/or the generation of an imaging protocol; such participation is to be used as a means by which the program director and other faculty members judge the resident's progress.

C. Resident Participation in Research

The training period in musculoskeletal radiology should provide sufficient research opportunities for the resident. He or she should be able to participate in the design, performance and interpretation of research studies and have the opportunity to develop competence in critical assessment of investigative techniques. Completion of at least one clinical or basic research investigation during the period of training is encouraged. Laboratory facilities to support research projects should be available in the institution.

D. Interchange With Residents in Other Specialties

The presence of accredited training programs in orthopedic surgery and rheumatology is highly desirable.

Shared experiences with residents in orthopedic surgery, rheumatology, pathology, and other appropriate specialties, including surgical subspecialties, are strongly encouraged. When appropriate, supervision and teaching by faculty expert in these additional disciplines should be available.

V. Evaluation

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning evaluation requirements.)

*ACGME: February 12, 1996 Effective: February 13, 1996
Editorial Revision: June 6, 2002*

Program Requirements for Residency Education in Neuroradiology (Radiology-Diagnostic)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology, programs must comply with the following requirements, which may in some cases exceed the common requirements.

I. Introduction

A. Definition and Scope of the Subspecialty

The body of knowledge and practice of neuroradiology comprises both imaging (plain film interpretation, computed tomography, magnetic resonance imaging, ultrasonography, nuclear radiology) and invasive procedures related to the brain, spine and spinal cord, head, neck, and organs of special sense (eyes, ears, nose) in adults and children. Special training and skills are required to enable the neuroradiologist to function as an expert diagnostic and therapeutic consultant and practitioner. In addition to knowledge of imaging findings, the resident must learn the fundamentals of pathology, pathophysiology, and clinical manifestations of the brain, spine and spinal cord, head, neck, and organs of special sense. The program must provide residents with an organized, comprehensive, and supervised full-time educational experience in the selection, interpretation, and performance of neuroradiologic examinations and procedures. The program must also provide residents with opportunities to conduct research in the field of neuroradiology.

The training program must provide the resident with the opportunity to develop, under supervision, progressively independent skills in the performance and interpretation of neuroradiologic imaging studies and invasive procedures. At the culmination of training, the resident should be capable of independent and accurate clinical decision making in all areas of neuroradiology.

B. General Information

The program shall offer 1 year of graduate medical education in neuroradiology. All of the program components specified in the Program Requirements must be offered in the first year, which is the year that is accredited. Prerequisite training for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a diagnostic radiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), or other training judged suitable by the program director.

II. Faculty Qualifications and Responsibilities

A. Program Director

The program director must be certified by the American Board of Radiology in diagnostic radiology or radiology, or possess appropriate educational qualifications, and shall have a certificate of Added Qualifications in Neuroradiology. The program director must be a credentialed member of the radiology faculty and must spend at least 80% of his or her clinical and academic time in neuroradiology. The program director shall select and supervise the residents and select other neuroradiology faculty members. The program director shall perform quarterly reviews of the residents and obtain feedback from the residents on the program and the faculty.

B. Faculty

The neuroradiology faculty must include, in addition to the program director, one or more neuroradiologists who spend at least 80% of their time in the practice of neuroradiology. The faculty must provide teaching and supervision of the residents' performance and interpretations of neuroradiologic procedures.

C. Faculty/Resident Ratio

The total number of residents in the program must be commensurate with the capacity of the program to offer an adequate educational experience in neuroradiology and not to have a negative impact on the core diagnostic radiology program. The minimum number of residents need not be greater than one, but two or more residents are desirable. To ensure adequate supervision and evalua-

tion of a resident's academic progress, the faculty/resident ratio must be at least one full-time faculty person for each resident.

III. Facilities and Resources

A. Equipment and Space

The following equipment, which must be "state of the art," must be available: magnetic resonance scanner, computed tomography (CT) scanner, digital subtraction angiography equipment, a radiographic-fluoroscopic room(s) with tilt table suitable for performing myelography, ultrasound equipment with Doppler capability, and conventional radiographic equipment. Physiological monitoring must be available. There must be adequate facilities adjacent to or within examination rooms, for storing supplies needed for the conduct of invasive neuroradiologic procedures. There must be appropriately trained nurses and technologists for these invasive procedures. A crash cart for emergency ventilation and cardiac life support must be available.

Adequate space for image display, interpretation of studies, and consultation with clinicians must be available. There must be adequate office space and support space for neuroradiology faculty/staff and residents.

The program should provide adequate office space and supplies and secretarial support for the conduct of research projects. Assistance with literature searches, editing, statistical tabulation, and photography should be provided.

B. Laboratory

The institution should provide laboratory facilities to support research projects.

C. Library

There should be ready access to a library of current general medical texts and periodicals. In particular, there should be periodicals and texts in the fields of neuroradiology, diagnostic radiology, head and neck radiology, neurology, neurosurgery, neuroanatomy, physics, neuropathology, otolaryngology, neurophysiology, and orthopedic surgery. Computerized literature search facilities and Internet access must be available. A film-based, web-based, or electronic neuroradiology teaching file containing or providing access to a minimum of 500 cases must be available for use by the neuroradiology residents. The available teaching material should be enhanced with new cases when appropriate.

IV. Educational Program

A. Curriculum

The program must offer the opportunity for residents to perform and interpret noninvasive and invasive diagnostic and interventional procedures under supervision. The procedures shall include diagnostic catheter-based cerebral angiography; other percutaneous minimally-invasive procedures (image-guided biopsies, spinal canal access for myelography, spinal fluid analysis, and medication installation); CT; MRI; MR/CT angiography; ultrasound of the central nervous system (including its vascular structures); plain film radiography related to the brain, head (including organs of special sense), skull base, and neck and spine; and nuclear medicine studies of the central nervous system. MR techniques such as magnetic resonance spectroscopy, functional activation studies, diffusion, and perfusion imaging should be incorporated into the training program. Residents must be given graduated responsibility in the performance and interpretation of the noninvasive and invasive procedures. Responsibility for these procedures should include pre- and postprocedural patient care. The resident must be thoroughly familiar with all aspects of administering and monitoring sedation

of the conscious patient. They also must have advanced cardiac life support training and certification.

B. Clinical Components

The program in neuroradiology must provide a sufficient volume and variety of patients with neurological, neurosurgical, ophthalmologic, otorhinolaryngologic, spinal, and other pertinent disorders so that residents gain adequate experience in the full gamut of neuroradiologic examinations, procedures, and interpretations. The neuroradiology training program should provide a minimum number of procedures per year as follows:

1. 2500 total examinations (including plain radiographs, CT, MR, ultrasound, catheter angiograms, and image-guided invasive procedures). Of these 2500 examinations, there should be at least
 - a. 1000 neuroradiological CT scans;
 - b. 1000 neuroradiological MR scans.
2. Residents must have participated in and documented the following:
 - a. At least 50 catheter-based angiographic procedures.
 - b. At least 50 image-guided invasive procedures (CT, MR, or fluoroscopically guided).
 - c. Participation in at least five intracranial microcatheter procedures is highly recommended.
3. The 12-month training program must consist of at least
 - a. Four weeks or equivalent dedicated training in pediatric neuroradiology.
 - b. Four weeks or equivalent dedicated training in head and neck radiology.
 - c. Four weeks or equivalent dedicated training in spine radiology including image-guided procedures.
 - d. Six to 8 weeks or equivalent dedicated training in vascular neuroradiology. During this period there should be a special emphasis on catheter neuroangiography. Experience in microcatheter techniques for thrombolysis treatment of acute stroke is strongly recommended. The program must offer the opportunity for residents to perform and interpret noninvasive and invasive diagnostic catheter-based cerebral angiography, other percutaneous minimally invasive procedures (image-guided biopsies, spinal canal access for myelography, spinal fluid analysis, and medication installation), CT, MRI, MR/CT angiography, ultrasound of the central nervous system (including its vascular structures), and plain film radiography related to the brain, head (including organs of special sense), skull base, neck, and spine.
 - e. Two to 4 weeks or equivalent dedicated experience performing and interpreting vascular sonography.
 - f. Twenty-four to 26 weeks or equivalent dedicated training in general adult diagnostic neurodiology.

C. Conferences

Residents must participate in one or more weekly departmental conferences in neuroradiology and one or more interdepartmental conferences with allied clinical departments (e.g., neurology, neurosurgery, orthopedic surgery, neuropathology, head and neck surgery, and ophthalmology), as well as institutional conferences in clinical neurosciences (e.g., grand rounds) that are held at least monthly. Residents should be encouraged to attend and participate in local extramural conferences and should attend at least one national meeting or postgraduate course in neuroradiology while in training.

Residents should be encouraged to present the radiological aspects of cases that are discussed during daily work rounds and in clinical conferences related to allied disciplines such as neurosurgery and the neurological sciences. They should also prepare

clinically or pathologically proved cases for inclusion in the teaching file.

There must be daily interpretation sessions requiring residents to reach their own diagnostic conclusions, which must then be reviewed by faculty. Diagnostic reports generated by residents should be closely reviewed for content, level of confidence, grammar, and style. Feedback must be provided and the reports must be signed by a neuroradiology staff physician.

The residents are required to maintain documentation (procedure log) of the invasive cases that they have performed. The program director must review the log with the resident at least quarterly.

Residents should be encouraged to participate in the teaching of diagnostic radiology residents and medical students, including the presentation of at least one didactic lecture.

D. Other Required Components

1. Resident participation in research

The residents should learn the fundamentals of experimental design, performance, and interpretation of results. They should participate in clinical, basic biomedical, or health services research projects and should be encouraged to undertake at least one project as principal investigator. They should submit at least one scientific paper or exhibit to a regional or national meeting. The opportunity also must be provided for residents to develop their competence in critical assessment of new imaging modalities and of new procedures in neuroradiology.

2. Duty hours and conditions of work

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning duty hour requirements.)

3. Interchange with students and residents in other specialties

Neuroradiology residents should be encouraged to participate in the research projects of staff persons and residents in other specialties. They should attend clinical conferences in other specialties and serve as consultants to these conferences. It is desirable that they participate in the clinical teaching of medical students and also in the preclinical curriculum in subjects such as neuroanatomy and neurophysiology.

V. Evaluation of Residents, Faculty, and Program

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning evaluation requirements.)

ACGME: February 13, 2001 Effective: January 1, 2002

Editorial Revision: June 6, 2002

Program Requirements for Residency Education in Nuclear Radiology (Radiology-Diagnostic)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology, programs must comply with the following requirements, which may in some cases exceed the common requirements.

I. Introduction

A. Definition and Scope of the Specialty

Nuclear radiology is defined as a clinical subspecialty of radiology involving the diagnostic and therapeutic use of radioactive materials using unsealed sources. The three basic applications include:

1. diagnostic imaging by external detection of radionuclides and/or bio-distribution by external detection of radionuclides in the body;
2. diagnostic in-vivo or combination in-vivo/in-vitro procedures that involve the administration and detection of radioactivity by non-imaging methods;
3. Therapeutic administration of radionuclides (excluding sealed sources).

B. Duration and Scope of Education

The program shall offer 1 year of graduate medical education in nuclear radiology.

C. Prerequisite Training

The year of nuclear medicine training should follow successful completion of a diagnostic radiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC) or other training judged suitable by the program director.

II. Institutional Organization

A training program in nuclear radiology will be accredited only in those institutions that have an accredited training program in diagnostic radiology. The nuclear radiology program will be reviewed and accredited in conjunction with the review and accreditation of the residency program in diagnostic radiology.

Those aspects of institutional support that pertain to residencies in diagnostic radiology shall also apply to programs in nuclear radiology; e.g., administrative support, facilities, and clinical resources.

III. Faculty Qualifications and Responsibilities

The program director is responsible for the instructional program and for supervision of the nuclear radiology fellows. The program director shall be certified by the American Board of Radiology in Diagnostic Radiology or Radiology and have subspecialty certification (CAQ) in Nuclear Radiology; or shall be certified by the American Board of Nuclear Medicine; or possess qualifications judged acceptable by the RRC for Diagnostic Radiology. It is desirable that faculty members be certified in boards appropriate to those areas in which they are assigned to instruct and supervise fellows. They must contribute sufficient time to the program to provide adequate instruction and supervision.

A faculty (nuclear medicine physician)-to-fellow ratio of 1:2 should adequately provide for teaching and supervisory responsibilities.

IV. Facilities and Resources

State-of-the-art nuclear imaging, including positron emission tomography (PET) and radiation detection equipment, should be available for instructional purposes.

V. Educational Program

The educational program must provide for well-balanced and progressive participation of the fellow through examination of a diverse patient population, with continuous teaching and an active research effort in nuclear radiology.

A. Clinical Component

1. The training program shall include graduated study, experience, and responsibility in all facets of nuclear radiological diagnosis and therapy, medical nuclear and diagnostic radiological physics, radiobiology, health physics and protection, nuclear medical instrumentation, radiopharmaceutical chemistry and instrumentation, clinical applications of nuclear radiology, and pathology.
2. The program must provide adequate opportunity for a fellow to participate in and personally perform a broad range of nuclear radiological procedures, including PET scanning.

B. Didactic Components

1. Formal instruction is required in diagnostic radiologic and medical nuclear physics, instrumentation, radiation protection and safety, radiobiology, conventional radionuclide imaging, molecular imaging, fusion imaging, diagnostic in-vivo or combination in-vivo/in-vitro procedures, therapeutic administration of radionuclides, and radiopharmaceutical chemistry.
2. Appropriate emphasis must be placed on the educational value of teaching rounds and conferences. In addition, there should be frequent correlative and interdepartmental teaching conferences.

C. Research

The program should provide an environment in which the fellow is encouraged to engage in investigative work with appropriate faculty supervision. Documentation of this environment should be made in the application and indicated by papers published by fellows and/or clinical faculty.

D. Teaching File

A teaching file of images referable to all applicable aspects of nuclear radiology must be available for use by fellows. This file should be indexed, coded, and regularly maintained.

E. Trainee Policies**1. Supervision**

The responsibility or independence given to fellows should depend on their knowledge, skills, and experience. Additional personnel must be available within an appropriate time interval to perform or to supervise procedures.

2. Duty Hours and Conditions of Work

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning duty hour requirements.)

VI. Evaluation

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning evaluation requirements.)

ACGME: June 2004 Effective: January 2005

Program Requirements for Residency Education in Pediatric Radiology (Radiology-Diagnostic)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology, programs must comply with the following requirements, which may in some cases exceed the common requirements.

I. Scope and Duration of Training**A. Definition and Scope of the Specialty**

The training program in the subspecialty of pediatric radiology constitutes a supervised experience in the pediatric applications and interpretation of radiography, computed tomography, ultrasonography, angiography, interventional techniques, nuclear radiology, magnetic resonance, and any other imaging modality customarily included within the specialty of diagnostic radiology.

The program should be structured to enhance substantially the subspecialty fellow's knowledge of the applications of all forms of diagnostic imaging to the unique clinical/pathophysiologic problems of the newborn, infant, child, and adolescent. The fundamentals of radiobiology, radiologic physics, and radiation protection as they relate to the infant, child, and adolescent should be reviewed during the pediatric radiology training experience. The program must provide fellows direct and progressively responsible experience in pediatric imaging as they advance through training. This training must culminate in sufficiently independent responsibility for clinical decision making such that the program is assured that the graduating resident has achieved the ability to execute sound clinical judgment.

B. Duration of Training

Prerequisite training for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a diagnostic radiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), or other training judged suitable by the program director.

C. Objectives and Goals

The educational program in pediatric radiology shall meet training objectives so that on completion of the program the fellow is able to:

1. Understand the developmental and acquired disease processes of the newborn, infant, child, and adolescent that are basic to the practice of pediatric and adolescent medicine.
2. Perform and interpret radiological and imaging studies of the pediatric patient.
3. Supervise and teach the elements of radiography and radiology as they pertain to infants and children.
4. Understand how to design and perform research
5. Prepare material suitable for presentation and publication.

II. Institutional Organization

A program of pediatric radiology training should function whenever feasible in direct association and/or affiliation with an Accreditation Council for Graduate Medical Education (ACGME)-accredited program in diagnostic radiology.

III. Faculty Qualifications and Responsibilities**A. Program Director**

The program director must have sufficient academic and administrative experience to ensure effective implementation of these program requirements and should have had at least 5 years of participation as an active faculty member in an accredited pediatric radiology program. The program director must be certified by the American Board of Radiology in radiology or diagnostic radiology and must have received the Certificate of Added Qualifications in Pediatric Radiology granted by the American Board of Radiology, or have appropriate educational qualifications, as so judged by the RRC. The director must devote sufficient time to the program to fulfill all of the responsibilities inherent in meeting the educational

goals of the program. The program director is responsible for establishing the curriculum as well as procedures for evaluation of the fellow's competency. Evaluation of the fellow at least quarterly with a formal semiannual meeting with the fellow and written feedback is required. The program director shall select and supervise the fellows and shall select pediatric radiology program faculty members.

B. Faculty

There should be sufficient qualified professional personnel to constitute a teaching faculty. The faculty should comprise no fewer than two experienced radiologists, including the program director, who work full-time in pediatric radiology and its related subspecialty areas and are able to devote adequate time to the program. The minimum faculty requirement may be met by the program director and one other full-time equivalent, ie a total of two or more individual faculty members. A ratio of at least one pediatric radiologist for every subspecialty fellow is essential to provide adequate opportunity for teaching and supervision. It is desirable that pediatric radiologists supervise special imaging, such as angiography, interventional radiology, nuclear radiology, computed tomography, magnetic resonance.

IV. Facilities and Resources

A. Space and Equipment

Modern facilities and equipment in adequate space must be available and functioning to accomplish the overall educational program in pediatric radiology. Diagnostic imaging modalities shall include radiography, computed tomography, ultrasonography, radionuclide scintigraphy, angiography, and magnetic resonance imaging. The department must have a minimum of one radiographic/fluoroscopic room, one ultrasound unit, one angiographic room, one CT scanner, one MR unit, and one nuclear radiology gamma camera. All equipment must be up-to-date. There must be justification for continued use of any equipment that is more than 10 years of age.

In general hospitals that treat patients of all ages, pediatric radiology often is a section of the radiology department; similarly, special imaging services of such departments are separate sections. In such cases, there should be recognition within the special imaging sections of the particular needs of the pediatric radiology program. There should be low-dose roentgenographic/fluoroscopic facilities specifically for children and minimizing CT radiation dose in children should be emphasized. The availability of all special imaging services for pediatric radiology fellows is essential.

Laboratory and pathology services must be adequate to permit fellows to enhance their educational experience during the diagnostic imaging and care of patients and obtain timely correlation with diagnostic imaging studies.

B. Inpatient and Outpatient Services

The hospital must have sufficient inpatient and outpatient services in general and subspecialty pediatrics to ensure a broad and in-depth exposure to pediatrics.

C. Library

Learning resources should include access to an institutional and/or departmental library with current journals and textbooks sufficient to cover the specialty of pediatrics and pediatric subspecialties, radiology, and related fields. The library must contain journals and current textbooks on all aspects of pediatric radiology. The institutional library must have a librarian and internet access to electronic database searches. Moreover, the methods of performing such electronic database searches must be taught to fellows. A pediatric radiology teaching file must be available for use by pediatric radiology fellows. This teaching file should contain a minimum of

500 cases that are indexed, coded, actively maintained, and continually enhanced with new cases. Availability of the American College of Radiology pediatric learning file or its equivalent is desirable; this only partially meets the teaching file requirements.

D. Other Accredited Programs

There should be an ACGME-accredited residency in pediatrics, as well as pediatric medical and surgical subspecialty programs, to provide an appropriate patient population and educational resources in the institution. In addition to full-time pediatricians, there should be one or more pediatric surgeons, one or more pediatric pathologists, as well as a broad range of pediatric medical and surgical subspecialists.

V. Educational Program

A. Curriculum

The training should consist of didactic and clinical experiences that encompass the scope of pediatric radiology from the neonate to the adolescent. Every organ system should be studied in the contexts of growth and development, congenital malformations, diseases peculiar to infants and children, and diseases beginning in childhood but causing substantial residual impairment in adulthood. The didactic component should promote scholarship, self-instruction, self-evaluation, teaching, and research activity. It should foster the development of analytic skills and judgment. The clinical component should facilitate skillful technical performance of low radiation dose procedures on all organ systems that are examined in the practice of pediatric radiology. The pediatric imaging experience should include both inpatient and outpatient studies.

The fellows must have graded responsibility and supervision in the performance of procedures and the perfection of technical and interpretive skills. It is essential that the pediatric radiology fellow be instructed in common pediatric imaging technical procedures and their indications, limitations, judicious utilization, and risks, including radiation dose considerations. The pediatric radiology fellow must also be instructed in the risks and benefits of pediatric sedation; this includes an understanding of the physician's role in the monitoring and management of pediatric patients during and after sedation for diagnostic and therapeutic procedures. Where the program is conducted in a general hospital, the pediatric radiology fellow must have training in imaging examinations of pediatric patients. The scope of a 1-year training program in pediatric radiology shall include all diagnostic imaging applicable to the pediatric patient. The 1-year training program should include no more than 4 weeks' vacation. The curriculum must include the central nervous, musculoskeletal, cardiopulmonary, gastrointestinal, and genitourinary systems. In each organ system, the effective and appropriate use of imaging modalities, including ultrasound, computed tomography, magnetic resonance, nuclear radiology, and vascular/interventional radiology, should be taught. The fellow is responsible for following the imaging workup of the patient and must be substantially involved in the performance and interpretation of examinations that utilize various modalities. Correlation of radiologic findings with the clinical management and outcome aspects of the pediatric patient is essential.

B. Clinical Component

The institution's pediatric population must include patients with a diversity of pediatric illnesses from which broad experience can be gained. The number of pediatric radiology fellows in a program at any given time should reflect the patient census to ensure each trainee of an adequate experience. The program must have sufficient volume and variety of patients to ensure that fellows gain experience in the full range of pediatric radiologic examinations, pro-

cedures, and interpretations. There should be no fewer than 7000 pediatric radiologic examinations per year per fellow.

The pediatric radiology training program should provide a minimum number of procedures available per year per resident as follows:

- 300 fluoroscopic procedures
- 300 ultrasound examinations
- 200 body imaging (CT/MR) examinations

The procedures available for the pediatric radiology fellow should not have an adverse impact on the education of the residents of the core diagnostic radiology residency program in the same institution.

The pediatric radiology fellow must have experience in each of the following specialized areas: pediatric neuroradiology; vascular/interventional radiology; and nuclear radiology. There must be direct clinical experience as the primary or secondary operator, which should be supplemented by lectures and conferences. Supervised instruction should be provided by physicians with special expertise in those disciplines. It is acceptable to supplement the pediatric experience with adult patients in some specialties, such as vascular and interventional radiology, to enhance teaching. The program must require fellows to maintain a logbook to document their training in nuclear radiology, neuroradiology, and vascular/interventional radiology. The log should be reviewed periodically with the program director. The logbook should include the patient name, medical record number, and procedure(s) performed. The minimum numbers of procedures per resident performed in these specialized areas of pediatric radiology are as follows:

- 50 pediatric nuclear radiology studies
- 200 neuroimaging studies
- 25 vascular/interventional studies

The fellows should serve as pediatric radiologic consultants, under the supervision and mentoring of faculty pediatric radiologists. The teaching experience should include pediatric- and radiologic-oriented conferences with medical students, residents, medical staff, and health care professionals.

C. Didactic Component

Study of clinical and basic sciences as they relate to radiology and pediatrics shall be a part of the didactic program. Subspecialty conferences, seminars, and academic review activities in pediatric radiology must be regularly scheduled. It is essential that the fellow participate in the planning and presenting of conferences. In addition to conferences, study is integrated with the performance and interpretation of roentgenographic and other imaging examinations.

Fellows must attend a minimum of 3 departmental or interdepartmental conferences per week dedicated to pediatric radiology, which may include rounds with pediatric services. A journal club or research club must meet monthly.

The fellow must also be involved in teaching conferences for medical students, radiology residents, other residents rotating on the pediatric radiology service, and other health professional training programs.

D. Supervision

The responsibility or independence given to residents should depend on their knowledge, skills, and experience. Additional personnel must be available within an appropriate time interval to perform or to supervise procedures.

E. Duty Hours and Conditions of Work

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning duty hour requirements.)

F. Subspecialty Fellow Participation in Research

The training program in pediatric radiology should have a research component that will offer the fellow an opportunity to learn the fundamentals of design, performance, interpretation of research studies, and evaluation of investigative methods. Trainees should develop competence in critical assessment of imaging research, patient outcomes data, and the scientific literature.

The fellow should participate in clinical, basic biomedical, or health services research projects and submit at least one scientific paper or exhibit to a regional or national meeting. The fellow should participate in the quality improvement program of the department.

G. Other Residents/Fellows

The training program should have close interaction with a diagnostic radiology residency. Shared experience with residents in general pediatrics and with fellows in the pediatric-related subspecialties, i.e., surgery, pathology, and cardiology, is strongly encouraged; where appropriate, supervision and teaching by expert faculty in these disciplines should occur.

The subspecialty program in pediatric radiology must not have an adverse impact, such as by dilution of the available clinical material, on the education of the diagnostic radiology residents in the same institution.

V. Evaluation

The RRC will consider as one measure of a program's quality the performance of its graduates on the examination of the American Board of Radiology for the Certificate of Added Qualifications in Pediatric Radiology. All program graduates should take the examination.

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for additional evaluation requirements.)

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Program Requirements for Residency Education in Vascular and Interventional Radiology (Radiology-Diagnostic)

In addition to complying with the Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology, programs must comply with the following requirements, which in some cases exceed the common requirements.

I. Introduction

A. Definition and Scope of the Subspecialty

The unique clinical and invasive nature of practice in vascular and interventional radiology requires special training and skills. The educational program in the subspecialty of vascular and interventional radiology must be organized to provide comprehensive, full-time training and a supervised experience in the evaluation and management of patients potentially requiring diagnostic

vascular imaging guided interventional procedures. The training must include a supervised experience in performance of imaging-guided diagnostic and interventional procedures used to treat a variety of disorders. Vascular and interventional procedures are guided by a number of imaging modalities, including fluoroscopy, angiography, computed tomography, ultrasonography, magnetic resonance imaging, radionuclide scintigraphy, and others included within the specialty of radiology. The training program must be structured to enhance substantially the subspecialty fellows' knowledge of the application of all forms of imaging to the performance and interpretation of vascular and interventional procedures.

The program in vascular and interventional radiology must be structured to enhance the subspecialty fellows' knowledge of the signs and symptoms of disorders amenable to diagnosis and/or treatment by percutaneous techniques. The program must assure that the fellow is proficient in taking a history and in the performance of an appropriate physical exam. The significance of the signs and symptoms must be understood, as well as the pathophysiology and natural history of the disorders. Fellows must know the indications for, contraindications to, and risks of vascular and interventional procedures, and understand the medical and surgical alternatives to those procedures. The vascular and interventional radiologist must have a complete understanding of imaging methods used to guide percutaneous procedures. Fellows must learn and participate in appropriate follow-up care, including inpatient rounds and longitudinal management of outpatients via clinic visits. Fellows must become skilled in the technical aspects of percutaneous procedures. The fundamentals of radiation physics, radiation biology, and radiation protection should all be reviewed during the vascular and interventional training experience. In addition, training should provide opportunities for research into new technologies and evaluation of the clinical outcomes of interventional radiology.

B. Duration and Scope of Education

The program shall offer 1 year of graduate medical education in vascular and interventional radiology. Prerequisite training for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a diagnostic radiology residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), or other training judged suitable by the program director.

C. Faculty/Fellow Numbers

To ensure an adequate educational experience, as well as adequate supervision and evaluation of a fellow's academic progress the faculty-to-fellow, ratio must not be less than one full-time faculty person for every fellow.

II. Program Director/Faculty

A. Program Director

The program director must be certified by the American Board of Radiology in Diagnostic Radiology or Radiology and have subspecialty certification (CAQ) in Vascular and Interventional Radiology from the American Board of Radiology, or possess qualifications judged to be acceptable by the RRC.

B. Faculty

There should be sufficient qualified professional personnel to constitute a teaching faculty. The faculty should comprise at least two full-time vascular and interventional radiologists, including the program director. While the expertise of any one faculty member may be limited to a particular aspect of vascular and interventional radiology,

the training program must provide experience that includes all aspects of vascular and nonvascular interventional radiology, and including both the technical aspects as well as clinical patient evaluation and management. The faculty must provide didactic teaching and direct supervision of fellows' performance in clinical patient management, as well as in the procedural, interpretative, and consultative aspects of vascular and interventional radiology. The faculty must demonstrate a commitment to the subspecialty of vascular and interventional radiology. Such commitment includes membership in professional societies in this field, publications in this field, and/or a minimum of 30 hours of CME Category I credit per year.

(See Program Requirements for the Subspecialties of Diagnostic Radiology for additional program director and faculty requirements.)

III. Facilities and Resources

A. Space and Equipment

Modern imaging/procedure rooms and equipment in adequate space must be available to permit the performance of all vascular and interventional radiologic procedures. Imaging modalities in the department should include fluoroscopy, digital subtraction angiography, computed tomography, ultrasonography, magnetic resonance imaging, and radionuclide scintigraphy. Fluoroscopic equipment should be high resolution and have digital display with post-procedure image processing capability. Rooms in which vascular and interventional procedures are performed must be equipped with physiologic monitoring and resuscitative equipment. Suitable recovery and patient holding areas should be available. Adjacent to or within procedure rooms, there should be facilities for storing catheters, guide wires, contrast materials, embolic agents, and other supplies. There must be adequate space and facilities for image display, image interpretation, and consultation with other clinicians. Space, separate from the procedure rooms, should be available for patient consultations and non-procedural follow-up visits. The space should be conducive to patient privacy and the conducting of physical examinations. There must be adequate office space and support space for vascular and interventional radiology faculty or staff and fellows.

B. Patient Population

The institution's patient population must have a diversity of illnesses from which a broad experience in vascular and interventional radiology can be obtained. There must also be an adequate variety and number of interventional procedures for each fellow. Fellows must document their direct participation in a minimum of 500 vascular and interventional procedures that cover the entire range of the specialty. These procedures should be recorded in a personal case log that should be reviewed quarterly with the program director. Clinical experience may be supplemented by training affiliations to other institutions.

C. Library

Teaching resources must include a medical library with access to a variety of textbooks and journals in radiology, vascular and interventional radiology, and related fields. There should be a coded vascular and interventional radiology learning file. Fellows should have access to computerized literature search facilities.

D. Support Services

Pathology and medical laboratory services and consultation must be regularly and conveniently available to meet the needs of patients, as determined by the medical staff. Services should be available 24 hours a day. At least one qualified medical technologist must be on

duty or available at all times. Diagnostic laboratories for the noninvasive assessment of peripheral vascular disease also must be available. Nursing support must be readily available.

E. Research Facilities

The institution should provide laboratory and ancillary facilities to support research projects. These laboratory facilities and research opportunities may be made available to vascular and interventional radiology fellows through cooperative arrangements with other departments or institutions.

IV. The Educational Program

A. Clinical Components

The training program curriculum must include didactic and clinical experiences that encompass the full clinical spectrum of vascular and interventional radiology. Fellows must have the opportunity to carry out all of the following under close, graded responsibility and supervision: clinical pre-procedure evaluation of patients, interpretation of diagnostic studies, consultation with clinicians on other services, performance of vascular and interventional procedures, generation of formal consultation reports, procedural reports, follow-up communications with referring physicians and delivery of both short- and long-term follow-up care, including both in-patient rounds and scheduled out-patient clinical responsibilities. The continuity of care must be of sufficient duration to enable fellows to obtain appropriate comment regarding the management of patients under their care.

Both vascular and nonvascular interventional procedures must be included in the training program. Examples of vascular procedures include but are not limited to arteriography, venography, lymphography, angioplasty, vascular stenting, percutaneous revascularization procedures, embolotherapy, transcatheter infusion therapy, intravascular foreign body removal, and percutaneous placement of endovascular prostheses such as stent grafts and inferior vena cava filters and insertion of vascular access catheters. Examples of nonvascular procedures include, but are not limited to, percutaneous imaging-guided biopsy; percutaneous gastrostomy; percutaneous nephrostomy; ureteral stenting and other transcatheter genitourinary procedures for diagnosis and for treatment of lithiasis, obstruction, and fistula; percutaneous transhepatic and transcholecystic biliary procedures; percutaneous drainage for diagnosis and treatment of infections and other fluid collections; and percutaneous imaging-guided procedures such as ablation of neoplasms and cysts. Fellows must have specific clinical time dedicated to the performance and interpretation of vascular ultrasound studies, magnetic resonance angiograms, and CT angiograms.

The responsibility or independence given to fellows must depend on an assessment of their knowledge, manual skill, and experience. In supervising fellows during vascular and interventional procedures, faculty members should reinforce the understanding gained during fellowship training of x-ray generators, image intensifiers, film processing, ultrasonography, computed tomography, and other imaging modalities. Fellows must be provided with instruction in the use of needles, catheters, guide wires, balloons, stents, and other interventional devices, and must be directly supervised and given graduated responsibility in the performance of procedures as competence increases. A thorough understanding of the clinical indications, risks, interpretation, and limitations of vascular and interventional procedures is essential to the practice of vascular and interventional radiology. Fellows must be instructed in these areas. Fellows should also be instructed in proper use and interpretation of laboratory tests and in methods that are adjunctive to vascular and interventional procedures, such as use of physiologic monitoring devices, noninvasive vascular testing, and noninvasive

vascular imaging. There shall be specific instruction in the clinical aspects of patient assessment, patient treatment, planning, and patient management related to vascular and interventional radiology in both inpatient and outpatient settings. There also should be instruction in the use of analgesics, antibiotics, and other drugs commonly employed in conjunction with these procedures. Fellows must be thoroughly familiar with all aspects of administering and monitoring sedation of the conscious patient. They also must have advanced cardiac life support training and certification.

Fellows must be given graded responsibility with respect to longitudinal inpatient and outpatient care for disease processes diagnosed and treated by interventional radiology. Fellows should serve as consultants under the supervision of staff vascular and interventional radiologists. Direct interactions of residents with patients must be closely observed to ensure that appropriate standards of care and concern for patient welfare are strictly maintained. Communication, consultation, and coordination of care with the referring clinical staff and clinical services must be maintained and documented with appropriate notes in the medical record. Reports for the medical record generated by fellows should be closely reviewed by faculty for accuracy of content, grammar, style, and level of confidence. The vascular and interventional fellows should also assist and train diagnostic radiology residents in the performance and interpretation of procedures.

B. Didactic Components

There shall be scheduled intradepartmental conferences as well as conferences with related clinical departments in which fellows participate on a regular basis. These should include one or more specific weekly departmental conferences and at least one interdisciplinary conference per week at which attendance is required. In particular, interdepartmental conferences with the surgical specialties should be an important teaching component. The fellows' teaching experience should include conferences with medical students, graduate medical staff, and allied health personnel. Scheduled presentations by fellows during these conferences should be encouraged.

Clinical and basic sciences as they relate to radiology and vascular and interventional radiology should be part of the didactic program. This should include but not be limited to the anatomy, physiology, and pathophysiology of the hematological, circulatory, respiratory, gastrointestinal, genitourinary, and musculoskeletal systems. Relevant pharmacology, patient evaluation and management skills, and diagnostic techniques also should be addressed.

There must be documented regular review of all mortality and morbidity related to the performance of interventional procedures. Fellows must participate actively in this review, which should be held not less frequently than monthly. Fellows should be encouraged to attend and participate in local extramural conferences and to attend at least one national meeting or postgraduate course in interventional radiology while in training. Participation in local or national vascular and interventional radiology societies should be encouraged. Fellows should be encouraged to present the radiologic aspects of cases that are discussed in multi-disciplinary conferences. They also should prepare clinically or pathologically proven cases for inclusion in the learning file.

C. Other Required Components

1. Participation of Fellows in Research

The program should provide instruction in the fundamentals of experimental design, performance, and interpretation of results. They should participate in clinical, basic biomedical or health services research projects, and should be encouraged to undertake at least one project as principal investigator. They should submit at least one scientific paper or exhibit to a regional or national meeting. The opportunity also must be provided for fellows

to develop their competence in critical assessment of new imaging modalities and of new procedures in vascular and interventional radiology.

2. Duty Hours and Conditions of Work

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning duty hour requirements.)

V. Evaluation

(See Program Requirements for Residency Education in the Subspecialties of Diagnostic Radiology for details concerning evaluation requirements.)

VI. Board Certification

The Residency Review Committee will consider as one measure of a program's quality the performance of its graduates on the examination of the American Board of Radiology for subspecialty certification in Vascular and Interventional Radiology. All program graduates should take the examination.

Revision: April 2004

ACGME: June 2004 Effective: January 2005

Program Requirements for Residency Education in Radiation Oncology

Common Program Requirements appear in bold.

Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition

Radiation oncology is that branch of clinical medicine concerned with the causes, prevention, and treatment of cancer and certain nonneoplastic conditions utilizing ionizing radiation. Radiation oncologists are an integral part of the multidisciplinary management of the cancer patient, and must collaborate closely with physicians in related disciplines and their roles in the management of the patient.

The objective of the residency program is to educate and train physicians to be skillful in the practice of radiation oncology, and to be caring and compassionate in the treatment of patients. To accomplish this goal, adequate structure, facilities, faculty, patient resources, and educational environment must be provided.

B. Duration and Scope of Training

Resident education in radiation oncology must include 5 years of accredited, clinically-oriented graduate medical education. The first year of postgraduate clinical training must be spent in internal medicine, family practice, obstetrics/gynecology, surgery or surgical specialties, pediatrics, a year of categorical radiation oncology, or a transitional-year program. This clinical experience must then be followed by 4 years focused in radiation oncology. The PG-1 year must include at least 9 months of direct patient care in medical and/or surgical specialties other than radiation oncology.

No fewer than 36 months of the 4-year program must be spent in clinical radiation oncology. In addition, the program must provide a 2-month rotation in medical oncology, to include adult and pediatric patients, as well as exposure to oncologic pathology and diagnostic imaging by a one-month rotation for each discipline. The medical oncology requirement may be met by documented attendance at regularly-scheduled multidisciplinary conferences (at least 4 hours per month during the clinical rotations). The pathology and diagnostic imaging requirements may be satisfied through multidisciplinary conferences if pathology and imaging material for both pediatric and adult patients are shown and discussed (at least one hour per month during the clinical rotations for each discipline). The remaining months must allow for in-depth experience in individually-selected areas applicable to clinical radiation oncology, as described in Section V B, Clinical Curriculum. A research component, either clinical or basic laboratory research, is desirable.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

1. The administration of the institution sponsoring the program in radiation oncology must provide funding for space, equipment, staff, nonprofessional personnel, and residents. It must assist the program director in teaching and recruiting faculty, as well as in

selecting, evaluating, and dismissing residents whose performance is unsatisfactory.

2. Education in radiation oncology must occur in an environment that encourages the exchange of knowledge and experience among residents both in the program and in other oncology specialties within the sponsoring institution. There should be other residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), including internal medicine and general surgery, in the institution.

B. Participating Institutions

1. **Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives,** and should provide resources not otherwise available to the program. The preponderance of the educational experience must take place in the parent institution. **When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.** Outside institutions may participate on an affiliated or integrated basis.
 - a) The program may establish an *affiliated* relationship with another institution for the purpose of limited rotations. Affiliated institutions must provide additional resources and experience, and must not be added primarily for the purpose of meeting service needs.
 - (1) The program director must obtain prior approval from the Residency Review Committee (RRC) when the outside rotation totals more than 3 months.
 - (2) Arrangements for rotations should not be made with institutions that are at such a distance from the parent institution as to make resident attendance at rounds and conferences difficult.
 - (3) Rotations away from the primary and integrated institution may not exceed a total of 6 months over the course of the 4 years of radiation oncology.
 - b) An institution is considered *integrated* when the program director (a) appoints the members of the faculty and is involved in the appointment of the chief of service at the integrated institution; (b) determines all rotations and assignments of residents; and (c) is responsible for the overall conduct of the educational program in the integrated institution. There must be a written agreement between the parent institution and the integrated institution stating that these provisions are in effect; this agreement must be approved by the RRC prior to implementation. Rotations to integrated institutions are not limited in duration.
2. **Assignment to a participating institution requires a letter of agreement with the sponsoring institution that provides an educational experience for a resident that is one month in duration or longer. Such a letter of agreement should:**
 - a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c) specify the duration and content of the educational experience;
 - d) state the policies and procedures that will govern resident education during the assignment; and
 - e) specify the number and types of patients and procedures available to the residents.
3. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience, and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the vari-

ous specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program, and should be a member of the staff of the sponsoring or integrated institution. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The program director, together with the faculty, is responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents, and the maintenance of records related to program accreditation, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. **Qualifications of the program director are as follow:**
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in the specialty by the American Board of Radiology, or possess qualifications judged to be acceptable by the RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
 - d) The program director must be licensed to practice medicine in the state(s) where the institution that sponsors the program is located (certain federal programs are exempted).
A complete curriculum vitae of the program director shall be filed with the executive director of the RRC at the time of appointment, and updated with each review of the program by the RRC.
4. **Responsibilities of the program director are as follows:**
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;

(3) a change in the approved resident complement for those specialties that approve resident complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

- e) In addition, the executive director of the RRC must be promptly notified, in writing as they occur, of any changes that might significantly alter the educational experience (e.g., changes in faculty, the number of residency positions offered, institutional affiliation, or equipment.)

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.

- a) The program must provide a minimum of 4 full-time-equivalent faculty radiation oncologists who devote their professional time to the program for the teaching of clinical radiation oncology.
- b) In addition, the faculty must include one full-time radiation biologist or cancer biologist, who must also be on site, for the teaching of radiation and cancer biology, and one full-time faculty medical physicist, who also must be on-site, for the teaching of radiation physics.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:

- a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
- b) The physician faculty must be certified in the specialty by the American Board of Radiology, or possess qualifications judged to be acceptable by the RRC.
- c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:

- a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
- b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
- c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

- a) Nonphysician faculty must be appropriately qualified in their field.

b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. Facilities

A training program in radiation oncology must have adequate space and equipment to train residents in state-of-the-art radiation oncology. There must be 2 or more megavoltage machines, a machine with a broad range of electron beam capabilities, a dedicated therapy simulator, three-dimensional conformal computerized treatment planning, a system for the construction of treatment aids, and equipment to perform interstitial and intracavitary brachytherapy. Access to kilovoltage capability is desirable.

2. Other Services

Adequate medical services must be available in the specialties of medical oncology, surgical oncology and its subspecialties, gynecologic oncology, and pediatric oncology. There must be access to current imaging techniques, nuclear medicine, pathology, a clinical laboratory, and a tumor registry.

3. Library Resources

A sufficient variety of journals (hard copy or online), reference books, and resource materials pertinent to radiation oncology, associated fields in oncology, and basic sciences must be provided in a radiation oncology library, and must be immediately accessible at all times, including nights and weekends, for resident study. In addition, residents must have access to a general medical library. The sponsoring institution must provide residents with ready access to a computerized search system and rapid access to national databases in medicine to permit timely literature review.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. The RRC recognizes the importance of peer interaction among residents themselves, as well as of interactions between faculty and residents in the conduct of conferences and patient care. A minimum number of residents is essential to provide an opportunity for meaningful interaction throughout the training period. Each program must be structured to have a minimum of 4 residents.
2. The faculty (full-time equivalent staff radiation oncologist) to resident ratio must be a minimum of 1 faculty member for every 1.5 residents during training in clinical radiation oncology. Staff radiation oncologists should be certified by the American Board of Radiology or be in the process of obtaining certification.

3. Approval must be obtained from the RRC before increasing the number of resident positions. Such an increase must be based on educational considerations, not the fulfillment of service requirements.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

The residency program must require its residents to obtain competence in the 6 areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. *Patient care* that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. *Medical Knowledge* about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. *Practice-based learning and improvement* that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. *Interpersonal and communication skills* that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;

5. *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. *Systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

E. Didactic Components

1. Conferences and teaching rounds must provide for progressive participation of residents. There must be adequate frequency of conferences, with attendance by residents, radiation oncologists, and other staff. Adequate conference room and audiovisual facilities must be provided.
2. The clinical and basic sciences must be taught through regularly-scheduled lectures, case presentations, conferences, and discussions relevant to the practice of radiation oncology. The training program must provide curricula for the teaching of basic sciences essential to training in radiation oncology, including radiation and cancer biology and medical physics. The curriculum in medical physics must include didactic lectures and laboratory demonstrations of radiation safety procedures, calibration of radiation therapy machines, the use of the computer for treatment planning, the construction of treatment aids, and the safe handling of sealed and unsealed radionuclides. Safe handling of unsealed sources should address quality control procedures for instruments used to determine the activity of dosages and procedures used to perform checks for proper operation of survey meters. The radiation and cancer biology curriculum must include didactic lectures on all aspects of radiation effects on normal and neoplastic tissues, as well as the fundamental biology of the causes, prevention, and treatment of cancer. The program also must familiarize the resident with medical statistics, through an organized program of lectures or conferences; oncologic pathology, with special emphasis on neoplasia and radiation effects; and diagnostic imaging.
3. There must be didactic instruction in the potential value and limitations of other oncologic disciplines, such as medical oncology (both adult and pediatric), surgical oncology and the various surgical specialties, and gynecologic oncology, which play a role in the management of the patient. This shall be accomplished by attendance at multidisciplinary and departmental conferences.
4. There must be intradepartmental clinical oncology conferences, including new patient conferences, weekly chart reviews, problem case conferences, continuous quality improvement, morbidity and mortality, physics, dosimetry, radiation and cancer biology, and journal review.

F. Clinical Components

1. Clinical Resources

To ensure adequate numbers and variety of patients for resident training, at least 600 patients must receive external beam irradiation yearly in the parent institution or integrated program, and the number of patients treated with external beam irradiation by each resident must be no fewer than 150 per year (determined by the number of patients simulated), or a minimum of 450 during the clinical radiation oncology rotations. A resident should not treat more than 250 patients with external beam irradiation in any 1 year. Only cases for which the resident has primary responsibility may be counted.

2. Clinical Curriculum

- a) The program must provide the resident with the opportunity to gain in-depth knowledge of clinical radiation oncology, including the indications for irradiation and special therapeutic con-

siderations unique to each site and stage of disease. The resident must be trained in standard radiation techniques, as well as in the use of treatment aids and treatment planning to optimize the distribution of the radiation dose. The principles of normal tissue tolerance to radiation and tumor dose-response must be taught. The use of combined modality therapy and altered fractionation schemes should also be part of the clinical curriculum. Teaching in pain management and palliative care should be provided.

- b) The clinical core curriculum shall include experience with lymphomas and leukemias; gastrointestinal, gynecologic, genitourinary, breast, soft tissue and bone, skin, head and neck, lung, pediatric, and central nervous system tumors; and treatment of benign diseases for which radiation is utilized. In addition, the curriculum must provide instruction in the physics, radiation and cancer biology, and clinical applicability of the following areas: radiosurgery, intraoperative radiation therapy, three-dimensional conformal treatment planning and delivery, radioimmunotherapy, unsealed sources, total body irradiation as used in stem-cell transplantation, total skin irradiation, high- and low-dose rate brachytherapy, hyperthermia, kilovoltage irradiation, plaque therapy, particle therapy, intravascular brachytherapy, and any others that may be developed as they apply to the core curriculum.
- c) The resident must also be trained in the use of external beam modalities, including megavoltage irradiation, electron beam, simulation using conventional and/or CT simulators to localize anatomy, and computerized treatment planning. The faculty must ensure that the resident personally performs technical procedures, including treatment setups as well as intracavitary and interstitial placement of radiation sources.
- d) During the course of training, the resident must perform no fewer than 5 interstitial implants in at least 5 patients, perform 10 intracavitary implants in at least 5 patients, and observe an additional 5 interstitial implants in at least 5 patients and 10 intracavitary implants in at least 5 patients. In addition, residents must participate in the administration of no fewer than 6 procedures using radioimmunotherapy, other targeted therapeutic radiopharmaceuticals, or unsealed radioactive sources.
- e) Residents must treat no fewer than 12 pediatric patients of whom a minimum of 9 have solid tumors.

Follow-up of the irradiated patients by the resident, including pediatric patients, on an inpatient or outpatient basis is a required part of resident training, and must be demonstrated by the program to ensure that residents have the opportunity to learn about the problems of recurrent and disseminated tumors and of late aftereffects and complications of radiation therapy.

3. Resident Logs

- a) The resident must keep a detailed, well-organized, and accurate electronic log of these procedures to include patients simulated, procedures performed and observed, and modalities used, for semiannual review by the program director.
- b) The program director must:
 - (1) review the logs with all residents at least semiannually to ensure accuracy and to verify that the case distribution meets the standards specified;
 - (2) provide documentation of these discussions for the resident's record maintained by the institution; and
 - (3) submit the cumulative experience of graduating residents to the RRC office annually in accordance with the format and the due date specified by the RRC.

G. Resident Investigative Project

During their training, residents shall be required to complete an investigative project under faculty supervision. This may take the form of biological laboratory research, clinical research, medical physics research, or the retrospective analysis of data from treated patients. The results of such projects shall be suitable for publication in peer-reviewed scholarly journals or presentation at scientific meetings.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities,

transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.
4. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements III.D.1.k.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and im-

provement, interpersonal and communication skills, professionalism, and systems-based practice.

- b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
 - c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.
2. Final Evaluation
- The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. The review should include the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program. The RRC will use program data for the most recent 5- and 10-year periods, and will take into consideration notable improvements or declines during the period considered. Poor performance will be cited if the number of candidates passing both the written and oral board examinations on the first opportunity is consistently at or below the 25th percentile of all programs in the nation.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Radiation Oncology should communicate with the office of the board regarding the full requirements for certification.

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Program Requirements for Residency Education in Surgery

Common Program Requirements appear in bold.

Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

The goal of a surgical residency program is to prepare the resident to function as a qualified practitioner of surgery at the high level of performance expected of a board-certified specialist. The education of surgeons for the practice of general surgery encompasses education in basic sciences, training in cognitive and technical skills, development of clinical knowledge, and maturity in the acquisition of surgical judgment. The educational program should include the fundamentals of basic science as applied to clinical surgery, including: the elements of wound healing, homeostasis, hematologic disorders, oncology, shock, circulatory physiology, genitourinary physiology, surgical endocrinology, surgical nutrition, fluid and electrolyte balance, metabolic response to injury including burns, musculoskeletal biomechanics and physiology, immunobiology and transplantation, applied surgical anatomy, and surgical pathology.

B. Duration and Scope of Education

Five years of graduate training in surgery following graduation from a medical school accredited by the Liaison Committee for Medical Education (LCME) is required for the acquisition of the necessary knowledge, technical skill, and judgment. Each resident must be notified in writing of the length of the program prior to admission to the program. All years must be in an accredited program under the guidance of the program director in surgery, regardless of assignments to other disciplines.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions (a participating institution is defined as any institution to which residents rotate for an assigned experience).

1. The program should be conducted in institutions accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or its equivalent, and must be classified as general hospitals. These institutions, by definition, must include facilities and staff for a variety of services, including radiology and pathology.
2. There must be at least one additional residency program, in internal medicine or pediatrics or family practice whose residents rotate through the same integrated institution(s) as the surgery residents.
3. Adequate educational, clinical and support services must be provided.

B. Participating Institutions

1. **Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.**

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document.
 - c. specify the duration and content of the educational experience; and
 - d. state the policies and procedures that will govern resident education during the assignment.
 3. Integrated Institutions
 - a. Institutions may be integrated with the sponsoring institution through an integration agreement that must additionally specify that the program director must
 - 1) appoint the members of the teaching staff at the integrated institution
 - 2) appoint the chief or director of the teaching service in the integrated institution
 - 3) appoint all residents in the program
 - 4) determine all rotations and assignments of both residents and members of the teaching staff.
 - b. As a general rule, integrated institutions must be in close geographic proximity to allow all residents to attend joint conferences, basic science lectures, and morbidity and mortality reviews on a regular documented basis in a central location. If the institutions are geographically so remote that joint conferences cannot be held, an equivalent educational program of lectures and conferences in the integrated institution must be fully documented.
 - c. Integration will not be approved between two institutions, each with an accredited residency program in the same specialty.
 4. Prior approval must be obtained from the RRC for
 - a. a portion of the chief year to be spent at a participating institution
 - b. participating institutions where each resident will be assigned for 6 months or more, as well as for all integrations
 - c. educational assignments requiring 1 year or more in total spent away from the sponsoring or integrated institution(s).
- b. The program director must be certified in the specialty by the American Board of Surgery, or possess qualifications judged to be acceptable by the RRC.
 - c. The program director must be appointed in good standing and based at the primary teaching site.
 - d. be licensed to practice medicine in the state where the institution that sponsors the program is located
 - e. demonstrate scholarly activity in at least 1 of the areas listed in sections III.B.4. of this document.
4. Responsibilities of the program director are as follows:
 - a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
 - b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
 - c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d. The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - 1) the addition or deletion of a participating institution.
 - 2) a change in the format of the educational program;
 - 3) a change in the approved resident complement for those specialties that approve resident complement.
 On review of a proposal for any such major change in the program, the RRC may determine that a site visit is necessary.
 - e. The program director must devote his/her principal effort to the program's management and administration, as well as to teaching, research, and clinical care at the sponsoring or integrated institution.
 - f. The program director must designate other well-qualified surgeons to assist in the supervision of the residents so that in addition to the program director for each approved chief residency position, there is at least one additional geographic full-time teaching staff member whose major function is to support the residency program. These key staff members must be appointed for a period long enough to ensure adequate continuity in the supervision of the resident staff.
 - g. The program director is responsible to assign clinical rotations and staff appointments of attending surgeons on the teaching services for the sponsoring and all integrated institutions.
 - h. The program director is responsible to prepare and implement the academic and clinical program for resident education to include a comprehensive effective, well organized curriculum, both academically and clinically.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership. The term of appointment, as a normal rule, must be for at least the duration of the program plus 1 year, i.e., a minimum of 6 years.
3. Qualifications of the program director are as follows:
 - a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and

objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
 - a. The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b. The physician faculty must be certified in the specialty by the American Board of Surgery, or possess qualifications judged to be acceptable by the RRC.
 - c. The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a. the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b. the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c. the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

 - d. Documented leadership in major medical specialty organizations.
 - e. Mentorship of junior faculty, residents and fellows.
 - f. The staff as a whole must document active involvement in all phases of scholarly activity as defined above to be considered adequate.
 - g. Adequate documentation of scholarly activities by the program director and the teaching staff at the sponsoring and integrated institutions is required at the time of the site visit. Staff activity at participating institutions cannot account or substitute for the educational environment of the sponsoring and integrated institutions.
 - h. While not all members of a teaching staff can be investigators, clinical and/or basic science research must be ongoing in the department of surgery of the sponsoring and integrated institution(s).
 - i. Research on the part of residents also is not a substitute for the involvement of the program director and teaching faculty.
5. Qualifications of the nonphysician faculty are as follows
 - a. Nonphysician faculty must be appropriately qualified in their field.
 - b. Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. Residency positions must be allocated to one of three groups: categorical, designated preliminary, and nondesignated preliminary positions.
 - a. Categorical residents (C) are accepted into the residency program with the objective to complete the entire surgery program, i.e., normally 5 clinical years, assuming satisfactory performance.
 1. At each level, the number of categorical PG1, PG2, PG3, and PG4 positions shall not exceed the number of approved chief residency positions.
 2. Modest variations, not to exceed a 10% increase in the total number of categorical positions, may be permitted on a temporary basis only.
 - b. Designated preliminary residents (DP) are accepted for 1, 2, or 3 years prior to continuing their education in another surgical or nonsurgical specialty or subspecialty program.
 1. Letters of commitment must be on file for each of these residents.
 2. The number of designated preliminary positions shall not be specifically limited, as long as the total number of residents does not exceed the educational capacity of the surgical program.
 - c. Nondesignated preliminary residents (NDP) are accepted into the general surgical program for 1 or 2 years but at the time of recruitment have not determined further residency training.
 1. The number of nondesignated preliminary positions in the PG1 and PG2 years combined shall not exceed 200% of the number of categorical chief resident positions.
 2. Documentation of these residents continuation in graduate medical education must be provided.
 3. Exceptions to the number of nondesignated preliminary positions will require not only adequate documentation of continuing in graduate medical education in another program, but will also require clear evidence of educational benefit to the overall program.
 - d. Both temporary and permanent increases in resident complement must be approved in advance by the RRC. A permanent increase in categorical resident positions may be requested only in conjunction with a site visit. Any increase in the resident complement must be justified in terms of the educational goals of the program.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

1. All fellows and other students in both ACGME accredited and non-accredited programs in the sponsoring and integrated institutions that might affect the experience of the general surgery residents must be identified, e.g., vascular surgery, oncologic surgery, head and neck surgery, critical care, trauma, endoscopy, gastroenterology, transplantation, pediatric surgery, and endocrine surgery. The relationship of these fellow (s) to the residents in the general surgery program must be detailed.
2. A chief resident and a fellow must not have primary responsibility for the same patients.

V. Program Curriculum**A. Program Design****1. Format**

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Academic Component

The written course of study should reflect careful planning with evidence of a cyclical presentation of core specialty knowledge, including teaching in critical thinking, design of experiments, and evaluation of data; and technological advances that relate to surgery and the care of patients with surgical diseases.

- a. Conferences should be scheduled to permit the residents to attend on a regular basis. Participation by both residents and teaching staff must be documented.
- b. The following types of conferences must exist within a program:
 - (1) A weekly review of all current complications and deaths, including radiological and pathological correlation of surgical specimens and autopsies.
 - (2) A course or a structured series of conferences to ensure coverage of the basic and clinical sciences fundamental to surgery in general; Sole reliance on textbook review is inadequate.
 - (3) Regular, organized, clinical teaching such as grand rounds, ward rounds, and clinical conferences.
2. Clinical Component

Operative skill is essential and can be acquired only through personal experience and training. The program must provide for sufficient operative experience to educate qualified surgeons, taking into account individual capability and rate of progress.

 - a. The 5-year clinical program should be organized as follows
 - (1) No more than 12 months may be devoted to education in a single surgical discipline other than the principal (essential) components of surgery

- (2) No more than 6 months may be allocated to nonsurgical clinical disciplines such as internal medicine, pediatrics, gastroenterology, anesthesiology, or surgical pathology
- (3) At least 54 months must be clinical surgery, with experience in endoscopy, surgical intensive care, and emergency care included in this category
- (4) Thirty-six (36) of the 54 months must include the principal (essential) components of general surgery
- b. The volume and variety of operative experience must ensure a sufficient number and distribution of complex cases, as determined by the RRC, for the achievement of adequate operative skill, surgical balance, and experience for each resident in the
 - (1) principal (essential) components of general surgery, i.e., abdomen; alimentary tract, breast, skin, and soft tissues; the comprehensive management of trauma, and emergency surgery; endocrine surgery; head and neck surgery; surgical critical care; and the vascular system
 - (2) secondary components of general surgery, i.e., anesthesiology, burn management, cardiothoracic surgery, endoscopy, gynecology, neurosurgery, orthopedics, pediatric surgery, plastic surgery, transplant surgery, and urology.
- c. A resident is considered to be the surgeon when he or she can document a significant role in the following aspects of management: determination or confirmation of the diagnosis, provision of preoperative care, selection and accomplishment of the appropriate operative procedure, direction of the postoperative care, and accomplishment of sufficient follow-up to be acquainted with both the course of the disease and the outcome of its treatment. Participation in the operation only, without preoperative and postoperative care, is inadequate.
- d. Numbers of Operative Cases
 - (1) While the total number of major operations to be performed by each resident is not specified, the RRC will consider the range of 500 to 1000 major cases as acceptable in aggregate for all 5 years, including 150 to 300 major cases in the chief year.
 - (2) The operative experience for any 1 resident in excess of 450 cases for the chief year or 1,500 cases for all 5 years must be justified by the program director.
- e. When operative experience justifies a teaching role, residents should act as teaching assistants and should list such cases for the fourth and fifth years only.
- f. The Chief Year
 - (1) The program must commit the chief clinical year to the principal (essential) components of general surgery at the sponsoring or integrated institution(s). Primary responsibility for surgical specialty cases of patients on a general surgical service is permissible.
 - (2) The majority of the 12 months of the chief year must be served in the final year of the program. (To take advantage of a unique educational opportunity in a program during a resident's final year, a portion of the chief year may be served in the next to the last year, provided it is not earlier than the fourth clinical year and it has been approved in advance by the RRC.)
 - (3) No more than 4 months may be devoted exclusively to any 1 principal (essential) component of general surgery.
 - (4) With prior approval of the RRC, assignment to a pediatric surgical service may be acceptable under the following conditions:
 - i. The resident's experience in the principal (essential) components of general surgery is adequate

- ii. The resident is responsible for the preoperative, operative, and postoperative care of the pediatric surgical patient
- iii. The volume and complexity of cases are appropriate for a chief resident.

g. Additional Components

- (1) Defined experience with a variety of rigid and flexible endoscopic procedures, particularly proctosigmoidoscopy, colonoscopy, esophagogastroduodenoscopy, laparoscopy, and operative choledochoscopy, as well as experiences in other relevant diagnostic and therapeutic techniques including laryngoscopy, bronchoscopy, and fine-needle aspiration.
- (2) Defined experience with evolving diagnostic and therapeutic methods, such as: laser applications; investigation and manipulation of the distal common bile duct (including sphincterotomy); stereotactic breast biopsy, sentinel lymph node biopsy techniques; physiologic testing and evaluation of the gastrointestinal tract; non-invasive diagnostic evaluation of the vascular system and invasive vascular interventional techniques; ultrasonography of the head and neck, breast, abdomen (including laparoscopic intra-abdominal); and endorectal ultrasound.
- (3) Experience in an emergency room and in intensive care units to enable residents to manage patients with severe and complex illnesses and with major injuries requiring critical care.
- (4) Management of patients on surgical services who may or may not require surgical intervention, e.g., patients with pancreatitis, portal hypertension, multiple trauma, immunosuppression, and to acquire skill in such nonoperative management.

h. Outpatient Responsibilities

Residents must be provided, on average, with at least 1 day each week of outpatient experience during assignments in the primary components of surgery. Each resident should have the opportunity to examine patients preoperatively, consult with the attending surgeon, participate in the operation and in the immediate postoperative care until release from the facility, and to see patients personally in an outpatient setting and consult with the attending surgeon regarding follow-up care.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and resident must participate actively in such scholarly activities.

The participation of residents in clinical and/or laboratory research is encouraged.

D. ACGME Competencies

The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. **Patient care** that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health. Surgical residents must:
 - a. demonstrate manual dexterity appropriate for their training level.
 - b. be able to develop and execute patient care plans appropriate for the resident's level.
2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and so-

cial-behavioral) sciences, as well as the application of this knowledge to patient care. Surgical residents are expected to critically evaluate and demonstrate knowledge of pertinent scientific information.

3. **Practice-based learning and improvement** that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care. Surgical residents are expected to:
 - a. critique personal practice outcomes.
 - b. demonstrate a recognition of the importance of lifelong learning in surgical practice.
4. **Interpersonal and communication skills** that result in the effective exchange of information and collaboration with patients, their families, and other health professionals. Surgical residents are expected to:
 - a. communicate effectively with other health care professionals.
 - b. counsel and educate patients and families.
 - c. effectively document practice activities.
5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds. Surgical residents are expected to:
 - a. maintain high standards of ethical behavior.
 - b. demonstrate a commitment to continuity of patient care.
 - c. demonstrate sensitivity to age, gender and culture of patients and other health care professionals.
6. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Surgical residents are expected to:
 - a. practice high quality, cost effective patient care.
 - b. demonstrate a knowledge of risk-benefit analysis.
 - c. demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.
4. The attending physician has both an ethical and a legal responsibility for the overall care of the individual patient and for the supervision of the resident involved in the care of that patient. Although senior residents require less direction than junior

residents, even the most senior must be supervised. A chain of command that emphasizes graded authority and increasing responsibility as experience is gained must be established. Judgments on this delegation of responsibility must be made by the attending surgeon who is ultimately responsible for the patient's care; such judgments shall be based on the attending surgeon's direct observation and knowledge of each resident's skills and ability.

5. A fellow may not supervise chief residents.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the surgery service or department has not previously provided care. The resident should evaluate the patient before surgery.
4. *At-home call (or pager call)* is defined as a call taken from outside the assigned institution.
 - a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements III.D.1.k.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.
4. Oversight
 - a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
 - b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
5. Duty Hours Exceptions

The RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance. The evaluations must be related to the goals and objectives for each program assignment.

- a. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

3. Although each program is encouraged to develop its own cognitive testing instruments, the American Board of Surgery (ABSITE) Examination is considered a highly desirable test of surgical knowledge. These test results should not be the sole criterion of resident knowledge and should not be used as the sole criterion for promotion to a subsequent PG level.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMCE of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.
3. The performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. At minimum, for the most recent 5-year period, 60% of the graduates must pass the qualifying and certifying examinations on the first attempt.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

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Program Requirements for Residency Education in the Subspecialties of General Surgery

I. General Information

- A. A residency education program in a subspecialty of general surgery is an educational experience of at least 1 year designed to develop advanced knowledge and skills in a specific clinical area. All educational components of the program should be related to program goals. The program design and/or structure must be approved by the Residency Review Committee (RRC) as part of the regular review process.

Subspecialty education is a component in the continuum of the education process and must be in addition to the requirements for complete residency education in general surgery. Ordinarily the subspecialty education will follow completion of an accredited general surgery residency program.

- B. Residency education programs in the subspecialties of general surgery may be accredited only in institutions that either sponsor a residency education program in general surgery or pediatric surgery accredited by the Accreditation Council for Graduate Medical Education (ACGME) or are integrated by formal agreement into such programs. The subspecialty programs will be approved only as an administratively integrated part of the approved core program in general surgery. Rotations to affiliated institutions can be approved for a period not exceeding 25% of the total program; adequate educational justification for such rotations must be provided to the RRC prior to implementation.

The description and regulations governing affiliated and integrated institutions in the Program Requirements for Residency Education in General Surgery also apply to the subspecialty programs of surgery.

- C. Subspecialty programs will not be approved if they have substantial negative impact on the education of the general surgery residents in the core program.

II. Program Director and Teaching Staff

Subspecialty education programs must provide a scholarly environment for acquiring the necessary cognitive and procedural clinical skills essential to the practice of the specific subspecialty. This objective can be achieved only when the program director, the supporting faculty and staff, and the administration are fully committed to the educational program. It is also imperative that appropriate resources and facilities be present. Service obligations must not compromise educational goals and objectives.

A. Program Director

There must be a single program director responsible for the program.

1. Qualifications of the Program Director:

The subspecialty program director must be a surgeon who is qualified to supervise and to educate residents appropriately in the specific subspecialty.

- a. The director must either be certified in the subspecialty by the American Board of Surgery or possess equivalent qualifications, as determined by the RRC.
- b. The director must have an appointment in good standing to the medical staff of an institution participating in the program.
- c. The director must be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)

2. Responsibilities of the Program Director:

It is the responsibility of the subspecialty program director to support the residency education program by devoting his/her principal effort to its management and administration, as well as to teaching, research, and clinical care limited to the integrated institutions. This general responsibility includes the following specifics:

- a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
- b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
- c. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
- d. The supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
- e. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
- f. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
- g. Preparation of an accurate statistical and narrative description of the program.

B. Teaching Staff

1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.
2. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
3. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
4. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.
5. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

C. Other Program Personnel

Programs must be provided the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

III. Educational Principles

The principles of education enumerated in the Program Requirements for Residency Education in General Surgery are also applicable to the subspecialty programs.

- A. The program directors for both the subspecialty and the core programs, as well as the institution itself, are responsible for ensuring that adequate facilities and resources are available to achieve the educational objectives.
 - B. A postgraduate residency must provide advanced education so that the residents can acquire special skill and knowledge in a specific subspecialty. This education should consist of a cognitive and a technical component. The cognitive component should emphasize the scholarly attributes of self-instruction, teaching, skilled clinical analysis, sound surgical judgment, and research creativity. The technical component must provide appropriate opportunity for the residents to acquire the operative and other psychomotor skills required for the practice of the subspecialty.
 - C. The program director must establish an environment that is optimal both for resident education and for patient care, including the responsibility for continuity of care, while assuring that undue stress and fatigue among residents are avoided. It is the program director's responsibility to ensure assignment of appropriate in-hospital duty hours so that residents are not subjected to excessively difficult or prolonged working hours. It is desirable that residents' work schedules be designed so that on average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. Different specialties and different rotations may require different working hours and patterns. A distinction must be made between on-call time in the hospital and on-call availability at home vis-a-vis actual hours worked. The ratio of hours worked and on-call time will vary, particularly at the senior levels, and therefore necessitates flexibility.
 - D. During the on-call hours residents should be provided with adequate sleeping, lounge, and food facilities. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty. Support services and systems must be such that the resident does not spend an inordinate amount of time in noneducational activities that can be discharged properly by other personnel.
- IV. Educational Components**
- Subspecialty programs must include the following educational components:
- A. A sufficient number of patients must be available to assure appropriate inpatient and outpatient experience for each subspecialty resident, without adversely affecting the experience of residents in the general surgery core program. There must be adequate responsibility for continuity of care, to include prehospital and posthospital experience.
 - B. Subspecialty conferences, including review of all current complications and deaths; seminars; and clinical and basic science instruction must be regularly scheduled. Active participation of the subspecialty resident in the planning and the production of these meetings is essential.
 - C. A resident must have the opportunity to provide consultation with faculty supervision. He or she should have clearly defined educational responsibilities for other residents, medical stu-

dents, and professional personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of the subspecialty.

D. There must be close interaction between the core residency program in general surgery and the subspecialty program. Lines of responsibility for the general surgery residents and the subspecialty resident must be clearly defined. It is imperative that the educational program for the subspecialty resident not adversely affect the education of the general surgery residents, either in terms of operative experience or patient responsibility. In particular, the following are noted:

1. A subspecialty surgical resident may be a teaching assistant for residents other than general surgery chief residents.
2. Unless explicitly allowed by the Program Requirements for Residency Education in the specific subspecialty of general surgery, a chief resident in general surgery and a subspecialty resident may not have primary responsibility for the same patients.

The subspecialty resident should maintain a close working relationship with residents and fellows in general surgery and in other disciplines such as radiology, pathology, medicine, and pediatrics.

- E. A subspecialty program must offer supervised training to assure the acquisition of the necessary preoperative, operative, and postoperative skills integral to the subspecialty discipline. Instruction and experience must be sufficient for the residents to acquire an understanding of the common procedures of the subspecialty, their indications, risks, and limitations.
- F. Adequate and appropriate supervision of subspecialty residents must be provided at all times in accord with their level of experience and expertise.

V. Program Research and Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

A. Scholarly Activity

The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. Participation in journal clubs and research conferences.
3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organization's meetings and publications in their journals.
4. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
5. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
6. Provision of support for resident participation in scholarly activities.

B. Research

A subspecialty program should have an investigational component such that the residents may become familiar with the design, imple-

mentation, and interpretation of clinical research studies. Facilities should be made available for research activity.

C. Library

1. Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

VI. Evaluation

A. Residents

Subspecialty program directors must establish clearly defined procedures for regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The assessment must include cognitive, motor, and interpersonal skills as well as surgical judgment.

The program director, with participation of members of the teaching staff, shall:

1. At least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures.
2. Communicate each evaluation to the resident in a timely manner.
3. Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
4. Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.

The provision of a written final evaluation is required for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

B. Program Director

The subspecialty program director should be evaluated annually by the director of the core general surgery program regarding teaching, scholarly activities including research productivity, patient care activities, and administrative capabilities.

C. Program

The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed by the program director, the core General Surgery program director, and by the Institutional Review Committee on a regular basis. Written evaluations by residents should be utilized in this process.

D. Efficacy of the Program

An important measure of the efficacy of the program is the performance of its graduates on the certification examinations offered by the American Board of Surgery. It is expected that 60% or more of the graduates of the program will become certified on their first attempt.

ACGME: September 1996 Effective: July 1997

Program Requirements for Residency Education in Surgical Critical Care (Surgery)

I. Introduction

A. Definition and Scope of the Specialty

1. Surgical critical care deals with complex surgical and medical problems in critically ill surgical patients. Institutions sponsoring graduate educational programs in surgical critical care must provide the educational, clinical, and administrative resources to allow residents to develop advanced proficiency in the management of critically ill surgical patients, to develop the qualifications necessary to supervise surgical critical care units, and to conduct scholarly activities in surgical critical care. The educational program must be an integral part of and enhance an accredited core program in general surgery.
2. Completion of at least 3 clinical years in an accredited graduate educational program in the disciplines of general surgery, neurosurgery, urology, or obstetrics and gynecology is a prerequisite. A subspecialty educational program in surgical critical care is in addition to the requirements for critical care education set forth in the Program Requirements for these core programs. There should be an institutional policy governing the educational resources committed to critical care programs and ensuring cooperation of all involved disciplines.
3. Residents in one of the surgical disciplines listed in Section I.A.2 who enter the program prior to completing a residency must have a categorical residency position in their specialty available to them on satisfactory completion of the critical care fellowship.

B. Duration and Scope of Training

1. Graduate education in surgical critical care shall be 12 months, of which 2 months may be elective rotations. These 12 months must be devoted to advanced educational and clinical activities related to the care of critically ill patients and to the administration of critical care units.
2. A surgical critical care program must include primary educational activities in a surgical critical care unit with pediatric and/or adult patients, located in an institution that has been approved by the Residency Review Committee (RRC) for surgery as an integrated institution (as defined in the Program Requirements for General Surgery) with a core general surgery or pediatric surgery residency program.

Training may take place in various settings that provide for the care of critically ill adult and/or pediatric surgical patients, including those with general surgical conditions such as trauma, burns, and surgical oncology; with cardiothoracic, neurosurgical, and high risk pregnancy conditions; and with organ transplantation.

3. In some instances residents may devote up to 25% of their time to direct operative care of critically ill patients. During such operative care, the critical care resident and chief resident in general surgery may not share primary responsibility for the same patient. However, in the nonoperative management of critically ill surgical patients the surgical critical care residents and general surgery residents may interact as long as they share primary responsibility in patient management decisions. The final decision and responsibility rests with the supervising attending surgeon.

C. Objectives

1. The completion of an accredited surgical residency training program qualifies the surgeon to manage critically ill surgical patients. Therefore, the surgical critical care program must enable the resident to acquire an advanced body of knowledge and level of skill in the management of critically ill surgical patients in order to assume a leadership role in teaching and in research in surgical critical care. This advanced body of knowledge and level of skill must include the mastery of (1) the use of advanced technology and instrumentation to monitor the physiologic status of children or adults of both sexes, including those in the neonatal, pediatric, child-bearing, or advanced years; (2) organizational and administrative aspects of a critical care unit; and (3) ethical, economic, and legal issues as they pertain to critical care.
2. In addition, individuals completing a training program in surgical critical care will be expected to be able to
 - a. teach the specialty of surgical critical care.
 - b. undertake investigations into the various areas of surgical critical care, such as new instrumentation, identification of important physiologic parameters, evaluation of pharmacologic agents in critically ill patients, or health outcomes and/or health policy issues related to surgical critical care.
 - c. administer a surgical critical care unit and appoint, train, and supervise specialized personnel, establish policy and procedures for the unit, and coordinate the activities of the unit with other administrative units within the hospital.

II. Institutional Organization

- A. Residency education programs in surgical critical care may be accredited only in institutions that either sponsor a residency education program in general surgery or pediatric surgery accredited by the Accreditation Council for Graduate Medical Education (ACGME) or are integrated by formal agreement into such programs. The critical care program will be approved only as an administratively integrated part of the approved core program in general or pediatric surgery.

Rotations to affiliated institutions can be approved for up to 3 months; adequate educational justification for such rotations must be provided to the RRC prior to implementation.

The description and regulations governing affiliated and integrated institutions in the Program Requirements for Residency Education in General Surgery also apply to the critical care program.

- B. A critical care program will not be approved if it has substantial negative impact on the education of the general surgery residents in the core program.

III. Faculty Qualification and Responsibilities

A. Program Director

1. The critical care training program must be under the direction of a surgeon who is certified in surgical critical care by the American Board of Surgery or judged by the RRC to possess appropriate educational qualifications and documented experience in surgical critical care.
2. The program director of the critical care program must be the director or co-director of one or more of the critical care units in which the clinical aspects of the critical care program take place, and he or she must be personally involved in clinical supervision and teaching of general surgery and surgical critical care residents in that unit.
3. The program director shall have administrative responsibility for the surgical critical care educational program and shall appoint

all residents and teaching staff to the program and determine their duties.

B. Responsibilities of the Program Director

It is the responsibility of the critical care program director to support the residency education program by devoting his/her principal effort to its management and administration, as well as to teaching, research, and clinical care limited to the integrated institutions. This general responsibility includes the following specifics:

1. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
2. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
3. Selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
4. The supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
5. Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances.
6. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.
7. Preparation of an accurate statistical and narrative description of the program.

C. Faculty

1. In the teaching environment of the surgical critical care unit, it is recognized that the teaching staff in surgery, medicine, pediatrics, obstetrics and gynecology, anesthesiology, and other disciplines may all be involved in the care of specific patients. Therefore, a collegial relationship must exist between the surgical director of the critical care educational program and the teaching staff to enhance the educational opportunities for all residents and trainees.
2. The teaching staff must be specifically qualified in the care of critically ill surgical patients and must provide the program director with regular evaluations of the residents. At least one surgeon qualified in surgical critical care must be appointed to the teaching staff for every surgical critical care resident enrolled in the program.
3. The teaching staff must have real and demonstrated interest in teaching and set an example for residents by documented engagement in scholarly pursuits, to include (1) participation in their own continuing education in surgical critical care, (2) participation in regional and national surgical scientific societies, and (3) demonstration of an active interest in research as it pertains to critical care problems.
4. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

5. The teaching staff must be organized and have regular documented meetings in order to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.
6. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

D. Other Program Personnel

Programs must be provided the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Working Environment and Hours

- A. The program director must establish an environment that is optimal both for resident education and for patient care, including the responsibility for continuity of care, while assuring that undue stress and fatigue among residents are avoided. It is the program director's responsibility to ensure assignment of appropriate in-hospital duty hours so that residents are not subjected to excessively difficult or prolonged working hours. Residents' work schedules must be designed so that on average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. Different specialties and different rotations may require different working hours and patterns. A distinction must be made between on-call time in the hospital and on-call availability at home vis-à-vis actual hours worked. The ratio of hours worked and on-call time will vary particularly at the senior levels and therefore necessitates flexibility.
- B. During the on-call hours, residents should be provided with adequate sleeping, lounge, and food facilities. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty. Support services and systems must be such that the resident does not spend an inordinate amount of time in non-educational activities that can be discharged properly by other personnel.

V. Facilities and Resources

The surgical critical care program must function in a unit that has sufficient numbers of knowledgeable personnel and the necessary equipment to care for critically ill surgical patients.

- A. Personnel should include specially trained nurses and technicians who are skilled in critical care instrumentation, respiratory function, and laboratory medicine.
- B. The critical care unit must be located in a designated area within the hospital, constructed and designed specifically for the care of critically ill patients.
- C. Equipment and personnel in the critical care unit should be centrally concentrated to provide efficient and expeditious operation.
- D. There should be a supporting laboratory available to provide complete and prompt laboratory evaluation.
- E. The objectives of a surgical critical care program can be achieved only when the program is based within an institution that has an accredited residency program in general surgery. It is desirable for the institution to have accredited residencies in the surgical specialties and in disciplines that particularly relate to sur-

- gery, such as internal medicine, radiology, pathology, and anesthesia.
- F. Conveniently located and adequate space for conferences and study is essential.
- G. The average daily census for each surgical critical care unit to which the residents are assigned shall permit a resident-to-patient ratio of one resident to five patients. The qualified surgical faculty-to-critical care resident ratio shall be at least one to one. These ratios are sufficient to provide an adequate clinical and supervisory base. When more than one critical care program exists in an institution, it will be the responsibility of the institution to coordinate interdisciplinary requirements and to ensure that each resident meets the Program Requirements for Residency Education in Critical Care in their primary discipline (e.g., medicine, anesthesiology, etc.).
- H. To provide sufficient breadth in patient exposure, a critical care program that averages a daily census of at least 10 patients is required.
- I. The record-keeping system must maintain the records of patients in the critical care unit as retrievable parts of the hospital chart, so they can be available for evaluation.
- J. Library
1. Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.
 2. Library services should include the electronic retrieval of information from medical databases.
 3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

VI. The Educational Program

A. Curriculum Overview

The program must provide the opportunity for residents to acquire advanced knowledge of the following aspects of critical care, particularly as they relate to the management of patients with hemodynamic instability, multiple system organ failure, and complex coexisting medical problems:

1. Cardiopulmonary resuscitation
2. Physiology, pathophysiology, diagnosis, and therapy of disorders of the cardiovascular, respiratory, gastrointestinal, genitourinary, neurologic, endocrine, musculoskeletal, and immune systems, as well as of infectious diseases
3. Metabolic, nutritional, and endocrine effects of critical illness
4. Hematologic and coagulation disorders
5. Critical obstetric and gynecologic disorders
6. Trauma, thermal, electrical, and radiation injuries
7. Inhalation and immersion injuries
8. Monitoring and medical instrumentation
9. Critical pediatric surgical conditions
10. Pharmacokinetics and dynamics of drug metabolism and excretion in critical illness
11. Ethical and legal aspects of surgical critical care
12. Principles and techniques of administration and management
13. Biostatistics and experimental design

B. Critical Care Skills

The program must provide supervised training that will enable the resident to gain competence in the performance and application of the following critical care skills:

1. Respiratory: airway management, including endoscopy and management of respiratory systems

2. Circulatory: invasive and noninvasive monitoring techniques, including transesophageal and precordial cardiac ultrasound and application of transvenous pacemakers; computations of cardiac output and of systemic and pulmonary vascular resistance; monitoring electrocardiograms and management of cardiac assist devices
3. Neurological: the performance of complete neurological examinations; use of intracranial pressure monitoring techniques and of the electroencephalogram to evaluate cerebral function; application of hypothermia in the management of cerebral trauma
4. Renal: the evaluation of renal function; peritoneal dialysis and hemofiltration; knowledge of the indications and complications of hemodialysis
5. Gastrointestinal: utilization of gastrointestinal intubation and endoscopic techniques in the management of the critically ill patient; application of enteral feedings; management of stomas, fistulas, and percutaneous catheter devices
6. Hematologic: application of autotransfusion; assessment of coagulation status; appropriate use of component therapy
7. Infectious disease: classification of infections and application of isolation techniques, pharmacokinetics, drug interactions, and management of antibiotic therapy during organ failure; nosocomial infections; indications for applications of hyperbaric oxygen therapy
 - a. Nutritional: application of parenteral and enteral nutrition; monitoring and assessing metabolism and nutrition
 - b. Monitoring/bioengineering: use and calibration of transducers, amplifiers, and recorders
 - c. Miscellaneous: use of special beds for specific injuries; employment of pneumatic antishock garments, traction, and fixation devices

C. Documentation of Experience

The program must document to the site visitor that residents in the surgical critical care program have had direct involvement in the management of a broad spectrum of critically ill surgical patients. In addition, each resident must submit an operative log of the number and type of operative experiences while a surgical critical care resident.

VII. Program Research and Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

A. Scholarly Activity

The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
2. Participation in journal clubs and research conferences.
3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organization's meetings and publications in their journals.
4. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.

5. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
 6. Provision of support for resident participation in scholarly activities.
- B. A critical care program should have an investigational component such that the residents may become familiar with the design, implementation, and interpretation of clinical research studies. Facilities should be made available for research activity.

VIII. Evaluation

A. Residents

Critical care program directors must establish clearly defined procedures for regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. The assessment must include cognitive, motor, and interpersonal skills as well as surgical judgment.

The program director, with participation of members of the teaching staff, shall:

1. At least semi-annually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures.
2. Communicate each evaluation to the resident in a timely manner.
3. Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
4. Maintain a record of evaluation for each resident and have it accessible to the resident and other authorized personnel.

The provision of a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

B. Program Director

The critical care program director should be evaluated annually by the director of the core general surgery program regarding teaching, scholarly activities including research productivity, patient care activities, and administrative capabilities.

C. Program

The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed by the program director, the core general surgery program director, and the Institutional Review Committee on a regular basis. Written evaluations by residents should be utilized in this process.

D. Efficacy of Program

An important measure of the efficacy of the program is the performance of its graduates on the certification examinations offered by the American Board of Surgery. It is expected that 60% or more of the graduates of the program will become certified on their first attempt.

ACGME: June 1992 Effective: July 1, 2001

Program Requirements for Residency Education in Hand Surgery (Surgery)

I. Introduction

A. Definition of the Specialty

Hand surgery is a surgical subspecialty that deals with congenital and acquired defects of the hand and wrist that compromise the function of the hand. A hand surgery educational program is designed to educate physicians in the art and science of hand surgery and to develop a competent hand surgeon who is capable of independent function. The educational program should provide experience in the repair, resection, and reconstruction of defects of form and function of the hand; in the design, construction, and transfer of flaps and the transplantation of tissues, including microsurgery of multiple tissues; in replantation of upper extremity parts; in surgical and ancillary methods of treatment of tumors; in management of complex wounds; and in the use of alloplastic materials.

B. Scope of Education

1. Prerequisite resident education must be completed in a general surgery, orthopaedic surgery, or plastic surgery program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.
2. The length of the educational program is 1 year.

II. Institutional Organization

A. Sponsoring Institution

The educational program should have one sponsoring institution that has primary responsibility for the entire program. The sponsoring institution should provide sufficient faculty; financial resources; and clinical, research, and library facilities to meet the educational needs of the residents and to permit the program to comply with the requirements for accreditation.

B. Participating Institutions

1. When multiple institutions participate in the educational program, the commitment of each participating institution must be documented in a written agreement that complies with the ACGME Institutional Requirements.
2. Assignments to participating institutions must be based on an appropriate educational rationale. Assignments that dilute the education of residents or that do not provide proper supervision and coordination of educational activities should not be established or maintained.
3. Assignments to participating institutions that are geographically distant from the sponsoring institution are not desirable. To be justifiable, such assignments must offer special resources or opportunities not otherwise available to the program.
4. The number and location of participating institutions must not preclude the participation of residents and faculty in the educational activities of the hand surgery course of study.

C. Appointment of Residents

1. The total number of residents must be approved in advance by the Residency Review Committee (RRC). The number of residents shall be based primarily on the number, qualifications, and commitment of the faculty; the volume and variety of the patient population available for educational purposes; and the institutional resources committed to resident education.

2. Programs may not graduate more hand surgery residents in any given year than the number of residents approved by the RRC.
3. Any increase, including a temporary increase in resident complement, must receive prior approval of the RRC. Requests for changes in the approved resident complement of a program must include a strong educational rationale.

III. Faculty Qualifications and Responsibilities

The program director and the faculty are responsible for the general administration of a program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Program Director

A single program director must be responsible for the program.

1. Qualifications of the program director
 - a. Requisite and documented clinical, educational, and administrative abilities and experience.
 - b. Licensure to practice medicine in the state where the institution that sponsors the program is located.
 - c. Certification by the appropriate ABMS Board or suitable equivalent qualifications in the appropriate specialty and a certificate of added qualifications in hand surgery or suitable equivalent qualifications in hand surgery. The RRC will determine the acceptability of equivalent qualifications.
 - d. Appointment in good standing to the medical staff of an institution participating in the program.
 - e. Frequent changes in leadership or long periods of temporary leadership are undesirable and may adversely affect the accreditation status of the program.
2. Responsibilities of the program director
 - a. Prepare a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of hand surgery residents at each level of education and for each assignment. This statement must be distributed to hand surgery residents and members of the faculty. It should be readily available for review.
 - b. Select residents for appointment to the program according to institutional and departmental policies and procedures.
 - c. Select and supervise the faculty and other program personnel at each participating institution.
 - d. Supervise residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the faculty. Residents must be provided with prompt, reliable systems for communication and interaction with supervising physicians.
 - e. Regularly evaluate residents' knowledge, skills, and overall performance. The program director, with participation of the faculty, must
 1. at least quarterly, evaluate the progress of each hand surgery resident in writing, using appropriate criteria and procedures;
 2. communicate each evaluation to the resident in a timely manner;
 3. advance residents to positions of higher responsibility only on evidence of their satisfactory progressive scholarship and growth;
 4. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel; and
 5. provide a final written evaluation to each hand surgery resident who completes the program. The evaluation must include a review of the resident's performance during the

final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. Each evaluation should be signed by the resident and program director and be maintained on file by the program director for at least 5 years following completion of the program.

- f. Implement fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
- g. Monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of counseling and psychological support services to residents. Educational situations that consistently produce undesirable stress on residents must be evaluated and modified.
- h. Prepare an accurate statistical and narrative description of the program, as requested by the RRC.
- i. Ensure that each resident is provided with a sufficient educational program, including a sufficient volume and variety of operative experience and progressive surgical responsibility.
- j. Annually collect, compile, and retain the number and types of hand surgery operative procedures performed in all institutions used for resident education. These data must be provided in the form and format specified by the RRC.
- k. Annually collect, compile, and retain a comprehensive record of the operative procedures performed by each hand surgery resident completing the program. This information must be provided in the form and format specified by the RRC. This record must be signed by the hand surgery resident and the program director, attesting to its accuracy.
 1. Advise applicants of the prerequisite requirements of the appropriate specialty board.
 - m. Document the satisfactory completion of prerequisite education before the resident begins the hand surgery program.
 - n. Notify the executive director of the RRC in writing of any major change in the program that significantly alters the educational experience for the residents, including
 1. changes in program leadership, to include any change in appointment of the program director, section or division head, or department chair, and
 2. changes in administrative structure that affect the status of the parent department in the institution.
 - o. Obtain prior RRC approval for the following changes in the program:
 1. the addition or deletion of any participating institution to which residents are assigned for a total of 2 months or longer;
 2. any change in the approved resident complement of the program; and
 3. any change in the length or format of the program.

B. Faculty

1. The hand surgery faculty must be certified by the one of the sponsoring boards, or possess suitable equivalent qualifications and be certified in hand surgery or possess suitable equivalent qualifications. The majority of the faculty must possess certificates of added qualifications in hand surgery. The RRC will determine the acceptability of equivalent qualifications.
2. There must be a sufficient number of qualified faculty to adequately instruct and supervise hand surgery residents to ensure optimal patient care and resident education. The faculty must be able to devote sufficient time to the program to meet their supervisory and teaching responsibilities.

3. The faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
4. A faculty member at each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
5. The faculty must be organized and have regular documented meetings to review program goals and objectives and program effectiveness in achieving these goals. The hand surgery resident should participate in these reviews.
6. The faculty should, at least annually, evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of the faculty, and the quality of resident supervision.

C. Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. While not all members of the faculty must be research investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity. Scholarship is defined as an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice. This activity should include

1. participation in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship;
2. participation in journal clubs and research conferences;
3. active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals;
4. participation in research, particularly in projects funded following peer review and/or that result in publications or presentations at regional and national scientific meetings;
5. offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research; and
6. provision of support for resident participation in scholarly activities.

D. Other Program Personnel

Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Facilities and Resources

A. Inpatient Facilities

1. Inpatient facilities should have a sufficient number of beds, support personnel, and proper equipment to ensure quality patient care and education.
2. Operating suite and diagnostic and treatment facilities must contain technologically current equipment.

B. Outpatient Facilities

Appropriately equipped outpatient facilities including support staff, operating suites, and clinic and office space must be available for resident participation in the preoperative evaluation, treatment,

and postoperative follow-up of patients for whom the resident has responsibility.

C. Library Facilities

1. The residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.

V. The Educational Program

A. Program Design

1. The program director and faculty must prepare and implement written educational goals for the program.
2. The program design and/or structure must be approved by the RRC as part of the regular review process.

B. Clinical Component

1. Residents must be provided with education in surgical design, surgical diagnosis, embryology, surgical and artistic anatomy, surgical physiology and pathology, pharmacology, wound healing, microbiology, adjunctive oncological therapy, biomechanics, rehabilitation, and surgical instrumentation.
2. A sufficient number and variety of adult and pediatric hand surgery patients must be available for resident education.
3. Generally equivalent and sufficient distribution of operative procedures among the residents in all categories of hand surgery must be demonstrated.
4. Residents should be provided with graduated and progressive patient management responsibility.
5. Because judgment and technical capability to achieve satisfactory surgical results are mandatory qualities for the hand surgeon, education should be provided in the following areas:
 - a. Skin repair, including grafts and flaps, multiple tissue flaps, free microscopic tissue transfers, and insertion of tissue expanders
 - b. Fingertip injuries
 - c. Tendon repair, including flexor tendon repair and graft, implantation of tendon spacer, extensor tendon repair, and tenolysis/tenodesis
 - d. Tendon transfer and tendon balancing
 - e. Nerve repair, including major and digital, graft, neurolysis, surgical treatment of neuroma, transpositions, and nerve decompressions
 - f. Management of fractures and dislocations, including phalangeal or metacarpal with and without internal fixation; wrist, radius, and ulna with and without internal fixation; and injuries to joint ligaments
 - g. Bone grafts
 - h. Joint and tendon sheath repairs, including release of contracture, synovectomy, arthroplasty with and without implant, arthrodesis, trigger finger release, and stiff joints that result from rheumatoid or other injury
 - i. Pollicization or ray transfer
 - j. Foot to hand transfer
 - k. Tumors, benign and malignant
 - l. Dupuytren's contracture
 - m. Replantation, revascularization
 - n. Amputations
 - o. Fasciotomy, deep incision and drainage for infection, and wound débridement
 - p. Congenital deformities, including syndactyly and others
 - q. Management of upper extremity vascular disorders and insufficiencies

- r. Foreign body, implant removal
- s. Thermal injuries
- t. Arthroscopy
- u. Upper extremity pain medicine

C. Didactic Components

1. A comprehensive, organized course of study must be offered, to include educational conferences that are well defined, documented, and regularly held. At minimum, the program must provide a didactic component for clinical education referencing section V.B.1 of these Program Requirements for Residency Education in Hand Surgery.
2. The written course of study should reflect careful planning, with evidence of a cyclical presentation of core specialty knowledge supplemented by the addition of current information, including practice management, ethics, and medicolegal topics as they relate to hand surgery. Conferences must include basic science subjects related to clinical surgery of the hand, such as anatomy, physiology, pathology, genetics, microbiology, and pharmacology. A periodic review of the morbidity and mortality experience of the service must be included.
3. A list of the conferences should be maintained and available for review at the time of the site visit.
4. Conferences should be attended by both the residents and the faculty, and such attendance should be documented.
5. Conferences should be organized by the faculty to ensure that sufficient educational experience is provided. Hand surgery residents assigned to participating institutions other than the sponsoring institution should attend the hand surgery conferences at those sites.
6. Residents should make presentations at conferences and actively participate in conference discussions. Adequate time for resident preparation should be permitted to maximize the educational experience.
7. Hand surgery residents should be encouraged to pursue clinical or basic science research interests.

D. Supervision

1. All patient care services must be supervised by qualified hand surgery faculty. The program director must ensure, direct, and document proper supervision of residents at all times.
2. Residents must be provided with rapid, reliable systems for communicating with faculty at all times.
3. Hand surgery residents may function as intermediate supervisors when documented prior experience makes it appropriate, but faculty supervision must be available.

E. Duty Hours

1. It is desirable that residents' work schedules be designed so that on the average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. The ratio of hours worked to on-call time will vary, particularly at senior levels, and flexibility will be necessary.
2. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty.
3. Sufficient support services must be provided to ensure that residents are not required to spend excessive time in noneducational activities that can be discharged properly by other personnel.
4. The hand surgery residency is a full-time responsibility. Activities outside the educational program must not interfere with resident performance in the educational program as determined by the program director and must not interfere with resident opportunity for rest, relaxation, and study.

F. Appointment of Other Residents

1. The appointment of other residents for hand surgery education must not dilute or detract from the educational opportunities of hand surgery residents.
2. The appointment of other residents to the hand surgery service requires a clear statement of the areas of education, clinical responsibilities, and duration of the education. This statement must be supplied to the RRC at the time the program is reviewed.
3. If such residents so appointed will, in the judgment of the RRC, detract from the education of the hand surgery residents, the accreditation status of the program may be adversely affected.

VI. Evaluation

A. Resident Evaluation

The program director and faculty are responsible for regularly evaluating the residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.

B. Faculty Evaluation

1. At least annually, all individual faculty members must be formally evaluated by the program director. Hand surgery residents should be provided with the opportunity to evaluate faculty.
2. A mechanism for sharing the results of such evaluations with the faculty that preserves resident confidentiality in the evaluation process must be employed.
3. The program should demonstrate that such evaluations are used in improving the program.

C. Program Evaluation

1. The educational effectiveness of a program must be evaluated at least annually. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. Written evaluations by hand surgery residents should be utilized in this process.
2. One measure of the quality of a program is the performance of its graduates on the examination for the certificate of added qualifications in hand surgery given by the American Board of Surgery. The RRC may consider this information as part of the overall evaluation of the program.

VII. Board Certification

Residents who plan to seek hand surgery certification as administered by the American Board of Surgery should communicate with the secretary of the board to ascertain the current requirements for acceptance as a candidate for certification.

ACGME: September 1997 Effective: July 1998

Program Requirements for Residency Education in Pediatric Surgery (Surgery)

Common Program Requirements appear in bold. Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

A residency program in pediatric surgery is an educational experience designed to provide advanced knowledge and skills in the surgery of infants and children. At the completion of this education, pediatric surgery residents should function as competent pediatric surgeons.

B. Duration and Scope of Education

1. Admission Prerequisites

The resident applicant must have satisfactorily completed a program in general surgery accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada, be admissible to examination by the American Board of Surgery (or its equivalent), or be certified by that board.

2. Program Length

- a. The program length is 2 years, of which 18 months must be clinical pediatric surgery. The remaining 6 months may be devoted to related clinical disciplines designed to enhance the educational experience or to scholarly activities.
- b. The last 12 months of clinical education must be at the chief level with responsibility for patient management and semi-independent operative experience under appropriate supervision.

II. Institutional Support

A. Sponsoring Institution

One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

1. A pediatric surgery program should be offered in institutions accredited by the JCAHO or its equivalent and classified as general hospitals or Children's Hospitals. These institutions must include facilities and staff with a variety of services, including adequate inpatient surgical admissions, intensive care units for both infants and older children, and radiology, pathology, and an emergency department in which infants and children can be managed 24 hours a day.
2. There must be at least one additional residency program in pediatrics whose residents rotate through the same integrated institution(s) as the pediatric surgical residents.

B. Participating Institutions (defined as any institution to which residents rotate for assigned experiences)

1. Assignments to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreements with the sponsoring institution. Such a letter of agreement should:
 - a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b. specify their responsibilities for teaching, supervision, and formal evaluation of residents;
 - c. specify the duration and content of the educational experience; and
 - d. state the policies and procedures that will govern resident education during the assignment.
3. Clinical assignments of 3 months or less may be spent at participating institutions at the discretion of the program director during the first year of the residency program without advance RRC approval.
4. Assignments to participating institutions outside the sponsoring or integrated institutions may not exceed a total of 6 months during the 24-month program and requests for integration must be approved in advance by the RRC.
5. Institutions may be integrated with the sponsoring institution through an integration agreement specifying that the program director must:
 - a. appoint the members of the faculty at the integrated institution
 - b. appoint the chief or director of the teaching service in the integrated institution
 - c. appoint all residents in the program
 - d. determine all rotations and assignments of both residents and members of the faculty.
 - e. As a general rule, integrated institutions must be in close geographic proximity as to allow all residents to attend joint conferences, basic science lectures, and morbidity and mortality reviews regularly and in a central location. If the institutions are geographically so remote that joint conferences cannot be held, an equivalent educational program of lectures and conferences in the integrated institution must be fully documented.
 - f. Advance approval from the RRC must be obtained for all integrations.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either the program director or the department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System (WebADS) of the ACGME.
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director are essential to maintaining such an appropriate continuity of leadership. The length of the appointment, as a normal rule, must be for at least the duration of the program plus 1 year, i.e., a minimum of 3 years.
3. Qualifications of the program director are as follows:
 - a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b. The program director must be certified in surgery and pediatric surgery by the American Board of Surgery, or possess qualifications judged to be acceptable by the RRC.

- c. The program director must be appointed in good standing and based at the primary teaching site.
 - d. The program director must be licensed to practice medicine in the state where the institution that sponsors the program is located.
 - e. The program director must demonstrate scholarly activity in at least one of the areas listed in section B4 below of this document.
4. Responsibilities of the program director are as follows:
- a. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
 - b. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both the program and resident records through the ACGME Accreditation Data System (ADS).
 - c. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d. The program director must seek approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, may include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;
 - (3) a change in the approved resident complement for those specialties that approve resident complement.

On review of a proposal for a major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty

1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. In addition to the program director, for each approved chief resident position, there must be at least 1 geographic full-time faculty member whose major function is to support the residency program. These faculty appointments must be of sufficient length to ensure continuity in the supervision and education of the residents.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in the field.
 - b) The physician faculty must be certified in surgery and pediatric surgery by the American Board of Surgery, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and

an active research component must be included in each program. *Scholarship* is defined as the following:

- a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.
- Complementary to the above scholarship is the regular participation of the faculty in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.
- d) Participation and productivity in scholarly activities by the faculty is a required attribute for an accredited program.
 - e) Documented leadership in major medical specialty organizations.
 - f) Mentorship of junior faculty, residents, and fellows.
5. Qualifications of the nonphysician faculty are as follows:
- a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

Both temporary and permanent increases in resident complement must be approved in advance by the RRC. A permanent increase in resident complement may be requested only in conjunction with a site visit. Any increase in complement must be justified in terms of the educational goals of the program.

C. Resident Transfers

To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, prior to acceptance into the program. A program director is required to pro-

vide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents.

V. Program Curriculum

A. Program Design

1. The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical.

1. Academic Component

- a. The academic component of the program should emphasize the scholarly attributes of self-instruction, teaching, skilled clinical analysis, sound surgical judgment, and research creativity.
- b. A course or structured series of conferences in the basic and clinical sciences fundamental to pediatric surgery should be provided in: embryology; genetics; wound healing; hemostasis and blood disorders; immunobiology; transplantation; physiology and pathology of the circulatory, respiratory, gastrointestinal, genitourinary, and endocrine systems; fluid and electrolyte balance; infection; metabolic response to injury; and anesthesiology.

c. Structured educational activities must include

- 1) Teaching rounds with bedside teaching conducted by the surgical faculty
- 2) Conferences, held at least twice monthly, to include pediatric surgical grand rounds, morbidity and mortality conferences, and radiology conferences
- 3) Other relevant multidisciplinary conferences, including surgical pathology and tumor conferences.
- 4) During the chief year, the resident should personally organize the formal pediatric conferences, grand rounds, and mortality and morbidity conferences, and be directly responsible for presentations and discussions at these conferences.
- 5) Pediatric surgery residents should have significant teaching responsibilities for junior residents and medical students assigned to the service.
- 6) The program should provide residents with familiarity in the design, implementation, and interpretation of clinical research studies.

2. Clinical Component

- a. Residents must be given responsibility for surgical management to demonstrate competence and attain detailed knowledge and experience of
 - 1) congenital, neoplastic, infectious, and other acquired conditions of the gastrointestinal system and other abdominal organs; the blood and vascular system; the integument; the diaphragm and thorax, exclusive of the heart; the endo-

crine glands; the gonads and reproductive organs; and the head and neck;

- 2) traumatic conditions of the abdomen, chest, head and neck, and extremities with sufficient experience in the management of children who have sustained injuries to multiple organs;
 - 3) nonoperative management of surgical patients;
 - 4) endoscopy of the airway and gastrointestinal tract, including laryngoscopy, bronchoscopy, esophagoscopy, and gastroduodenoscopy; lower intestinal endoscopy, laparoscopy and cystoscopy; and the study and performance of new and evolving endoscopic techniques;
 - 5) the complete care of the critically ill infant or child, including: (a) cardiopulmonary resuscitation, (b) the management of patients on respirators, (c) invasive monitoring techniques and interpretation, (d) nutritional assessment and management, and (e) the recognition and management of clotting and coagulation disorders.
- b. Residents must have the opportunity to gain adequate knowledge of the basic principles of cardiothoracic surgery, gynecology, neurological surgery, orthopaedic surgery, otolaryngology, anesthesia, vascular surgery, transplant surgery, and the management of burns. Although clinical assignments to these services are highly desirable, an understanding of the principles of these subspecialties by a structured curriculum that adequately deals with these surgical areas is sufficient.
- c. Operative Experience
- 1) The pediatric surgical service should document a minimum of 900 operations per year, including neonatal and major solid tumor procedures.
 - 2) Residents must document an appropriate breadth, volume, and balance of operative experience.
 - 3) The chief resident must document at least 250 pediatric surgical operations under supervision during the chief year.
 - 4) For residents other than surgery chief residents, the pediatric surgical resident may act as a teaching assistant when their operative experience justifies a teaching role.
 - 5) A pediatric surgery resident and a surgery chief resident may not have primary responsibility for the same patients.
- d. Outpatient Experience
- 1) An effective mechanism for follow-up must be provided for all patients, whether in clinics or private office settings.
 - 2) Residents must have the opportunity to evaluate patients, make appropriate provisional diagnoses, initiate diagnostic procedures, form preliminary treatment plans, and have the opportunity for outpatient follow-up care of surgical patients.
 - 3) Follow-up care should include not only short-term but long-term evaluation and progress, particularly with major congenital anomalies or neoplasm cases.
- e. Pediatric surgical residents must provide care as consultants under appropriate supervision in the emergency department and with other specialists such as neonatologists and intensivists.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research and other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies (Note: This section does not apply to this subspecialty.)

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of resident time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.
4. The attending physician has both an ethical and legal responsibility for the overall care of the individual patient and for the supervision of residents. Although senior residents require less direction than junior residents do, even the most senior must be supervised. A chain of command that emphasizes graded authority and increasing responsibility as experience is gained must be established. Judgments on this delegation of responsibility must be made by the attending surgeon who is ultimately responsible for the patient's care. Such judgments shall be based on the attending surgeon's direct observation and knowledge of the pediatric surgery resident's skill and ability.
5. The pediatric surgery resident may not supervise a chief surgery resident.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the

normal workday when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a four-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
3. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the surgery service or department has not previously provided care. The pediatric surgery resident should evaluate the patient before surgery.
4. At-home call (pager call) is defined as call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - c) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exception

An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communications skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to residents that includes at least semi-annual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the residents' performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty

The performance of faculty must be evaluated by the program no less frequently than at the mid-point of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative personnel (i.e., at least the program director, representative faculty and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct formal documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMCC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcomes assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure if evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation and innovative projects that may deviate from the program requirements may be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Surgery should communicate with the office of the board regarding the full requirements for certification.

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Approved: 1999

Common Program Requirements Editorial Revision: July 2004

Program Requirements for Residency Education in Vascular Surgery (Surgery)

I. Introduction

A. Definition and Scope of the Specialty

1. Graduate training programs in vascular surgery should be designed to provide the educational resources appropriate for the development of proficiency in the diagnosis and treatment of diseases of the arterial, venous, and lymphatic circulatory systems, exclusive of those components intrinsic to the heart and intracranial vessels. The foregoing definition describes what is hereinafter referred to as the vascular system. The program design and/or structure must be approved by the Residency Review Committee (RRC) as part of the regular review process.
2. The training of surgeons for the practice of vascular surgery encompasses education in basic sciences, training in cognitive and technical skills, development of clinical knowledge and maturity, and acquisition of surgical judgment regarding the vascular system.
3. The goal of a vascular surgery residency program is to prepare residents to function as a qualified practitioner of vascular surgery at the high level of performance expected of a board-certified specialist; the educational components of the program, therefore, must be of the highest priority. Residents must be provided adequate time and sufficient facilities for study and be assured of a rotation schedule that provides an equivalent educational opportunity for each resident. While every graduate education program carries with it a commitment of service to patients in the institution, the service responsibilities must support and not detract from the educational activities.

B. Types of Programs

Subspecialty education in vascular surgery is a component in the continuum of the education process and must be in addition to the requirements for complete residency education in general surgery. Appropriate education and training in vascular surgery may be attained through two types of programs:

1. A vascular surgery residency that follows the completion of an accredited residency program in general surgery.
2. A vascular surgery residency that is a component of an accredited cardiothoracic surgery program, in which patient material is adequate to fulfill the requirements of both areas of training. Specialized training in vascular surgery as part of an accredited cardiothoracic surgery program is in addition to the 2-year requirement for completion of standard cardiothoracic surgery program.

C. Duration of Training

The vascular surgery program must be of sufficient duration to allow residents to acquire an advanced level of skill in the diagnosis and treatment of vascular diseases. The program shall not be less than 12 months in duration and shall be exclusively devoted to vascular surgery. It shall be in addition to the training required for certification in either general surgery or thoracic surgery. Any program that extends clinical training beyond these minimum requirements must present a clear educational rationale consonant with the program requirements and objectives for residency training. The program director must obtain approval of the RRC prior to implementation and at each subsequent review of the program. Prior to entry into the program, each resident must be notified in writing of the required length of training.

D. Number of Approved Residency Positions

The number of positions in the training program must be approved by the RRC. This number will include all residents who are appointed for a full academic year in the training program. Any request for changes in the resident complement must be justified in terms of the educational goals of the program.

E. Interaction with General Surgery Residents

Lines of responsibility for general surgery residents and vascular surgery residents must be clearly defined when both rotate in the same institution. Ideally, the roles of general and vascular surgery residents should complement each other for a mutual educational benefit in terms of operative experience, patient responsibility, and faculty interaction. The following are noted in particular:

1. A vascular surgery resident may be a teaching assistant for residents other than general surgery chief residents.
2. Although a vascular surgery resident and a chief resident in general surgery may function together on a service with the same junior residents, they may not have primary responsibility for the same patients.

In addition, general surgery and vascular surgery program directors should confer and agree about proposed changes in either program that might adversely affect the other, such as changes in the total number of resident positions.

II. Institutional Requirements

A. Sponsoring Institution

1. Inasmuch as vascular surgery is a discipline of great breadth and is often consultative in nature, the program should be conducted in institutions accredited by the Joint Commission on Accreditation of Healthcare Organizations or its equivalent and classified as general hospitals. These institutions, which by definition must include facilities and staff for a variety of services, including radiology and pathology, must also have a demonstrated commitment to graduate medical education and research.
2. Residency education programs in vascular surgery may be accredited in institutions that sponsor accredited residency programs in general surgery or that are affiliated with an Accreditation Council for Graduate Medical Education

(ACGME)-accredited general surgery residency. Requests for exceptions to this policy will be reviewed on a case-by-case basis.

B. Participating Institutions

An institution that cannot provide sufficient resources and clinical experience within its own facilities may make arrangements with other institutions through formal written agreements to provide additional resources and experience. All such agreements are subject to approval by the RRC, for either affiliated or integrated institutions, as indicated below.

1. Institutions may be affiliated with the parent institution through an Affiliation Agreement, which must cover the areas specified in the Institutional Requirements of the ACGME. Affiliated institutions must promote the educational goals of the program rather than simply enlarge the program and must not be added primarily for the purpose of meeting service needs.
2. Rotations to affiliated institutions can be approved for a period not exceeding 3 months; adequate educational justification for such rotations must be provided to the RRC prior to implementation.
3. Institutions may be integrated with the parent institution through an Integration Agreement that must specify—in addition to the Institutional Requirements—that the program director of the parent institution (1) appoint the members of the teaching staff at the integrated institution, (2) appoint the chief or director of the teaching service in the integrated institution, (3) appoint all residents in the program, and (4) determine all rotations and assignments of both residents and members of the teaching staff. As a general rule, institutions integrated with parent hospitals must be in close geographic proximity to allow all residents to attend joint conferences, basic science lectures, and morbidity and mortality reviews on a regular documented basis in a central location. If the institutions are geographically so remote that joint conferences cannot be held, an equivalent educational program of lectures and conferences in the integrated institution must be fully documented.

C. Vascular Service

1. The institution, department, or service accredited to conduct a program of graduate education in vascular surgery must be able to provide a sufficient number and variety of vascular surgery patients to ensure that residents have an adequate exposure to a wide spectrum of lesions of the vascular system.
2. To provide an effective training program, a vascular surgery service must be organized as an identifiable unit, even though it is within the framework of a larger administrative entity such as a department of surgery or general surgery or thoracic surgery. It is highly desirable that all patients with vascular disease who are available for teaching purposes be admitted to this unit so that the patients may be centralized and utilized most efficiently for teaching.
3. Privileges on the vascular surgery teaching service should be granted to surgeons only with the understanding that their patients are to be available for coordinated graduate education of residents.

III. Teaching Staff

The establishment of an inquiring and scholarly environment in the parent and integrated institution(s) is the primary responsibility of the teaching staff in a vascular surgery training program. Only in such a milieu can residents develop the facility for critical analysis and further growth potential necessary to a lifetime of self-education after the completion of formal residency training. The teaching staff responsible for the direction and execution of the program must be well qualified to create and maintain such an environment

and be of sufficient diversity of interest that the many facets of vascular surgery are represented. There must be a single program director responsible for the program. The program director and teaching staff must prepare and comply with written educational goals for the program. All educational components of a residency program should be related to these goals.

A. Qualifications of the Program Director

1. Documented qualification in vascular surgery, requisite administrative abilities and experience, and dedication to surgical education and scholarship, as evidenced by his or her curriculum vitae.
2. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
3. Certification in vascular surgery by the American Board of Surgery, or suitable equivalent qualifications as determined by the RRC.
4. Appointment in good standing to the medical staff of the parent or one of the integrated institutions participating in the program.
5. Appointment for at least 3 years. Persons appointed or elected for short duration or in an honorary capacity cannot serve as program directors.

B. Responsibilities of the Program Director

1. Support the residency training program by devoting his or her principal effort to its management and administration, as well as to teaching, research, and clinical care limited to the parent or integrated institution(s).
2. Prepare a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff. It should be readily available for review.
3. Designate other well-qualified surgeons to assist in the supervision of the resident staff, but maintain continuous responsibility and authority for administrative and teaching policies of the service.
4. Be responsible for rotations and staff appointments of attending surgeons on the teaching services in the parent and in all integrated institutions.
5. Select residents for appointment to the program in accordance with institutional and departmental policies and procedures, make resident assignments, and be responsible for the proper conduct of the educational activities; namely, for their supervision, direction, and administration in all participating institutions.
6. Provide residents with explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
7. Implement fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
8. Monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified as further described in Section IV.B.

9. Provide complete and accurate program information forms and resident operative records to the RRC so that an appropriate assessment of the program can be made.

C. Other Teaching Staff

1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise the residents in the program. In addition to the program director, for each approved residency position there must be at least one geographic full-time teaching staff member whose major function is to support the residency program. These key staff members must be appointed for a period long enough to ensure adequate continuity in the supervision of the resident staff. Surgeons with teaching responsibilities should be certified by the American Board of Surgery or possess suitable equivalent qualifications, as determined by the RRC. At a minimum, one surgeon on the teaching staff, in addition to the program director must be certified in vascular surgery by the American Board of Surgery, or have suitable equivalent qualifications as determined by the RRC. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.
2. The teaching staff must include members with diverse expertise to meet the needs of the training program. All members of the staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
3. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
4. The teaching staff must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. A resident representative should participate in these reviews.
5. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

D. Faculty Scholarly Activity

1. Scholarly activity of the faculty at the parent and integrated institutions is of paramount importance to the program. Staff activity at affiliated institutions cannot substitute for this effort. Adequate documentation of scholarly activity on the part of the program director and the teaching staff at the parent and integrated institutions must be submitted at the time of the program review.
2. Documentation of scholarly activity is based on participation in continuing surgical education; participation in regional or national surgical scientific societies; presentation and publication of scientific studies; and demonstration of an active interest in research as it pertains to their own special surgical interests.
3. Commitment of the faculty to research will be judged based on projects that are funded following peer review; publications in peer-reviewed journals; presentations at national and regional scientific meetings; and research protocols that have been approved by appropriate institutional committees or other organizations.
4. While not all members of a teaching staff can be investigators, clinical and/or basic science research must be ongoing in vascu-

lar surgery at the parent and integrated institution(s). Research on the part of residents is not a substitute for the involvement of the program director and teaching staff. The staff as a whole must document active involvement in all phases of scholarly activity as defined above if they are to be considered adequate to conduct a program of graduate education in vascular surgery.

E. Other Program Personnel

Programs must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

IV. Environment and Resources

A. Library

1. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

B. Working Environment and Hours

1. Graduate education in vascular surgery requires a commitment to continuity of patient care. This continuity of care must take precedence—without regard to the time of day, day of the week, number of hours already worked, or on-call schedules. At the same time, patients have a right to expect a healthy, alert, responsible, and responsive physician dedicated to delivering effective and appropriate care.
2. The program director must establish an environment that is optimal both for resident education and for patient care, while ensuring that undue stress and fatigue among residents are avoided. It is his or her responsibility to ensure assignment of appropriate in-hospital duty hours so that residents are not required to perform excessively difficult or prolonged duties regularly. It is desirable that residents' work schedules be designed so that on average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free of routine responsibilities and be on call in the hospital no more often than every third night. A distinction must be made between on-call time in the hospital and on-call availability at home and their relation to actual hours worked. The ratio of hours worked to on-call time will vary each week and therefore necessitates flexibility. There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty.
3. Residency training in vascular surgery is a full-time responsibility; activities outside the educational program must not interfere with the residents' performance in the educational process, as determined by the program director, nor must they interfere with the residents' opportunities for rest, relaxation, and study.

C. Logistics

During in-hospital on-call hours residents should be provided with adequate sleeping, lounge, and food facilities. Support services must be such that residents do not spend an inordinate amount of time in noneducational activities that can be discharged properly by other personnel.

V. The Educational Program

A. Curriculum

1. The curriculum for the vascular surgery program should encompass the entire vascular system as defined in section I.A.1. Clinical, vascular laboratory and basic science curricula developed by the Association of Program Directors in Vascular Surgery are useful in this regard. Instruction in each area should be associated with relevant patients whenever possible. However, if direct patient exposure is not possible in some specific areas, instructional materials must be provided to ensure adequate education in all areas.
2. The program must provide instruction and require residents to become knowledgeable in the fundamental sciences, including anatomy, biology, embryology, microbiology, physiology, and pathology as they relate to the pathophysiology, diagnosis, and treatment of vascular lesions.
3. Residents must be provided with progressive senior surgical responsibilities in the total care of vascular surgery patients, including preoperative evaluation, therapeutic decision making, operative experience, and postoperative management. The focus of the program is clinical education; research, laboratory, and nonvascular clinical assignments should be related to this focus.
4. Residents must acquire familiarity with special diagnostic techniques for the management of vascular lesions. It is essential that residents have an acquaintance with the methods and techniques of angiography and competence in the interpretation of angiographic findings. Residents must also have experience in the application, interpretation, and limitations of noninvasive vascular diagnostic techniques.
5. Residents must have the opportunity to provide consultation with faculty supervision. They should have clearly defined educational responsibilities for other residents, medical students, and professional personnel. These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of vascular surgery.
6. Continuity of primary responsibility for patient care must be taught in a longitudinal way, and include: ambulatory care; inpatient care; referral and consultation; utilization of community resources.
7. The program must provide teaching in critical thinking, design of experiments, and evaluation of data as well as in technological advances that relate to vascular surgery and the care of patients with vascular diseases. The program must encourage participation by the residents in clinical and/or laboratory research and make appropriate facilities available.

B. Volume and Complexity of Operative Experience

1. Operative skill is essential for surgeons and can be acquired only through personal experience and training. The program must provide sufficient operative experience to train qualified vascular surgeons, taking into account individual capability and rate of progress. A sufficient number and distribution of complex cases, as determined by the RRC, must be provided for the achievement of adequate operative skill and surgical judgment.
2. Residents must be afforded the opportunity to have chief or senior resident responsibility in the operative management of patients who require the wide range of reconstructive and nonreconstructive vascular procedures within the scope of vascular surgery. This must include experience in endovascular procedures. Chief or senior operative experience is defined as activity in the course of which the resident functions as the operating surgeon or performs the critical technical portions of the operation. Residents should perform a minimum of 100 major vascular reconstructive procedures that reflect an adequate representa-

tion of current trends in the spectrum of surgical care of vascular diseases. Operative experience in excess of 450 total cases, however, must be justified by the program director who must also ensure that the operative experience of individual residents in the same program is comparable.

3. When previous personal operative experience justifies a teaching role, vascular surgery residents may act as teaching assistants for general surgery residents, provided these general surgery residents are not in their chief residency year.
4. A resident is considered to be the surgeon when he or she can document a significant role in all of the following aspects of management: determination or confirmation of the diagnosis, provision of preoperative care, selection and accomplishment of the appropriate operative procedure, direction of the postoperative care, and accomplishment of sufficient follow-up to be acquainted with both the course of the disease and the outcome of its treatment. Participation in the operation only, without preoperative and postoperative care, is inadequate, and such cases will not be approved by the RRC as meeting educational requirements.

C. Supervision

1. The attending physician has both an ethical and a legal responsibility for the overall care of the individual patient and for the supervision of residents involved in the care of that patient. Judgments on the delegation of this responsibility to vascular surgery residents must be made by the attending surgeon who is ultimately responsible for the patient's care; such judgments shall be based on the attending surgeon's direct observation and knowledge of each resident's skills and ability.
2. Supervision of residents must be specified in the bylaws, policies, procedures, rules, and/or regulations of the department, which must not be less demanding than those of the institution.
3. Evidence that adequate supervision exists within a program must be provided to the site visitor at the time of program review in the form of signed notes in the patient charts and/or other such records, as well as through personal interviews of residents.
4. Proper supervision must not conflict with progressively more independent decision making on the part of the residents; thus, the degree of supervision may vary with the clinical circumstances and the experience of each resident. However, to exercise their responsibilities properly, members of the teaching staff always must be immediately available for consultation and support.

D. Outpatient Responsibilities

To be adequate, a program must document both inpatient and outpatient activities. Outpatient activities constitute an essential component of adequate experience in continuity of patient care. These activities should be conducted in such a way that residents have an opportunity to examine patients preoperatively, have ample opportunity to consult with the attending surgeon regarding operative care, and have an opportunity to participate in the operation and in the immediate postoperative care until release from the facility. To participate in post-hospital care, residents have the responsibility for seeing patients personally in an outpatient setting and consulting with the attending surgeon regarding follow-up care. As a guideline, approximately 1 day per week should be devoted to these outpatient activities.

E. Educational Conferences

Educational conferences must be adequate in quality and quantity to provide a review of vascular surgery as well as recent advances. The conferences should be scheduled to permit the residents to attend on a regular basis. Participation by both residents and teaching staff must be documented. Active participation by vascular sur-

gery residents in the planning and production of these conferences is essential.

The following types of conferences must exist within a program:

1. At least biweekly review of all current complications and deaths, including radiological and pathological correlation of surgical specimens and autopsies when relevant
2. A course or a structured series of conferences to ensure coverage of the basic and clinical sciences fundamental to vascular surgery; sole reliance on textbook review is inadequate
3. Regular organized clinical teaching, such as ward rounds and clinical conferences
4. A regular review of recent literature, such as a journal club format.

VI. Evaluation

A. Evaluation of Residents

1. There must be adequate, ongoing evaluation of the knowledge, competency, attitudes, and performance of the residents. Written evaluation of each resident's knowledge, skills, professional growth and performance, using appropriate criteria and procedures, must be accomplished at least semiannually. This assessment must include cognitive, motor, and interpersonal skills, as well as surgical judgment. Evaluations must be communicated to residents in a timely manner.
2. The program must maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
3. The program director and faculty are responsible for provision of a written evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.
4. A system for documentation of residents' experiences must be utilized to monitor the educational experience and to provide documentation for future hospital privileges.

B. Evaluation of the Program and Faculty

The educational effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. All teaching faculty must also be evaluated on a regular basis, including teaching ability, availability, attitudes, scholarly contributions, interpersonal skills, and communication abilities. Written evaluations by residents of the program and faculty should be utilized in this process. Resident feedback should be anonymous if feasible, and under no circumstance should it result in any negative program or faculty response directed toward the residents. In addition, internal review of the program should be conducted by the Institutional Review Committee on a regular basis.

C. Other Evaluation Tools

A program must strive for the highest possible quality of educational experience for the residents; it will be judged on this basis. One measure of the quality of a program is the performance of its graduates with respect to the American Board of Surgery certification process. Graduates of ACGME-accredited programs are expected to complete this process successfully. At a minimum, for the most recent 5-year period, 60% of the graduates must have passed the qualifying and certifying examinations in vascular surgery on their first attempt.

ACGME: June 1999 Effective: January 2000

Program Requirements for Residency Education in Thoracic Surgery

Common Program Requirements appear in bold. Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition and Scope of the Specialty

Thoracic Surgery encompasses the operative, perioperative, and critical care of patients with pathologic conditions within the chest. This includes the surgical care of coronary artery disease; cancers of the lung, esophagus, and chest wall; abnormalities of the great vessels and heart valves; congenital anomalies of the chest and heart; tumors of the mediastinum; diseases of the diaphragm; and management of chest injuries.

B. Duration and Scope of Education

1. Before admission to a thoracic surgery residency program, the resident must have documented completion of a general surgery residency program accredited by either the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.
2. The length of the educational program required for the acquisition of the necessary knowledge, judgment, and technical skills in the specialty is 2 years. Any program extended beyond these minimum requirements must present a clear educational rationale consistent with these program requirements and must be approved in advance by the Residency Review Committee (RRC).
3. Prior to admission to the program, each resident must be notified in writing of the length of the program.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

1. The sponsoring institution must ensure an administrative and academic structure that provides for educational and financial resources dedicated to the needs of the program; i.e., the appointment of teaching faculty and residents, support for program planning and evaluation, the ensuring of sufficient ancillary personnel, provision for patient safety, and the alleviation of resident fatigue.
2. Library services, including electronic retrieval of information, and a collection of appropriate texts and journals should be readily available at all clinical sites.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for residents;

- b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
- c) specify the duration and content of the educational experience; and
- d) state the policies and procedures that will govern resident education during the assignment.

3. Integrated Institutions

- A formal, written integration agreement is required that specifies, in addition to the points above, that the program director:
- a) appoints the members of the teaching staff at the integrated institution;
 - b) appoints the chief or director of the teaching service in the integrated institution;
 - c) appoints all residents in the program; and
 - d) determines all rotations and assignments of both residents and members of the teaching staff.

4. Multiple abbreviated assignments among several institutions or simultaneous assignments to more than one institution are not acceptable.

5. Assignments of 4 months or more to any participating institution must be prior-approved by the RRC.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in the specialty by the American Board of Thoracic Surgery, or possess qualifications judged to be acceptable by the RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.

d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:

- (1) the addition or deletion of a participating institution or integrated institution;
- (2) a change in the format of the educational program;
- (3) a change in the approved resident complement for those specialties that approve resident complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

e) The program director must promptly notify the executive director of the RRC using the ADS of a change in program director or department chair, or of any additional change in the program that may significantly alter the educational experience for the residents.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. One designated cardiothoracic faculty member should be responsible for coordinating multidisciplinary clinical conferences and for organizing instruction and research in general thoracic surgery.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities, including documented participation in the undergraduate curriculum. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Thoracic Surgery, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.

b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching. A minimum of one thoracic surgery resident must be appointed in each year to provide for sufficient peer interaction.

C. Resident Transfer

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education. Such verification must include documentation of the resident's operative experience.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Didactic Component.

The educational program must be designed to provide a broad academic experience in esophageal; pulmonary, mediastinal, and chest wall; diaphragmatic, and cardiovascular disorders in all age groups.

- a) The program director is responsible for providing separate and regularly-scheduled teaching conferences, mortality and morbidity conferences, rounds, and other educational activities in which both the thoracic surgery faculty and the residents attend and participate.
 - b) Conferences should be under the direction of qualified thoracic surgeons and other faculty in related disciplines.
 - c) Records of conference attendance must be kept and must be available for review by the site visitor.
2. Clinical Component
- The program director is responsible for providing an organized written plan and a block diagram for the clinical assignments to the various services and institutions in the program.
- a) The clinical assignments should be carefully structured to ensure that graded levels of responsibility, continuity in patient care, a balance between education and service, and progressive clinical experiences are achieved for each resident.
 - b) The resident must have the opportunity, under supervision, to:
 - (1) provide preoperative management, including the selection and timing of operative intervention and the selection of appropriate operative procedures;
 - (2) provide postoperative management of thoracic and cardiovascular patients;
 - (3) provide critical care of patients with thoracic and cardiovascular surgical disorders, including trauma patients, whether or not operative intervention is required;
 - (4) correlate the pathologic and diagnostic aspects of cardiopulmonary disorders, demonstrating skill in diagnostic procedures (e.g., bronchoscopy and esophagoscopy), and to interpret appropriate imaging studies (e.g., ultrasound, computed tomography, roentgenographic, radionuclide, cardiac catheterization, pulmonary function, and esophageal function studies); and
 - (5) demonstrate knowledge in the use of cardiac and respiratory support devices.
 - c) The minimum operative experience of each resident must include:
 - (1) an annual average of 125 major operations from those listed on the program information forms;
 - (2) an adequate distribution of categories and complexity of procedures to ensure each resident a balanced and equivalent operative experience;

The categories of procedures must include but are not limited to the: lungs, pleura, and chest wall; esophagus, mediastinum, and diaphragm; thoracic aorta and great vessels; congenital heart anomalies; valvular heart diseases; and myocardial revascularization.

 - (3) Additional experiences should include: cardiac pacemaker implantation, mediastinoscopy, pleuroscopy, and flexible and rigid esophagoscopy and bronchoscopy.
 - d) Credit for operative experience may be documented when the resident:
 - (1) participated in the diagnosis, preoperative planning, and selection of the operation for the patient;
 - (2) performed those technical manipulations that constituted the essential parts of the patient's operation;
 - (3) was substantially involved in postoperative care; and
 - (4) was supervised by responsible faculty/teaching staff.
 - e) Assignments to nonsurgical areas (i.e., cardiac catheterization and esophageal or pulmonary function labs) may not exceed a

total of 3 months during the clinical program, and may not occur in the chief year.

- f) The chief year must be spent in the sponsoring or integrated institutions for the program. Exceptions require advance approval by the RRC. During this year, the resident must assume senior responsibility for the pre-, intra-, and post-operative care of patients with thoracic and cardiovascular disease.
3. Outpatient responsibilities constitute an essential component for providing adequate experience in continuity of patient care.
- a) The resident should have an opportunity to examine the patient preoperatively, to consult with the attending surgeon regarding operative care, and to participate in the surgery and postoperative care.
 - b) Outpatient care activities include resident responsibility for seeing the patient personally in an outpatient setting and, as a minimum in some cases only, consulting with the attending surgeon regarding the follow-up care rendered to the patient in the doctor's office.
 - c) The policies and procedures governing pre-hospital and post-hospital involvement of the residents must be documented. Documentation of this process must be available to the site visitor at the time of program review.
 - d) Permission for performing an autopsy should be sought in all deaths, to include the appropriate review of autopsy material by teaching staff and residents.
4. Thoracic surgery residents should have the opportunity for peer interaction with residents in related specialties at all participating institutions.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities. A protected research assignment is not permitted during the program; resident participation in scholarly activities should be encouraged.

D. ACGME Competencies

The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

1. **Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;**

Residents are expected to develop and execute patient care plans, demonstrate technical ability, use information technology, and evaluate diagnostic studies.
2. **Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;**

Residents are expected to know current medical information, and critically evaluate scientific information.
3. **Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;**

Residents are expected to demonstrate the ability to practice lifelong learning, analyze personal practice outcomes, and use information technology to optimize patient care.
4. **Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;**

Residents are expected to communicate with other health care professionals, counsel and educate patients and families, maintain appropriate records documenting practice activities and outcomes, and function as a team member and/or leader.

5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;

Residents are expected to maintain high standards of ethical behavior; demonstrate continuity of care (i.e., preoperative, operative and postoperative); demonstrate sensitivity to age, gender, culture and other differences; and demonstrate honesty, dependability, and commitment.

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Residents are expected to practice cost-effective care without compromising quality, promote disease prevention, demonstrate risk-benefit analysis, and know how different practice systems operate to deliver care.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the thoracic surgery service or department has not previously provided care. The resident should evaluate the patient before participating in surgery.
4. *At-home call (or pager call)* is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Because the program of thoracic surgery education is demanding, moonlighting is strongly discouraged.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

The RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation**A. Resident****1. Formative Evaluation**

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents. Because of the small resident cohort in each program, assurance that the content of resident evaluations does not adversely affect resident progression is required.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Thoracic Surgery should communicate with the office of the board regarding the full requirements for certification.

ACGME: September 1992 Effective: September 1993

Minor Revision: November 2001

Competency revisions: July 2002

Editorial Revisions: January 2003 and July 2004

Common PR Revisions effective: July 1, 2004

Program Requirements for Residency Education in Urology

Common Program Requirements appear in bold.

Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Definition of the Specialty

Urology is the medical and surgical specialty involving disorders of the genitourinary tract, including the adrenal gland. Specialists in this discipline must demonstrate the knowledge, skill, and understanding of the pertinent basic medical sciences. Residency programs must educate physicians in the prevention of urologic disease, and in the diagnosis, medical and surgical treatment, and reconstruction of neoplasms, deformities, and injuries.

B. Duration and Scope of Education

Each program must document the following sequence of requirements in the 60-month program of postgraduate medical education: 12 months of general surgery in a program accredited by the ACGME that comprises the pre-urology year; this is to be followed by 36 months of clinical urology that includes the final 12 months of chief residency with appropriate clinical responsibility, under supervision, and in institutions approved as a part of the urology residency program. This additional 12 months of education must be composed of general surgery or urology or of fields directly related to urology.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
 - c) specify the duration and content of the educational experience; and
 - d) state the policies and procedures that will govern resident education during the assignment.
3. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience, and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals, as well as educational and peer activities. Exceptions must be justified and prior-approved by the Residency Review Committee (RRC).

- a) The RRC considers 4 participating institutions or fewer as optimal to promote educational and peer activities. Due to the importance of peer interaction, experiences outside the sponsoring institution should not be assigned to a single resident.
- b) Assignments to institutions distant from the sponsoring institution are to be considered an exception; such affiliations must be justified, and must provide educational experiences otherwise not available in the program.
- c) A single resident should not be assigned to a participating institution unless special resources or opportunities are offered at that institution that are not otherwise available in the educational program.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership. The term of appointment, as a normal rule, must be at least the duration of the program plus one year (i.e., a minimum of 6 years).
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in the specialty by the American Board of Urology, or possess qualifications judged to be acceptable by the RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution;
 - (2) a change in the format of the educational program;

(3) a change in the approved resident complement for those specialties that approve resident complement.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

5. The Program Director is responsible to compile annually an accurate statistical and narrative description of the program as requested by the RRC. The log must include a comprehensive record of the number and types of operative procedures performed by each resident completing the program, together with all of the procedures in which the resident was either surgeon or assistant surgeon; the log must be signed by both the resident and the program director as a statement of its accuracy. The log must also include ambulatory or outpatient procedures performed by the resident in office practice or ambulatory facilities. This information must be provided in the format and form specified by the RRC.
6. The program director must notify each resident prior to admission and in writing of the required length of the educational program. The required length of the educational program may not be changed without mutual agreement with the resident unless there is a significant break in his or her educational program or unless the resident requires remedial education. All changes to the length of the educational program for any resident must be approved in advance by the RRC.

B. Faculty

1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Urology, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
 - d) To provide the greatest depth of knowledge in a variety of subjects, the faculty should possess special knowledge in all of the urological domains: extracorporeal shock wave lithotripsy, impotence, infertility, female urology, geriatric urology, infectious disease, laparoscopy, neurourology, obstructive disease, oncology, pediatric urology, renovascular disease, sexual dysfunction, renal transplantation, trauma, and urodynamics.
 - e) In addition to the program director, there must be a minimum of 2 clinical urology faculty committed fully to the educational objectives of the residency program who devote sufficient time to the supervision and teaching of the residents. A faculty-to-resident ratio of at least 1:2 in the total program is required. The program director may be counted as one of the faculty in determining the ratio. The program director must notify the RRC if the number of clinical urology faculty members drops below 2, or if the ratio falls below 1:2 and remains below that level longer than one year.
 - f) There must be a qualified urologist (the local site director) appointed by and responsible to the program director in each geographically separate institution. This urologist must be re-

sponsible for the education of the residents, and must supervise the educational activities of the urology faculty in that institution. The urology director at each participating institution must have the majority of his or her clinical responsibilities based at that institution.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:

- a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
- b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
- c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:

- a) Nonphysician faculty must be appropriately qualified in their field.
- b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

1. There must be adequate space and equipment for the educational program, including meeting rooms and classrooms with audiovisual and other educational aids; office space for staff; diagnostic, therapeutic, and research facilities; and outpatient facilities, clinic, and office space accessible to residents for preoperative evaluation and postoperative follow-up. Library services should include the electronic retrieval of information from medical databases.
2. Technologically-current diagnostic and treatment facilities such as cystoscopy, imaging with biopsy, imaging with percutaneous access to the kidney, ultrasound with biopsy, endourology, laparoscopy, laser, and urodynamics equipment should be present. The use of video imaging for educational purposes is desirable.
3. An extracorporeal shock wave lithotripsy facility must be available for resident education in the treatment of urinary calculi.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents

The RRC for Urology will approve the number of residents based upon established written criteria that include the adequacy of

resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

Programs may not graduate more residents in any given year than the number of residents approved by the RRC. Any change in the number of residents by year, or any change in the total number of residents, whether permanent or temporary, must receive prior approval of the RRC. Requests for changes in the resident complement of a program must include a strong educational rationale. A vacancy in a resident complement, if filled, must be at the same level in which the vacancy occurs, unless otherwise approved by the RRC.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed urology residents.

Any program with fellows must submit a clear statement of the areas of education, clinical responsibilities, and duration of the educational program. This impact statement must be supplied to the RRC at the time of the site visit. A log, grouped by procedure, that details the operative experience of the fellow must be submitted with the urology resident logs at the time of the site visit.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Didactic Component

- The didactic conferences must include a combined morbidity and mortality conference for all participating hospitals, urological imaging, urological pathology, and journal review.
- Urologic core knowledge must include: adrenal disease and endocrinology, andrology, calculus disease, endourology, extracorporeal shock wave lithotripsy, impotence, infertility, female urology, geriatric urology, infectious disease, laparoscopy, neurourology, obstructive disease, oncology, pediatric

urology, renovascular disease, sexual dysfunction, renal transplantation, trauma, and urodynamics.

- A list of conferences must be maintained and available for review at the time of the site visit. The list should include the names of those attending, the subjects discussed, and the principal speakers.
- Conferences must be well attended by both residents and faculty, and such attendance should be documented. A faculty member must supervise each conference.

2. Clinical Component

- A sufficient number and variety of inpatient and ambulatory adult and pediatric patients with urologic disease must be available for resident education.
- Generally-equivalent and adequate distribution of operative urologic procedures among the residents must be demonstrated. Significantly unequal experience in volume and/or complexity of operative procedures among the residents demonstrates noncompliance with these requirements.

c) Graded responsibility.

The responsibility given to residents for patient care should depend upon each resident's knowledge, problem-solving ability, manual skills, experience, and the severity and complexity of each patient's status.

d) Progressive patient management.

The program must provide residents with experience in direct and progressively-responsible patient management as they advance through the program. The resident should have responsibility under supervision for the total care of the patient, including initial evaluation, establishment of diagnosis, selection of appropriate therapy, implementation of therapy, and management of complications.

e) Continuity of patient care.

The resident must participate in the continuity of patient care through preoperative and postoperative clinics and inpatient contact. When residents participate in preoperative and postoperative care in a clinic or private office setting, the program director must ensure that the resident functions with an appropriate degree of responsibility.

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:

- Patient care** that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
- Medical Knowledge** about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
- Practice-based learning and improvement** that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
- Interpersonal and communication skills** that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;

5. *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. *Systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities,

transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient to whom the resident has not previously provided care.
4. *At-home call (or pager call)* is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

The RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

A. Resident

1. Formative Evaluation

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient

care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

- b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Urology should communicate with the office of the board regarding the full requirements for certification.

*ACGME: June 2003 Major revision effective: July 2003
Common PR Editorial revisions effective: July 1, 2004*

Program Requirements for Residency Education in Pediatric Urology (Urology)

Common Program Requirements appear in bold.

Sections of text that are not bolded are subspecialty-specific requirements.

I. Introduction

A. Scope of Education

Subspecialty education in pediatric urology involves all aspects of congenital anomalies, childhood-acquired urologic problems such as tumors and trauma, and overlapping problems of adolescence. The subspecialty education in pediatric urology must provide an experience of sufficient level for the pediatric urology resident to acquire advanced skills in the management of congenital anomalies and pediatric urologic problems.

B. Duration of Education

A pediatric urology program is 1 continuous clinical year taken subsequent to the completion of an accredited residency in urology. A pediatric urology educational program can be provided only in conjunction with an ACGME accredited urology residency program.

II. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

The pediatric urology program must be centered at a children's hospital or a medical center with pediatric medical, surgical, and radiologic subspecialties. The sponsoring institution of the pediatric urology program may seek a complementary affiliation with other institutions that offer significant educational opportunities to the residency program.

B. Participating Institutions

1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
 - a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;

- c) specify the duration and content of the educational experience; and
- d) state the policies and procedures that will govern resident education during the assignment.

III. Program Personnel and Resources

A. Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Residency Review Committee (RRC) through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).
2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.
3. Qualifications of the program director are as follows:
 - a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b) The program director must be certified in the specialty by the American Board of Urology, or possess qualifications judged to be acceptable by the RRC.
 - c) The program director must be appointed in good standing and based at the primary teaching site.
 - d) The program director must be dedicated to and actively engaged in pediatric urology education.
4. Responsibilities of the program director are as follows:
 - a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
 - b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the ACGME's Accreditation Data System.
 - c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
 - d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
 - (1) the addition or deletion of a participating institution; (Participation by any institution providing more than 2 months of education in the program must be approved by the Residency Review Committee.)
 - (2) a change in the format of the educational program;
 - (3) a change in the approved resident complement for those specialties that approve resident complement.
 All permanent or temporary increases in resident complement must be approved in advance by the RRC.

On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

- e) Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures
 - f) Selection and supervision of the faculty and other program personnel at each institution participating in the program
 - g) Implementation of fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints or grievances
 - h) Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Educational situations that consistently produce undesirable stress on residents must be evaluated and modified.
- #### B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
 2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member.
 3. Qualifications of the physician faculty are as follows:
 - a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
 - b) The physician faculty must be certified in the specialty by the American Board of Urology, or possess qualifications judged to be acceptable by the RRC.
 - c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
 4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:
 - a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
 - b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;
 - c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.
 Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.
 5. Qualifications of the nonphysician faculty are as follows:
 - a) Nonphysician faculty must be appropriately qualified in their field.
 - b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available.

Diagnostic facilities should include body-imaging equipment suitable for the care of pediatric patients.

IV. Resident Appointments

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents

The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching.

C. Resident Transfers

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents.

V. Program Curriculum

A. Program Design

1. Format

The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.

B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management.

1. Clinical Experiences

a. The institution sponsoring the pediatric urology program must provide a sufficient volume and variety of pediatric urology experience to meet the needs of the pediatric urology resident without compromising the quality of resident education in general urology.

b. To be considered for accreditation, the institution should have the following resources available for resident education: a broad spectrum of urologic diseases; a sufficient volume and broad variety of pediatric urology surgical procedures consisting of 200 major, 200 intermediate, and 100 minor procedures per year; and 2000 pediatric urologic outpatient visits per year, including urology subspecialty clinics.

Representative examples of these classifications include minor: circumcision, meatotomy, diagnostic endoscopy, percutaneous aspiration or tube insertion; intermediate: therapeutic endoscopy, inguinal surgery > 2 years, distal hypospadias with no urethroplasty, diagnostic laparoscopy; major: all abdominal surgery, flank surgery, hypospadias, laparoscopic surgery, valve ablation, inguinal surgery < 2 years.

c. The clinical component of the program must include experience in:

- i. The surgical aspects of pediatric urology. Such experience must be documented in an accurate, comprehensive, operative log maintained by the resident and reviewed by the program director quarterly. All operative procedures in which the pediatric urology resident acts as surgeon or teaching assistant should be separately documented.
- ii. Inpatient consultation and outpatient management of pediatric urologic disease, with graded responsibility for patient care, which must be similarly documented and maintained
- iii. Body imaging modalities used in the care of pediatric patients
- iv. Performance and evaluation of urodynamic studies
- v. Multidisciplinary management of patients with urologic tumors
- vi. Multidisciplinary management of patients with urologic trauma
- vii. Multidisciplinary management of nephrological disease
- viii. Neonatal and intensive care unit treatment for all pediatric ages
- ix. Multidisciplinary management of myelomeningocele and other neuropathic bladder entities
- x. Multidisciplinary management of patients with problems relating to sexual development and medical aspects of intersex states
- xi. Performance of genetic counseling for renal and genital anomalies
- xii. Pediatric infectious disease and its treatment

C. Residents Scholarly Activities

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.

D. ACGME Competencies

(N.B.: Section V. D. does not apply to this subspecialty)

VI. Resident Duty Hours and the Working Environment

Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

C. On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal workday, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient to whom the resident has not previously provided care.
4. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

E. Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

F. Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation**A. Resident****1. Formative Evaluation**

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

- a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation

The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMCC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification

Residents who plan to seek certification by the American Board of Urology should communicate with the office of the board regarding the full requirements for certification.

ACGME approved: February 1990

ACGME approved: September 28, 1998 Effective: January 1, 1999

Editorial Revision: July 2004

Program Requirements for the Transitional Year

Common Program Requirements appear in bold.

Sections of text that are not bolded are specialty-specific requirements.

I. Introduction

A. Purpose of a Transitional Year

The objective of the transitional year is to provide a well-balanced program of graduate medical education in multiple clinical disciplines designed to facilitate the choice of and/or preparation for a specific specialty. The transitional year is not meant to be a complete graduate education program in preparation for the practice of medicine.

The transitional year must be designed to fulfill the educational needs of medical school graduates who

1. have chosen a career specialty for which the categorical program in graduate medical education has, as a prerequisite, 1 year of fundamental clinical education, which may also contain certain specific experiences for development of desired skills; or
2. have not yet made a career choice or specialty selection and desire a broad-based year to assist them in making that decision; or
3. are planning to serve in organizations such as the public health service or on active duty in the military as general medical officers or primary flight/undersea medicine physicians prior to completing a program in graduate medical education; or
4. desire or need to acquire at least 1 year of fundamental clinical education prior to entering a career path that does not require broad clinical skill, such as administrative medicine or nonclinical research.

The sponsoring institution and the transitional year program must demonstrate substantial compliance with both the Institutional Requirements of the *Essentials of Accredited Residencies* and the Program Requirements that follow.

B. Duration and Content of Program

1. The duration of the transitional year program must be 1 year (12 calendar months).
2. At least 24 weeks of each resident's curriculum must be provided by a discipline or disciplines that offer fundamental clinical skills, that is, emergency medicine, family practice, internal medicine, obstetrics/gynecology, pediatrics or surgery.
3. Other rotations should be a minimum of 4 weeks in duration to ensure reasonable continuity of education and patient care.

II. Institutional Support

A. Sponsoring Institution

One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institution.

1. The transitional year program must be offered by an institution and its affiliate(s) conducting two or more Accreditation Council for Graduate Medical Education (ACGME)-accredited residency programs, in good standing. Two of these accredited programs must be designated as sponsors of the transitional year program. One of the sponsors must be in a discipline that provides fundamental clinical skills training. Those disciplines considered to provide these experiences are emergency medicine, family practice, internal medicine, obstetrics/gynecology, pediatrics, and surgery. (See V.D.2, Skill Development)

2. Together the sponsors must provide at least 25% of each resident's clinical experience.
3. The program director or a designee from each of the sponsors must participate in the organization of the didactic curriculum components of the program.

B. Participating Institutions

1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.
3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. The agreements should
 - a. identify the faculty who will assume the educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.D. and VI.A of the Program Requirements;
 - b. outline the educational goals and objectives to be attained by the resident during the assignment;
 - c. specify the period of resident assignment;
 - d. establish the policies that will govern resident education during the assignment.

C. Institutional Coordination Committee

1. An institutional coordination committee (ICC) must be appointed and have major responsibility for conducting and monitoring the activities of the transitional year program. The ICC may be a freestanding committee or may be a subcommittee of the Graduate Medical Education Committee (GMEC). The ICC should be convened by the parent institution at least four times a year. The membership of this committee should be composed of but not limited to the transitional year program director, the program directors (or designees) of disciplines regularly included in the curriculum, the program directors (or designees) of each program sponsor, a resident member nominated by his or her peers, and the chief executive officer (CEO) (or designee in hospital administration) of the parent institution. The CEO or the designee must not be the transitional year program director.
2. The responsibilities of the committee must include the following:
 - a. To recommend to the governing body of the sponsoring institution policies that establish the educational content of the transitional year and the allocation of resources for the effective conduct of the program.
 - b. To ensure that the quality of medical care provided by transitional year residents is equivalent to that expected of first-year residents in other ACGME-accredited programs within the institution.
 - c. To monitor the impact of the transitional year program on the categorical residents' programs to ensure that there is no compromise of the educational resources. This includes monitoring the adequacy of the number of patients, variety of

illnesses, educational materials, teaching/attending physicians, and financial support.

- d. To review at least twice a year the evaluations of the transitional year residents' performance and the residents' assessment of the components of the transitional year, including the faculty.
- e. To ensure that the educational opportunities provided transitional year residents are within acceptable standards of medical care and are equivalent to those provided first-year residents in the categorical programs in which the transitional year residents participate.
- f. To ensure that the quality of education provided by the nonaccredited components of the program is reasonably comparable to that provided to the first-year residents in accredited programs.
- g. To approve the curriculum of each transitional year resident, which has been planned with the transitional year program director in accordance with the individual needs of the residents and the Program Requirements of the Transitional Year.
- h. To ensure that the transitional year program undergoes a periodic internal review in accordance with the general institutional requirements.
- i. To maintain records documenting the committee's activities for each of the above requirements and to have copies of these records available for transmission to the Transitional Year Review Committee.
- j. To review ACGME letters of accreditation for program sponsors and to monitor areas of noncompliance.

D. Support Facilities/Departments

1. Pathology, radiology and nuclear medicine facilities must exist in the parent and affiliated institutions. These disciplines must be directed by qualified physicians who are committed to medical education and to providing competent instruction to the transitional year residents when patients require these diagnostic and/or therapeutic modalities.
2. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

III. Resident Appointment

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements and select the residents for appointment to the program in accordance with institutional policies and procedures.

B. Number of Residents

The Transitional Year Review Committee will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. A program should have at least four residents in training to foster a sense of identity for the transitional year residents and to provide appropriate peer interaction during all phases of the transitional year program. Program applications will be reviewed for

assurance that there is an appropriate balance between the number of transitional year residents in training and the educational resources available to them.

2. Any proposed change in the number of transitional year residents must receive prior approval by the Transitional Year Review Committee. Programs that consistently fail to fill the designated number of approved positions may be asked to reduce the number offered, but to no fewer than four residents.
3. Residents who have successfully completed 12 months of transitional year training are not eligible to receive additional credit for subsequent rotations taken.

C. Resident Transfer

To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in section V.B., prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities of the regularly appointed specialty residents.

IV. Faculty

The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide continuity of leadership for a minimum of 3 years.

A. Qualifications of the Program Director

1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution. The process by which the program director of the transitional year program is appointed must be consistent with the policies for the appointment of other program directors in the sponsoring institution.
2. The program director must
 - a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field, including the ability to devote the time required for program development, implementation, administration, and supervision.
 - b. be certified by a specialty board or possess qualifications judged to be acceptable by the Transitional Year Review Committee.
 - c. be appointed in good standing and based at the primary teaching site.
 - d. be licensed to practice medicine in the state where the institution that sponsors the program is located (Certain federal programs are exempt.)

B. Responsibilities of the Program Director

1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program.

This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.

2. Preparing an accurate statistical and narrative description of the program as requested by the Transitional Year Review Committee as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).
3. Promptly notifying the executive director of the Transitional Year Review Committee, using ADS, of a change in program director as well as of changes in the accreditation status of sponsoring programs when they occur.
4. Grievance procedures and due process: The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.
5. Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.
6. Obtaining prior approval of the Transitional Year Review Committee for changes in the program that may significantly alter the educational experience of the residents, for example:
 - a. the addition or deletion of major participating institution(s) as specified in section II.B. of this document.
 - b. Change in the approved resident complement for those specialties that approve resident complement.
 - c. Change in the format of the educational program.On review of a proposal for a major change in a program, the Transitional Year Review Committee may determine that a site visit is necessary.
7. Maintaining records of (1) all residents appointed to the transitional year program; (2) the transitional year objectives, curriculum content offered by the program, and the curriculum undertaken by each resident; (3) the performance evaluations; (4) the residents' subsequent training or other professional activities. Tracking of graduates must be accomplished either until the transitional year graduate enters a formal medical educational program or for at least 5 years following graduation. A record of these graduates must be available for review.

C. Faculty Qualifications

1. The physician faculty must
 - a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.
 - b. be certified by a specialty board or possess qualifications judged to be acceptable by the Transitional Year Review Committee.
 - c. be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities

1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifica-

tions to instruct and supervise adequately the residents in the program. The teaching and supervision of transitional year residents must be the same as that provided residents in the participating categorical programs.

2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.
3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

E. Other Program Personnel

The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program

The program design and sequencing of educational experiences will be approved by the R.R.C. as part of the accreditation process.

A. Role of Program Director and Faculty

The program director, with assistance of the faculty, must coordinate the educational experiences within the separate categorical programs and participating disciplines. He/she is responsible for developing and implementing the academic and clinical program of resident education by

1. preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.
2. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.
3. providing residents with direct experience in progressive responsibility for patient management.
4. counseling transitional year residents in the development of a curriculum appropriate to their individual learning needs and career goals.

B. ACGME Competencies

The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. *Patient care* that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. *Medical knowledge* about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
3. *Practice-based learning and improvement* that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

4. *Interpersonal and communication skills* that result in effective information exchange and collaboration with patients, their families, and other health professionals.
5. *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. *Systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C. Didactic Components

1. The curriculum should include a broad range of clinical and biomedical problems and discussions of moral, ethical, legal, social, and economic issues.
2. All disciplines participating in the transitional year program must provide planned educational experiences for transitional year residents which should include:
 - a. morbidity and mortality conferences,
 - b. journal review,
 - c. seminars,
 - d. presentation of specialty topics, and
 - e. grand rounds.
 Attendance should be monitored and documented.

D. Clinical Components

1. The transitional year program must be designed to meet the educational needs of the residents. Service obligations of the sponsoring institution must be secondary to the transitional year educational objectives.
2. Skill Development
 - a. The development of mature clinical judgment requires that residents, properly supervised, be given responsibility for patient care commensurate with their ability. Residents must be given the responsibility for decision making and for direct patient care in all settings, subject to review and approval by senior residents and attending physicians, to include the planning of care, and the writing of orders, progress notes and relevant records.
 - b. To acquire fundamental clinical skills, the transitional year resident should have developed the following competencies before completion of the transitional year:
 - 1) obtain a complete medical history
 - 2) perform a complete physical examination
 - 3) define a patient's problems
 - 4) develop a rational plan for diagnosis, and
 - 5) implement therapy based on the etiology, pathogenesis, and clinical manifestations of various diseases.
 - c. Educational experiences must ensure development not only of cognitive and procedural/technical skills but also of humane qualities that enhance interactions between the physician and the patients'/patients' families.
3. Electives
 - a. The transitional year resident must have no fewer than 8 weeks of electives, which may not include vacation time. Elective rotations should be determined by the educational needs of the individual resident.
 - b. A maximum of 8 weeks may be designated for nonclinical patient care experience, e.g., research, administration, and computer science.
4. Emergency Medicine
 - a. The transitional year residents must have at least a 4-week rotation (minimum of 140 hours) in emergency medicine under

the supervision of qualified teaching staff within the sponsoring or an affiliated institution.

- b. The transitional year residents must have the opportunity to participate in the evaluation and management of the care of all types of patients who present to an institution's emergency department.
5. Ambulatory Care
- a. The transitional year residents must have at least 140 hours of documented experience in ambulatory care other than that acquired in the emergency department. This experience may consist of a 1-month block or be divided into lesser periods of time to ensure a total of 140 hours.
 - b. Outpatient experience must be obtained from ambulatory experiences provided by family practice, internal medicine, obstetrics/gynecology, pediatrics, and surgery at the sponsoring or affiliated institution(s)/sites.
6. Outside Rotations
- Rotations may be taken away from the institution and its affiliates provided that there is educational justification for the outside rotations and that the following policies are met:
- a. No more than 8 weeks of transitional year rotations may be taken away from the institution and its affiliates.
 - b. Outside required rotations must be taken in an ACGME-accredited program.
 - c. Outside rotations not part of ACGME-accredited programs must be designated as electives. The program director must provide a complete description of the experience, to include curriculum objectives, resident responsibilities, and the faculty assigned for supervision.
 - d. Outside rotations must be evaluated by the residents, and the performance of each resident must be evaluated by the respective faculty. Evaluations are to be reviewed and kept on file by the program director.
 - e. The program director must give consideration to the resident's liability coverage and state licensing requirements prior to approving the rotation.

E. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:
 - a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
 - b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
 - c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
 - d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.
2. Adequate resources for scholarly activities for faculty and residents must be available, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

F. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents

- a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
 - 1) At least 24 weeks of each transitional year resident's rotations must be on clinical services where the transitional year resident works directly with more-senior residents who are supervised by attending faculty in ACGME-accredited programs.
 - 2) The responsibility or independence given to the transitional year residents by the supervising physician for the care of patients should depend on the residents' knowledge, manual skills, experience, the complexity of the patients' illnesses, and the risk of procedures that residents perform.
- b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
- c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours

- a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities

- The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
- a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
 - b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clin-

ies, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.

- c. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.
- d. At-home call (pager call) is defined as call taken from outside the assigned institution.
 - 1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - 2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - 3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
- 4. Moonlighting
 - a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
 - b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.
 - c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.
- 5. Oversight
 - a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
 - b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
- 6. Duty Hours Exception

The Transitional Year Review Committee will not grant exceptions for up to 10 % of the 80-hour limit, to individual programs.

VI. Evaluation

A. Resident Evaluation

1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include
 - a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

- b. mechanisms for providing regular and timely performance feedback to residents by the faculty of the participating discipline on each resident's completion of a rotation in that discipline that includes at least
 - 1) a written evaluation at least three times a year that is communicated to each resident in a timely manner and
 - 2) the maintenance of a record of evaluation for each resident that is accessible to the resident.
- c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.
- 2. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty Evaluation

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. Program Evaluation

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.
2. Outcome assessment
 - a. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
 - b. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.
 - c. If more than 20% of the transitional year graduates, when averaged over 5 years, do not enter a Graduate Medical Education program, such will be considered as evidence that a program is not achieving its essential objectives and may be cause for an adverse accreditation action.

VII. Experimentation and Innovation

- A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.

- B. Requests for experimentation or innovative projects that may deviate from the program requirements must be prior-approved by the Transitional Year Review Committee and must include the educational rationale and a method for evaluating the project.**
- C. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.**

ACGME: June 1999 Effective: January 2000
Minor Revision Effective: April 12, 2002
Common Program Requirements: July 1, 2003

Section III

Accredited Graduate Medical Education Programs

Introduction

This section of the *Directory* contains a list of graduate medical education (GME) programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Programs are listed by specialty under the state and city of the sponsoring institution (refer to sample, below). Listed under the program name is the institution that sponsors the residency program, followed by the major participating institution(s), if any, which are recognized by at least one ACGME Residency Review Committee (RRC) as providing a major portion of required GME. Hospitals and other institutions that provide rotations of less than one-sixth of the program length or less than a total of 6 months are not listed in the *Directory*.

Listings contain the program director's name and program address, telephone and fax numbers, and e-mail address. Newly appointed program directors since the publication of last year's *Directory* are noted with an asterisk. Additional information on each program includes the ACGME-accredited length of the program and number of ACGME approved/offered positions. (*Note:* The published program length reflects the length approved by the RRC. The program may require or offer additional years; these data are included in FREIDA Online, at www.ama-assn.org/go/freida, and the *GME Library on CD-ROM*.) The program identification number appears at the bottom of each listing; the first three digits of this number indicate the specialty/subspecialty code (see "Specialties/Subspecialties with ACGME Program Requirements," p 549) and the next two the state code.

Sample Listing

Title of the Program

Sponsor: The program's sponsoring institution

The program's major participating institution(s) (if any)

Prgm Director: Name (* = new director since publication of last *Directory*)

Address

City, state, zip code

Telephone number, fax number

E-mail address

Length: Program length *ACGME Approved/Offered Positions:*

Program ID: 000-00-00-000

The Role of the ACGME

The population of programs listed in Section III is set by the ACGME, which shares with the AMA information about accreditation actions and other changes through regular electronic data transfers.

The *Directory*, as the official list of ACGME-accredited programs, generally reflects accreditation actions completed by December of the previous year. The data published in this edition were transferred from the ACGME to the AMA on January 20, 2005. *Programs with withdrawal dates after this date are included in Section III.* Readers are reminded that accreditation actions and related changes can alter the ACGME program population on a daily basis and that the *Directory* serves only as a "snapshot" of this population at a given moment. For updated information on ACGME-accredited programs, consult the ACGME Web site at www.acgme.org.

Preventive Medicine Programs

The preventive medicine programs listed in Section III include programs that offer areas of specialization in aerospace medicine, general preventive medicine, occupational medicine, and public health and general preventive medicine.

Transitional Year Programs

Transitional Year programs are available for physicians seeking broad clinical experience before entering GME in their chosen field or for physicians who have not yet decided on a medical specialty.

Combined Specialty Programs

Combined specialty programs (listed in Appendix A) have been approved by each respective specialty board; resident physicians completing these programs are eligible for board certification. Neither the ACGME nor the Residency Review Committees accredit combined programs; they accredit each specialty program separately. Information in the combined program list was provided by specialty boards and through the National GME Census. Applicants to combined specialty programs are encouraged to review requirements for admission to the certification process of each board in Appendix B of the *Directory*.

Restricted-entry GME Programs

US Armed Services Programs

In most cases, only persons enrolled in the US Armed Services are eligible for appointment to residency positions at US Army, Navy, and Air Force hospitals and teaching institutions. These programs are identified in Section III with the text *US Armed Services Program*.

Centers for Disease Control and Prevention Programs

GME programs at the Centers for Disease Control and Prevention (CDC) are usually open only to CDC physicians.

Programs on Probation

The *Directory* may include programs that are on probation. For information on a program's current accreditation status, contact the ACGME, 515 N State St/Ste 2000, Chicago, IL 60610; 312 464-4920; 312 464-4098 Fax; www.acgme.org.

Disclaimer

It is the AMA's understanding that all institutions listed in the *Graduate Medical Education Directory* are required by law to include the phrase "EEO, M/F/D/V" on any information distributed for public view.

Sources for Additional Information

The *Graduate Medical Education Directory Companion: An Insider's Guide to Selecting a Residency Program*, which is published annually, and FREIDA Online (Fellowship and Residency Electronic Interactive Database Access), an Internet database available through the AMA home page at www.ama-assn.org/go/freida, are two additional sources of information on GME programs. In addition, the *Graduate Medical Education E-letter*, a monthly publication available via e-mail, offers news and updates on all facets of GME. Current/archive issues are available at www.ama-assn.org/go/gmenews.

Abdominal Radiology (Radiology-Diagnostic)

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Prgm Director: Deborah A Baumgarten, MD, MPH
1364 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 778-3800 *Fax:* 404 778-3080
E-mail: deborah_baumgarten@emoryhealthcare.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 421-12-31-002

Illinois

Chicago

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Abraham H Dachman, MD
5841 S Maryland Avenue, MC 2026
Chicago, IL 60637
Tel: 773 702-6200 *Fax:* 773 702-1161
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 421-16-13-006

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Jonathan B Kruskal, MD, PhD
One Deaconess Road
Boston, MA 02215
Tel: 617 754-2519 *Fax:* 617 754-2545
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 421-24-21-003

Brigham and Women's Hospital/Harvard Medical School Program

Sponsor: Brigham and Women's Hospital
Prgm Director: Stuart G Silverman, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-6299 *Fax:* 617 732-6317
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 421-24-31-010

Minnesota

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prgm Director: David M Hough, MD
200 First Street, SW
Rochester, MN 55905
Tel: 507 254-0440 *Fax:* 507 266-4735
E-mail: sorensen.tammy@mayo.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 421-26-31-004

New York

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva
University
Montefiore Medical Center-Weiler Hospital
Prgm Director: Aila Rozenblit, MD
Dept of Radiology
111 East 210th Street
Bronx, NY 10467
Tel: 718 920-5506 *Fax:* 718 920-4854
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 421-35-21-001

New York

Beth Israel Medical Center Program

Sponsor: Beth Israel Medical Center
Prgm Director: Mitchell A Horowitz, MD
Department of Radiology
First Avenue at 16th Street
New York, NY 10003
Tel: 212 420-2546 *Fax:* 212 420-2510
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 421-35-11-007

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: Harris L Cohen, MD
Department of Radiology
Health Sciences Center, Level 4 - Room 120
Stony Brook, NY 11794
Tel: 631 444-7345 *Fax:* 631 444-7538
E-mail: sbuh_radiol@notes.cc.sunysb.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 421-35-21-009

North Carolina

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Robert E Bechtold, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-2471 *Fax:* 336 716-0555
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 421-36-12-005

Pennsylvania

Philadelphia

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Ethan J Halpern, MD
132 S 10th Street
763J Main Building
Philadelphia, PA 19107
Tel: 215 955-5345 *Fax:* 215 955-8549
E-mail: ethan.halpern@jefferson.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Program ID: 421-41-12-011

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: Beverly G Coleman, MD
HUP, 1 Silverstein
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 662-3466 *Fax:* 215 349-5627
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Program ID: 421-41-13-008

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Prgm Director: Tasneem A Lalani, MD
Box #357115
1959 NE Pacific Street
Seattle, WA 98195
Tel: 206 598-0024 *Fax:* 206 598-0252
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 421-54-13-012

Addiction Psychiatry (Psychiatry)

California

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center
Prgm Director: Jeffery N Wilkins, MD
8730 Alden Drive
Room C-301
Los Angeles, CA 90048
Tel: 310 423-2600 *Fax:* 310 423-8397
E-mail: wilkinsj@cshs.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-05-11-051

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
UCLA Neuropsychiatric Hospital
Prgm Director: David Feinberg, MD, MBA
1234 300 Medical Plaza
760 Westwood Boulevard
Los Angeles, CA 90024
Tel: 310 825-0358 *Fax:* 310 825-0340
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-05-21-047

San Francisco

University of California (San Francisco)/Veterans Affairs Medical Center Program

Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
UCSF Med Ctr-Langley Porter Psychiatric Hosp and Clinics
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Peter Banyas, MD, MS
4150 Clement Street
San Francisco, CA 94121
Tel: 415 221-4810 *Fax:* 415 750-6615
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 401-05-13-048

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Prgm Director: Jonathan I Ritvo, MD
777 Bannock Street
Denver, CO 80204
Tel: 303 333-3163 *Fax:* 303 436-5184
E-mail: jritvo@dhha.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 401-07-21-006

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Institute of Living
Prgm Director: Joyce A Tinsley, MD
263 Farmington Avenue -LG 066
Farmington, CT 06030
Tel: 860 679-8348 *Fax:* 860 679-1246
E-mail: meinsle@psychiatry.uche.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-08-21-021

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Connecticut Mental Health Center
Veterans Affairs Medical Center (West Haven)
Prgm Director: Ismene L Petrakis, MD
950 Campbell Avenue
Bldg 1, 8 East
West Haven, CT 06516
Tel: 203 932-5711 *Fax:* 203 937-4791
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 401-08-21-016

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Camilo Martin, MD
1601 SW Archer Road
Gainesville, FL 32608
Tel: 352 376-1611 *Fax:* 352 379-4170
E-mail: martinc@ufl.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 401-11-21-043

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Lauren D Williams, MD
1695 NW 9th Ave
Miami, FL 33136
Tel: 305 243-4644 *Fax:* 305 243-2599
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-11-21-029

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Prgm Director: Elie M Francis, MD
13000 Bruce B Downs Boulevard
116A
Tampa, FL 33612
Tel: 813 972-7665 *Fax:* 813 973-5808
E-mail: Elie.Francis@med.va.gov
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-11-21-034

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Prgm Director: Karen Drexler, MD
VAMC-Atlanta, Mental Health Service/116A
1670 Clairmont Road
Decatur, GA 30033
Tel: 404 321-6111 *Fax:* 404 329-4643
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-12-21-050

Hawaii

Honolulu

University of Hawaii Program

Sponsor: University of Hawaii John A Burns School of Medicine
Hawaii State Hospital
Queen's Medical Center
Tripler Army Medical Center
Prgm Director: William Haning, MD
1356 Lusitana Street, 4th Floor
Honolulu, HI 96813
Tel: 808 586-2900 *Fax:* 808 586-2940
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 401-14-21-033

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Prgm Director: Seth Eisenberg, MD
446 E Ontario
Suite 7-247
Chicago, IL 60611
Tel: 312 926-1888 *Fax:* 312 926-1172
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-16-21-009

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
Advocate Ravenswood Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Prgm Director: Paul W Harris, MD
Department of Psychiatry (M/C 913)
912 South Wood Street
Chicago, IL 60612
Tel: 312 996-7387
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 401-16-21-012

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Richard L. Roudebush Veterans Affairs Medical Center
William N. Wishard Memorial Hospital
Prgm Director: Alan D. Schmetzer, MD
Department of Psychiatry
1111 W. 10th Street, KI 212
Indianapolis, IN 46202
Tel: 317 274-1224 *Fax:* 317 274-1248
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-17-21-030

Kansas

Kansas City

University of Kansas School of Medicine Program

Sponsor: University of Kansas School of Medicine
Dwight D. Eisenhower Veterans Affairs Medical Center
Prgm Director: Jan L. Campbell, MD
3901 Rainbow Boulevard
Kansas City, KS 66160
Tel: 913 588-6412 *Fax:* 913 588-6414
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 401-19-31-053

Kentucky

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
Central State Hospital
Seven Counties Services (Louisville)
Prgm Director: Arthur D. Meyer, MD
10510 Lagrange Road
Louisville, KY 40223
Tel: 502 253-7154 *Fax:* 502 253-7090
E-mail: adoctor@bellsouth.net
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-20-21-036

Maryland

Baltimore

University of Maryland/Sheppard Pratt Program

Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Walter P. Carter Mental Health Center
Prgm Director: Joseph G. Liberto, MD
Department of Psychiatry
701 W. Pratt Street, Room 336
Baltimore, MD 21201
Tel: 410 328-3672 *Fax:* 410 328-1749
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 401-23-21-002

Massachusetts

Boston

Boston University Medical Center Program

Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Prgm Director: John A. Renner, MD
251 Causeway Street
Boston, MA 02114
Tel: 617 248-1022 *Fax:* 617 248-1121
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 401-24-21-019

Massachusetts General Hospital/McLean Hospital Program

Sponsor: Massachusetts General Hospital
Brigham and Women's Hospital
McLean Hospital
Prgm Director: David R. Gastfriend, MD
Addiction Research Program
388 Commonwealth Avenue, Lower Level
Boston, MA 02215
Tel: 617 585-7483 *Fax:* 617 585-7456
E-mail: dgastfriend@partners.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 401-24-31-037

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Kirk J. Brower, MD
2025 Traverwood Dr
Suite A
Ann Arbor, MI 48105
Tel: 734 930-0201 *Fax:* 734 930-0727
E-mail: maherakh@umich.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-25-21-022

Detroit

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Veterans Affairs Medical Center (Detroit)
Prgm Director: Susan M. Stine, MD
Psychiatry & Behavioral Neurosciences
2761 E. Jefferson Avenue
Detroit, MI 48207
Tel: 313 993-9879 *Fax:* 313 993-1372
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-25-21-038

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Scott L. McNairy, MD
F282/2A West
2450 Riverside Avenue
Minneapolis, MN 55454
Tel: 612 467-4025 *Fax:* 612 725-5891
E-mail: scottmd@usfamily.net
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-26-21-003

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
St. Mary's Hospital of Rochester
Prgm Director: Daniel K. Hall-Flavin, MD*
200 First Street SW
Rochester, MN 55905
Tel: 507 284-0325 *Fax:* 507 284-4345
E-mail: mgsm.roch.mn.psychiatry@mayo.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 401-26-21-031

Nebraska

Omaha

Creighton University/University of Nebraska Program

Sponsor: Creighton University School of Medicine
The Nebraska Medical Center
Veterans Affairs Medical Center (Omaha)
Prgm Director: S. Pirsada Sattar, MD
4101 Woolworth Avenue, 116A
Omaha, NE 68105
Tel: 402 346-8800, ext 4306 *Fax:* 402 977-5684
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 401-30-31-055

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Prgm Director: Amy E. Wallace, MD
1 Medical Center Drive
Lebanon, NH 03756
Tel: 802 295-9363 *Fax:* 802 296-6389
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-32-21-024

New Jersey

Piscataway

UMDNJ-Robert Wood Johnson Medical School Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School
UMDNJ-University Behavioral HealthCare
Robert Wood Johnson University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Douglas Ziedonis, MD, MPH
675 Hoes Lane, UBHC D349
Piscataway, NJ 08854
Tel: 732 235-4497 *Fax:* 732 235-4277
E-mail: ziedondm@umdnj.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 401-33-21-041

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Michael Bogenschutz, MD*
Department of Psychiatry, Family Practice Building
4th Fl
2400 Tucker NE
Albuquerque, NM 87131
Tel: 505 272-8428 *Fax:* 505 272-4921
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-34-22-052

New York

Bronx

Albert Einstein College of Medicine at Bronx-Lebanon Hospital Center Program

Sponsor: Bronx-Lebanon Hospital Center
Prgm Director: John Osei-Tutu, MD
1276 Fulton Avenue, 5th Floor
Bronx, NY 10456
Tel: 718 901-6133 *Fax:* 718 901-6356
E-mail: ostu@aol.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 401-35-31-017

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Bronx-Lebanon Hospital Center
Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Merrill Herman, MD, PhD
Department of Psychiatry and Behavioral Sciences
1300 Morris Park Ave Belfer 403
Bronx, NY 10461
Tel: 718 430-3080 *Fax:* 718 430-8987
E-mail: mherman@montefiore.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 401-35-21-023

Manhasset

North Shore University Hospital/NYU School of Medicine Program

Sponsor: North Shore University Hospital
St John's Episcopal Hospital-South Shore
Prgm Director: Charles Jin, MD*
400 Community Drive
Manhasset, NY 11030
Tel: 516 562-3010
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-35-31-007

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program

Sponsor: Beth Israel Medical Center
Prgm Director: Prameet Singh, MD
1st Ave at 16th Street
8 Bernstein
New York, NY 10003
Tel: 212 420-2198 *Fax:* 212 674-3828
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 401-35-21-010

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Veterans Affairs Medical Center (Bronx)
Prgm Director: Martin Drooker, MD
One Gustave Levy Place, Box 1230
New York, NY 10029
Tel: 212 659-8739 *Fax:* 212 369-6817
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 401-35-31-046

New York Presbyterian Hospital (Columbia Campus)/New York State Psychiatric Institute Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
New York State Psychiatric Institute
Prgm Director: Frances R Levin, MD
1051 Riverside Drive, Unit 66
New York, NY 10032
Tel: 212 543-5896 *Fax:* 212 543-6018
E-mail: frl2@columbia.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 401-35-21-032

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
Prgm Director: Ann B Beeder, MD
411 East 69th Street Second Floor
New York, NY 10021
Tel: 212 746-1258 *Fax:* 212 746-8544
E-mail: abbeeder@aol.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-35-11-018

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Prgm Director: Marc Galanter, MD
550 First Avenue
New York, NY 10016
Tel: 212 263-6960 *Fax:* 212 263-8285
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 401-35-21-004

Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: R Jeffrey Goldsmith, MD
231 Albert Sabin Way
ML 0559
Cincinnati, OH 45267
Tel: 513 861-3100 *Fax:* 513 487-6046
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-38-21-013

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Veterans Affairs Medical Center (Cleveland)
Prgm Director: Christina M Delos Reyes, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-7661 *Fax:* 216 844-1703
E-mail: roy.landres@uhhs.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 401-38-21-039

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Robert B Nisbet, MD*
920 Stanton L Young Boulevard
WP 3531
Oklahoma City, OK 73104
Tel: 405 271-5253 *Fax:* 405 271-5367
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-39-31-040

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Prgm Director: R Dale Walker, MD
3181 SW Sam Jackson Park Road, GH 156
Portland, OR 97239
Tel: 503 494-3703 *Fax:* 503 494-2907
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-40-31-042

Pennsylvania

Philadelphia

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Charles P O'Brien, MD, PhD
3800 Chestnut Street
Philadelphia, PA 19104
Tel: 215 222-3200 *Fax:* 215 386-6770
E-mail: obrien@mail.trc.upenn.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 401-41-21-011

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Prgm Director: Himanshu Upadhyaya, MD*
Clinical Neuroscience Division
67 President Street PO Box 250861
Charleston, SC 29425
Tel: 843 792-0456 *Fax:* 843 792-4817
E-mail: upadhyah@musc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 401-45-21-014

Tennessee

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Psychiatric Hospital at Vanderbilt
Prgm Director: Peter R Martin, MD
1601 21st Ave So, Ste 3068
Nashville, TN 37232
Tel: 615 322-3527 *Fax:* 615 322-0175
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-47-21-015

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
St Paul University Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Director: John Talmadge, MD
Dept of Mental Health (116A5)
4500 Lancaster Road
Dallas, TX 75216
Tel: 214 857-0835 *Fax:* 214 857-0902
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-48-21-028

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
Prgm Director: Kenneth L Mathews, MD
Mail Code 7792
7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-5430 *Fax:* 210 567-6941
E-mail: sparsc@uthscsa.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-48-21-008

Virginia

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
Prgm Director: Elinore F McCance-Katz, MD, PhD
PO Box 980109
1200 East Broad Street
Richmond, VA 23219
Tel: 804 828-5351 *Fax:* 804 828-5386
E-mail: emcancekatz@vcu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 401-51-12-054

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
VA Puget Sound Health Care System
Prgm Director: Andrew J Saxon, MD
1660 South Columbia Way (116ATC)
Seattle, WA 98108
Tel: 206 764-2782
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 401-54-21-005

Adolescent Medicine (Pediatrics)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Prgm Director: Marsha S Sturdevant, MD
1616 6th Avenue South
Midtown Center, Suite 201
Birmingham, AL 35233
Tel: 205 934-5262 *Fax:* 205 975-7307
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 321-01-31-028

California

Los Angeles

Childrens Hospital Los Angeles Program

Sponsor: Childrens Hospital Los Angeles
Prgm Director: Curren W Warf, MD
PO Box 54700, Mailstop #2
Los Angeles, CA 90054
Tel: 323 660-2450 *Fax:* 323 913-3691
E-mail: cwarf@chla.usc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 321-05-21-018

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
Prgm Director: Charles E Irwin, MD
3333 California Street, Suite 245, Box 0503
San Francisco, CA 94143
Tel: 415 476-2184 *Fax:* 415 476-6106
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 321-05-11-005

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Prgm Director: Cynthia J Kappahn, MD, MPH*
Division of Adolescent Medicine
1174 Castro Street
Mountain View, CA 94040
Tel: 650 694-0660 *Fax:* 650 694-0664
E-mail: Ann.McGrath@stanford.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 321-05-31-021

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Prgm Director: Catherine Stevens-Simon, MD
1056 E 19th Avenue, B025
Denver, CO 80218
Tel: 303 861-6133 *Fax:* 303 837-2962
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 321-07-21-025

District of Columbia**Washington****Children's National Medical Center/
George Washington University Program**

Sponsor: Children's National Medical Center
Prgm Director: Tomas J Silber, MD
111 Michigan Avenue, NW
Washington, DC 20010
Tel: 202 884-3066 *Fax:* 202 884-3630
Length: 3 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 321-10-21-020

Florida**Miami****Miami Children's Hospital Program**

Sponsor: Miami Children's Hospital
Prgm Director: Lorena M Siqueira, MD
3100 SW 62nd Avenue Ste#205
Miami, FL 33155
Tel: 305 668-5583 *Fax:* 305 740-5064
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 321-11-22-031

Indiana**Indianapolis****Indiana University School of Medicine
Program**

Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Prgm Director: Donald P Orr, MD
Riley Outpatient Garage, Room 070
575 N West Drive
Indianapolis, IN 46202
Tel: 317 274-8812 *Fax:* 317 274-0133
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 321-17-21-006

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Hoover Adger, MD, MPH
600 N Wolfe Street, Park 307
Baltimore, MD 21287
Tel: 410 955-2910 *Fax:* 410 955-4079
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 321-23-21-007

Massachusetts**Boston****Children's Hospital/Boston Medical
Center Program**

Sponsor: Children's Hospital
Prgm Director: S Jean Emans, MD
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-7170 *Fax:* 617 730-0185
E-mail: jean.emans@children.harvard.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 321-24-21-002

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Prgm Director: Nimi Singh, MD, MPH*
Suite 260 McNamara Center
200 Oak St SE
Minneapolis, MN 55455
Tel: 612 625-5497 *Fax:* 612 626-2134
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 321-26-21-022

New York**Bronx****Albert Einstein College of Medicine
Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva
University
Montefiore Medical Center-Henry and Lucy Moses
Division
Prgm Director: Elizabeth M Alderman, MD
Department of Pediatrics
111 East 210th Street-NW674
Bronx, NY 10467
Tel: 718 920-6614 *Fax:* 718 920-5289
E-mail: ealderma@montefiore.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 321-35-21-008

Brooklyn**SUNY Health Science Center at Brooklyn
Program**

Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Staten Island University Hospital
University Hospital-SUNY Health Science Center at
Brooklyn
Prgm Director: Amy L Suss, MD
450 Clarkson Avenue, Box 49
Brooklyn, NY 11203
Tel: 718 270-1006 *Fax:* 718 270-1985
E-mail: amy.suss@downstate.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 321-35-21-030

Great Neck**North Shore-Long Island Jewish Health
System/Schneider Children's Hospital
Program**

Sponsor: North Shore-Long Island Jewish Health System
Schneider Children's Hospital at Long Island Jewish
Med Ctr
Schneider Children's Hospital at North Shore
University Hosp
Prgm Director: Martin M Fisher, MD
410 Lakeville Road
Suite 108
New Hyde Park, NY 11042
Tel: 516 465-3270 *Fax:* 516 465-5299
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 321-35-21-010

New York**Mount Sinai School of Medicine Program**

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Sharon M Edwards, MD
320 East 94th Street, 2nd Floor
New York, NY 10128
Tel: 212 423-2900 *Fax:* 212 423-2920
E-mail: sharon.edwards@mountsinai.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 321-35-11-012

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of
Rochester
Rochester General Hospital
Prgm Director: Richard E Kreipe, MD
601 Elmwood Avenue, Box 690
Rochester, NY 14642
Tel: 585 275-7844 *Fax:* 585 276-0168
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 321-35-12-013

Ohio**Cincinnati****Cincinnati Children's Hospital Medical
Center/University of Cincinnati College
of Medicine Program**

Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Michael G Spigarelli, MD, PhD
Division of Adolescent Medicine (ML-4000)
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 636-8597 *Fax:* 513 636-1129
E-mail: michael.spigarelli@cchmc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 321-38-21-014

Cleveland**Case Western Reserve University
(MetroHealth) Program**

Sponsor: MetroHealth Medical Center
Prgm Director: Barbara Cromer, MD
2500 MetroHealth Medical Center
Cleveland, OH 44109
Tel: 216 778-2643 *Fax:* 216 778-8840
Length: 3 Yrs
Program ID: 321-38-13-032

Pennsylvania**Philadelphia****Children's Hospital of Philadelphia
Program**

Sponsor: Children's Hospital of Philadelphia
Prgm Director: Donald F Schwarz, MD
9th Floor
34th Street and Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 590-1462 *Fax:* 215 590-3050
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 321-41-21-015

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Prgm Director: Pamela J Murray, MD
3705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 692-8504 *Fax:* 412 692-8584
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 321-41-13-026

Texas

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Texas Children's Hospital
Prgm Director: Albert C Hergenroeder, MD
6621 Fannin St, CC610.01
Houston, TX 77030
Tel: 832 822-3660 *Fax:* 832 825-3689
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 321-48-21-016

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Prgm Director: William L Risser, MD, PhD
Dept of Pediatrics
PO BOX 20708
Houston, TX 77225
Tel: 713 500-5755 *Fax:* 713 500-0653
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 321-48-21-003

Lackland AFB

San Antonio Uniformed Services Health Education Consortium Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (AETC)
Prgm Director: Elisabeth Stafford, MD
2200 Bergquist Drive, Suite 1
Lackland AFB, TX 78236
Tel: 210 916-4017 *Fax:* 210 916-1740
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 321-48-12-024
US Armed Services Program

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Prgm Director: Mark S Smith, MD
4800 Sand Point Way, NE, M2-4
Box 5371
Seattle, WA 98105
Tel: 206 987-2028 *Fax:* 206 987-3939
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 321-54-21-027

West Virginia

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: Kathaleen Perkins, MD*
PO Box 9214
Morgantown, WV 26506
Tel: 304 293-7331 *Fax:* 304 293-1241
E-mail: kperkins@hsc.wvu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 321-55-31-023

Adult Reconstructive Orthopaedics (Orthopaedic Surgery)

California

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Prgm Director: David J Schurman, MD
300 Pasteur Drive, R-144
Stanford, CA 94305
Tel: 650 723-7806
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 261-05-21-016

Illinois

Chicago

University of Chicago Program

Sponsor: University of Chicago Hospitals
Louis A Weiss Memorial Hospital
Prgm Director: Henry A Finn, MD
Louis A Weiss Memorial Hospital
4646 N Marine Drive
Chicago, IL 60640
Tel: 773 564-5888 *Fax:* 773 564-5886
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 261-16-21-012

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Edward Y Cheng, PhD*
2450 Riverside Avenue S, R200
Minneapolis, MN 55454
Tel: 612 273-1177 *Fax:* 612 273-7959
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 261-26-21-025

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
Prgm Director: David G Lewallen, MD
200 First Street SW
Rochester, MN 55905
Tel: 507 284-3316 *Fax:* 507 284-5539
E-mail: Price.Natalie@mayo.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 261-26-21-015

New York

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo
Kaleida Health System (Buffalo General Hospital)
Prgm Director: Kenneth A Krackow, MD
Buffalo General Hospital
100 High Street B276
Buffalo, NY 14203
Tel: 716 859-1256 *Fax:* 716 859-4586
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 261-35-21-026

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program

Sponsor: Beth Israel Medical Center
Prgm Director: Frances Cuomo, MD*
Beth Israel Medical Center
10 Union Square East
New York, NY 10003
Tel: 212 844-6938 *Fax:* 212 844-6983
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 261-35-21-020

Hospital for Special Surgery/Cornell Medical Center Program

Sponsor: Hospital for Special Surgery
Prgm Director: Eduardo A Salvati, MD
535 East 70th Street
New York, NY 10021
Tel: 212 606-1466 *Fax:* 212 606-1477
E-mail: academictraining@hss.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 261-35-21-003

Lenox Hill Hospital Program

Sponsor: Lenox Hill Hospital
Prgm Director: Chitranjan S Ranawat, MD
130 East 77th Street
William Black Hall, 11th Floor
New York, NY 10021
Tel: 212 434-4700 *Fax:* 212 434-2268
E-mail: orthopedics@mindspring.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 261-35-31-024

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Louis U Bigliani, MD
622 West 168th Street PH 11
New York, NY 10032
Tel: 212 305-8188
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 261-35-21-010

Pennsylvania

Philadelphia

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: William J Hozack, MD
111 S 11th Street
Philadelphia, PA 19107
Tel: 215 955-1500
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 261-41-31-008

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Pennsylvania Hospital (UPHS)
Presbyterian Medical Center (UPHS)
Prgm Director: Jonathan P Garino, MD
39th & Market Streets
2 Cupp Pavilion
Philadelphia, PA 19104
Tel: 215 349-8792 *Fax:* 215 349-5890
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 261-41-21-001

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Prgm Director: Lawrence S Crossett, MD
5200 Centre Avenue
Pittsburgh, PA 15232
Tel: 412 802-4100 *Fax:* 412 802-4120
E-mail: crossettls@msx.upmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 261-41-21-023

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Prgm Director: Thomas E Brown, MD
PO Box 800159
Charlottesville, VA 22908
Tel: 434 243-0278 *Fax:* 434 243-5387
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 261-51-21-009

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
Bon Secours St Mary's Hospital
Prgm Director: William A Jiranek, MD
1007 Peachtree Boulevard
Richmond, VA 23326
Tel: 804 228-4155 *Fax:* 804 228-4174
E-mail: wjiranek@hsc.vcu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 261-51-21-030

Allergy and Immunology

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Veterans Affairs Medical Center (Birmingham)
Prgm Director: T Prescott Atkinson, MD, PhD
Wallace Tumor Institute, Room 378
1824 6th Avenue South
Birmingham, AL 35294
Tel: 205 934-3370 *Fax:* 205 934-1875
E-mail: patkinso@uab.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-01-21-109

California

La Jolla

Scripps Clinic/Scripps Green Hospital Program

Sponsor: Scripps Clinic
Scripps Clinic/Scripps Green Hospital
Prgm Director: Katharine M Woessner, MD*
10666 North Torrey Pines Road
La Jolla, CA 92037
Tel: 858 554-8620 *Fax:* 858 554-3232
E-mail: gme@scripps.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-05-31-002

Los Angeles

Kaiser Permanente Southern California (Los Angeles) Program

Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Prgm Director: Michael S Kaplan, MD
Dept of Allergy & Clin Immunology
1515 N Vermont Avenue
Los Angeles, CA 90027
Tel: 323 783-8260 *Fax:* 323 783-4646
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 020-05-12-003

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Adrian M Casillas, MD
Div of Clinical Immunology and Allergy
52-175 CHS
Los Angeles, CA 90095
Tel: 310 825-3718 *Fax:* 310 206-8107
E-mail: icastane@mednet.ucla.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-05-11-038

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
Prgm Director: Craig Allen Jones, MD
1801 E Marengo, Rm 1G1
General Labs Building
Los Angeles, CA 90033
Tel: 323 226-3813 *Fax:* 323 226-5049
E-mail: craigjones@adelphia.net
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 020-05-21-065

VA Greater Los Angeles Healthcare System Program

Sponsor: VA Greater Los Angeles Healthcare System
Childrens Hospital Los Angeles
Prgm Director: William B Klaustermeyer, MD
11301 Wilshire Blvd
Allergy/Immunology Division (111R)
Los Angeles, CA 90073
Tel: 310 268-3011 *Fax:* 310 268-4712
E-mail: william.klaustermeyer@med.va.gov
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 020-05-21-096

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Prgm Director: Sudhir Gupta, MD, PhD
C240 Medical Science I
Irvine, CA 92697
Tel: 949 824-5818 *Fax:* 949 824-4362
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 020-05-21-064

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: Suzanne S Teuber, MD
Div of Rheumatology, Allergy and Clinical Immunol
451 E Health Sciences Drive, Sutie 6510
Davis, CA 95616
Tel: 530 752-2884 *Fax:* 530 754-6047
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-05-21-048

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Stephen I Wasserman, MD
9500 Gilman Drive
Mail Code 0635
La Jolla, CA 92093
Tel: 858 822-4261 *Fax:* 858 534-2110
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 020-05-21-066

Stanford

Stanford University/University of California (San Francisco) Program

Sponsor: Stanford University Hospital
Lucile Salter Packard Children's Hospital at Stanford
University of California (San Francisco) Medical Center
Prgm Director: Pedro C Avila, MD
Allergy & Immunology Fellowship Training Program
505 Parnassus Avenue, M-1292 (Box 0130)
San Francisco, CA 94143
Tel: 415 502-0276 *Fax:* 415 502-6235
E-mail: avila@itsa.ucsf.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 020-05-21-116

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
National Jewish Medical and Research Center
Prgm Director: Rohit K Katial, MD*
1400 Jackson Street, J-328
Denver, CO 80206
Tel: 303 398-1656 *Fax:* 303 398-1806
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 020-07-31-086

University of Colorado Program A

Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
National Jewish Medical and Research Center
Prgm Director: Andrew H Liu, MD
1400 Jackson Street
Denver, CO 80206
Tel: 303 398-1245 *Fax:* 303 270-2201
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 020-07-31-010

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Prgm Director: Philip W Askenase, MD
333 Cedar Street
PO Box 208013
New Haven, CT 06520
Tel: 203 785-4143 *Fax:* 203 785-3229
E-mail: marilyn.avallone@yale.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 020-08-21-099

Florida

St Petersburg

University of South Florida (All Children's) Program

Sponsor: University of South Florida College of Medicine
All Children's Hospital
Prgm Director: Nutthapong Tangsinmankong, MD
801 Sixth Street South
St Petersburg, FL 33701
Tel: 727 767-4470 *Fax:* 727 767-8542
E-mail: tangsinn@allkids.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 020-11-21-106

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Prgm Director: Richard F Lockey, MD
James A Haley Veterans Hospital
13000 Bruce B Downs Blvd (111D)
Tampa, FL 33612
Tel: 813 972-7631 *Fax:* 813 910-4041
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-11-21-093

Georgia

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Prgm Director: Dennis R Ownby, MD
Allergy-Immunology Section, BG 1019
1120 15th Street
Augusta, GA 30912
Tel: 706 721-3531 *Fax:* 706 721-2527
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-12-21-013

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Northwestern Memorial Hospital
Prgm Director: Paul A Greenberger, MD
Division of Allergy-Immunology
676 N St Clair St, # 14018
Chicago, IL 60611
Tel: 312 695-4000 *Fax:* 312 695-4141
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 020-16-31-016

Rush University Medical Center Program

Sponsor: Rush University Medical Center
John H Stroger Hospital of Cook County
Prgm Director: Anita Gewurz, MD
Rush Medical College
1725 W Harrison Street, Suite 117
Chicago, IL 60612
Tel: 312 942-6296 *Fax:* 312 563-2201
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 020-16-21-108

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Mary B Fasano, MD, MSPH*
Department of Internal Medicine
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-3697 *Fax:* 319 356-8280
E-mail: mary-fasano@uiowa.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 020-18-21-081

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Prgm Director: Daniel J Stechschulte, MD
Room 4035 Wescoe
3901 Rainbow Boulevard
Kansas City, KS 66160
Tel: 913 588-6008 *Fax:* 913 588-3987
E-mail: ksnustead@kumc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 020-19-21-117

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
Children's Hospital
Medical Center of Louisiana at New Orleans
Prgm Director: Cleveland Moore, MD*
Departments of Medicine & Pediatrics
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 568-2578 *Fax:* 504 568-7598
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-21-21-070

Tulane University Program

Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Laurianne G Wild, MD
Department of Medicine
1430 Tulane Avenue SL-57
New Orleans, LA 70112
Tel: 504 988-5579 *Fax:* 504 988-3686
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-21-31-017

Shreveport

Louisiana State University (Shreveport) Program

Sponsor: LSU Health Sciences Center-University Hospital
The Asthma Allergy Clinic (Shreveport)
Prgm Director: Sami L Bahna, MD, PhD
1501 Kings Highway
PO Box 33932
Shreveport, LA 71130
Tel: 318 675-7625 *Fax:* 318 675-8815
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-21-21-060

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Prgm Director: N Franklin Adkinson, MD
5501 Hopkins Bayview Circle
Baltimore, MD 21224
Tel: 410 550-2337 *Fax:* 410 550-2055
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 020-23-21-094

Bethesda

National Capital Consortium Program

Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Prgm Director: Bryan L Martin, DO
Allergy-Immunology Service
6900 Georgia Avenue, NW
Washington, DC 20307
Tel: 202 782-9461 *Fax:* 202 782-7093
E-mail: bryan.martin@na.amedd.army.mil
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 020-10-11-087
US Armed Services Program

National Institutes of Health Clinical Center Program

Sponsor: Clinical Center at the National Institutes of Health
Walter Reed Army Medical Center
Prgm Director: Dean D Metcalfe, MD
Bldg 10, Room 11C205
10 Center Drive, MSC 1881
Bethesda, MD 20892
Tel: 301 496-2165 *Fax:* 301 480-3384
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 020-23-21-090
US Armed Services Program

Massachusetts

Boston

Boston University Medical Center Program

Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Prgm Director: Helen M Hollingsworth, MD
Boston University Medical Center
715 Albany Street
Boston, MA 02118
Tel: 617 638-4933 *Fax:* 617 638-5298
E-mail: hollings@lung.bumc.bu.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 020-24-21-112

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital
Prgm Director: K Frank Austen, MD
Smith Building, Room 638
One Jimmy Fund Way
Boston, MA 02115
Tel: 617 525-1300 *Fax:* 617 525-1310
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 020-24-21-031

Children's Hospital Program

Sponsor: Children's Hospital
Prgm Director: Lynda C Schneider, MD
Division of Immunology
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-6180 *Fax:* 617 730-0310
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-24-21-061

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: Aidan A Long, MD*
Immunology/Allergy Unit
100 Blossom Street, Bulfinch 4
Boston, MA 02114
Tel: 617 726-3850 *Fax:* 617 726-3847
E-mail: mniederberger@partners.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 020-24-21-051

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: James R Baker, MD
3918 Taubman Center, Box 0380
1500 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-5634 *Fax:* 734 647-6263
E-mail: echoreed@umich.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-25-21-045

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital
Prgm Director: Edward M Zoratti, MD
1 Ford Place, 4 B
Detroit, MI 48202
Tel: 313 876-2662 *Fax:* 313 876-2094
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-25-11-032

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Prgm Director: Elizabeth Secord, MD
Division of Immunology, Allergy & Rheumatology
3901 Beaubien Blvd
Detroit, MI 48201
Tel: 313 745-4450 *Fax:* 313 993-8699
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 020-25-21-071

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Prgm Director: Malcolm N Blumenthal, MD
MMC 434
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612 624-5456 *Fax:* 612 624-9188
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 020-26-21-091

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Prgm Director: Gerald W Voicheck, MD
200 First Street, SW
Rochester, MN 55905
Tel: 507 284-4966 *Fax:* 507 284-0902
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-26-21-115

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Prgm Director: Stephen F Kemp, MD
Department of Medicine, Div of Allergy/Immunology
768 Lakeland Drive, Bldg LJ
Jackson, MS 39216
Tel: 601 984-6645 *Fax:* 601 984-6295
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 020-27-12-124

Missouri

Kansas City

University of Missouri at Kansas City Program

Sponsor: University of Missouri-Kansas City School of Medicine
Children's Mercy Hospital
Truman Medical Center
Prgm Director: Jay M Portnoy, MD
2401 Gillham Road
Kansas City, MO 64108
Tel: 816 234-3097 *Fax:* 816 346-1301
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 020-28-21-114

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
Prgm Director: Mark S Dykewicz, MD
1402 S Grand Blvd - R209
St Louis, MO 63104
Tel: 314 977-8828 *Fax:* 314 977-8816
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 020-28-21-019

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
St Louis Children's Hospital
Prgm Director: H James Wedner, MD
660 South Euclid Avenue, Campus Box 8122
St Louis, MO 63110
Tel: 314 454-7937 *Fax:* 314 454-7120
E-mail: jwedner@im.wustl.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 020-28-21-095

Nebraska

Omaha

Creighton University Program

Sponsor: Creighton University School of Medicine
Creighton University Medical Center (Tenet - SJH)
Ehrling Bergquist Hospital
Prgm Director: Thomas B Casale, MD*
601 N 30th St
Suite 5850
Omaha, NE 68131
Tel: 402 280-5940 *Fax:* 402 280-4115
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-30-21-088

New Jersey

Newark

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Alan H Wolff, MD*
Division of Allergy & Immunology
90 Bergen Street, Suite 4700
Newark, NJ 07103
Tel: 973 972-2762 *Fax:* 973 972-2769
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 020-33-11-040

New York

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Weiler Hospital
Prgm Director: Arye Rubinstein, MD
1525 Blondell Avenue, Suite 101
Bronx, NY 10461
Tel: 718 405-8530 *Fax:* 718 405-8532
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-35-21-054

Brooklyn

Long Island College Hospital Program

Sponsor: Long Island College Hospital
Prgm Director: Arlene T Schneider, MD
339 Hicks Street
Brooklyn, NY 11201
Tel: 718 780-4673 *Fax:* 718 780-1493
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-35-11-041

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Rauno Joks, MD*
450 Clarkson Avenue, Box 50
Brooklyn, NY 11203
Tel: 718 270-2156 *Fax:* 718 270-1831
E-mail: mfitzjames@aol.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 020-35-21-092

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Women and Children's Hosp of Buffalo)
Prgm Director: Mark Ballow, MD
219 Bryant Street
Buffalo, NY 14222
Tel: 716 878-7105 *Fax:* 716 888-3841
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-35-21-053

East Meadow

Nassau University Medical Center Program

Sponsor: Nassau University Medical Center
Prgm Director: Marianne Frieri, MD, PhD
2201 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 542-3214 *Fax:* 516 572-8894
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-35-11-020

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program

Sponsor: Long Island Jewish Medical Center
Prgm Director: Vincent R Bonagura, MD
North Shore Long Island Jewish Health Care System
410 Lakeville Road Room 108
New Hyde Park, NY 11042
Tel: 516 465-5360 *Fax:* 516 465-5385
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 020-35-21-105

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Charlotte Cunningham-Rundles, MD, PhD
East Building 11-20, Box 1089
1425 Madison Avenue
New York, NY 10029
Tel: 212 659-9268 *Fax:* 212 987-5593
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-35-21-083

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Rachel L Miller, MD*
College of Physicians and Surgeons
630 West 168 Street
New York, NY 10032
Tel: 212 305-7759 *Fax:* 212 342-0072
E-mail: rlm14@columbia.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 020-35-21-082

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Richard J Looney, MD
601 Elmwood Avenue, Box 695
Rochester, NY 14642
Tel: 585 275-5308 *Fax:* 585 442-3214
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 020-35-11-043

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Prgm Director: Anthony M Szema, MD
Health Sciences Center T16-041
Stony Brook, NY 11794
Tel: 613 444-7716 *Fax:* 613 444-3475
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-35-21-089

North Carolina

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Prgm Director: Wesley Burks, MD*
Pediatric Allergy and Immunology, Box 3530
350 Jones Building
Durham, NC 27710
Tel: 919 684-2922 *Fax:* 919 681-7979
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 020-36-21-022

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Stephen P Peters, MD, PhD
Department of Medicine
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-7500 *Fax:* 336 716-7566
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 020-36-11-047

Ohio**Cincinnati****University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc
Cincinnati Children's Hospital Medical Center
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Amal H Assa'ad, MD
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 636-6771 *Fax:* 513 636-4615
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-38-21-113

Cleveland**Cleveland Clinic Foundation Program**

Sponsor: Cleveland Clinic Foundation
Prgm Director: David M Lang, MD
9500 Euclid Avenue, Desk C22
Cleveland, OH 44195
Tel: 216 445-5810 *Fax:* 216 445-2104
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-38-21-104

Pennsylvania**Hershey****Penn State University/Milton S Hershey Medical Center Program**

Sponsor: Milton S Hershey Medical Center
Prgm Director: Timothy J Craig, DO
500 University Drive, Box H041
Hershey, PA 17033
Tel: 717 531-6525 *Fax:* 717 531-5785
E-mail: tcraig@psu.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-41-21-122

Philadelphia**Children's Hospital of Philadelphia Program**

Sponsor: Children's Hospital of Philadelphia
University of Pennsylvania Health System
Prgm Director: Nicholas A Pawlowski, MD
34th Street and Civic Center Boulevard
Wood Center
Philadelphia, PA 19104
Tel: 215 590-2549 *Fax:* 215 590-4529
E-mail: pawlowski@email.chop.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-41-31-123

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Alfred I duPont Hospital for Children
Prgm Director: Stephen J McGeary, MD
833 Chestnut St
Philadelphia, PA 19107
Tel: 302 651-4343 *Fax:* 302 651-6558
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-41-11-034

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: Arnold I Levinson, MD
421 Curie Boulevard
1014 BRB II/III
Philadelphia, PA 19104
Tel: 215 898-4592 *Fax:* 215 898-0193
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Subspecialties: AI
Program ID: 020-41-21-075

Pittsburgh**University of Pittsburgh Medical Center Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Prgm Director: William J Calhoun, MD
NW 628 Montefiore Hospital
3459 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 692-2118 *Fax:* 412 692-2260
E-mail: geracip@upmc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-41-21-076

Tennessee**Memphis****University of Tennessee Program**

Sponsor: University of Tennessee College of Medicine
LeBonheur Children's Medical Center
Prgm Director: Betty Lew, MD
Department of Pediatrics
50 North Dunlap, Room 301-WPT
Memphis, TN 38103
Tel: 901 572-5377 *Fax:* 901 572-4478
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-47-21-025

Nashville**Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Prgm Director: David D Hagan, MD
2611 West End Building, Suite 210
Nashville, TN 37203
Tel: 615 322-7424 *Fax:* 615 936-5769
E-mail: dhagaman@vasap.asapp.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-47-21-097

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Zale-Lipsby University Hospital
Prgm Director: David A Khan, MD
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-5659 *Fax:* 214 648-9102
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-48-21-085

Galveston**University of Texas Medical Branch Hospitals Program**

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: J Andrew Grant, MD
301 University Blvd
8.104 Medical Research Building
Galveston, TX 77555
Tel: 409 772-3410 *Fax:* 409 772-5841
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-48-11-026

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
Methodist Hospital
Texas Children's Hospital
Prgm Director: William T Shearer, MD, PhD
Department of Pediatrics
One Baylor Plaza
Houston, TX 77030
Tel: 832 824-1274 *Fax:* 832 825-7131
E-mail: wshearer@bcm.tmc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 020-48-21-063

Lackland AFB**San Antonio Uniformed Services Health Education Consortium Program**

Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilford Hall Medical Center (AETC)
Prgm Director: Larry L Hagan, MD*
Allergy Clinic
2200 Bergquist Drive, Suite 1
Lackland AFB, TX 78236
Tel: 210 292-5718 *Fax:* 210 292-7033
E-mail: larry.hagan@lackland.af.mil
Length: 2 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 020-48-21-077
US Armed Services Program

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: Thomas A Platts-Mills, MD, PhD
PO Box 801355
Charlottesville, VA 22908
Tel: 434 924-5917 *Fax:* 434 924-5779
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-51-21-100

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Prgm Director: Lawrence B Schwartz, MD, PhD
Box 980263
Richmond, VA 23298
Tel: 804 828-9685 *Fax:* 804 828-0283
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 020-51-21-056

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Prgm Director: William R Henderson, MD
Department of Medicine, Box 356523
1959 NE Pacific Street
Seattle, WA 98195
Tel: 206 543-3780 *Fax:* 206 685-9318
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-54-21-078

West Virginia

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: Nevin W Wilson, MD
Department of Pediatrics
PO Box 9214
Morgantown, WV 26505
Tel: 304 293-4451 *Fax:* 304 293-4341
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 020-55-13-121

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Prgm Director: Robert K Bush, MD
600 Highland Ave, Rm K4/910 CSC-9988
Madison, WI 53792
Tel: 608 263-6174 *Fax:* 608 263-3104
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 020-56-21-028

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Prgm Director: Asriani M Chiu, MD*
9000 West Wisconsin Avenue
Asthma & Allergy Center, Suite 411
Milwaukee, WI 53226
Tel: 414 266-6840 *Fax:* 414 266-6437
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 020-56-31-037

Anesthesiology

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Prgm Director: David H Chestnut, MD
619 South 19th Street
Birmingham, AL 35249
Tel: 205 934-6007 *Fax:* 205 975-0232
Length: 3 Yrs *ACGME Approved/Offered Positions:* 54
Subspecialties: APM, CCA, PAN
Program ID: 040-01-21-010

Arizona

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Prgm Director: Steven J Barker, MD, PhD
College of Medicine
1501 Campbell Avenue
Tucson, AZ 85724
Tel: 520 626-7195 *Fax:* 520 626-6066
E-mail: resprog@u.arizona.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: APM, CCA
Program ID: 040-03-21-012

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Carmelita Pablo, MD
4301 W Markham St, Mail Slot 515
Little Rock, AR 72205
Tel: 501 686-6114 *Fax:* 501 686-8139
Length: 4 Yrs *ACGME Approved/Offered Positions:* 42
Subspecialties: PAN
Program ID: 040-04-21-013

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Prgm Director: Robert D Martin, MD
Department of Anesthesiology
11234 Anderson Street, Room 2534
Loma Linda, CA 92354
Tel: 909 558-4015 *Fax:* 909 558-0214
E-mail: rmartin@som.llu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Subspecialties: APM, PAN
Program ID: 040-05-21-016

Los Angeles

Charles R Drew University Program

Sponsor: Charles R Drew University of Medicine and Science
LAC-King/Drew Medical Center
Prgm Director: Roya Yumul, MD, PhD*
12021 South Wilmington Avenue
5A-5
Los Angeles, CA 90059
Tel: 310 668-4683 *Fax:* 310 764-5906
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 040-05-21-019

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Prgm Director: Patricia A Kapur, MD
Center for Health Sciences
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 206-6250 *Fax:* 310 794-9660
Length: 4 Yrs *ACGME Approved/Offered Positions:* 62
Subspecialties: APM
Program ID: 040-05-21-020

University of Southern California/ LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
USC University Hospital
Prgm Director: Philip D Lumb, MB, BS
Room 14-901
1200 North State Street
Los Angeles, CA 90033
Tel: 323 226-4597 *Fax:* 323 226-2794
E-mail: curtiss@usc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 44
Subspecialties: APM, PAN
Program ID: 040-05-21-018

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
Prgm Director: Kimberly M Gimenez, MD
101 The City Drive #53
Room 227
Orange, CA 92868
Tel: 714 456-7568 *Fax:* 714 456-7702
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: APM, CCA
Program ID: 040-05-21-015

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: Peter G Moore, MD, PhD
PSSB Suite 1200
4150 V Street
Sacramento, CA 95817
Tel: 916 734-5048 *Fax:* 916 734-7980
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: APM, PAN
Program ID: 040-05-21-014

San Diego**Naval Medical Center (San Diego) Program**

Sponsor: Naval Medical Center (San Diego)
Prgm Director: Richard Green, MD
 Department of Anesthesiology
 34800 Bob Wilson Drive
 San Diego, CA 92134
Tel: 619 532-8952 *Fax:* 619 532-8945
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 040-05-21-006
 US Armed Services Program

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
 Children's Hospital and Health Center
 Veterans Affairs Medical Center (San Diego)
Prgm Director: Eric A Wahrenbrock, MD
 200 W Arbor Drive
 San Diego, CA 92103
Tel: 619 543-5297 *Fax:* 619 543-6476
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: APM
Program ID: 040-05-21-022

San Francisco**University of California (San Francisco) Program**

Sponsor: University of California (San Francisco) School of Medicine
 Mount Zion Medical Center of the University of California
 San Francisco General Hospital Medical Center
 University of California (San Francisco) Medical Center
Prgm Director: Mark A Rosen, MD*
 Room S-436/Box 0427
 513 Parnassus Avenue
 San Francisco, CA 94143
Tel: 415 476-3235 *Fax:* 415 514-0185
Length: 4 Yrs *ACGME Approved/Offered Positions:* 72
Subspecialties: APM, CCA, PAN
Program ID: 040-05-21-023

Stanford**Stanford University Program**

Sponsor: Stanford University Hospital
 Veterans Affairs Palo Alto Health Care System
Prgm Director: Ronald G Pearl, MD, PhD
 Dept of Anesthesiology, H3589
 300 Pasteur Drive
 Stanford, CA 94305
Tel: 650 723-5024 *Fax:* 650 725-0009
Length: 3 Yrs *ACGME Approved/Offered Positions:* 54
Subspecialties: APM, CCA, PAN
Program ID: 040-05-21-025

Torrance**Los Angeles County-Harbor-UCLA Medical Center Program**

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: John S McDonald, MD
 Box 10
 1000 W Carson Street
 Torrance, CA 90509
Tel: 310 222-5240 *Fax:* 310 222-5252
Length: 4 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 040-05-11-026

Colorado**Denver****University of Colorado Program**

Sponsor: University of Colorado School of Medicine
 Denver Health Medical Center
 Veterans Affairs Medical Center (Denver)
Prgm Director: Joy L Hawkins, MD
 Campus Box B 113
 4200 East Ninth Avenue
 Denver, CO 80262
Tel: 303 372-6344 *Fax:* 303 372-6315
E-mail: jan.ratterree@uchsc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: APM, PAN
Program ID: 040-07-21-028

Connecticut**Farmington****University of Connecticut Program**

Sponsor: University of Connecticut School of Medicine
 Hartford Hospital
 St Francis Hospital and Medical Center
 Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Anthony Peluso, MD
 Dept of Anesthesiology MC-2015
 263 Farmington Avenue
 Farmington, CT 06030
Tel: 860 679-3516 *Fax:* 860 679-1275
E-mail: apeluso@nsol.uchc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: CCA
Program ID: 040-08-21-172

New Haven**Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
 Veterans Affairs Medical Center (West Haven)
Prgm Director: Roberta L Hines, MD, BA
 Dept of Anesthesiology
 20 York Street
 New Haven, CT 06504
Tel: 203 785-2802 *Fax:* 203 785-6664
E-mail: michelle.cybart@yale.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 57
Subspecialties: APM, CCA, PAN
Program ID: 040-08-21-030

District of Columbia**Washington****George Washington University Program**

Sponsor: George Washington University School of Medicine
 George Washington University Hospital (UHS)
Prgm Director: Michael J Berrigan, MD, PhD
 900 23rd Street
 Washington, DC 20037
Tel: 202 715-4753 *Fax:* 202 715-4759
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Subspecialties: CCA, PAN
Program ID: 040-10-21-033

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
 Washington Hospital Center
Prgm Director: Russell T Wall, MD*
 Department of Anesthesiology, Lower Level, CCC
 3800 Reservoir Road, NW
 Washington, DC 20007
Tel: 202 444-8556 *Fax:* 202 444-8854
E-mail: wallr@gunet.georgetown.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Subspecialties: APM
Program ID: 040-10-21-032

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine
 North Florida/South Georgia Veterans Health System
 Shands Hospital at the University of Florida
Prgm Director: Michael E Mahla, MD
 1600 SW Archer Road
 PO Box 100254
 Gainesville, FL 32610
Tel: 352 265-0077 *Fax:* 352 265-6922
E-mail: mahla@ufl.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 66
Subspecialties: APM, CCA
Program ID: 040-11-21-035

Jacksonville**Mayo School of Graduate Medical Education (Jacksonville) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 St Luke's Hospital
Prgm Director: Michael J Murray, MD, PhD
 4500 San Pablo Road
 Jacksonville, FL 32224
Tel: 904 296-5688 *Fax:* 904 296-3877
E-mail: murray.michael@mayo.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 040-11-13-194

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
 Miami Children's Hospital
 Mount Sinai Medical Center of Florida Inc
 Veterans Affairs Medical Center (Miami)
Prgm Director: Keith Candiotti, MD
 R-370
 1611 NW 12th Avenue
 Miami, FL 33136
Tel: 305 585-6973
E-mail: mmartinez15@med.miami.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 90
Subspecialties: APM, CCA, PAN
Program ID: 040-11-21-036

Tampa**University of South Florida Program**

Sponsor: University of South Florida College of Medicine
 H Lee Moffitt Cancer Center
 Tampa General Hospital
Prgm Director: Rafael V Miguel, MD*
 MDC 59
 12901 Bruce B Downs Boulevard
 Tampa, FL 33612
Tel: 813 844-7082 *Fax:* 813 844-7418
E-mail: pasmith@hsc.usf.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 45
Subspecialties: APM, CCA
Program ID: 040-11-21-178

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Prgm Director: Thomas E Philpot, MD*
Department of Anesthesiology
1364 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 778-3903 *Fax:* 404 778-5405
Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: APM, CCA, PAN
Program ID: 040-12-21-037

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Prgm Director: C Alvin Head, MD
1120 Fifteenth Street, BIW 2144
Augusta, GA 30912
Tel: 706 721-4544 *Fax:* 706 721-7753
E-mail: sdawkins@mail.mcg.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 27
Subspecialties: APM
Program ID: 040-12-11-038

Illinois

Chicago

Advocate Illinois Masonic Medical Center Program

Sponsor: Advocate Illinois Masonic Medical Center
Prgm Director: Sherif Afifi, MD*
Department of Anesthesiology Rm 4830
836 West Wellington Avenue
Chicago, IL 60657
Tel: 773 296-7343 *Fax:* 773 296-5088
E-mail: donna.martin@advocatehealth.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 040-16-21-040

Cook County Hospital Program

Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Rahim Behnia, MD, PhD
Department of Anesthesiology and Pain Management
1801 West Harrison Street
Chicago, IL 60612
Tel: 312 864-1903 *Fax:* 312 864-9363
Length: 4 Yrs *ACGME Approved/Offered Positions:* 27
Subspecialties: APM
Program ID: 040-16-12-039

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Evanston Hospital
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Prgm Director: Robert E Molloy, MD
Department of Anesthesiology
251 E Huron Street, Suite 5-704
Chicago, IL 60611
Tel: 312 926-8105 *Fax:* 312 926-9206
E-mail: czell@nmf.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 54
Subspecialties: APM, CCA, PAN
Program ID: 040-16-21-042

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Anthony D Ivankovich, MD
1653 W Congress Parkway
Chicago, IL 60612
Tel: 312 942-6504 *Fax:* 312 942-8858
Length: 4 Yrs *ACGME Approved/Offered Positions:* 46
Subspecialties: APM
Program ID: 040-16-21-043

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Jeffrey Apfelbaum, MD
MC 4028
5841 S Maryland Avenue
Chicago, IL 60637
Tel: 773 702-2545 *Fax:* 773 834-0063
Length: 4 Yrs *ACGME Approved/Offered Positions:* 54
Subspecialties: APM, CCA
Program ID: 040-16-11-044

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
Michael Reese Hospital and Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Prgm Director: Ronald F Albrecht, MD
1740 W Taylor
Suite 3200 West, M/C 515
Chicago, IL 60612
Tel: 312 996-4020 *Fax:* 312 996-4019
Length: 4 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: APM, PAN
Program ID: 040-16-11-041

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: W Scott Jellish, MD, PhD
2160 S First Avenue
Maywood, IL 60153
Tel: 708 216-4015 *Fax:* 708 216-1249
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: APM
Program ID: 040-16-11-046

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: David A Nakata, MD, MBA*
1120 South Drive, FH 204
Indianapolis, IN 46202
Tel: 317 274-0275 *Fax:* 317 274-0256
E-mail: anesres@iupui.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 75
Subspecialties: APM, PAN
Program ID: 040-17-21-048

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: Tara M Hata, MD*
Department of Anesthesiology
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 353-8061 *Fax:* 319 356-4130
Length: 4 Yrs *ACGME Approved/Offered Positions:* 39
Subspecialties: APM, CCA
Program ID: 040-18-21-049

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Prgm Director: Kirk T Benson, MD
3901 Rainbow Blvd
2467 KU Hospital, Mailstop 1034
Kansas City, KS 66160
Tel: 913 588-3315 *Fax:* 913 588-3365
E-mail: pcampbell@kumc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 040-19-11-050

Wichita

University of Kansas (Wichita) Program

Sponsor: University of Kansas School of Medicine (Wichita)
Via Christi Regional Medical Center-St Francis
Wesley Medical Center
Prgm Director: Robert McKay, MD
929 N St Francis
Room 8074
Wichita, KS 67214
Tel: 316 268-6147 *Fax:* 316 291-7759
Length: 4 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 040-19-22-051

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Prgm Director: Randall M Schell, MD*
University of Kentucky
800 Rose Street, N-202
Lexington, KY 40536
Tel: 859 323-5956 *Fax:* 859 323-1080
Length: 4 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: APM
Program ID: 040-20-21-052

Louisville**University of Louisville Program**

Sponsor: University of Louisville School of Medicine
Kosair Children's Hospital (Norton Healthcare, Inc)
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: Daniel I Sessler, MD*
530 S Jackson Street
Louisville, KY 40202
Tel: 502 852-5851 *Fax:* 502 852-6056
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: APM
Program ID: 040-20-21-053

Louisiana**New Orleans****Ochsner Clinic Foundation Program**

Sponsor: Ochsner Clinic Foundation
Prgm Director: Robin B Stedman, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-3755 *Fax:* 504 842-2036
E-mail: gme@ochsner.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 040-21-12-055

Tulane University Program

Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Prgm Director: Corey S Scher, MD, BS
Box SL-4
1430 Tulane Avenue
New Orleans, LA 70112
Tel: 504 988-5903 *Fax:* 504 988-1941
Length: 4 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 040-21-31-168

Shreveport**Louisiana State University (Shreveport) Program**

Sponsor: LSU Health Sciences Center-University
Hospital
Overton Brooks Veterans Affairs Medical Center
Prgm Director: Randall C Cork, MD
1501 Kings Highway
PO Box 33932
Shreveport, LA 71130
Tel: 318 675-7195 *Fax:* 318 675-6681
Length: 4 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: APM
Program ID: 040-21-11-056

Maine**Portland****Maine Medical Center Program**

Sponsor: Maine Medical Center
Prgm Director: John W Allyn, MD
22 Bramhall Street
Portland, ME 04102
Tel: 207 662-2526 *Fax:* 207 662-6236
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 040-22-11-057

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Scott Mittman, MD, PhD
Blalock 1410
600 North Wolfe Street
Baltimore, MD 21287
Tel: 410 955-7609 *Fax:* 410 955-5607
E-mail: Scott.Mittman@jhmi.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 75
Subspecialties: APM, CCA, PAN
Program ID: 040-23-21-058

University of Maryland Program

Sponsor: University of Maryland Medical System
Prgm Director: M Jane Matjasko, MD
Department of Anesthesiology
22 S Greene Street, S11C00
Baltimore, MD 21201
Tel: 410 328-6120 *Fax:* 410 328-6531
E-mail: mpurcell@anes.umm.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: APM, CCA
Program ID: 040-23-11-059

Bethesda**National Capital Consortium Program**

Sponsor: National Capital Consortium
Children's National Medical Center
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Washington Hospital Center
Prgm Director: Paul D Mongan, MD
Dept of Anesthesiology, USUHS
4301 Jones Bridge Rd, Attn: Dr Mongan
Bethesda, MD 20814
Tel: 301 295-3140 *Fax:* 301 295-2200
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Subspecialties: APM, CCA
Program ID: 040-10-21-190
US Armed Services Program

Massachusetts**Boston****Beth Israel Deaconess Medical Center Program**

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Stephanie B Jones, MD*
Department of Anesthesia & Critical Care
One Deaconess Road, CC-470
Boston, MA 02215
Tel: 617 754-2713 *Fax:* 617 754-2735
Length: 4 Yrs *ACGME Approved/Offered Positions:* 54
Subspecialties: APM, CCA, PAN
Program ID: 040-24-11-060

Boston University Medical Center Program

Sponsor: Boston Medical Center
Prgm Director: Glynn Stanley, MBChB
One Boston Medical Center Place
88 East Newton Street
Boston, MA 02118
Tel: 617 638-6950 *Fax:* 617 638-6959
E-mail: gdstanley@attbi.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 040-24-21-062

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital
Prgm Director: Daniel F Dedrick, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-8218 *Fax:* 617 582-6131
Length: 4 Yrs *ACGME Approved/Offered Positions:* 90
Subspecialties: APM, CCA
Program ID: 040-24-21-066

Caritas St Elizabeth's Medical Center Program

Sponsor: Caritas St Elizabeth's Medical Center of
Boston
Prgm Director: Mark S Shulman, MD*
Department of Anesthesiology & Pain Medicine
736 Cambridge Street
Boston, MA 02135
Tel: 617 789-2777 *Fax:* 617 254-6384
Length: 4 Yrs *ACGME Approved/Offered Positions:* 31
Subspecialties: APM
Program ID: 040-24-21-067

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: Keith H Baker, MD, PhD
55 Fruit Street, Clinics 309
Boston, MA 02114
Tel: 617 726-3030 *Fax:* 617 724-8500
E-mail: CRubin@partners.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 87
Subspecialties: APM, CCA
Program ID: 040-24-31-064

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: Iqbal Ahmed, MD*
Department of Anesthesia
750 Washington Street, NEMC Box #298
Boston, MA 02111
Tel: 617 636-9309 *Fax:* 617 636-3384
E-mail: csiegel@tufts-nemc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: PAN
Program ID: 040-24-21-065

Springfield**Baystate Medical Center/Tufts University School of Medicine Program**

Sponsor: Baystate Medical Center
Prgm Director: Prasad R Kilaru, MD
759 Chestnut Street
Porter 2
Springfield, MA 01199
Tel: 413 794-4326 *Fax:* 413 794-5349
E-mail: kristen.kolb@bhs.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Subspecialties: APM, CCA
Program ID: 040-24-12-069

Worcester**University of Massachusetts Program**

Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Prgm Director: Eleanor M Duduch, MD
55 Lake Avenue, N, Room S2-706
Worcester, MA 01655
Tel: 508 856-3821 *Fax:* 508 856-5911
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: CCA
Program ID: 040-24-31-070

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers

Prgm Director: Theodore J Sanford, MD
1H247 UH 0048

1600 East Medical Center Drive
Ann Arbor, MI 48109

Tel: 734 936-4280 *Fax:* 734 936-9091

E-mail: pammu@umich.edu

Length: 4 Yrs *ACGME Approved/Offered Positions:* 72

Subspecialties: APM, PAN

Program ID: 040-25-21-071

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital

Prgm Director: Morris Brown, MD

Anesthesia Department - 4th Floor

2799 West Grand Blvd

Detroit, MI 48202

Tel: 313 916-8234 *Fax:* 313 916-9434

E-mail: mbrown2@hfhs.org

Length: 4 Yrs *ACGME Approved/Offered Positions:* 30

Subspecialties: APM

Program ID: 040-25-21-185

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center

Prgm Director: H Michael Marsh, MD

DRH/UHC, Annex 2T

4201 St Antoine Blvd

Detroit, MI 48201

Tel: 313 745-4300 *Fax:* 313 745-4777

E-mail: mhooping@med.wayne.edu

Length: 4 Yrs *ACGME Approved/Offered Positions:* 30

Subspecialties: APM, CCA, PAN

Program ID: 040-25-31-073

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School

Fairview-University Medical Center

Hennepin County Medical Center

Prgm Director: David S Beebe, MD

420 Delaware Street, SE

MMC 294

Minneapolis, MN 55455

Tel: 612 624-9990 *Fax:* 612 626-2363

Length: 4 Yrs *ACGME Approved/Offered Positions:* 21

Subspecialties: CCA

Program ID: 040-26-31-075

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic

College of Medicine

Mayo Clinic (Rochester)

Rochester Methodist Hospital

St Luke's Hospital

St Mary's Hospital of Rochester

Prgm Director: Steven H Rose, MD

200 First St, SW

Rochester, MN 55905

Tel: 507 255-6219 *Fax:* 507 255-2939

E-mail: rose.steven@mayo.edu

Length: 4 Yrs *ACGME Approved/Offered Positions:* 57

Subspecialties: APM, CCA, PAN

Program ID: 040-26-21-076

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University of Mississippi School of Medicine

University Hospitals and Clinics

Prgm Director: Claude D Brunson, MD

2500 North State Street

Department of Anesthesiology

Jackson, MS 39216

Tel: 601 984-5931 *Fax:* 601 984-5912

Length: 4 Yrs *ACGME Approved/Offered Positions:* 21

Subspecialties: APM

Program ID: 040-27-11-077

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of

Medicine

University Hospitals and Clinics

Prgm Director: Joel O Johnson, MD, PhD

3W27 Health Sciences Center

DC005.00

Columbia, MO 65212

Tel: 573 882-2568 *Fax:* 573 882-2226

Length: 4 Yrs *ACGME Approved/Offered Positions:* 12

Program ID: 040-28-11-078

Kansas City

University of Missouri at Kansas City Program

Sponsor: University of Missouri-Kansas City School of

Medicine

St Luke's Hospital

Truman Medical Center

Prgm Director: Eugene E Fibuch, MD

Department of Anesthesiology

4400 Wornall Road

Kansas City, MO 64111

Tel: 816 932-5132 *Fax:* 816 932-5179

Length: 4 Yrs *ACGME Approved/Offered Positions:* 18

Program ID: 040-28-12-080

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine

Cardinal Glennon Children's Hospital

St Louis University Hospital

Prgm Director: James DeBoard, MD

Department of Anesthesiology

3635 Vista Avenue at Grand Blvd

St Louis, MO 63110

Tel: 314 577-8750 *Fax:* 314 268-5102

Length: 4 Yrs *ACGME Approved/Offered Positions:* 30

Program ID: 040-28-21-166

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium

Barnes-Jewish Hospital

Prgm Director: Thomas E Cox, MD*

Box 8054

660 South Euclid Avenue

St Louis, MO 63110

Tel: 800 329-5971 *Fax:* 314 747-4284

E-mail: coxt@notes.wustl.edu

Length: 4 Yrs *ACGME Approved/Offered Positions:* 45

Subspecialties: APM, CCA, PAN

Program ID: 040-28-11-081

Nebraska

Omaha

University of Nebraska Medical Center College of Medicine Program

Sponsor: University of Nebraska Medical Center College

of Medicine

Creighton University Medical Center (Tenet - SJH)

The Nebraska Medical Center

Prgm Director: John H Tinker, MD

984455 Nebraska Medical Center

Omaha, NE 68198

Tel: 402 559-7405 *Fax:* 402 559-7372

Length: 3 Yrs *ACGME Approved/Offered Positions:* 33

Subspecialties: APM

Program ID: 040-30-11-082

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital

Prgm Director: Marc Bertrand, MD

One Medical Center Drive

Lebanon, NH 03756

Tel: 603 650-7350 *Fax:* 603 650-8980

Length: 4 Yrs *ACGME Approved/Offered Positions:* 30

Subspecialties: APM, CCA

Program ID: 040-32-11-083

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program

Sponsor: Cooper Hospital-University Medical Center

Prgm Director: Irwin Gratz, DO

1 Cooper Plaza

Camden, NJ 08103

Tel: 856 968-7330 *Fax:* 856 968-8326

Length: 3 Yrs *ACGME Approved/Offered Positions:* 9

Program ID: 040-33-11-195

Livingston

St Barnabas Medical Center Program

Sponsor: St Barnabas Medical Center

Prgm Director: Robert S Dorian, MD

94 Old Short Hills Road

Livingston, NJ 07039

Tel: 973 322-5512 *Fax:* 973 322-6165

Length: 4 Yrs *ACGME Approved/Offered Positions:* 9

Program ID: 040-33-12-085

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School

Robert Wood Johnson University Hospital

Prgm Director: Christine W Hunter, MD

Clinical Academic Bldg Suite 3100

125 Paterson Street

New Brunswick, NJ 08901

Tel: 732 235-7827 *Fax:* 732 235-6131

Length: 4 Yrs *ACGME Approved/Offered Positions:* 27

Subspecialties: APM

Program ID: 040-33-21-180

Newark**UMDNJ-New Jersey Medical School Program**

Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Prgm Director: Melissa Davidson, MD
MSB E-538
185 South Orange Avenue
Newark, NJ 07103
Tel: 973 972-0470 *Fax:* 973 972-4172
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 040-33-21-087

Paterson**Mount Sinai School of Medicine (St Joseph's Regional Medical Center) Program**

Sponsor: Mount Sinai School of Medicine
St Joseph's Regional Medical Center
Prgm Director: Stephen P Winikoff, MD
703 Main Street
Paterson, NJ 07503
Tel: 973 754-2323 *Fax:* 973 977-9455
E-mail: runoj@sjhmc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 040-33-21-089

New Mexico**Albuquerque****University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Prgm Director: Paul Diana, MD, MPH
2701 Frontier NE
Surge Building - Room 110
Albuquerque, NM 87131
Tel: 505 272-2610 *Fax:* 505 272-1300
E-mail: anesthesiology@salud.unm.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Subspecialties: APM, PAN
Program ID: 040-34-21-183

New York**Albany****Albany Medical Center Program**

Sponsor: Albany Medical Center
Prgm Director: Kevin W Roberts, MD
47 New Scotland Avenue
Mail Code 131
Albany, NY 12208
Tel: 518 262-4302 *Fax:* 518 262-4736
Length: 4 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 040-35-21-167

Bronx**Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Prgm Director: Albert J Saubermann, MD
Montefiore Medical Center
111 E 210th Street
Bronx, NY 10467
Tel: 718 920-2802 *Fax:* 718 653-2367
E-mail: anestres@montefiore.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 45
Subspecialties: APM
Program ID: 040-35-21-181

Brooklyn**Brookdale University Hospital and Medical Center Program**

Sponsor: Brookdale University Hospital and Medical Center
Prgm Director: Adel R Abadir, MD
One Brookdale Plaza
Brooklyn, NY 11212
Tel: 718 240-5356 *Fax:* 718 240-5367
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: APM
Program ID: 040-35-31-097

Maimonides Medical Center Program

Sponsor: Maimonides Medical Center
Coney Island Hospital
Prgm Director: Kalpana Tyagaraj, MD*
Department of Anesthesiology
4802 Tenth Avenue
Brooklyn, NY 11219
Tel: 718 283-8301 *Fax:* 718 283-8377
E-mail: droman@maimonidesmed.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 040-35-11-101

New York Methodist Hospital Program

Sponsor: New York Methodist Hospital
Prgm Director: Joel M Yarmush, MD, MPA*
New York Methodist Hospital
506 Sixth Street
Brooklyn, NY 11215
Tel: 718 780-3279 *Fax:* 718 780-3281
E-mail: JMY@aol.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 040-35-11-102

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Long Island College Hospital
University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Audree A Bendo, MD
450 Clarkson Avenue, Box 6
Brooklyn, NY 11203
Tel: 718 270-3764 *Fax:* 718 270-3977
E-mail: audree.bendo@downstate.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 60
Subspecialties: APM, CCA
Program ID: 040-35-21-110

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Kaleida Health System (Women and Children's Hosp of Buffalo)
Roswell Park Cancer Institute
Veterans Affairs Western New York Healthcare System
Prgm Director: Mark J Lema, MD, PhD
VA WNY Healthcare System - 9B
3495 Bailey Avenue
Buffalo, NY 14215
Tel: 716 862-7331 *Fax:* 716 862-7340
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: APM, PAN
Program ID: 040-35-21-093

East Meadow**Nassau University Medical Center Program**

Sponsor: Nassau University Medical Center
Winthrop-University Hospital
Prgm Director: Kenneth J Freese, MD
2201 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 572-6803 *Fax:* 516 572-5019
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 040-35-11-094

New York**Mount Sinai School of Medicine Program**

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Adam I Levine, MD
Box 1010
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-1518 *Fax:* 212 426-2009
Length: 3 Yrs *ACGME Approved/Offered Positions:* 45
Subspecialties: APM, CCA
Program ID: 040-35-21-104

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: George G Neuman, MD
170 West 12th Street, Suite NR408
New York, NY 10011
Tel: 212 604-7566 *Fax:* 212 604-2637
Length: 4 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: APM
Program ID: 040-35-12-109

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Leila Mei Pang, MD
622 W 168th Street
PH5-505
New York, NY 10032
Tel: 212 305-3226 *Fax:* 212 305-3204
E-mail: lmp1@columbia.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 66
Subspecialties: APM, CCA, PAN
Program ID: 040-35-11-107

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: John J Savarese, MD
525 E 68th Street
New York, NY 10021
Tel: 212 746-2941 *Fax:* 212 746-8713
Length: 4 Yrs *ACGME Approved/Offered Positions:* 60
Subspecialties: APM
Program ID: 040-35-21-098

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
NYU Hospitals Center
Prgm Director: Laurence Susser, MD
550 First Avenue, Rm 1RM-607
New York, NY 10016
Tel: 212 263-6343 *Fax:* 212 263-8743
Length: 3 Yrs *ACGME Approved/Offered Positions:* 55
Subspecialties: APM, CCA
Program ID: 040-35-21-106

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
 St Luke's-Roosevelt Hospital Center-St Luke's Division
Prgm Director: Daniel M Thys, MD
 Department of Anesthesiology
 1111 Amsterdam Avenue
 New York, NY 10025
 Tel: 212 523-2500 Fax: 212 523-3930
 E-mail: dmt3@columbia.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 36
 Subspecialties: APM
 Program ID: 040-35-11-108

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Stewart J Lustik, MD, MBA
 Department of Anesthesiology, Box 604
 601 Elmwood Avenue
 Rochester, NY 14642
 Tel: 585 275-2143 Fax: 585 506-0122
 Length: 4 Yrs ACGME Approved/Offered Positions: 42
 Subspecialties: APM, CCA, PAN
 Program ID: 040-35-11-111

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: Ellen S Steinberg, MD*
 Department of Anesthesiology
 HSC L-4, 060
 Stony Brook, NY 11794
 Tel: 631 444-2975 Fax: 631 444-2907
 Length: 3 Yrs ACGME Approved/Offered Positions: 30
 Subspecialties: APM
 Program ID: 040-35-21-170

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Prgm Director: Enrico M Camporesi, MD
 750 E Adams Street
 Syracuse, NY 13210
 Tel: 315 464-4720 Fax: 315 464-4905
 Length: 3 Yrs ACGME Approved/Offered Positions: 33
 Subspecialties: APM, CCA
 Program ID: 040-35-21-113

Valhalla

New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College
 Metropolitan Hospital Center
 Sound Shore Medical Center of Westchester
 Westchester Medical Center
Prgm Director: Kathryn E McGoldrick, MD
 Macy Pavilion West, Room 2389
 Valhalla, NY 10595
 Tel: 914 493-7693 Fax: 914 493-7927
 E-mail: kemcgoldrick@aol.com
 Length: 3 Yrs ACGME Approved/Offered Positions: 28
 Subspecialties: APM
 Program ID: 040-35-21-105

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Anthony N Passannante, MD
 Dept of Anesthesiology, UNC School of Medicine
 CB#7010 N2201 UNC Hospitals
 Chapel Hill, NC 27599
 Tel: 919 966-5136 Fax: 919 966-4873
 E-mail: UNCAneesthesiology-Residency@aims.unc.edu
 Length: 4 Yrs ACGME Approved/Offered Positions: 42
 Subspecialties: APM, PAN
 Program ID: 040-36-21-114

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
 Veterans Affairs Medical Center (Durham)
Prgm Director: Catherine K Lineberger, MD
 Department of Anesthesiology
 Box 3094
 Durham, NC 27710
 Tel: 919 681-2924 Fax: 919 681-7893
 E-mail: lineb001@mc.duke.edu
 Length: 4 Yrs ACGME Approved/Offered Positions: 36
 Subspecialties: APM, CCA
 Program ID: 040-36-31-115

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Margaret F Brock, MD
 Department of Anesthesiology
 Medical Center Boulevard
 Winston-Salem, NC 27157
 Tel: 336 716-4497 Fax: 336 716-3394
 E-mail: cstuart@wfubmc.edu
 Length: 4 Yrs ACGME Approved/Offered Positions: 48
 Subspecialties: APM, CCA
 Program ID: 040-36-21-116

Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
Prgm Director: John P Lawrence, MD
 231 Albert Sabin Way
 PO Box 670531
 Cincinnati, OH 45267
 Tel: 513 558-6356 Fax: 513 558-0995
 E-mail: donna.benesch@uc.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 18
 Subspecialties: APM, PAN
 Program ID: 040-38-21-118

Cleveland

Case Western Reserve University (MetroHealth) Program

Sponsor: MetroHealth Medical Center
Prgm Director: Tejvir S Sidhu, MD
 2500 MetroHealth Drive
 Cleveland, OH 44109
 Tel: 216 778-4809 Fax: 216 778-5378
 Length: 4 Yrs ACGME Approved/Offered Positions: 21
 Program ID: 040-38-21-174

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Matthew P Norcia, MD
 11100 Euclid Avenue
 Cleveland, OH 44106
 Tel: 216 844-7335 Fax: 216 844-3781
 Length: 4 Yrs ACGME Approved/Offered Positions: 36
 Subspecialties: APM, CCA, PAN
 Program ID: 040-38-21-119

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: John E Tetzlaff, MD
 9500 Euclid Avenue
 Cleveland, OH 44195
 Tel: 216 445-2115 Fax: 216 445-0605
 E-mail: aned@ccf.org
 Length: 4 Yrs ACGME Approved/Offered Positions: 90
 Subspecialties: APM, CCA, PAN
 Program ID: 040-38-22-120

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Prgm Director: Michael B Howie, MD
 N-416 Doan Hall
 410 West Tenth Avenue
 Columbus, OH 43210
 Tel: 614 293-8487 Fax: 614 293-9643
 E-mail: miller.69@osu.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 30
 Subspecialties: APM, PAN
 Program ID: 040-38-11-123

Toledo

Medical College of Ohio Program

Sponsor: Medical College of Ohio
 Medical College of Ohio Hospital
Prgm Director: Shashi Bhatt, MD
 3000 Arlington Avenue
 Toledo, OH 43614
 Tel: 419 383-3556 Fax: 419 383-3550
 Length: 4 Yrs ACGME Approved/Offered Positions: 15
 Program ID: 040-38-21-125

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
 OU Medical Center
 OU Medical Center-Children's Hospital
Prgm Director: Jane K Fitch, MD
 Department of Anesthesiology
 920 SL Young Blvd Rm 2530
 Oklahoma City, OK 73104
 Tel: 405 271-4351 Fax: 405 271-8695
 Length: 4 Yrs ACGME Approved/Offered Positions: 18
 Subspecialties: APM
 Program ID: 040-39-21-128

Oregon**Portland****Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital
Prgm Director: Jeffery R Kirsch, MD
 Department of Anesthesiology, UHS-2
 3181 SW Sam Jackson Park Road
 Portland, OR 97239
Tel: 503 494-7641 *Fax:* 503 494-3092
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: APM, PAN
Program ID: 040-40-21-129

Pennsylvania**Hershey****Penn State University/Milton S Hershey Medical Center Program**

Sponsor: Milton S Hershey Medical Center
Prgm Director: Kim L Walker, MD
 500 University Drive
 PO Box 850
 Hershey, PA 17033
Tel: 717 531-6128 *Fax:* 717 531-0826
Length: 4 Yrs *ACGME Approved/Offered Positions:* 33
Subspecialties: APM, CCA, PAN
Program ID: 040-41-11-130

Philadelphia**Drexel University College of Medicine/Hahnemann University Hospital Program**

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
 Hahnemann University Hospital (Tenet Health System)
Prgm Director: Willie L Hardy, MD*
 Mail Stop 310
 245 N 15th Street
 Philadelphia, PA 19102
Tel: 215 762-7922 *Fax:* 215 762-8656
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: APM, PAN
Program ID: 040-41-21-133

Temple University Hospital Program

Sponsor: Temple University Hospital
Prgm Director: Scott A Scharfel, DO
 3401 N Broad Street (502-00)
 Philadelphia, PA 19140
Tel: 215 707-3326 *Fax:* 215 707-8028
E-mail: anesres@temple.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: APM
Program ID: 040-41-31-136

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Zvi Grunwald, MD*
 111 S 11th Street, Suite G8490
 Philadelphia, PA 19107
Tel: 215 955-6161 *Fax:* 215 923-5507
Length: 4 Yrs *ACGME Approved/Offered Positions:* 45
Subspecialties: APM
Program ID: 040-41-21-137

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
 Children's Hospital of Philadelphia
 Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Robert R Gaiser, MD
 6 Dulles Building
 3400 Spruce Street
 Philadelphia, PA 19104
Tel: 215 662-3738 *Fax:* 215 349-5341
Length: 4 Yrs *ACGME Approved/Offered Positions:* 72
Subspecialties: APM, CCA, PAN
Program ID: 040-41-21-134

Pittsburgh**Mercy Hospital of Pittsburgh Program**

Sponsor: Mercy Hospital of Pittsburgh
Prgm Director: Christopher A Troianos, MD
 Department of Anesthesiology
 1400 Locust Street
 Pittsburgh, PA 15219
Tel: 412 232-8005 *Fax:* 412 232-7960
Length: 4 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 040-41-12-140

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 UPMC Presbyterian/Shadyside
Prgm Director: Rita M Patel, MD
 Department of Anesthesiology
 3471 Fifth Avenue, Suite 910
 Pittsburgh, PA 15213
Tel: 412 692-4503 *Fax:* 412 692-4515
E-mail: wetmoreal@anes.upmc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 45
Subspecialties: APM, CCA, PAN
Program ID: 040-41-21-139

Western Pennsylvania Hospital/Temple University Program

Sponsor: The Western Pennsylvania Hospital
 Allegheny General Hospital
Prgm Director: Jeffrey A Grass, MD
 4800 Friendship Avenue
 Pittsburgh, PA 15224
Tel: 412 578-5323 *Fax:* 412 578-4081
E-mail: wphanesres@wpahs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: APM
Program ID: 040-41-32-141

Puerto Rico**San Juan****University of Puerto Rico Program**

Sponsor: University of Puerto Rico School of Medicine
 San Juan City Hospital
 University Hospital
 Veterans Affairs Medical Center (San Juan)
Prgm Director: Cesar A Jimenez-Messon, MD*
 Department of Anesthesiology
 GPO Box 365067
 San Juan, PR 00936
Tel: 787 758-0640 *Fax:* 787 758-1327
E-mail: cejimenez@rcm.upr.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 040-42-21-142

South Carolina**Charleston****Medical University of South Carolina Program**

Sponsor: Medical University of South Carolina College of Medicine
 MUSC Medical Center
 Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Hugh Dorman, MD, PhD
 165 Ashley Avenue Suite 525
 PO Box 250912
 Charleston, SC 29425
Tel: 843 792-2322 *Fax:* 843 792-2726
E-mail: dormanhb@musc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Subspecialties: APM
Program ID: 040-45-22-143

Tennessee**Knoxville****University of Tennessee Medical Center at Knoxville Program**

Sponsor: University of Tennessee Graduate School of Medicine
 University of Tennessee Memorial Hospital
Prgm Director: Jerry L Epps, MD
 Room U109
 1924 Alcoa Highway
 Knoxville, TN 37920
Tel: 865 544-9220 *Fax:* 865 637-5518
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 040-47-11-144

Memphis**University of Tennessee Program**

Sponsor: University of Tennessee College of Medicine
 Regional Medical Center at Memphis
 University of Tennessee Medical Center
Prgm Director: Jaya Ramanathan, MD*
 The Health Science Center
 800 Madison Avenue
 Memphis, TN 38163
Tel: 901 448-5892 *Fax:* 901 448-5540
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 040-47-21-145

Nashville**Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Prgm Director: John T Algren, MD
 1211 21st Avenue South
 Medical Arts Building, Ste 526
 Nashville, TN 37212
Tel: 615 936-1830 *Fax:* 615 936-3412
Length: 4 Yrs *ACGME Approved/Offered Positions:* 45
Subspecialties: APM, CCA, PAN
Program ID: 040-47-11-146

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
 Baylor University Medical Center
 Children's Medical Center of Dallas
 Dallas County Hospital District-Parkland Memorial Hospital
 Veterans Affairs Medical Center (Dallas)
 Zale-Lipsby University Hospital
Prgm Director: William E Johnston, MD
 5323 Harry Hines Blvd
 Dallas, TX 75390
Tel: 214 648-5460 *Fax:* 214 648-5461
Length: 4 Yrs *ACGME Approved/Offered Positions:* 55
Subspecialties: APM, PAN
Program ID: 040-48-21-147

El Paso**Texas Tech University (El Paso) Program**

Sponsor: Texas Tech University Health Sciences Center at El Paso
 R E Thomason General Hospital
Prgm Director: Swapna M Chaudhuri, MD, PhD
 4800 Alberta Avenue
 El Paso, TX 79905
Tel: 915 545-6573 *Fax:* 915 545-6984
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 040-48-21-187

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: S Lynn Knox, MD
 Department of Anesthesiology
 301 University Blvd
 Galveston, TX 77555
Tel: 409 772-1221 *Fax:* 409 772-4166
E-mail: cjbreish@utmb.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 42
Subspecialties: APM, CCA, PAN
Program ID: 040-48-11-149

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
 Harris County Hospital District-Ben Taub General Hospital
 Methodist Hospital
 Michael E DeBakey VA Medical Center - Houston
Prgm Director: Lydia A Conlay, MD, PhD
 Smith Tower #1003
 6550 Fannin St
 Houston, TX 77030
Tel: 713 798-7356 *Fax:* 713 798-7345
E-mail: resoffice@anesmail.anesth.mail.bcm.tmc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 60
Subspecialties: PAN
Program ID: 040-48-31-150

University of Texas Health Science Center Program

Sponsor: University of Texas Medical School at Houston Memorial Hermann Hospital System
Prgm Director: Susan Luehr, MD*
 6431 Fannin Street, 5.020 MSMB
 Houston, TX 77030
Tel: 713 500-6223 *Fax:* 713 500-6270
Length: 4 Yrs *ACGME Approved/Offered Positions:* 66
Subspecialties: APM, CCA
Program ID: 040-48-31-152

Lackland AFB

San Antonio Uniformed Services Health Education Consortium Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
 Brooke Army Medical Center
 Wilford Hall Medical Center (AETC)
Prgm Director: (Lt Col) Randall J Malchow, MD
 3851 Roger Brooke Drive
 Fort Sam Houston, TX 78234
Tel: 210 916-1976 *Fax:* 210 916-0268
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: CCA
Program ID: 040-48-21-091
 US Armed Services Program

Lubbock

Texas Tech University (Lubbock) Program

Sponsor: Texas Tech University Health Sciences Center at Lubbock
 University Medical Center
Prgm Director: Alan D Kaye, MD, PhD
 Room 1C-282
 3601 4th Street
 Lubbock, TX 79430
Tel: 806 743-2999 *Fax:* 806 743-2984
Length: 4 Yrs *ACGME Approved/Offered Positions:* 13
Subspecialties: APM
Program ID: 040-48-11-153

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
 Audie L Murphy Memorial Veterans Hospital (San Antonio)
 University Health System
Prgm Director: Rosemary Hickey, MD
 7703 Floyd Curl Drive, MC 7838
 San Antonio, TX 78229
Tel: 210 567-4506 *Fax:* 210 567-6135
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: APM
Program ID: 040-48-21-155

Temple

Texas A&M College of Medicine-Scott and White Program

Sponsor: Scott and White Memorial Hospital
Prgm Director: Tim M Bittenbinder, MD
 Department of Anesthesiology
 2401 S 31st Street
 Temple, TX 76508
Tel: 254 724-4528 *Fax:* 254 724-4079
E-mail: aneresi@swmail.sw.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 040-48-21-156

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
Prgm Director: Lazzar Ogdan, MD
 Suite 3C444
 50 N Medical Drive
 Salt Lake City, UT 84132
Tel: 801 581-6393 *Fax:* 801 581-4367
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: APM
Program ID: 040-49-31-157

Vermont

Burlington

University of Vermont Program

Sponsor: Fletcher Allen Health Care
Prgm Director: David C Adams, MD, MS*
 MCHV Campus
 111 Colchester Avenue
 Burlington, VT 05401
Tel: 802 847-2415 *Fax:* 802 847-5324
E-mail: anesthesiologygme@vtmednet.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: APM
Program ID: 040-50-11-158

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Prgm Director: George F Rich, MD, PhD
 Department of Anesthesiology
 PO Box 800710
 Charlottesville, VA 22908
Tel: 434 982-4307 *Fax:* 434 982-0019
Length: 4 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: APM, CCA
Program ID: 040-51-11-159

Portsmouth

Naval Medical Center (Portsmouth) Program

Sponsor: Naval Medical Center (Portsmouth)
Prgm Director: Benford O Nance, MD
 620 John Paul Jones Circle
 Dept of Anesthesiology
 Portsmouth, VA 23708
Tel: 757 953-3240 *Fax:* 757 953-0871
E-mail: benance@hotmail.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: APM
Program ID: 040-51-21-008
 US Armed Services Program

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
 Hunter Holmes McGuire VA Medical Center (Richmond)
 Medical College of Virginia Hospitals
Prgm Director: Carlos Arancibia, MD
 MCV Hospitals and Physicians
 PO Box 980459
 Richmond, VA 23298
Tel: 804 828-0733 *Fax:* 804 828-8682
E-mail: jpdunawa@vcu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: APM
Program ID: 040-51-11-160

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
 University of Washington Medical Center
Prgm Director: Brian K Ross, MD, PhD
 1959 NE Pacific Street
 Box 356540
 Seattle, WA 98195
Tel: 206 543-2773 *Fax:* 206 543-2958
E-mail: ifg@u.washington.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 57
Subspecialties: APM, CCA, PAN
Program ID: 040-54-21-161

Virginia Mason Medical Center Program

Sponsor: Virginia Mason Medical Center
 University of Washington/Harborview Medical Centers
Prgm Director: Stephen M Rupp, MD
 Office of Housestaff Affairs (H8-GME)
 925 Seneca Street
 Seattle, WA 98101
Tel: 206 583-6079 *Fax:* 206 223-6982
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: APM
Program ID: 040-54-12-162

West Virginia

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine
 West Virginia University Hospitals
Prgm Director: Kathleen R Rosen, MD
 Room 3603A HSC
 PO Box 9134
 Morgantown, WV 26506
Tel: 304 293-5411 *Fax:* 304 293-7607
Length: 4 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: APM
Program ID: 040-55-11-163

Wisconsin**Madison****University of Wisconsin Program***Sponsor:* University of Wisconsin Hospital and Clinics*Prgm Director:* Paul W Kranner, MD

B6/319 Clinical Science Center

600 Highland Avenue

Madison, WI 53792

Tel: 608 263-8114 *Fax:* 608 262-1061*E-mail:* mussehl@wisc.edu*Length:* 4 Yrs *ACGME Approved/Offered Positions:* 36*Subspecialties:* CCA**Program ID:** 040-56-21-164**Milwaukee****Medical College of Wisconsin Affiliated Hospitals Program***Sponsor:* Medical College of Wisconsin Affiliated Hospitals Inc

Clement J Zablocki Veterans Affairs Medical Center

Froedtert Memorial Lutheran Hospital

Prgm Director: Thomas J Ebert, MD, PhD*

9200 W Wisconsin Avenue

Milwaukee, WI 53226

Tel: 414 384-2000 *Fax:* 414 384-2939*E-mail:* tjebert@mcw.edu*Length:* 4 Yrs *ACGME Approved/Offered Positions:* 66*Subspecialties:* APM, CCA, PAN**Program ID:** 040-56-21-165**Blood Banking/
Transfusion Medicine
(Pathology)****Alabama****Birmingham****University of Alabama Medical Center Program***Sponsor:* University of Alabama Hospital

American Red Cross Blood Services-Alabama Region

Prgm Director: Marisa B Marques, MD

619 19th Street South

West Pavilion, P230A

Birmingham, AL 35249

Tel: 205 934-6421 *Fax:* 205 975-4468*E-mail:* mgriffin@path.uab.edu*Length:* 1 Yr *ACGME Approved/Offered Positions:* 1**Program ID:** 305-01-21-041**Arkansas****Little Rock****University of Arkansas for Medical Sciences Program***Sponsor:* University of Arkansas College of Medicine

Arkansas Children's Hospital

Prgm Director: Douglas P Blackall, MD

Department of Pathology

800 Marshall Street

Little Rock, AR 72202

Tel: 501 364-1316 *Fax:* 501 364-3155*E-mail:* blackalldoug@uams.edu*Length:* 1 Yr *ACGME Approved/Offered Positions:* 1**Program ID:** 305-04-12-084**California****Los Angeles****Cedars-Sinai Medical Center Program***Sponsor:* Cedars-Sinai Medical Center*Prgm Director:* Dennis Goldfinger, MD

8700 Beverly Boulevard

Los Angeles, CA 90048

Tel: 310 423-5418 *Fax:* 310 423-0175*Length:* 1 Yr *ACGME Approved/Offered Positions:* 1**Program ID:** 305-05-21-015**UCLA Medical Center Program***Sponsor:* UCLA Medical Center/UCLA David Geffen

School of Medicine

UCLA Medical Center

Prgm Director: Priscilla I Figueroa, MD

10833 Le Conte Avenue

Box 951713

Los Angeles, CA 90095

Tel: 310 794-6671 *Fax:* 310 206-3707*Length:* 1 Yr *ACGME Approved/Offered Positions:* 1**Program ID:** 305-05-11-049**University of Southern California/
LAC+USC Medical Center Program***Sponsor:* University of Southern California/LAC+USC

Medical Center

LAC+USC Medical Center

Prgm Director: Ira A Shulman, MD

1200 North State Street

Dept of Pathology, GH 2900

Los Angeles, CA 90033

Tel: 323 226-5993 *Fax:* 323 226-5925*Length:* 1 Yr *ACGME Approved/Offered Positions:* 1**Program ID:** 305-05-21-016**San Francisco****Blood Centers of the Pacific Program***Sponsor:* Blood Centers of the Pacific

University of California (San Francisco) Medical Center

Prgm Director: Herbert A Perkins, MD

270 Masonic Avenue

San Francisco, CA 94118

Tel: 415 567-6400 *Fax:* 415 921-6184*Length:* 1 Yr *ACGME Approved/Offered Positions:* 2**Program ID:** 305-05-21-017**Colorado****Denver****Bonfils Blood Center Program***Sponsor:* Bonfils Blood Center

Exempla Saint Joseph Hospital

Prgm Director: William C Dickey, MD

717 Yosemite Street

Denver, CO 80230

Tel: 303 363-2203 *Fax:* 303 340-2751*Length:* 1 Yr *ACGME Approved/Offered Positions:* 1**Program ID:** 305-07-13-078**University of Colorado Program***Sponsor:* University of Colorado School of Medicine

Children's Hospital (The)

University of Colorado Hospital

Prgm Director: Hannis W Thompson, MD

Blood Bank, Campus Box A022

4200 East Ninth Avenue

Denver, CO 80262

Tel: 303 372-0346*E-mail:* diane.colyer@uchsc.edu*Length:* 1 Yr *ACGME Approved/Offered Positions:* 1**Program ID:** 305-07-21-079**Connecticut****Hartford****Hartford Hospital Program***Sponsor:* Hartford Hospital*Prgm Director:* Bradford Sherburne, MD

80 Seymour Street

PO Box 5037

Hartford, CT 06102

Tel: 860 545-2848*Length:* 1 Yr *ACGME Approved/Offered Positions:* 1**Program ID:** 305-08-21-070**New Haven****Yale-New Haven Medical Center Program***Sponsor:* Yale-New Haven Hospital

Connecticut Red Cross Blood Services

Prgm Director: Edward L Snyder, MD

Blood Bank, Room CB-459

20 York Street

New Haven, CT 06510

Tel: 203 688-2441 *Fax:* 203 688-2748*Length:* 1 Yr *ACGME Approved/Offered Positions:* 1**Program ID:** 305-08-21-052

District of Columbia

Washington

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Prgm Director: S Gerald Sandler, MD
3800 Reservoir Road, NW
Washington, DC 20007
Tel: 202 687-8520 *Fax:* 202 444-8520
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 305-10-21-057

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Prgm Director: Christopher D Hillyer, MD
1364 Clifton Road, NE
Room D-655
Atlanta, GA 30322
Tel: 404 712-5869 *Fax:* 404 727-2519
E-mail: chillye@emory.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 305-12-31-056

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Prgm Director: Lloyd O Cook, MD, MBA
Department of Pathology
Augusta, GA 30912
Tel: 706 721-2731
E-mail: swilliford@mail.mcg.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 305-12-21-053

Illinois

Chicago

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Beverly W Baron, MD
Blood Bank, MC0007
5841 South Maryland Avenue
Chicago, IL 60637
Tel: 773 702-1439
E-mail: Beverly.Baron@uchospitals.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 305-16-21-054

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Prgm Director: Phillip J DeChristopher, MD, PhD
Blood Bank/Transfusion Medicine (MC 750)
Chicago, IL 60612
Tel: 312 996-1350 *Fax:* 312 996-7082
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 305-16-33-083

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Central Indiana Regional Blood Center
Clarian Indiana University Hospital
Prgm Director: Constance FM F Danielson, MD, PhD
Transfusion Medicine, Room 4435
550 North University Blvd
Indianapolis, IN 46202
Tel: 317 274-2175 *Fax:* 317 274-2166
E-mail: cdaniels@iupui.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 305-17-21-058

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Ronald G Strauss, MD
200 Hawkins Drive, C250 GH
Iowa City, IA 52242
Tel: 319 356-0387 *Fax:* 319 356-0331
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 305-18-21-039

Kentucky

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
American Red Cross Blood Services (Louisville Region)
University of Louisville Hospital
Prgm Director: William B Lockwood, MD, PhD
530 S Jackson Street
Suite C1R06
Louisville, KY 40202
Tel: 502 852-5857 *Fax:* 502 852-1771
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 305-20-21-059

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
Children's Hospital
Medical Center of Louisiana at New Orleans
Prgm Director: Yuan-Shiang Kao, MD
1901 Perdido Street
New Orleans, LA 70112
Tel: 504 568-6031
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 305-21-21-063

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Paul M Ness, MD
Transfusion Medicine Division, Carnegie 667
600 N Wolfe St
Baltimore, MD 21287
Tel: 410 955-6583 *Fax:* 410 955-0618
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 305-23-21-026

Bethesda

National Institutes of Health Clinical Center Program

Sponsor: Clinical Center at the National Institutes of Health
Prgm Director: Cathy Conry-Cantilena, MD
10 Center Drive, MSC-1184
Building 10/Room 1C/711
Bethesda, MD 20892
Tel: 301 496-9702 *Fax:* 301 402-1360
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 305-23-21-001
US Armed Services Program

Massachusetts

Boston

Harvard Medical School Program

Sponsor: Brigham and Women's Hospital
Beth Israel Deaconess Medical Center
Children's Hospital
Massachusetts General Hospital
Prgm Director: Richard M Kaufman, MD*
75 Francis Street
Boston, MA 02115
Tel: 617 732-4749 *Fax:* 617 277-9013
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 305-24-12-081

Springfield

Baystate Medical Center/Tufts University School of Medicine Program

Sponsor: Baystate Medical Center
Prgm Director: Chester Andrzejewski, MD, PhD
Department of Pathology
759 Chestnut Street
Springfield, MA 01199
Tel: 413 794-5085 *Fax:* 413 794-5893
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 305-24-21-072

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Robertson D Davenport, MD
Department of Pathology, UH, 2G332
1500 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-6776
E-mail: rddvnpri@med.umich.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 305-25-31-077

Royal Oak**William Beaumont Hospital Program**

Sponsor: William Beaumont Hospital
Prgm Director: A Bradley Eisenbrey, MD, PhD
 Department of Clinical Pathology
 3601 West Thirteen Mile Road
 Royal Oak, MI 48073
Tel: 248 898-8013 *Fax:* 248 898-3398
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 305-25-32-012

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
 American Red Cross Blood Services-St Paul Region
 Fairview-University Medical Center
Prgm Director: Jeffrey McCullough, MD
 420 Delaware Street, SE, MMC 609
 D242 Mayo Building
 Minneapolis, MN 55455
Tel: 612 625-3518 *Fax:* 612 626-2696
E-mail: sallyann@umn.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 305-26-21-013

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Rochester)
Prgm Director: Jeffrey L Winters, MD*
 200 First Street SW
 Rochester, MN 55905
Tel: 507 538-1707 *Fax:* 507 248-1399
E-mail: wintersjeffrey@mayo.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 305-26-21-005

Missouri**St Louis****Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
Prgm Director: Douglas M Lublin, MD, PhD
 Department of Pathology
 660 South Euclid Avenue, Box 8118
 St Louis, MO 63110
Tel: 314 362-8849 *Fax:* 314 362-3016
E-mail: lublin@labmed.wustl.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 305-28-22-006

New Mexico**Albuquerque****University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine
 University of New Mexico Health Sciences
Prgm Director: Kendall Crookston, MD, PhD
 Department of Pathology
 2211 Lomas Boulevard, NE, BMSB-335
 Albuquerque, NM 87131
Tel: 505 272-3696 *Fax:* 505 272-6726
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 305-34-22-082

New York**New York****New York Blood Center Program**

Sponsor: New York Blood Center
 Montefiore Medical Center-Henry and Lucy Moses
 Division
 New York Presbyterian Hospital (Columbia Campus)
 Westchester Medical Center
Prgm Director: Richard J Davey, MD*
 310 East 67th Street
 New York, NY 10021
Tel: 212 570-3001 *Fax:* 212 570-3195
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 305-35-21-019

Stony Brook**SUNY at Stony Brook Program**

Sponsor: SUNY Hospital-SUNY at Stony Brook
Prgm Director: Dennis K Galanakis, MD
 Blood Bank, University Hospital
 Stony Brook, NY 11794
Tel: 631 444-2626 *Fax:* 631 444-3137
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 305-35-21-051

Syracuse**SUNY Upstate Medical University/
American Red Cross Blood Services
Program**

Sponsor: SUNY Upstate Medical University
 Crouse Hospital
Prgm Director: John B Henry, MD
 750 East Adams Street
 Syracuse, NY 13210
Tel: 315 464-7186
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 305-35-21-034

North Carolina**Chapel Hill****University of North Carolina Hospitals
Program**

Sponsor: University of North Carolina Hospitals
Prgm Director: Mark E Brecher, MD
 101 Manning Drive
 Chapel Hill, NC 27514
Tel: 919 966-8465
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 305-36-21-020

Ohio**Cincinnati****Hoxworth Blood Center/University of
Cincinnati College of Medicine Program**

Sponsor: Hoxworth Blood Center
Prgm Director: Patricia M Carey, MD
 3130 Highland Ave
 PO Box 670055
 Cincinnati, OH 45267
Tel: 513 558-1338 *Fax:* 513 588-1340
E-mail: Bernadette.Bennison@uc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 305-38-21-027

Cleveland**American Red Cross Northern Ohio
Region Program**

Sponsor: American Red Cross
 Cleveland Clinic Foundation
 University Hospitals of Cleveland
Prgm Director: Suneeti Sapatnekar, MD, PhD
 3747 Euclid Avenue
 Cleveland, OH 44115
Tel: 216 431-3056 *Fax:* 216 391-3505
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 305-38-21-071

Columbus**Ohio State University Hospital Program**

Sponsor: Ohio State University Hospital
 American Red Cross-Central Ohio Region
Prgm Director: Melanie S Kennedy, MD
 E-310 Doan Hall
 410 West 10th Avenue
 Columbus, OH 43210
Tel: 614 293-8673 *Fax:* 614 293-2075
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 305-38-31-061

Oklahoma**Oklahoma City****University of Oklahoma Health Sciences
Center Program**

Sponsor: University of Oklahoma College of Medicine
 Oklahoma Blood Institute
 OU Medical Center
 OU Medical Center-Children's Hospital
 Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Jay P Brooks, MD, MBA
 Dept of Pathology - BMSB 451
 940 Stanton L Young Blvd
 Oklahoma City, OK 73104
Tel: 405 271-2652 *Fax:* 405 271-8774
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 305-39-21-076

Pennsylvania**Philadelphia****Thomas Jefferson University Program**

Sponsor: Thomas Jefferson University Hospital
 American Red Cross Blood Services-Penn-Jersey Region
Prgm Director: Samir K Ballas, MD
 111 S 11th Street
 Philadelphia, PA 19107
Tel: 215 955-8485
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 305-41-21-037

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: Donald L Siegel, MD, PhD
 3400 Spruce Street
 Blood Bank, 6079 Founders Pavilion
 Philadelphia, PA 19104
Tel: 215 662-3942
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 305-41-21-007

Pittsburgh

University of Pittsburgh Medical Center Medical Education/Institute for Transfusion Medicine Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program

Children's Hospital of Pittsburgh
Institute for Transfusion Medicine

Magee-Women's Hospital

UPMC Presbyterian/Shadyside

Prgm Director: Darrell J Triulzi, MD

3636 Blvd of the Allies

Pittsburgh, PA 15213

Tel: 412 209-7304 *Fax:* 412 209-7395

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 305-41-21-065

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School

Carter BloodCare

Prgm Director: Ravindra Sarode, MD

5323 Harry Hines Boulevard

CS3.114

Dallas, TX 75390

Tel: 214 648-7887

E-mail: Ravi.Sarode@UTSouthwestern.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 305-48-31-068

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine

Methodist Hospital

Prgm Director: David H Yawn, MD

One Baylor Plaza

Houston, TX 77030

Tel: 713 790-2434 *Fax:* 713 793-1565

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 305-48-31-080

University of Texas M D Anderson Cancer Center Program

Sponsor: University of Texas M D Anderson Cancer Center

Harris County Hospital District-Ben Taub General Hospital

Prgm Director: Aida B Narvios, MD, BS

1515 Holcombe Avenue

Houston, TX 77030

Tel: 713 792-7730 *Fax:* 713 792-6159

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 305-48-21-044

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio

University Health System

Prgm Director: Chantal R Harrison, MD

Department of Pathology

7703 Floyd Curl Drive

San Antonio, TX 78229

Tel: 210 567-4090 *Fax:* 210 567-2367

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 305-48-21-045

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center

Prgm Director: Pamela Clark, MD

PO Box 800286

Charlottesville, VA 22908

Tel: 804 982-0145

E-mail: pclark@virginia.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 305-51-21-074

Washington

Seattle

Puget Sound Blood Center Program

Sponsor: Puget Sound Blood Center

University of Washington/Harborview Medical Centers

Prgm Director: Terry Gernsheimer, MD

921 Terry Avenue

Seattle, WA 98104

Tel: 206 292-6521 *Fax:* 206 343-1774

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 305-54-21-066

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics

Prgm Director: James S Malter, MD

Room K4/866 Clinical Science Center

600 Highland Avenue

Madison, WI 53792

Tel: 608 263-6043 *Fax:* 608 263-1568

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 305-56-21-048

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc

Blood Center of Southeastern Wisconsin

Children's Hospital of Wisconsin

Froedtert Memorial Lutheran Hospital

Prgm Director: Jerome L Gottschall, MD

638 N 18th Street

PO Box 2178

Milwaukee, WI 53201

Tel: 414 937-6231 *Fax:* 414 933-6803

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 305-56-21-023

Cardiothoracic Radiology (Radiology-Diagnostic)

Massachusetts

Boston

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital

Prgm Director: Philip Costello, MD

75 Francis Street

Boston, MA 02115

Tel: 617 732-6285 *Fax:* 617 264-6802

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 429-24-13-002

Pennsylvania

Philadelphia

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System

Prgm Director: Warren B Gefter, MD

HUP, 1 Silverstein

3400 Spruce Street

Philadelphia, PA 19104

Tel: 215 662-6724 *Fax:* 215 614-0033

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 429-41-21-001

Cardiovascular Disease (Internal Medicine)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Vera A Bittner, MD, MSPH
University Station
Birmingham, AL 35294
Tel: 205 934-0820 *Fax:* 205 975-8568
Length: 3 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 141-01-21-151

Mobile

University of South Alabama Program

Sponsor: University of South Alabama Hospitals
University of South Alabama Medical Center
Prgm Director: Clara V Massey, MD
2451 Fillingim Street
Suite 10D - USAMC
Mobile, AL 36617
Tel: 251 471-7923 *Fax:* 251 470-5888
E-mail: cschnell@usouthal.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 141-01-11-060

Arizona

Phoenix

Banner Good Samaritan Medical Center Program

Sponsor: Banner Good Samaritan Medical Center
Carl T Hayden Veterans Affairs Medical Center
(Phoenix)
Prgm Director: Kenneth B Desser, MD
1111 E McDowell Road, Room WT4
Phoenix, AZ 85006
Tel: 602 239-6743 *Fax:* 602 239-5094
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 141-03-21-039

Scottsdale

Mayo School of Graduate Medical Education (Scottsdale) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Scottsdale)
Mayo Clinic Hospital
Prgm Director: Susan Wilansky, MD*
13400 East Shea Boulevard
Scottsdale, AZ 85259
Tel: 480 301-4072 *Fax:* 480 301-8018
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 141-03-21-261

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Prgm Director: Gordon A Ewy, MD
1501 North Campbell
PO Box 245037
Tucson, AZ 85724
Tel: 520 626-6221 *Fax:* 520 626-0967
E-mail: pabrams@u.arizona.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 141-03-21-131

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Eugene S Smith, MD
4301 West Markham, #532
Little Rock, AR 72205
Tel: 501 686-7882 *Fax:* 501 686-8319
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-04-21-132

California

La Jolla

Scripps Clinic/Scripps Green Hospital Program

Sponsor: Scripps Clinic
Scripps Clinic/Scripps Green Hospital
Prgm Director: Guy P Curtis, MD, PhD
Dept of Graduate Med Education 403C
10666 N Torrey Pines Road
La Jolla, CA 92037
Tel: 858 554-3234 *Fax:* 858 554-3232
E-mail: gme@scripps.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 141-05-21-086

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Jerry L Pettis Memorial Veterans Hospital
Prgm Director: Kenneth R Jutzy, MD*
Department of Cardiology
11234 Anderson Street
Loma Linda, CA 92354
Tel: 909 558-7674 *Fax:* 909 558-0390
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 141-05-21-153

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center
Prgm Director: Sanjay Kaul, MD
8700 Beverly Blvd 5th Floor North Tower
Los Angeles, CA 90048
Tel: 310 423-4876 *Fax:* 310 423-0245
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-05-11-134

Kaiser Permanente Southern California (Los Angeles) Program

Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Prgm Director: Yuh-Jer A Shen, MD, MS*
1526 N Edgemont St
2nd Floor, cardiology
Los Angeles, CA 90027
Tel: 323 783-4585 *Fax:* 323 783-5500
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 141-05-12-041

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
UCLA Medical Center
Prgm Director: Gregg C Fonarow, MD
47-123 Center for the Health Sciences
650 Charles Young Dr, South
Los Angeles, CA 90095
Tel: 310 794-9736 *Fax:* 310 206-9133
E-mail: DGWhang@mednet.ucla.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 11
Program ID: 141-05-11-155

UCLA-VA Greater Los Angeles Program

Sponsor: VA Greater Los Angeles Healthcare System
Olive View/UCLA Medical Center
Prgm Director: Donald S Chang, MD, MPH*
Division of Cardiology (111E)
11301 Wilshire Boulevard
Los Angeles, CA 90073
Tel: 310 268-3646 *Fax:* 310 268-4288
E-mail: Donald.Chang@med.va.gov
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-05-31-073

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC
Medical Center
LAC+USC Medical Center
Prgm Director: Enrique Ostrzega, MD
1510 San Pablo Street Suite 322
Los Angeles, CA 90033
Tel: 323 442-6132 *Fax:* 323 442-6133
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-05-21-061

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical
Center
Long Beach Memorial Medical Center
VA Long Beach Healthcare System
Prgm Director: Harold Olson, MD
Department of Internal Medicine
101 City Drive, South
Orange, CA 92868
Tel: 714 456-6699 *Fax:* 714 456-8895
E-mail: epwestbe@uci.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-05-21-180

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: William J Bommer, MD
4860 Y Street, Suite 2820
Division of Cardiovascular Disease
Sacramento, CA 95817
Tel: 916 734-3764 *Fax:* 916 734-8394
E-mail: cardiofellow@ucdavis.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 141-05-21-111

San Diego

Naval Medical Center (San Diego) Program

Sponsor: Naval Medical Center (San Diego)
Prgm Director: CDR Lisa A Gleason, MD*
 Cardiology Division
 34730 Bob Wilson Drive Suite 303
 San Diego, CA 92134
 Tel: 619 532-7403 Fax: 619 532-9863
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Program ID: 141-05-12-181
 US Armed Services Program

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
 Veterans Affairs Medical Center (San Diego)
Prgm Director: Daniel G Blanchard, MD*
 225 Dickinson Street
 San Diego, CA 92103
 Tel: 619 543-8213 Fax: 619 543-5576
 Length: 3 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 141-05-21-209

San Francisco

California Pacific Medical Center Program

Sponsor: California Pacific Medical Center
Prgm Director: Andrew Rosenblatt, MD
 Clay and Buchanan Street
 Box 7999
 San Francisco, CA 94120
 Tel: 415 600-5966 Fax: 415 563-5939
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Program ID: 141-05-12-183

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
 San Francisco General Hospital Medical Center
 University of California (San Francisco) Medical Center
 Veterans Affairs Medical Center (San Francisco)
Prgm Director: David D Waters, MD
 505 Parnassus Avenue, M1180
 San Francisco, CA 94143
 Tel: 415 476-1326 Fax: 415 502-3627
 E-mail: dwaters@medsfgh.ucsf.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 21
 Program ID: 141-05-21-184

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
 Veterans Affairs Palo Alto Health Care System
Prgm Director: John C Giacomini, MD
 Falk CVRC
 300 Pasteur Drive
 Stanford, CA 94305
 Tel: 650 725-3798 Fax: 650 725-1599
 Length: 3 Yrs ACGME Approved/Offered Positions: 18
 Program ID: 141-05-21-025

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
 St Mary Medical Center
Prgm Director: Matthew J Budoff, MD
 Division of Cardiology
 1000 W Carson Street, Box 405
 Torrance, CA 90509
 Tel: 310 222-4107 Fax: 310 787-0448
 Length: 3 Yrs ACGME Approved/Offered Positions: 13
 Program ID: 141-05-11-210

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
 Denver Health Medical Center
 University of Colorado Hospital
 Veterans Affairs Medical Center (Denver)
Prgm Director: Howard D Weinberger, MD*
 Campus Box B130
 4200 East Ninth Avenue
 Denver, CO 80262
 Tel: 303 315-4398 Fax: 303 315-5082
 E-mail: karen.mileham@uchsc.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 15
 Program ID: 141-07-21-074

Connecticut

Bridgeport

Bridgeport Hospital/Yale University Program

Sponsor: Bridgeport Hospital
Prgm Director: Craig McPherson, MD
 Department of Medicine
 267 Grant Street
 Bridgeport, CT 06610
 Tel: 203 384-3442 Fax: 203 384-3443
 E-mail: bbgras@bpthosp.org
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 141-08-11-211

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
 St Francis Hospital and Medical Center
 Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Peter Schulman, MD
 Department of Medicine
 Farmington, CT 06030
 Tel: 860 679-2771 Fax: 860 679-3346
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Program ID: 141-08-31-001

University of Connecticut Program A

Sponsor: University of Connecticut School of Medicine
 Hartford Hospital
Prgm Director: Gary V Heller, MD, PhD
 80 Seymour Street
 Hartford, CT 06102
 Tel: 860 545-5020 Fax: 860 545-5631
 Length: 3 Yrs ACGME Approved/Offered Positions: 15
 Program ID: 141-08-31-253

New Haven

Hospital of St Raphael Program

Sponsor: Hospital of St Raphael
Prgm Director: Eugene Caracciolo, MD
 1450 Chapel Street
 New Haven, CT 06511
 Tel: 203 789-6044 Fax: 203 789-6046
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 141-08-21-266

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
 Veterans Affairs Medical Center (West Haven)
Prgm Director: Robert Soufer, MD*
 Int Med, Section of Cardiovascular Medicine
 333 Cedar Street, PO Box 208017
 New Haven, CT 06520
 Tel: 203 785-6484 Fax: 203 785-2715
 E-mail: peggy.mclaughlin@yale.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 15
 Program ID: 141-08-21-026

District of Columbia

Washington

George Washington University Program

Sponsor: George Washington University School of Medicine
 George Washington University Hospital (UHS)
Prgm Director: Allen J Solomon, MD*
 Division of Cardiology
 2150 Pennsylvania Ave, NW Suite 4-414
 Washington, DC 20037
 Tel: 202 741-2323 Fax: 202 741-2324
 E-mail: jlewis@mf.gwu.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Program ID: 141-10-21-136

Georgetown University Hospital/Washington Hospital Center Program

Sponsor: Washington Hospital Center
 Georgetown University Hospital
 Veterans Affairs Medical Center (Washington DC)
Prgm Director: Neil J Weissman, MD
 110 Irving Street, NW
 Washington, DC 20010
 Tel: 202 877-0223 Fax: 202 877-0206
 Length: 3 Yrs ACGME Approved/Offered Positions: 18
 Program ID: 141-10-11-160

Howard University Program

Sponsor: Howard University Hospital
Prgm Director: Deborah Williams, MD
 2041 Georgia Avenue, NW
 Suite 6C-03
 Washington, DC 20006
 Tel: 202 865-6791 Fax: 202 865-4449
 E-mail: deborahdcl2@aol.com
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Program ID: 141-10-21-158

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
 Shands Hospital at the University of Florida
Prgm Director: Jamie B Conti, MD
 Box 100277
 1600 SW Archer Road, Room M-405
 Gainesville, FL 32610
 Tel: 352 392-5691 Fax: 352 846-0314
 E-mail: godwidl@medicine.ufl.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 141-11-21-045

Jacksonville

University of Florida Health Science Center/Jacksonville Program

Sponsor: University of Florida College of Medicine at Jacksonville
 Shands Jacksonville Medical Center
Prgm Director: Steven J Lavine, MD
 Dept of Cardiology, ACC 5th Fl
 655 West Eighth Street
 Jacksonville, FL 32209
 Tel: 904 244-3066 Fax: 904 244-3102
 E-mail: cardiology.gme@jax.ufl.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 15
 Program ID: 141-11-21-027

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
Cedars Medical Center
Veterans Affairs Medical Center (Miami)
Prgm Director: Robert J Myerburg, MD
Department of Medicine
PO Box 016960 (R-60)
Miami, FL 33101
Tel: 305 585-5523 *Fax:* 305 585-7085
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 141-11-21-212

Miami Beach**Mount Sinai Medical Center of Florida Program**

Sponsor: Mount Sinai Medical Center of Florida Inc
Prgm Director: Gervasio A Lamas, MD
4300 Alton Rd
Butler Building
Miami Beach, FL 33140
Tel: 305 674-2162 *Fax:* 305 674-2146
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-11-12-076

Tampa**University of South Florida Program**

Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital
Prgm Director: Joel A Strom, MD
MDC Box 87
12901 Bruce B Downs Blvd
Tampa, FL 33612
Tel: 813 974-2880 *Fax:* 813 971-6150
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-11-21-046

Weston**Cleveland Clinic Hospital (Florida) Program**

Sponsor: Cleveland Clinic Florida
Cleveland Clinic Hospital
Prgm Director: Craig Asher, MD
2850 Cleveland Clinic Boulevard
Weston, FL 33331
Tel: 954 659-5290 *Fax:* 954 659-5291
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 141-11-31-270

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine
Crawford Long Hospital of Emory University
Emory University Hospital
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Prgm Director: A Maziar Zafari, MD, PhD*
Division of Cardiology
1639 Pierce Drive, WMB Suite 310
Atlanta, GA 30322
Tel: 404 727-4724 *Fax:* 404 712-8335
E-mail: cardiology@emory.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 34
Program ID: 141-12-21-161

Augusta**Medical College of Georgia Program**

Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Prgm Director: Vincent JB Robinson, MD
1120 15th Street, BBR 6518
Augusta, GA 30912
Tel: 706 721-2736 *Fax:* 706 721-5150
E-mail: rstock@mail.mcg.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 141-12-21-004

Illinois**Chicago****Advocate Illinois Masonic Medical Center/North Side Health Network Program**

Sponsor: Advocate Illinois Masonic Medical Center
Prgm Director: Cesar J Herrera, MD
836 W Wellington Avenue
Room 1247
Chicago, IL 60657
Tel: 773 296-8260 *Fax:* 773 296-5940
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 141-16-11-220

Cook County Hospital Program

Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Russell F Kelly, MD
Division of Adult Cardiology
1901 West Harrison Street
Chicago, IL 60612
Tel: 312 864-3413 *Fax:* 312 864-9529
E-mail: rstubbs@ccbhs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 141-16-12-047

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Prgm Director: Vera H Rigolin, MD
201 East Huron Street
Galter 10-240
Chicago, IL 60611
Tel: 312 926-6314 *Fax:* 312 695-0063
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 141-16-21-090

Michael Reese Hospital/University of Illinois College of Medicine at Chicago Program

Sponsor: Michael Reese Hospital and Medical Center
Prgm Director: David B Lieb, MD
2929 South Ellis Street
Chicago, IL 60616
Tel: 312 791-3160 *Fax:* 312 791-3641
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 141-16-21-028

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Clifford J Kavinsky, MD
1653 W Congress Parkway
Chicago, IL 60612
Tel: 312 942-8771 *Fax:* 312 942-5829
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 141-16-11-162

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Roberto M Lang, MD
5841 S Maryland Avenue
MC 8054
Chicago, IL 60637
Tel: 773 702-5211 *Fax:* 773 702-1034
E-mail: card-app@medicine.bsd.uchicago.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 141-16-11-077

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
Advocate Christ Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Prgm Director: George T Kondos, MD
Section of Cardiology M/C 715
840 S Wood Street
Chicago, IL 60612
Tel: 312 996-6730
E-mail: cvanerka@uic.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 141-16-21-163

Maywood**Loyola University Program**

Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Ronald R Schreiber, MD
2160 South First Avenue
Dept of Medicine, Bldg 110/Room 6231
Maywood, IL 60153
Tel: 708 327-2747 *Fax:* 708 327-2771
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 141-16-21-005

Park Ridge**Advocate Lutheran General Hospital Program**

Sponsor: Advocate Lutheran General Hospital
Prgm Director: Jeffrey B Lakier, MD
1775 W Dempster Street
Park Ridge, IL 60068
Tel: 847 723-7997 *Fax:* 847 723-2131
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 141-16-21-255

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
Clarian Methodist Hospital of Indiana
Richard L Roudebush Veterans Affairs Medical Center
Prgm Director: Eric S Williams, MD
Krannert Institute of Cardiology
1800 N Capitol Avenue, Suite E480
Indianapolis, IN 46202
Tel: 317 962-0551 *Fax:* 317 963-0567
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 141-17-21-185

St Vincent Hospital and Health Care Center Program

Sponsor: St Vincent Hospital and Health Care Center
Prgm Director: Eric Prystowsky, MD
8333 Naab Road
Indianapolis, IN 46260
Tel: 317 338-6024 *Fax:* 317 338-9259
E-mail: mkfrank@thecaregroup.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 141-17-18-267

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: Dinesh H Jagasia, MD
Department of Medicine
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 158-6244 *Fax:* 319 353-6343
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 141-18-21-112

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Prgm Director: David Wilson, MD
Department of Internal Medicine
3901 Rainbow Blvd
Kansas City, KS 66160
Tel: 913 588-6015 *Fax:* 913 588-6010
E-mail: lblalock@kumc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 141-19-21-137

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Veterans Affairs Medical Center (Lexington)
Prgm Director: Steven R Steinhubl, MD*
Room L543, KY Clinic
740 S Limestone Street
Lexington, KY 40536
Tel: 859 323-5479 *Fax:* 859 381-5953
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 141-20-21-213

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
Jewish Hospital
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: Stephen Wagner, MD
Department of Medicine - Division of Cardiology
Ambulatory Care Building, 3rd Floor
Louisville, KY 40292
Tel: 502 852-7959 *Fax:* 502 852-7147
Length: 3 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 141-20-31-215

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Prgm Director: Luke Glancy, MD
1542 Tulane Avenue
Room 436
New Orleans, LA 70112
Tel: 504 568-5845 *Fax:* 504 599-0525
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-21-21-246

Ochsner Clinic Foundation Program

Sponsor: Ochsner Clinic Foundation
Prgm Director: Hector O Ventura, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-6281 *Fax:* 504 842-5960
E-mail: ptodesco@ochsner.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 141-21-22-123

Tulane University Program

Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Paolo Raggi, MD
1430 Tulane Avenue, SL-48
New Orleans, LA 70112
Tel: 504 988-6139 *Fax:* 504 988-4237
E-mail: sguichar@tulane.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 141-21-21-130

Shreveport

Louisiana State University (Shreveport) Program

Sponsor: LSU Health Sciences Center-University
Hospital
Overton Brooks Veterans Affairs Medical Center
Prgm Director: Pratap Reddy, MD
Cardiology Section, Room 204
1501 Kings Highway
Shreveport, LA 71130
Tel: 318 675-5940 *Fax:* 318 675-8474
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 141-21-21-078

Maine

Portland

Maine Medical Center Program

Sponsor: Maine Medical Center
Prgm Director: John R O'Meara, MD
22 Bramhall Street
Portland, ME 04102
Tel: 207 871-2413 *Fax:* 207 871-6038
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 141-22-11-092

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: James L Weiss, MD
600 N Wolfe St, Carnegie 591
Baltimore, MD 21287
Tel: 410 955-6834 *Fax:* 410 614-9422
E-mail: jlweiss@jhmi.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 141-23-11-093

University of Maryland Program

Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Prgm Director: R Michael Benitez, MD
Department of Medicine - Division of Cardiology
22 S Greene Street, Room N3E10
Baltimore, MD 21201
Tel: 410 328-7204 *Fax:* 410 328-3530
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-23-21-049

Bethesda

National Capital Consortium (Walter Reed) Program

Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Prgm Director: Allen J Taylor, MD
Department of Medicine
6900 Georgia Avenue, NW, Building 2, Room 4A
Washington, DC 20307
Tel: 202 782-2887 *Fax:* 202 782-7063
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 141-10-11-159
US Armed Services Program

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Mark E Josephson, MD
Division of Cardiology
One Deaconess Road, Baker 4
Boston, MA 02215
Tel: 617 632-7828 *Fax:* 617 632-7620
E-mail: slacroix@bidmc.harvard.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 141-24-21-006

Boston University Medical Center Program

Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Prgm Director: Donald A Weiner, MD
Dept of Medicine, Cardiology
88 E Newton Street
Boston, MA 02118
Tel: 617 638-8968 *Fax:* 617 638-8969
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 141-24-21-187

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital
Massachusetts General Hospital
Prgm Director: James C Fang, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-7367 *Fax:* 617 732-7134
Length: 3 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 141-24-21-007

Caritas St Elizabeth's Medical Center Program

Sponsor: Caritas St Elizabeth's Medical Center of
Boston
Prgm Director: G Muqtada Chaudhry, MD
736 Cambridge Street
CCP 4C
Boston, MA 02135
Tel: 617 789-2000 *Fax:* 617 789-5029
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 141-24-21-063

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: Peter M Yurchak, MD
 55 Fruit Street
 Bulfinch 019
 Boston, MA 02114
Tel: 617 726-2898 *Fax:* 617 726-3062
E-mail: pyurchak@partners.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 141-24-11-079

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: Jeffrey T Kuvin, MD
 750 Washington Street
 Box 315
 Boston, MA 02111
Tel: 617 636-5846 *Fax:* 617 636-4769
Length: 3 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 141-24-21-010

Burlington**Lahey Clinic Program**

Sponsor: Lahey Clinic
Prgm Director: Sherif B Labib, MD
 41 Mall Road
 Burlington, MA 01805
Tel: 781 744-8002 *Fax:* 781 744-5261
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 141-24-21-222

Springfield**Baystate Medical Center/Tufts University School of Medicine Program**

Sponsor: Baystate Medical Center
Prgm Director: Mara Slawsky, MD, PhD
 759 Chestnut Street
 c/o Nikki Burnett, Rm S4666
 Springfield, MA 01199
Tel: 413 794-4490 *Fax:* 413 794-0198
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 141-24-11-095

Worcester**St Vincent Hospital Program**

Sponsor: St Vincent Hospital
Prgm Director: Bonnie H. Weiner, MD MBA
 Division of Cardiology
 20 Worcester Center Blvd
 Worcester, MA 01608
Tel: 508 363-6162 *Fax:* 508 363-6225
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 141-24-21-239

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
 UMass Memorial Health Care (University Campus)
Prgm Director: Gerard P Aurigemma, MD
 Division of Cardiology
 55 Lake Avenue North
 Worcester, MA 01655
Tel: 508 856-2919 *Fax:* 508 856-4571
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 141-24-21-011

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
 Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: David J Pinsky, MD*
 1500 E Medical Center Drive
 L3623 Women's Hospital
 Ann Arbor, MI 48109
Tel: 734 761-7499 *Fax:* 734 214-0691
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 141-25-21-096

Detroit**Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital
Prgm Director: Henry E Kim, MD, MPH
 Div of Cardiology, K-14
 2799 West Grand Blvd
 Detroit, MI 48202
Tel: 313 916-2871 *Fax:* 313 916-4513
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 141-25-11-164

St John Hospital and Medical Center Program

Sponsor: St John Hospital and Medical Center
Prgm Director: Howard Rosman, MD
 22151 Moross Road, PBI Ste #126
 Detroit, MI 48236
Tel: 313 343-4612 *Fax:* 313 343-4120
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-25-31-258

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
 Detroit Receiving Hospital and University Health Center
 Harper-Hutzel Hospital
 Veterans Affairs Medical Center (Detroit)
Prgm Director: Luis C Afonso, MD
 Division of Cardiology
 3990 John R Street, 1 Brush North
 Detroit, MI 48201
Tel: 313 745-2620 *Fax:* 313 745-8643
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-25-21-057

Lansing**Michigan State University Program**

Sponsor: Michigan State University College of Human Medicine
 Sparrow Hospital
Prgm Director: George S Abela, MD, MBA
 A-205 Clinical Center
 138 Service Road
 East Lansing, MI 48824
Tel: 517 359-4832 *Fax:* 517 432-1326
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 141-25-11-259

Royal Oak**William Beaumont Hospital Program**

Sponsor: William Beaumont Hospital
Prgm Director: Robert Safian, MD
 3601 West 13 Mile Road
 Royal Oak, MI 48073
Tel: 248 898-4176 *Fax:* 248 898-7239
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-25-12-216

Southfield**Providence Hospital and Medical Centers Program**

Sponsor: Providence Hospital and Medical Centers
Prgm Director: Christian E Machado, MD
 16001 West Nine Mile Road
 PO Box 2043
 Southfield, MI 48075
Tel: 248 849-8483 *Fax:* 248 849-5324
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 141-25-11-214

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
 Abbott-Northwestern Hospital/Allina Health System
 Fairview-University Medical Center
 Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Leslie W Miller, MD
 Cardiology Division, MMC 508
 420 Delaware Street, SE
 Minneapolis, MN 55455
Tel: 612 626-2451 *Fax:* 612 626-4571
E-mail: cvfellow@umn.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 22
Program ID: 141-26-21-139

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Rochester)
 Rochester Methodist Hospital
 St Mary's Hospital of Rochester
Prgm Director: Guy S Reeder, MD
 200 First St, SW
 Rochester, MN 55905
Tel: 507 284-3304
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 141-26-21-066

Mississippi**Jackson****University of Mississippi Medical Center Program**

Sponsor: University of Mississippi School of Medicine
 University Hospitals and Clinics
 Veterans Affairs Medical Center (Jackson)
Prgm Director: Thomas N Skelton, MD*
 Division of Cardiovascular Diseases
 2500 N State St
 Jackson, MS 39216
Tel: 601 984-2250 *Fax:* 601 984-2631
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 141-27-21-097

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine
 Harry S Truman Memorial Veterans Hospital
 University Hospitals and Clinics
Prgm Director: Gregory C Flaker, MD
 1 Hospital Drive
 MC 314
 Columbia, MO 65212
Tel: 573 882-2296 *Fax:* 573 884-7743
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-28-21-098

Kansas City

University of Missouri at Kansas City Program

Sponsor: University of Missouri-Kansas City School of Medicine
 St Luke's Hospital
 Truman Medical Center
Prgm Director: Alan D Forker, MD
 Cardiovascular Fellowship/MAHI-5
 4401 Wornall Road
 Kansas City, MO 64111
Tel: 816 932-5475 *Fax:* 816 932-5613
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 141-28-31-140

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
 St Louis University Hospital
 Veterans Affairs Medical Center (St Louis)
Prgm Director: Arthur Labovitz, MD
 3635 Vista Ave at Grand Blvd
 PO Box 15250
 St Louis, MO 63110
Tel: 314 577-8890 *Fax:* 314 268-5172
E-mail: skelton@slu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-28-21-108

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
Prgm Director: Benico Barzilai, MD
 4989 Barnes-Jewish Hospital Plaza
 St Louis, MO 63110
Tel: 314 362-1297 *Fax:* 314 362-9982
E-mail: aysaguir@im.wustl.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 141-28-21-188

Nebraska

Omaha

Creighton University Program

Sponsor: Creighton University School of Medicine
 Creighton University Medical Center (Tenet - SJH)
Prgm Director: Aryan N Mooss, MD
 The Cardiac Center
 3006 Webster
 Omaha, NE 68131
Tel: 402 280-4566
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-30-21-190

University of Nebraska Medical Center College of Medicine Program

Sponsor: University of Nebraska Medical Center College of Medicine
 Veterans Affairs Medical Center (Omaha)
Prgm Director: Edward L O' Leary, MD
 982265 Nebraska Medical Center
 Omaha, NE 68198
Tel: 402 559-5151 *Fax:* 402 559-8355
Length: 3 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 141-30-21-191

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: Edward Catherwood, MD, MS
 One Medical Center Drive
 Lebanon, NH 03756
Tel: 603 646-3538 *Fax:* 603 650-6164
E-mail: Jan.L.Willey@Hitchcock.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-32-21-178

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program

Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Toby R Engel, MD
 One Cooper Plaza
 3rd Floor Dorrance
 Camden, NJ 08103
Tel: 856 342-2624 *Fax:* 856 968-7420
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-33-21-240

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School
 Deborah Heart and Lung Center
 Robert Wood Johnson University Hospital
Prgm Director: Abel E Moreyra, MD
 Dept of Medicine
 One Robert Wood Johnson Pl
 New Brunswick, NJ 08901
Tel: 732 235-7851 *Fax:* 732 235-8722
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 141-33-21-029

Newark

Newark Beth Israel Medical Center Program

Sponsor: Newark Beth Israel Medical Center
Prgm Director: Marc Cohen, MD
 201 Lyons Avenue at Osborne Terrace
 Cath Lab Adm Suite, 2nd floor bridge
 Newark, NJ 07112
Tel: 973 926-7852 *Fax:* 973 282-0839
E-mail: jrubin@sbhcs.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 141-33-31-263

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
 Hackensack University Medical Center
 UMDNJ-University Hospital
 Veterans Affairs New Jersey Health Care System
Prgm Director: Marc Klapholz, MD*
 Department of Medicine, Division of Cardiology
 185 South Orange Avenue, MSB-1-538
 Newark, NJ 07103
Tel: 973 972-4731 *Fax:* 973 972-3618
E-mail: klapholz@umdnj.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 141-33-21-237

South Orange

Seton Hall University School of Graduate Medical Education Program

Sponsor: Seton Hall University School of Graduate Medical Education
 St Joseph's Regional Medical Center
 St Michael's Medical Center (Cathedral Health Services Inc)
Prgm Director: Faye Shamoon, MD
 Department of Medicine
 268 Dr ML King Jr Boulevard
 Newark, NJ 07102
Tel: 973 877-5160 *Fax:* 973 877-5124
Length: 3 Yrs *ACGME Approved/Offered Positions:* 11
Program ID: 141-33-11-223

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
 Lovelace Sandia Health
 University of New Mexico Health Sciences
 Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Gerald A Charlton, MD
 School of Medicine
 2211 Lomas Blvd, NE, ACC 5
 Albuquerque, NM 87131
Tel: 505 272-6020 *Fax:* 505 272-4356
Length: 3 Yrs *ACGME Approved/Offered Positions:* 11
Program ID: 141-34-21-165

New York

Albany

Albany Medical Center Program

Sponsor: Albany Medical Center
 Veterans Affairs Medical Center (Albany)
Prgm Director: Robert D Millar, MD
 Division of Cardiology, Mail Code 44
 47 New Scotland Avenue
 Albany, NY 12208
Tel: 518 262-5076 *Fax:* 518 262-5082
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 141-35-31-030

Bronx

Albert Einstein College of Medicine (Montefiore) Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Bronx-Lebanon Hospital Center
Prgm Director: Kevin Ferrick, MD
 111 E 210th Street
 Bronx, NY 10467
Tel: 718 920-4148 *Fax:* 718 547-2111
E-mail: shumphre@montefiore.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 141-35-12-262

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Montefiore Medical Center-Henry and Lucy Moses Division
 Montefiore Medical Center-Weiler Hospital
Prgm Director: James Scheuer, MD
 1300 Morris Park Avenue
 Division of Cardiology, Forch G46
 Bronx, NY 10461
Tel: 718 430-3315 *Fax:* 718 430-8089
E-mail: jscheuer@montefiore.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 141-35-21-124

Brooklyn**Maimonides Medical Center Program**

Sponsor: Maimonides Medical Center
 Coney Island Hospital
Prgm Director: Jacob Shani, MD
 4802 Tenth Avenue
 Brooklyn, NY 11219
Tel: 718 283-7489 *Fax:* 718 283-8253
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 141-35-11-192

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
 Brookdale University Hospital and Medical Center
 Interfaith Medical Center
 Kings County Hospital Center
 St John's Episcopal Hospital-South Shore
 Staten Island University Hospital
 University Hospital-SUNY Health Science Center at Brooklyn
 Veterans Affairs Medical Center (Brooklyn)
Prgm Director: Luther T Clark, MD
 450 Clarkson Ave
 Brooklyn, NY 11203
Tel: 718 270-1568 *Fax:* 718 270-2917
Length: 3 Yrs *ACGME Approved/Offered Positions:* 23
Program ID: 141-35-21-013

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
 Erie County Medical Center
 Kaleida Health System (Buffalo General Hospital)
 Kaleida Health System (Millard Fillmore Hospital)
 Veterans Affairs Western New York Healthcare System
Prgm Director: Avery K Ellis, MD, PhD
 3495 Bailey Avenue
 Buffalo, NY 14215
Tel: 716 862-8530 *Fax:* 716 862-8533
E-mail: Avery.Ellis@med.va.gov
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-35-31-051

Flushing**New York Hospital Medical Center of Queens/Cornell University Medical College Program**

Sponsor: New York Hospital Medical Center of Queens
Prgm Director: Frank C Messineo, MD
 Division of Cardiology
 56-45 Main Street
 Flushing, NY 11355
Tel: 718 670-1286 *Fax:* 718 661-7708
E-mail: pmh9003@nyp.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 141-35-12-269

Manhasset**North Shore University Hospital/NYU School of Medicine Program**

Sponsor: North Shore University Hospital
 Long Island Jewish Medical Center
Prgm Director: Donna Marchant, MD
 Department of Medicine
 300 Community Drive
 Manhasset, NY 11030
Tel: 516 562-4100 *Fax:* 516 562-2352
Length: 3 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 141-35-21-201

Mineola**Winthrop-University Hospital Program**

Sponsor: Winthrop-University Hospital
Prgm Director: Joshua R DeLeon, MD
 259 First Street
 Mineola, NY 11501
Tel: 516 663-4482 *Fax:* 516 663-2054
E-mail: mhoward2@winthrop.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 141-35-11-100

New Hyde Park**Albert Einstein College of Medicine at Long Island Jewish Medical Center Program**

Sponsor: Long Island Jewish Medical Center
 North Shore University Hospital
Prgm Director: Stacey Rosen, MD
 270-05 76th Avenue
 New Hyde Park, NY 11040
Tel: 718 470-7331 *Fax:* 718 343-9762
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 141-35-21-167

New York**Albert Einstein College of Medicine at Beth Israel (Long Island College Hospital) Program**

Sponsor: Beth Israel Medical Center
 Long Island College Hospital
 Woodhull Medical and Mental Health Center
Prgm Director: Richard Stein, MD*
 First Avenue at 16th Street
 New York, NY 10003
Tel: 212 420-4126 *Fax:* 212 420-2008
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-35-32-265

Albert Einstein College of Medicine at Beth Israel Medical Center Program

Sponsor: Beth Israel Medical Center
Prgm Director: Paul Schweitzer, MD
 Department of Medicine
 First Avenue at 16th Street
 New York, NY 10003
Tel: 212 420-2806 *Fax:* 212 420-2406
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-35-11-080

Lenox Hill Hospital Program

Sponsor: Lenox Hill Hospital
Prgm Director: Neil L Coplan, MD
 100 East 77th Street
 New York, NY 10021
Tel: 212 434-2172 *Fax:* 212 434-2111
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-35-11-231

Mount Sinai School of Medicine (Urban Community) Program

Sponsor: Mount Sinai School of Medicine
 Cabrini Medical Center
 Elmhurst Hospital Center-Mount Sinai Services
 Mount Sinai Medical Center
Prgm Director: Eric H Stern, MD
 One Gustave L Levy Place
 Box 1030
 New York, NY 10029
Tel: 212 241-4029 *Fax:* 212 423-9488
E-mail: eric.stern@msnyuhealth.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-35-12-264

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
 Mount Sinai Medical Center
 Veterans Affairs Medical Center (Bronx)
Prgm Director: Valentin Fuster, MD, PhD
 Box 1030
 One Gustave L Levy Place
 New York, NY 10029
Tel: 212 241-7911 *Fax:* 212 423-9488
Length: 3 Yrs *ACGME Approved/Offered Positions:* 17
Program ID: 141-35-31-193

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
 St Vincent Catholic Medical Centers (Manhattan)
 Our Lady of Mercy Medical Center
 St Vincent Catholic Medical Centers (Brooklyn-Queens)
 St Vincent Catholic Medical Centers (Staten Island)
Prgm Director: James T Mazzara, MD
 153 W 11th St, Nurses' Residence 1205
 New York, NY 10011
Tel: 212 604-2224 *Fax:* 212 604-3843
Length: 3 Yrs *ACGME Approved/Offered Positions:* 22
Program ID: 141-35-11-033

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: James Coromilas, MD
 622 W 168th Street
 New York, NY 10032
Tel: 212 305-8910 *Fax:* 212 305-4648
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 141-35-11-081

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Stephen Scheidt, MD
 525 East 68th Street
 New York, NY 10021
Tel: 212 746-2148 *Fax:* 212 746-6665
Length: 3 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 141-35-21-202

New York Presbyterian Hospital (Cornell Campus)/Brooklyn Hospital Center Program

Sponsor: New York Presbyterian Hospital
 Brooklyn Hospital Center
 New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Stephen Scheidt, MD
 525 E 68th Street, STARR 437
 New York, NY 10021
Tel: 212 746-2218 *Fax:* 212 746-6665
E-mail: hborg@med.cornell.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 141-35-31-268

New York University School of Medicine Program

Sponsor: New York University School of Medicine
 Bellevue Hospital Center
 Manhattan VA Harbor Health Care System
Prgm Director: Barry P Rosenzweig, MD
 550 First Avenue
 Cardiology, NB 17 South 5
 New York, NY 10016
 Tel: 212 263-6554 Fax: 212 263-7060
 E-mail: ceilica.felibility@med.nyu.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 21
 Program ID: 141-35-21-143

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
Prgm Director: Alan Rozanski, MD
 Division of Cardiology
 1111 Amsterdam Avenue
 New York, NY 10025
 Tel: 212 523-2887 Fax: 212 523-2764
 Length: 3 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 141-35-21-251

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Richard M Pomerantz, MD
 601 Elmwood Avenue, Box 679A
 Rochester, NY 14642
 Tel: 585 275-7736 Fax: 585 473-1573
 Length: 3 Yrs ACGME Approved/Offered Positions: 15
 Program ID: 141-35-11-232

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
 St. Francis Hospital
 Veterans Affairs Medical Center (Northport)
Prgm Director: Peter F Cohn, MD
 Division of Cardiology
 HSC 17 - 020
 Stony Brook, NY 11704
 Tel: 631 444-8258 Fax: 631 444-1054
 Length: 3 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 141-35-21-014

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
 Veterans Affairs Medical Center (Syracuse)
Prgm Director: Robert L Carhart, MD
 750 East Adams Street
 Syracuse, NY 13210
 Tel: 315 464-9572 Fax: 315 464-5985
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Program ID: 141-35-21-128

Valhalla

New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College
 Westchester Medical Center
Prgm Director: John A McClung, MD
 Westchester County Medical Ctr
 Division of Cardiology
 Valhalla, NY 10595
 Tel: 914 493-7199 Fax: 914 593-7857
 Length: 3 Yrs ACGME Approved/Offered Positions: 11
 Program ID: 141-35-11-015

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Park W Willis, MD
 130 Mason Farm Road, 4th Floor Bioinformatics
 CB # 7075
 Chapel Hill, NC 27599
 Tel: 919 966-5205 Fax: 919 966-1743
 E-mail: Tracey_Jones@med.unc.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 18
 Program ID: 141-36-21-171

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Prgm Director: Thomas M Bashore, MD
 Box 3012
 Durham, NC 27710
 Tel: 919 684-2407 Fax: 919 681-7917
 Length: 3 Yrs ACGME Approved/Offered Positions: 33
 Program ID: 141-36-21-172

Greenville

Pitt County Memorial Hospital/East Carolina University Program

Sponsor: Pitt County Memorial Hospital
 East Carolina University School of Medicine
Prgm Director: John D Rose, MD
 Brody School of Medicine
 Cardiology Room 378 T/A
 Greenville, NC 27834
 Tel: 252 744-5964 Fax: 252 744-3443
 E-mail: cardiologyfellowship@mail.ecu.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 141-36-11-245

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Robert J Applegate, MD
 Medical Center Boulevard
 Winston-Salem, NC 27157
 Tel: 336 716-2718 Fax: 336 716-5324
 Length: 3 Yrs ACGME Approved/Offered Positions: 15
 Program ID: 141-36-21-016

Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
 Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Lynne E Wagoner, MD
 Division of Cardiology
 231 Albert B Sabin Way
 Cincinnati, OH 45267
 Tel: 513 558-3487 Fax: 513 558-4545
 E-mail: kimberly.crump@uc.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 14
 Program ID: 141-38-21-102

Cleveland

Case Western Reserve University (MetroHealth) Program

Sponsor: MetroHealth Medical Center
 Cleveland Clinic Foundation
Prgm Director: Kara J Quan, MD
 2500 MetroHealth Drive
 Cleveland, OH 44109
 Tel: 216 778-2130 Fax: 216 778-4924
 Length: 3 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 141-38-11-196

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
 Veterans Affairs Medical Center (Cleveland)
Prgm Director: Frank V Brozovich, MD, PhD
 11100 Euclid Avenue
 Cleveland, OH 44106
 Tel: 216 844-8955 Fax: 216 844-8954
 Length: 3 Yrs ACGME Approved/Offered Positions: 15
 Program ID: 141-38-21-194

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Brian Griffin, MD
 9500 Euclid Avenue
 Desk F25
 Cleveland, OH 44195
 Tel: 216 444-3925
 Length: 3 Yrs ACGME Approved/Offered Positions: 39
 Program ID: 141-38-12-197

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Prgm Director: Albert J Kolibash, MD
 473 W 12th Avenue - 200 HLR1
 Columbus, OH 43210
 Tel: 614 293-8962 Fax: 614 293-5614
 Length: 3 Yrs ACGME Approved/Offered Positions: 16
 Program ID: 141-38-11-179

Dayton

Wright State University Program

Sponsor: Wright State University School of Medicine
 Good Samaritan Hospital and Health Center
 Veterans Affairs Medical Center (Dayton)
Prgm Director: Abdul Wase, MD
 PO Box 927
 Dayton, OH 45401
 Tel: 937 278-6251
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 141-38-21-217

Toledo

Medical College of Ohio Program

Sponsor: Medical College of Ohio
 Medical College of Ohio Hospital
Prgm Director: Thomas E Walsh, MD
 3000 Arlington Avenue
 Room 1192
 Toledo, OH 43614
 Tel: 419 383-3697 Fax: 419 383-3041
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 141-38-21-068

Oklahoma**Oklahoma City****University of Oklahoma Health Sciences Center Program**

Sponsor: University of Oklahoma College of Medicine
OU Medical Center

Veterans Affairs Medical Center (Oklahoma City)

Prgm Director: Chittur A Sivaram, MD

PO Box 26901

Williams Pavilion - 3010 - Department of Medicine
Oklahoma City, OK 73104

Tel: 405 271-4742 *Fax:* 405 271-2619

E-mail: pam-tomey@ouhsc.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12

Program ID: 141-39-21-103

Oregon**Portland****Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital

Veterans Affairs Medical Center (Portland)

Prgm Director: Edward S Murphy, MD

Department of Medicine

3181 SW Sam Jackson Park Road

Portland, OR 97201

Tel: 503 494-8753 *Fax:* 503 494-8550

E-mail: grannisid@ohsu.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 141-40-31-198

Pennsylvania**Danville****Geisinger Health System Program**

Sponsor: Geisinger Health System

Prgm Director: Jamshid Shirani, MD*

Department of Medicine, MC 21-60

100 Academy Avenue

Danville, PA 17822

Tel: 570 271-6423 *Fax:* 570 271-8056

E-mail: cardiology@geisinger.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12

Program ID: 141-41-11-173

Hershey**Penn State University/Milton S Hershey Medical Center Program**

Sponsor: Milton S Hershey Medical Center

Lehigh Valley Hospital

Prgm Director: Joseph A Gascho, MD

University Hospital

PO Box 850

Hershey, PA 17033

Tel: 717 531-8407

E-mail: gascho@psu.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12

Program ID: 141-41-11-017

Philadelphia**Albert Einstein Healthcare Network Program**

Sponsor: Albert Einstein Medical Center

Prgm Director: Larry E Jacobs, MD

5401 Old York Rd

Klein Building, Suite 363

Philadelphia, PA 19141

Tel: 215 456-7266 *Fax:* 215 456-6189

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12

Program ID: 141-41-11-082

**Drexel University College of Medicine/
Hahnemann University Hospital Program**

Sponsor: Drexel University College of Medicine (MCP
Hahnemann)

Hahnemann University Hospital (Tenet Health System)

Prgm Director: John M Fontaine, MD*

245 N 15th St, MS 470

Philadelphia, PA 19102

Tel: 215 762-3457 *Fax:* 215 762-3028

Length: 3 Yrs *ACGME Approved/Offered Positions:* 24

Program ID: 141-41-21-145

Temple University Hospital Program

Sponsor: Temple University Hospital

Prgm Director: William A VanDecker, MD*

Cardiology Section

3401 N Broad Street

Philadelphia, PA 19140

Tel: 215 707-9587 *Fax:* 215 707-4521

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12

Program ID: 141-41-21-036

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital

Prgm Director: Arnold J Greenspon, MD

Division of Cardiology

111 South 11th Street

Philadelphia, PA 19107

Tel: 215 955-8659

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12

Program ID: 141-41-21-037

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System

Prgm Director: Martin G St John Sutton, MD

Gates Building, 9th Floor

3400 Spruce Street

Philadelphia, PA 19104

Tel: 215 662-2285 *Fax:* 215 349-8190

E-mail: martin.sutton@uphs.upenn.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 24

Program ID: 141-41-21-023

Pittsburgh**Allegheny General Hospital Program**

Sponsor: Allegheny General Hospital

Prgm Director: Sunil V Mankad, MD

Department of Medicine

320 E North Avenue

Pittsburgh, PA 15212

Tel: 412 359-8706 *Fax:* 412 359-8964

E-mail: smankad@wpahs.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12

Program ID: 141-41-11-053

**University of Pittsburgh Medical Center
Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical

Education Program

UPMC Presbyterian/Shadyside

Veterans Affairs Medical Center (Pittsburgh)

Prgm Director: James A Shaver, MD

200 Lothrop Street

S555 Scaife Hall

Pittsburgh, PA 15213

Tel: 412 647-3429 *Fax:* 412 647-0481

Length: 3 Yrs *ACGME Approved/Offered Positions:* 30

Program ID: 141-41-21-054

**Western Pennsylvania Hospital/Temple
University Program**

Sponsor: The Western Pennsylvania Hospital

Prgm Director: Alan H Gradman, MD

4800 Friendship Ave

Pittsburgh, PA 15224

Tel: 412 578-6934 *Fax:* 412 578-4471

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 141-41-11-083

Wynnewood**Lankenau Hospital Program**

Sponsor: Lankenau Hospital

Prgm Director: James Burke, MD

100 Lancaster Avenue

Wynnewood, PA 19096

Tel: 610 645-2682 *Fax:* 610 896-0643

Length: 3 Yrs *ACGME Approved/Offered Positions:* 11

Program ID: 141-41-11-035

Puerto Rico**San Juan****University of Puerto Rico Program**

Sponsor: University of Puerto Rico School of Medicine

Cardiovascular Center of Puerto Rico and the Caribbean

University Hospital

Prgm Director: Mario R Garcia-Palmieri, MD

University Hospital

Box 5067

San Juan, PR 00936

Tel: 787 767-8499 *Fax:* 787 754-1739

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12

Program ID: 141-42-21-148

**Veterans Affairs Medical and Regional
Office Center Program**

Sponsor: Veterans Affairs Medical Center (San Juan)

Prgm Director: Luis F Rodriguez-Ospina, MD

10 Casia Street

San Juan, PR 00921

Tel: 787 641-2966 *Fax:* 787 641-9392

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 141-42-31-147

Rhode Island**Providence****Brown University Program**

Sponsor: Rhode Island Hospital-Lifespan

Prgm Director: James A Arrighi, MD*

Department of Medicine

593 Eddy Street, Main Bldg, Rm 209

Providence, RI 02903

Tel: 401 444-8041 *Fax:* 401 444-5124

Length: 3 Yrs *ACGME Approved/Offered Positions:* 18

Program ID: 141-43-11-149

South Carolina**Charleston****Medical University of South Carolina
Program**

Sponsor: Medical University of South Carolina College of
Medicine

MUSC Medical Center

Ralph H Johnson VA Medical Center (Charleston)

Prgm Director: Bruce W Usher, MD

135 Rutledge Avenue, Suite 1201

Box 250592

Charleston, SC 29425

Tel: 843 792-1034 *Fax:* 843 792-3397

E-mail: usherb@musc.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12

Program ID: 141-45-21-129

Tennessee

Johnson City

East Tennessee State University Program

Sponsor: James H Quillen College of Medicine
Johnson City Medical Center Hospital
Veterans Affairs Medical Center (Mountain Home)
Prgm Director: Stephen A Fahrig, MD
2 Professional Park Drive, Suite 15
Johnson City, TN 37604
Tel: 423 232-4860 *Fax:* 423 232-4886
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 141-47-21-104

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Prgm Director: Karl T Weber, MD
Department of Medicine
920 Madison Avenue, Suite 300
Memphis, TN 38163
Tel: 901 448-5759 *Fax:* 901 448-8084
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-47-21-175

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Prgm Director: Mark E Anderson, MD, PhD
383 PRB
2220 Pierce Avenue
Nashville, TN 37232
Tel: 615 936-1720 *Fax:* 615 936-1872
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 141-47-31-018

Texas

Dallas

Baylor University Medical Center Program

Sponsor: Baylor University Medical Center
Prgm Director: Peter J Wells, MD
3500 Gaston Avenue
Roberts 3rd Floor H-393
Dallas, TX 75246
Tel: 214 820-3639
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 141-48-31-176

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Director: John J Warner, MD*
Division of Cardiology, HA9.133
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 645-7521 *Fax:* 214 645-7501
E-mail: john.warner@utsouthwestern.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 141-48-21-119

Fort Sam Houston

San Antonio Uniformed Services Health Education Consortium (BAMC) Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (AETC)
Prgm Director: James L Furgerson, MD*
3851 Roger Brooke Drive, Bldg 3600
Fort Sam Houston, TX 78234
Tel: 210 916-3305 *Fax:* 210 916-3051
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 141-48-12-177
US Armed Services Program

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: David L Ware, MD
5.106 John Sealy Annex
301 University Boulevard
Galveston, TX 77555
Tel: 409 772-1533 *Fax:* 409 772-4982
E-mail: fellowship@cardiology.utmb.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 141-48-21-070

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Prgm Director: Nasser Lakkis, MD*
6550 Fannin, MS SMTH 877
Houston, TX 77030
Tel: 713 790-4871 *Fax:* 713 793-7248
Length: 3 Yrs *ACGME Approved/Offered Positions:* 31
Program ID: 141-48-21-106

Baylor College of Medicine/St Luke's Episcopal Hospital Program

Sponsor: Baylor College of Medicine
St Luke's Episcopal Hospital
Prgm Director: James M Wilson, MD
Department of Cardiology
6720 Bertner, M/C 1-133
Houston, TX 77030
Tel: 832 355-4135 *Fax:* 832 355-8374
Length: 3 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 141-48-21-120

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Prgm Director: Francisco Fuentes, MD
6431 Fannin
PO Box 20708
Houston, TX 77025
Tel: 713 500-6577 *Fax:* 713 500-6556
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 141-48-31-019

Lubbock

Texas Tech University (Lubbock) Program

Sponsor: Texas Tech University Health Sciences Center at Lubbock
Covenant Health System
University Medical Center
Prgm Director: Chanwit Roongsritong, MD
Division of Cardiology/ Department of Medicine
3601 4th Street/ STOP 9410
Lubbock, TX 79430
Tel: 806 743-3155 *Fax:* 806 743-3148
E-mail: Lisa.Teutsch@ttuhsc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 141-48-21-121

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Prgm Director: John M Erikson, MD, PhD
Department of Medicine, MC 7872
7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-4602 *Fax:* 210 567-6960
E-mail: bakerd0@uthscsa.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 141-48-21-084

Temple

Texas A&M College of Medicine-Scott and White Program

Sponsor: Scott and White Memorial Hospital
Prgm Director: David S Gantt, DO
2401 S 31st Street
Temple, TX 76508
Tel: 254 724-0108 *Fax:* 254 724-9280
E-mail: mwheeler@swmail.sw.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-48-21-020

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Roger A Freedman, MD
30 North 1900 East
Salt Lake City, UT 84132
Tel: 801 581-7715 *Fax:* 801 581-7738
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-49-21-199

Vermont

Burlington

University of Vermont Program

Sponsor: Fletcher Allen Health Care
Prgm Director: Mark Capeless, MD
Cardiology Department
Fletcher Allen Health Care
Burlington, VT 05401
Tel: 802 847-3734 *Fax:* 802 847-0429
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-50-21-200

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Prgm Director: John M Dent, MD*
 Department of Internal Medicine
 PO Box 800662
 Charlottesville, VA 22908
Tel: 434 924-9001
E-mail: cardiofellows@virginia.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 141-51-21-021

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
 Hunter Holmes McGuire VA Medical Center (Richmond)
 Medical College of Virginia Hospitals
Prgm Director: Anthony J Minisi, MD
 PO Box 980051
 Cardiology Fellowship Program
 Richmond, VA 23298
Tel: 804 828-9989 *Fax:* 804 828-3544
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 141-51-21-022

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
 University of Washington/Harborview Medical Centers
Prgm Director: Catherine M Otto, MD
 Division of Cardiology - Box 356422
 1959 NE Pacific Street
 Seattle, WA 98195
Tel: 206 685-1397 *Fax:* 206 685-9394
E-mail: uwcard@u.washington.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 141-54-21-105

West Virginia

Huntington

Marshall University School of Medicine Program

Sponsor: Marshall University School of Medicine
 Cabell Huntington Hospital
 St Mary's Hospital
 Veterans Affairs Medical Center (Huntington)
Prgm Director: Paulette S Wehner, MD
 Department of Medicine
 2828 First Avenue, Suite 200
 Huntington, WV 25702
Tel: 304 697-1166 *Fax:* 304 697-1168
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 141-55-21-038

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine
 West Virginia University Hospitals
Prgm Director: Abnash C Jain, MD
 2203 Robert C Byrd Health Sciences Center
 PO Box 9157
 Morgantown, WV 26506
Tel: 304 293-4096 *Fax:* 304 293-7828
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 141-55-11-219

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
 William S Middleton Veterans Hospital
Prgm Director: Ford Ballantyne, MD
 600 Highland Avenue
 Room H6/349
 Madison, WI 53792
Tel: 608 263-0891 *Fax:* 608 263-0405
E-mail: jkj@medicine.wisc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 141-56-21-150

Milwaukee

Aurora Health Care Program

Sponsor: Aurora Health Care
 Aurora Sinai Medical Center
Prgm Director: Masood Akhtar, MD
 Aurora Sinai Medical Center
 945 N 12th St, PO Box 342
 Milwaukee, WI 53201
Tel: 414 219-7190 *Fax:* 414 219-6211
E-mail: jruffin@hrtcare.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 141-56-21-072

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
 Clement J Zablocki Veterans Affairs Medical Center
 Froedtert Memorial Lutheran Hospital
Prgm Director: Michael P Cinquegrani, MD
 Cardiovascular Medicine
 9200 W Wisconsin Avenue Ste 5100
 Milwaukee, WI 53226
Tel: 414 456-6737 *Fax:* 414 456-6203
E-mail: ssixel@mcw.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 141-56-31-056

Chemical Pathology (Pathology)

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Jeffrey S Warren, MD
 1301 Catherine Street
 Medical Science I Building, M5242
 Ann Arbor, MI 48109
Tel: 734 936-1873
E-mail: fegan@umich.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 306-25-21-010

Royal Oak

William Beaumont Hospital Program

Sponsor: William Beaumont Hospital
Prgm Director: Elizabeth Sykes, MD
 3601 West Thirteen Mile Road
 Royal Oak, MI 48073
Tel: 248 551-8030 *Fax:* 248 551-3694
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 306-25-21-008

Texas

Houston

University of Texas M D Anderson Cancer Center Program

Sponsor: University of Texas M D Anderson Cancer Center
Prgm Director: Beverly C Handy, MD
 Div of Laboratory Medicine, Box 037
 1515 Holcombe Boulevard
 Houston, TX 77030
Tel: 713 792-4690 *Fax:* 713 792-4793
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 306-48-21-004

Child and Adolescent Psychiatry (Psychiatry)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital Children's Hospital of Alabama
Prgm Director: Lee I Ascherman, MD
 Smolian Building - 3rd Floor
 1700 7th Avenue South
 Birmingham, AL 35294
Tel: 205 975-8204 *Fax:* 205 975-7406
E-mail: jweatherly@uabmc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-01-21-172

Arizona

Phoenix

Maricopa Medical Center Program

Sponsor: Maricopa Medical Center St Joseph's Hospital and Medical Center
Prgm Director: Shayne Tomisato, MD
 Desert Vista Behavioral Health
 570 W Brown Road
 Mesa, AZ 85201
Tel: 480 344-2026 *Fax:* 480 344-2155
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 405-03-11-179

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine University Medical Center
Prgm Director: Harinder Ghuman, MD
 1501 North Campbell Avenue
 PO Box 245002
 Tucson, AZ 85724
Tel: 520 626-6473 *Fax:* 520 626-6050
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 405-03-21-142

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine Arkansas Children's Hospital Arkansas State Hospital (DMHS)
Prgm Director: Juanita L Taylor, MD
 1120 Marshall Street
 Slot, 654
 Little Rock, AR 72202
Tel: 501 364-4670 *Fax:* 501 364-1592
E-mail: taylorjuanita@uams.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 405-04-21-146

California

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center
Prgm Director: Roxy Szeftel, MD
 8730 Alden Drive
 Thalians - W123
 Los Angeles, CA 90048
Tel: 310 423-3566 *Fax:* 310 423-1044
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-05-11-008

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
 UCLA Neuropsychiatric Hospital
Prgm Director: Bonnie T Zima, MD, MPH
 c/o Alicja Cziao Program Coordinator
 10920 Wilshire Blvd Suite 300
 Los Angeles, CA 90024
Tel: 310 794-3714 *Fax:* 310 794-3236
E-mail: acziao@mednet.ucla.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 405-05-12-012

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
 Childrens Hospital Los Angeles
 LAC+USC Medical Center
Prgm Director: Sidney Russak, MD, PhD
 Division of Child & Adolescent Psychiatry
 2020 Zonal Ave, IRD Bldg, Room 106
 Los Angeles, CA 90033
Tel: 323 226-5288 *Fax:* 323 226-5822
Length: 2 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 405-05-11-010

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
Prgm Director: Gail E Fernandez, MD
 101 City Drive South, Route 88
 Building 3, UCLMC
 Orange, CA 92868
Tel: 714 456-5801 *Fax:* 714 456-7615
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 405-05-11-007

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System University of California (Davis) Medical Center
Prgm Director: Robert L Hendren, DO
 Department of Psychiatry
 2315 Stockton Blvd
 Sacramento, CA 95817
Tel: 916 703-0252 *Fax:* 916 734-3384
E-mail: marilyn.clark@ucdmc.ucdavis.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-05-11-005

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
 Children's Hospital and Health Center
Prgm Director: Ellen K Heyneman, MD
 3665 Kearny Villa Road Suite #101
 San Diego, CA 92123
Tel: 858 966-4935 *Fax:* 858 966-6733
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 405-05-21-014

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
 Edgewood Center for Children & Families
 University of California (San Francisco) Medical Center
Prgm Director: Graeme Hanson, MD
 401 Parnassus Avenue, Box 0984-CAS
 San Francisco, CA 94143
Tel: 415 476-7233 *Fax:* 415 476-7163
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 405-05-21-018

Stanford

Stanford University Program

Sponsor: Stanford University Hospital Kaiser Permanente Medical Center (Santa Clara)
 Lucile Salter Packard Children's Hospital at Stanford
Prgm Director: Shashank V Joshi, MD
 401 Quarry Road
 Stanford, CA 94305
Tel: 650 725-0957 *Fax:* 650 723-5531
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 405-05-21-019

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
 Metropolitan State Hospital
Prgm Director: Alan Green, MD
 Child Psychiatry Division, Box 498
 1000 West Carson Street
 Torrance, CA 90509
Tel: 310 222-3160 *Fax:* 310 328-7217
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 405-05-21-020

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine Children's Hospital (The)
 Colorado Mental Health Institute at Fort Logan
 University of Colorado Hospital
Prgm Director: Debbie R Carter, MD
 4200 East 9th Avenue
 Box A011-22
 Denver, CO 80262
Tel: 303 315-9876 *Fax:* 303 315-9905
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 405-07-11-021

Connecticut

Hartford

Institute of Living/Hartford Hospital Program

Sponsor: Hartford Hospital Connecticut Children's Medical Center Institute of Living
Prgm Director: Adele L Martel, MD, PhD
 200 Retreat Avenue
 Braceland Building
 Hartford, CT 06106
Tel: 860 545-7746
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-08-21-022

New Haven**Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
Riverview Hospital for Children
Prgm Director: Dorothy E Stubbe, MD
230 S Frontage Road
PO Box 207900
New Haven, CT 06520
Tel: 203 785-2516 *Fax:* 203 785-7400
Length: 2 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 405-08-11-023

District of Columbia**Washington****Children's National Medical Center/George Washington University Program**

Sponsor: Children's National Medical Center
Mercy Children's Hospital (Toledo)
Prgm Director: Peter T Daniolos, MD, BS
Psychiatry and Behavioral Sciences
111 Michigan Avenue, NW
Washington, DC 20010
Tel: 202 884-5902 *Fax:* 202 884-2368
E-mail: pdaniolo@cnmc.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 405-10-21-024

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Prgm Director: Regina Bussing, MD, MS
Department of Psychiatry
PO Box 100234
Gainesville, FL 32610
Tel: 352 392-8373 *Fax:* 352 846-1455
E-mail: rbussing@psychiatry.ufl.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 405-11-11-026

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
University of Miami Hospital and Clinics
Prgm Director: Lourdes Illa, MD
Department of Psychiatry (D-29)
PO Box 016960
Miami, FL 33101
Tel: 305 355-7010 *Fax:* 305 355-7085
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 405-11-21-027

Tampa**University of South Florida Program**

Sponsor: University of South Florida College of Medicine
All Children's Hospital
Tampa General Hospital
The Children's Home, Inc.
University Psychiatry Center
Prgm Director: Sandra Stock, MD*
University Psychiatry Center
3515 East Fletcher Avenue
Tampa, FL 33613
Tel: 813 974-2805 *Fax:* 813 974-2478
E-mail: kisaac@hsc.usf.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-11-21-140

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine
Grady Health System
Prgm Director: Arden D Dingle, MD
Child & Adolescent Psychiatry
1256 Briarcliff Rd, Suite 317S
Atlanta, GA 30306
Tel: 404 727-3886 *Fax:* 404 712-9890
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 405-12-21-028

Augusta**Medical College of Georgia Program**

Sponsor: Medical College of Georgia
Prgm Director: Sandra B Sexson, MD*
1515 Pope Avenue
Augusta, GA 30912
Tel: 706 721-6715 *Fax:* 706 721-1793
E-mail: apkelley@mail.mcg.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 405-12-21-148

Hawaii**Honolulu****Tripler Army Medical Center Program**

Sponsor: Tripler Army Medical Center
Kahi Mohala Hospital
Prgm Director: Jeffrey Weiser, MD
1 Jarrett White Road
Tripler AMC, HI 96850
Tel: 808 433-6418
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 405-14-21-143
US Armed Services Program

University of Hawaii Program

Sponsor: University of Hawaii John A Burns School of Medicine
Kapiolani Medical Center for Women and Children
Queen's Medical Center
Prgm Director: Terry G Lee, MD
Child & Adolescent Psychiatry
1356 Lusitana St, 4th floor
Honolulu, HI 96813
Tel: 808 586-2939 *Fax:* 808 586-2940
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-14-31-029

Illinois**Chicago****McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Prgm Director: MaryBeth Lake, MD
2300 Children's Plaza, Box #10
Chicago, IL 60614
Tel: 773 880-4833 *Fax:* 773 880-4066
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 405-16-31-032

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Renee D Mehlinger, MD
Marshall Field IV Center
1720 West Polk Street
Chicago, IL 60612
Tel: 312 942-2185 *Fax:* 312 942-3186
E-mail: rmehli@aol.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 405-16-21-153

University of Chicago Program

Sponsor: University of Chicago Hospitals
HCA Chicago Lakeshore Hospital
Prgm Director: Kathleen M Kelley, MD
5841 S Maryland Avenue, MC 3077
Chicago, IL 60637
Tel: 773 834-0373 *Fax:* 773 702-4297
E-mail: kkelley@yoda.bsd.uchicago.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-16-21-034

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
Prgm Director: Bhaskar Sripada, MD*
Dept of Psychiatry, M/C #747
1747 W Roosevelt Road
Chicago, IL 60608
Tel: 312 996-3582 *Fax:* 312 966-9534
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 405-16-21-030

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Larue D Carter Memorial Hospital
Prgm Director: David Dunn, MD
Clarian Riley Hospital for Children
Clinic, Room 3701
Indianapolis, IN 46202
Tel: 317 274-8162 *Fax:* 317 278-0609
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 405-17-21-038

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Samuel Kuperman, MD, BA
1882 JPP
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-1482 *Fax:* 319 384-8843
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-18-11-039

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
 University of Kansas Medical Center
Prgm Director: Sharon E Cain, MD
 3901 Rainbow Boulevard, Mail Stop 4015
 Division of Child Psychiatry
 Kansas City, KS 66160
Tel: 913 588-6492 *Fax:* 913 588-1060
E-mail: cyoung2@kumc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-19-11-040

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine
 University of Kentucky Hospital
Prgm Director: Debra A Katz, MD
 3470 Blazer Parkway
 Lexington, KY 40509
Tel: 859 323-6021 *Fax:* 859 323-1194
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-20-21-042

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
 Child Psychiatric Services (Bingham Child Guidance Clinic)
 Kosair Children's Hospital (Norton Healthcare, Inc)
Prgm Director: Mohammad Shafiq, MD
 200 East Chestnut Street
 Louisville, KY 40202
Tel: 502 852-1036 *Fax:* 502 852-1055
E-mail: mohammadshafiq@aol.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 405-20-21-043

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
 Children's Hospital
 New Orleans Adolescent Hospital
Prgm Director: Humberto Quintana, MD
 1542 Tulane Avenue
 New Orleans, LA 70112
Tel: 504 568-3031 *Fax:* 504 568-4154
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-21-21-159

Tulane University Program

Sponsor: Tulane University School of Medicine
 Tulane University Hospital and Clinics
Prgm Director: Brian S Stafford, MD, MPH*
 1440 Tulane Avenue, TB52
 New Orleans, LA 70112
Tel: 504 988-7829 *Fax:* 504 988-4264
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 405-21-21-045

Maine

Portland

Maine Medical Center Program

Sponsor: Maine Medical Center
 Spring Harbor Hospital
Prgm Director: Andrew G Hinkens, MD, MPH
 22 Bramhall Street
 Portland, ME 04102
Tel: 207 871-2733 *Fax:* 207 871-6957
E-mail: hinkea@mme.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-22-11-046

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Hospital
Prgm Director: Emily J Frosch, MD
 600 North Wolfe Street
 CMSC 346
 Baltimore, MD 21287
Tel: 410 955-7858 *Fax:* 410 955-8691
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 405-23-11-047

University of Maryland Program

Sponsor: University of Maryland Medical System
 Sheppard Pratt Health System
Prgm Director: Kenneth M Rogers, MD
 701 West Pratt Street, Room 422
 Baltimore, MD 21201
Tel: 410 328-3522 *Fax:* 410 328-0202
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 405-23-21-048

Bethesda

National Capital Consortium Program

Sponsor: National Capital Consortium
 Walter Reed Army Medical Center
Prgm Director: Nancy B Black, MD
 Borden Pavilion (Building 6)
 6900 Georgia Avenue NW
 Washington, DC 20307
Tel: 202 782-5969 *Fax:* 202 782-8387
E-mail: kandroma2@aol.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 405-10-12-002
 US Armed Services Program

Massachusetts

Boston

Children's Hospital Program

Sponsor: Children's Hospital
Prgm Director: Stuart J Goldman, MD
 300 Longwood Avenue
 Boston, MA 02115
Tel: 617 355-6745 *Fax:* 617 730-0428
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 405-24-21-053

Massachusetts General Hospital/McLean Hospital Program

Sponsor: Massachusetts General Hospital
 McLean Hospital
Prgm Director: Eugene V Beresin, MD
 Bulfinch 449
 Boston, MA 02114
Tel: 617 726-8471 *Fax:* 617 726-9136
Length: 2 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 405-24-21-167

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: Joseph J Jankowski, MD
 750 Washington Street, Tufts-NEMC # 1007
 Boston, MA 02111
Tel: 617 636-1635 *Fax:* 617 636-8442
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 405-24-21-056

Cambridge

Cambridge Hospital/Cambridge Health Alliance Program

Sponsor: Cambridge Hospital/Cambridge Health Alliance
Prgm Director: Cynthia J Telingator, MD
 1493 Cambridge Street
 Cambridge, MA 02139
Tel: 617 665-1587 *Fax:* 617 665-3449
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 405-24-21-057

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
 UMass Memorial Health Care (University Campus)
 Westboro State Hospital
Prgm Director: W Peter Metz, MD
 55 Lake Avenue North
 Worcester, MA 01655
Tel: 508 856-1256 *Fax:* 508 856-6426
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 405-24-21-156

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Thomas Fluent, MD
 Child & Adolescent Psychiatry
 2101 Commonwealth, Suite C
 Ann Arbor, MI 48105
Tel: 734 936-6335 *Fax:* 734 936-8907
E-mail: ksk@umich.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 405-25-11-060

Detroit

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
 Hawthorn Center Hospital
Prgm Director: Beth Ann Brooks, MD
 2751 E Jefferson
 Suite 400
 Detroit, MI 48207
Tel: 313 993-7019 *Fax:* 313 577-2233
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 405-25-21-173

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School

Fairview-University Medical Center

Prgm Director: Jonathan B Jensen, MD

F256/2B West

2450 Riverside Avenue

Minneapolis, MN 55454

Tel: 612 273-9711 *Fax:* 612 273-9779

E-mail: hogan030@umn.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 405-26-11-066

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic

College of Medicine

Mayo Clinic (Rochester)

Rochester Methodist Hospital

St Mary's Hospital of Rochester

Prgm Director: Mark W Olsen, MD

200 First Street SW

Rochester, MN 55905

Tel: 507 284-0925 *Fax:* 507 284-4345

E-mail: mgsm.roch.mn.psychiatry@mayo.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 405-26-21-067

Mississippi**Jackson****University of Mississippi Medical Center Program**

Sponsor: University of Mississippi School of Medicine

University Hospitals and Clinics

Prgm Director: John W Pruet, MD*

2500 North State Street

Jackson, MS 39216

Tel: 601 984-5820 *Fax:* 601 815-4095

Length: 2 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 405-27-21-176

Missouri**Columbia****University of Missouri-Columbia Program**

Sponsor: University of Missouri-Columbia School of Medicine

Mid-Missouri Mental Health Center

Royal Oaks Hospital

University Hospitals and Clinics

Prgm Director: Syed Arshad Husain, MD

Division of Psychiatry, Room N119

One Hospital Drive

Columbia, MO 65212

Tel: 573 882-8006 *Fax:* 573 884-5396

Length: 2 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 405-28-21-068

St Louis**Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium

Barnes-Jewish Hospital

St Louis Children's Hospital

Prgm Director: Joan L Luby, MD

Box 8134

660 South Euclid Avenue

St Louis, MO 63110

Tel: 314 286-2730 *Fax:* 314 286-2732

Length: 2 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 405-28-21-070

Nebraska**Omaha****Creighton University/University of Nebraska Program**

Sponsor: Creighton University School of Medicine

Creighton University Medical Center (Tenet - SJH)

The Nebraska Medical Center

Prgm Director: Shashi K Bhatia, MD

3528 Dodge Street

Omaha, NE 68131

Tel: 402 345-8828 *Fax:* 402 345-8815

Length: 2 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 405-30-31-071

New Hampshire**Lebanon****Dartmouth-Hitchcock Medical Center Program**

Sponsor: Mary Hitchcock Memorial Hospital

New Hampshire Hospital

Prgm Director: Robert J Racusin, MD

Section of Child & Adolescent Psych

1 Medical Center Drive

Lebanon, NH 03756

Tel: 603 650-5835 *Fax:* 603 650-0819

Length: 2 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 405-32-21-073

New Jersey**Newark****UMDNJ-New Jersey Medical School Program**

Sponsor: UMDNJ-New Jersey Medical School

Bergen Regional Medical Center

UMDNJ-University Behavioral Health Care

UMDNJ-University Hospital

Prgm Director: Dorothy E Grice, MD*

183 South Orange Avenue

BHSB, Room F1416

Newark, NJ 07101

Tel: 973 972-8282 *Fax:* 973 972-8305

Length: 2 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 405-33-21-150

Piscataway**UMDNJ-Robert Wood Johnson Medical School Program**

Sponsor: UMDNJ-Robert Wood Johnson Medical School

UMDNJ-University Behavioral HealthCare

Robert Wood Johnson University Hospital

Prgm Director: Theodore Petti, MD, MPH

671 Hoes Lane - C-223

Piscataway, NJ 08854

Tel: 732 235-4059 *Fax:* 732 235-3923

Length: 2 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 405-33-21-074

New Mexico**Albuquerque****University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine

University of New Mexico Health Sciences

Prgm Director: Robert A Bailey, MD

MSC 09-5030 1 University of New Mexico

2400 Tucker NE

Albuquerque, NM 87131

Tel: 505 272-5002 *Fax:* 505 272-0536

Length: 2 Yrs *ACGME Approved/Offered Positions:* 8

Program ID: 405-34-21-144

New York**Bronx****Albert Einstein College of Medicine at Bronx-Lebanon Hospital Center Program**

Sponsor: Bronx-Lebanon Hospital Center

Prgm Director: Mario I Rendon, MD

1276 Fulton Avenue

Bronx, NY 10456

Tel: 718 901-8756 *Fax:* 718 901-7288

Length: 2 Yrs *ACGME Approved/Offered Positions:* 8

Program ID: 405-35-21-177

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University

Bronx Children's Psychiatric Center

Montefiore Medical Center-Henry and Lucy Moses

Division

Prgm Director: Audrey M Walker, MD

Department of Psychiatry

3331 Bainbridge Avenue

Bronx, NY 10467

Tel: 718 920-7967 *Fax:* 718 882-3185

Length: 2 Yrs *ACGME Approved/Offered Positions:* 12

Program ID: 405-35-21-077

Brooklyn**Brookdale University Hospital and Medical Center Program**

Sponsor: Brookdale University Hospital and Medical Center

Prgm Director: Pierre Jean-Noel, MD

One Brookdale Plaza

Brooklyn, NY 11212

Tel: 718 240-5469 *Fax:* 718 240-6016

E-mail: pjeannoel@aol.com

Length: 2 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 405-35-31-078

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn

Kings County Hospital Center

Prgm Director: Lenore Engel, MD

450 Clarkson Avenue Box 1203

Brooklyn, NY 11203

Tel: 718 270-1490 *Fax:* 718 245-2517

Length: 2 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 405-35-21-094

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo
Kaleida Health System (Women and Children's Hosp of Buffalo)
SUNY at Buffalo School of Medicine
Western New York Children's Psychiatric Center
Prgm Director: David L Kaye, MD
Millard Fillmore Hospital
3 Gates Circle
Buffalo, NY 14209
Tel: 716 887-5800 *Fax:* 716 887-5801
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-35-21-161

Elmhurst

Mount Sinai School of Medicine (Elmhurst) Program

Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Prgm Director: David S Szuster, MD
79-01 Broadway, D10-41
Elmhurst, NY 11373
Tel: 718 334-3827 *Fax:* 718 334-3441
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-35-11-079

Manhasset

North Shore University Hospital/NYU School of Medicine Program

Sponsor: North Shore University Hospital
Prgm Director: Victor M Fornari, MD
400 Community Drive
Manhasset, NY 11030
Tel: 516 562-3206 *Fax:* 516 562-3997
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-35-11-076

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program

Sponsor: Long Island Jewish Medical Center
Prgm Director: Richard R Pleak, MD
Schneider Children's Hospital
Room 441
New Hyde Park, NY 11040
Tel: 718 470-3550 *Fax:* 718 470-0524
E-mail: rpleak@lj.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 405-35-11-082

New York

Harlem Hospital Center Program

Sponsor: Harlem Hospital Center
Rockland Children's Psychiatric Center
Prgm Director: Sady Sultan, MD
506 Lenox Avenue
New York, NY 10037
Tel: 212 939-3365 *Fax:* 212 939-3399
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 405-35-21-081

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: John D O'Brien, MD
1 Gustave L Levy Plaza, #1230
New York, NY 10029
Tel: 212 241-0487
E-mail: john.o'brien@mssm.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 405-35-11-085

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
South Beach Psychiatric Center
Prgm Director: A Reese Abright, MD
144 West 12th Street, Room 431
New York, NY 10011
Tel: 212 604-8213 *Fax:* 212 604-8212
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-35-22-092

New York Presbyterian Hospital (Columbia Campus)/New York State Psychiatric Institute Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
New York State Psychiatric Institute
Prgm Director: Elisabeth B Guthrie, MD
1051 Riverside Drive
Unit 78
New York, NY 10032
Tel: 212 543-1831 *Fax:* 212 543-5966
Length: 2 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 405-35-11-080

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
New York Presbyterian Hospital-Payne Whitney Clinic
Prgm Director: Rebecca Rendleman, MD
Payne Whitney Clinic, Box 140
525 East 68th Street
New York, NY 10021
Tel: 212 746-5709 *Fax:* 212 746-5944
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-35-11-086

New York Presbyterian Hospital Program

Sponsor: New York Presbyterian Hospital
New York State Psychiatric Institute
Prgm Director: Elizabeth Guthrie, MD
1051 Riverside Drive
Box 78
New York, NY 10032
Tel: 212 543-1831 *Fax:* 212 543-5966
Length: 2 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 405-35-21-182

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Prgm Director: Carmen M Alonso, MD
550 First Avenue, NBV 21S6,
New York, NY 10016
Tel: 212 263-2072 *Fax:* 212 263-0202
Length: 2 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 405-35-21-088

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
St Luke's-Roosevelt Hospital Center-Roosevelt Division
St Luke's-Roosevelt Hospital Center-St Luke's Division
Prgm Director: Ramon Solhkhah, MD
411 West 114th Street
Division of Child and Adolescent Psychiatry
New York, NY 10025
Tel: 212 523-3069 *Fax:* 212 523-3642
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-35-31-166

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Stephen W Munson, MD
300 Crittenden Boulevard
Rochester, NY 14642
Tel: 585 275-3137 *Fax:* 585 273-1117
E-mail: Stephen_Munson@urmc.rochester.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-35-11-095

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: Judith C Crowell, MD
Putnam Hall, South Campus
Stony Brook, NY 11794
Tel: 631 632-8840 *Fax:* 631 632-8953
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-35-21-158

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Richard H Hutchings Psychiatric Center
Prgm Director: Wanda P Fremont, MD
750 Adams Street
Syracuse, NY 13210
Tel: 315 464-3175 *Fax:* 315 464-3202
E-mail: anthonsb@upstate.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 405-35-13-178

Valhalla

New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College
Danbury Hospital
Westchester Medical Center
Prgm Director: Elizabeth Ortiz-Schwartz, MD
Behavioral Health Center
Room B102
Valhalla, NY 10595
Tel: 914 493-1829 *Fax:* 914 493-7152
Length: 2 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 405-35-21-097

White Plains

New York Presbyterian Hospital (Cornell Campus)/Westchester Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Westchester Division)
Prgm Director: Paulina F Kernberg, MD
21 Bloomingdale Road
White Plains, NY 10605
Tel: 914 997-5961 *Fax:* 914 682-6988
E-mail: pkernber@med.cornell.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-35-21-098

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
Dorothea Dix Hospital
Prgm Director: Karen K Poulos, MD
101 Manning Drive
CB #7160
Chapel Hill, NC 27514
Tel: 919 733-5344 *Fax:* 919 966-2220
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 405-36-21-100

Durham**Duke University Hospital Program**

Sponsor: Duke University Hospital
John Umstead Hospital
Prgm Director: Allan K Chrisman, MD
Box 2906
Durham, NC 27710
Tel: 919 416-2402 *Fax:* 919 416-9789
E-mail: chris014@mc.duke.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 405-36-31-101

Greenville**Pitt County Memorial Hospital/East Carolina University Program**

Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Prgm Director: Kaye L McGinty, MD
Brody School of Medicine
600 Moye Blvd
Greenville, NC 27834
Tel: 252 744-2673 *Fax:* 252 744-3815
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 405-36-21-162

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Guy K Palmes, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-5089 *Fax:* 336 716-9642
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-36-31-163

Ohio**Cincinnati****Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program**

Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: John P Daniels, MD*
3333 Burnet Avenue
ML 3014
Cincinnati, OH 45229
Tel: 513 636-8336 *Fax:* 513 636-4283
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 405-38-21-102

Cleveland**Case Western Reserve University/ University Hospitals of Cleveland Program**

Sponsor: University Hospitals of Cleveland
UHHS Laurelwood Hospital
Prgm Director: Maryellen Davis, MD
11100 Euclid Avenue
Hanna Pavilion 5080
Cleveland, OH 44106
Tel: 216 844-3289 *Fax:* 216 844-5883
E-mail: maryellen.davis@uhhs.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-38-11-103

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Kathleen M Quinn, MD
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-5950 *Fax:* 216 444-9054
E-mail: psyched@ccf.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 405-38-21-171

Columbus**Ohio State University Hospital Program**

Sponsor: Ohio State University Hospital
Prgm Director: Craig E Williams, MD
Neuro Sciences Facility
1670 Upham Drive, Suite 140
Columbus, OH 43210
Tel: 614 293-8214 *Fax:* 614 293-8230
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 405-38-21-104

Dayton**Wright State University Program**

Sponsor: Wright State University School of Medicine
Children's Medical Center
Good Samaritan Hospital and Health Center
Kettering Medical Center
Prgm Director: William M Klykylo, MD
PO Box 927
Dayton, OH 45401
Tel: 937 223-8840 *Fax:* 937 223-0758
E-mail: william.klykylo@wright.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-38-21-169

Toledo**Medical College of Ohio Program**

Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
Prgm Director: Jeffrey W Wahl, MD
3000 Arlington Avenue
PO Box 10008
Toledo, OH 43614
Tel: 419 383-5494 *Fax:* 419 383-3098
E-mail: jwahl@mco.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 405-38-11-105

Oklahoma**Oklahoma City****University of Oklahoma Health Sciences Center Program**

Sponsor: University of Oklahoma College of Medicine
OU Medical Center-Children's Hospital
Prgm Director: James R Allen, MD, MPH
Williams Pavilion, 5th Floor
920 SL Young
Oklahoma City, OK 73104
Tel: 405 271-4219 *Fax:* 405 271-3808
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-39-11-106

Oregon**Portland****Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital
Prgm Director: Nancy C Winters, MD
3181 SW Sam Jackson Park Road DC7P
Portland, OR 97201
Tel: 503 494-8646 *Fax:* 503 494-6149
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-40-21-107

Pennsylvania**Hershey****Penn State University/Milton S Hershey Medical Center Program**

Sponsor: Milton S Hershey Medical Center
Prgm Director: Stuart Lee Kaplan, MD
500 University Drive, PO Box 850, H073
Hershey, PA 17033
Tel: 717 531-7951 *Fax:* 717 531-6491
E-mail: slk26@psu.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-41-21-147

Philadelphia**Children's Hospital of Philadelphia Program**

Sponsor: Children's Hospital of Philadelphia
Friends Hospital
Prgm Director: Tami D Benton, MD
CHOP Behavioral Center
3440 Market St, Suite 200
Philadelphia, PA 19104
Tel: 215 590-7530 *Fax:* 215 590-7540
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 405-41-11-111

Drexel University College of Medicine/ Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Prgm Director: William A Sonis, MD
4641 Roosevelt Boulevard
PO Box 45358
Philadelphia, PA 19124
Tel: 215 831-5389 *Fax:* 215 289-2953
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 405-41-21-110

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Harris Rabinovich, MD
833 Chestnut st suite 210
Philadelphia, PA 19107
Tel: 215 955-7668 *Fax:* 215 503-2852
E-mail: audrey.wright@jefferson.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 405-41-11-113

Pittsburgh

Allegheny General Hospital Program

Sponsor: Allegheny General Hospital
Prgm Director: Lisa A Jamnback, MD
320 East North Avenue
Pittsburgh, PA 15212
Tel: 412 330-4242 *Fax:* 412 330-4319
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 405-41-21-174

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
UPMC Presbyterian/Shadyside
UPMC Western Psychiatric Institute and Clinic
Prgm Director: Erin E Malley, MD
3811 O'Hara Street
Pittsburgh, PA 15213
Tel: 412 586-9179 *Fax:* 412 246-5335
Length: 2 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 405-41-31-114

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
University Pediatric Hospital
Prgm Director: Lelis L Nazario, MD
P O Box 365067
San Juan, PR 00936
Tel: 787 764-0285 *Fax:* 787 764-7004
E-mail: lnazario@adelphia.net
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 405-42-21-116

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
Emma Pendleton Bradley Hospital
Prgm Director: Henrietta L Leonard, MD
Child & Family Psychiatry
593 Eddy Street
Providence, RI 02903
Tel: 401 444-3762 *Fax:* 401 444-8879
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 405-43-21-117

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Prgm Director: Markus J Kruesi, MD
67 President Street
PO Box 250861
Charleston, SC 29425
Tel: 843 792-0135 *Fax:* 843 792-5598
E-mail: kruesi@musc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 405-45-21-118

Columbia

Palmetto Health/University of South Carolina School of Medicine Program

Sponsor: Palmetto Health
Palmetto Health Baptist
William S Hall Psychiatric Institute
Prgm Director: Craig A Stuck, MD*
15 Medical Park, Suite 103
Columbia, SC 29203
Tel: 803 898-1597 *Fax:* 803 898-2460
E-mail: adp13@scdmh.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 405-45-21-119

South Dakota

Sioux Falls

University of South Dakota Program

Sponsor: University of South Dakota School of Medicine
Avera McKennan Hospital and University Health Center
Prgm Director: David J Ermer, MD
1001 East 21st St, Suite 200
Sioux Falls, SD 57105
Tel: 605 322-5735 *Fax:* 605 322-5736
E-mail: skueter@usd.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 405-46-21-164

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
LeBonheur Children's Medical Center
University of Tennessee Medical Center
Prgm Director: David M Allen, MD*
711 Jefferson Avenue
Suite 137
Memphis, TN 38105
Tel: 901 448-4866 *Fax:* 901 448-6913
E-mail: vbarbee@utmemo.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-47-21-120

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Psychiatric Hospital at Vanderbilt
Prgm Director: D Catherine Fuchs, MD
Division of Child and Adolescent Psychiatry
1601 23rd Avenue, South, Suite 301
Nashville, TN 37212
Tel: 615 327-7294 *Fax:* 615 327-7136
E-mail: catherine.fuchs@vanderbilt.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-47-21-121

Texas

Austin

Austin Medical Education Programs of Seton Healthcare Network Program

Sponsor: Austin Medical Education Program of Seton Healthcare Network
Austin State Hospital
Children's Hospital of Austin
Prgm Director: Beverly J Sutton, MD
3501 Mills Avenue
Austin, TX 78731
Tel: 512 324-2080 *Fax:* 512 324-2084
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-48-13-181

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Prgm Director: Maryam Rezaei, MD
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-5302 *Fax:* 214 648-5229
E-mail: Maryam.Rezaei@UTSouthwestern.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 405-48-21-123

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Christopher R Thomas, MD
301 University Blvd
Galveston, TX 77555
Tel: 409 747-9667 *Fax:* 409 747-9669
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 405-48-11-124

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Texas Children's Hospital
Prgm Director: Florence F Eddins, MD
One Baylor Plaza, MS350
Houston, TX 77030
Tel: 713 798-4768 *Fax:* 713 796-9718
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 405-48-21-125

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Harris County Psychiatric Center
University of Texas Mental Sciences Institute
Prgm Director: Cynthia W Santos, MD
1300 Moursund, Room 179
Houston, TX 77030
Tel: 713 500-2653 *Fax:* 713 500-2669
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 405-48-21-139

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
 Child Guidance Center
 Christus Santa Rosa Health Care Corporation
 Southwest Mental Health Center
Prgm Director: Kenneth L Matthews, MD
 7703 Floyd Curl Drive
 San Antonio, TX 78229
Tel: 210 567-5430 *Fax:* 210 567-0817
E-mail: spearse@uthscsa.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 405-48-21-126

Temple**Texas A&M College of Medicine-Scott and White Program**

Sponsor: Scott and White Memorial Hospital
 Metroplex Pavilion Hospital
Prgm Director: Jane Ripperger-Suhler, MD
 Child and Adolescent Psychiatry
 2401 South 31st Street
 Temple, TX 76508
Tel: 254 724-7842 *Fax:* 254 724-1747
E-mail: jripperger-suhler@swmail.sw.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 405-48-21-175

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
 Primary Children's Medical Center
 University of Utah Neuropsychiatric Institute
Prgm Director: Doug Gray, MD
 421 Wakara Way, #143
 Salt Lake City, UT 84108
Tel: 801 581-3936 *Fax:* 801 585-9096
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 405-49-21-127

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
 De Jarnette Center
Prgm Director: Roger C Burket, MD
 PO Box 801076
 Division of Child and Family Psychiatry
 Charlottesville, VA 22908
Tel: 434 243-6950 *Fax:* 434 243-6970
E-mail: rcb8n@virginia.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-51-11-130

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
 MCV-Virginia Treatment Center for Children
 Medical College of Virginia Hospitals
Prgm Director: Aradhana A Sood, MD
 Box 980489
 515 North 10th Street
 Richmond, VA 23298
Tel: 804 828-4058 *Fax:* 804 827-3731
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 405-51-11-131

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
 Children's Hospital and Regional Medical Center
 University of Washington Medical Center
Prgm Director: Christopher K Varley, MD
 4800 Sand Point Way NE CL/08
 Seattle, WA 98105
Tel: 206 368-4959 *Fax:* 206 368-4969
E-mail: cvarley@u.washington.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 405-54-21-132

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
 Meriter Hospital
Prgm Director: Michael T Witkovsky, MD, MA
 6001 Research Park Blvd
 Madison, WI 53719
Tel: 608 263-6076 *Fax:* 608 263-0265
E-mail: mtwitkov@wisc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-56-21-134

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
 Children's Hospital of Wisconsin
 Milwaukee County Behavioral Health Division
 Rogers Memorial Hospital
Prgm Director: Russell E Scheffer, MD
 Medical College of Wisconsin
 8701 Watertown Plank Road
 Milwaukee, WI 53226
Tel: 414 266-2495 *Fax:* 414 266-3735
E-mail: bpernitz@mail.mcw.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 405-56-21-135

Child Neurology (Neurology)**Alabama****Birmingham****University of Alabama Medical Center Program**

Sponsor: University of Alabama Hospital
 Children's Hospital of Alabama
Prgm Director: Leon S Dure, MD
 1600 7th Avenue South
 Children's Harbor Building 314
 Birmingham, AL 35233
Tel: 205 996-7850 *Fax:* 205 996-7867
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 185-01-21-008

Arizona**Phoenix****St Joseph's Hospital and Medical Center Program**

Sponsor: St Joseph's Hospital and Medical Center
Prgm Director: John F Kerrigan, MD
 Barrow Neurological Institute
 350 West Thomas Road
 Phoenix, AZ 85013
Tel: 602 406-3800 *Fax:* 602 406-3810
E-mail: jkerrigan@chw.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 185-03-21-024

Arkansas**Little Rock****University of Arkansas for Medical Sciences Program**

Sponsor: University of Arkansas College of Medicine
 Arkansas Children's Hospital
 Central Arkansas Veterans Health Center
 University Hospital of Arkansas
Prgm Director: May L Griebel, MD
 800 Marshall Street
 Little Rock, AR 72202
Tel: 501 364-1850 *Fax:* 501 364-6077
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 185-04-21-085

California**Loma Linda****Loma Linda University Program**

Sponsor: Loma Linda University Medical Center
Prgm Director: Stephen Ashwal, MD
 11234 Anderson Street
 Coleman Pavilion
 Loma Linda, CA 92354
Tel: 909 558-8242 *Fax:* 909 824-0479
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 185-05-21-075

Los Angeles

Childrens Hospital Los Angeles Program

Sponsor: Childrens Hospital Los Angeles
LAC+USC Medical Center
Prgm Director: Wendy G Mitchell, MD
4650 Sunset Boulevard
Mail Stop #82
Los Angeles, CA 90027
Tel: 323 669-2498 *Fax:* 323 667-2019
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 185-05-21-065

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Raman Sankar, MD, PhD
Division of Pediatric Neurology
22-474 MDCG, UCLA Medical Center
Los Angeles, CA 90095
Tel: 310 206-3131 *Fax:* 310 825-6834
E-mail: RSankar@mednet.ucla.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 185-05-21-062

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
Prgm Director: Ira T Lott, MD
101 City Drive
Bldg 2, Rt 81, Zot 4482
Orange, CA 92668
Tel: 714 456-5333 *Fax:* 714 456-7658
E-mail: itlott@uci.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 185-05-21-066

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Prgm Director: Doris A Trauner, MD
9500 Gilman Drive
Department of Neurosciences 0935
La Jolla, CA 92093
Tel: 858 822-6700 *Fax:* 858 822-6707
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 185-05-21-020

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Prgm Director: Donna M Ferriero, MD
Department of Neurology, Box 0663
521 Parnassus Avenue, C215
San Francisco, CA 94143
Tel: 415 502-1099 *Fax:* 415 502-5821
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 185-05-21-069

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Prgm Director: Jin S Hahn, MD
Division of Child Neurology
300 Pasteur Drive, A343
Stanford, CA 94305
Tel: 650 723-6841 *Fax:* 650 725-7459
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 185-05-21-061

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Kenneth R Huff, MD
Department of Child Neurology
1000 West Carson Street
Torrance, CA 90509
Tel: 310 222-4168 *Fax:* 310 320-2271
E-mail: khuff@labiomed.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 185-05-21-017

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Prgm Director: Timothy A Benke, MD, PhD
Department of Neurology B-182
4200 East 9th Avenue
Denver, CO 80262
Tel: 303 315-2925 *Fax:* 303 315-2543
E-mail: karen.klick@uchsc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 185-07-21-023

District of Columbia

Washington

Children's National Medical Center/George Washington University Program

Sponsor: Children's National Medical Center
George Washington University Hospital (UHS)
Prgm Director: Phillip L Pearl, MD
111 Michigan Avenue, NW
Washington, DC 20010
Tel: 202 884-2120 *Fax:* 202 884-5226
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 185-10-21-048

Florida

Jacksonville

Mayo School of Graduate Medical Education (Jacksonville) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Nemours Children's Clinic
Mayo Clinic (Jacksonville)
Prgm Director: William R Turk, MD
807 Children's Way
Jacksonville, FL 32207
Tel: 904 390-3665 *Fax:* 904 390-3422
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 185-11-13-100

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Walter G Bradley, MD
PO Box 016960
M718
Miami, FL 33101
Tel: 305 243-7519 *Fax:* 305 243-7525
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 185-11-21-005

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Grady Health System
Prgm Director: John T Sladky, MD
2040 Ridgewood Drive, NE
Atlanta, GA 30322
Tel: 404 727-5756 *Fax:* 404 727-1981
E-mail: jsladky@emory.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 185-12-21-058

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Prgm Director: James E Carroll, MD
Dept of Neurology, BG2000H
Augusta, GA 30912
Tel: 706 721-3376 *Fax:* 706 721-3377
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 185-12-21-019

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Northwestern Memorial Hospital
Prgm Director: Joshua Goldstein, MD
2300 Children's Plaza #51
Chicago, IL 60614
Tel: 312 880-6630 *Fax:* 312 880-3374
E-mail: jgoldstein@childrensmemorial.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 185-16-21-021

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Kenneth Silver, MD
5841 South Maryland Avenue
MC/3055
Chicago, IL 60637
Tel: 773 702-6487 *Fax:* 773 702-4786
E-mail: ksilver@peds.bsd.uchicago.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 185-16-21-001

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Prgm Director: Sidney A Houff, MD
2160 S First Avenue
Maywood, IL 60153
Tel: 708 216-5332 *Fax:* 708 216-5617
E-mail: abullio@lumc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 185-16-21-045

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
 Clarian Riley Hospital for Children
Prgm Director: Laurence E Walsh, MD
 702 Barnhill Drive
 Room 1757
 Indianapolis, IN 46202
 Tel: 317 278-2228 Fax: 317 274-3622
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 185-17-21-050

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Katherine D Mathews, MD
 2505 JCP
 200 Hawkins Drive
 Iowa City, IA 52242
 Tel: 319 356-1851 Fax: 319 356-4855
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 185-18-13-093

Kentucky**Lexington****University of Kentucky College of Medicine Program**

Sponsor: University of Kentucky College of Medicine
 University of Kentucky Hospital
Prgm Director: Robert J Baumann, MD
 Kentucky Clinic
 740 South Limestone, Room L-445
 Lexington, KY 40536
 Tel: 859 323-6702 Fax: 859 323-5943
 E-mail: Baumann@uky.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 185-20-21-099

Louisiana**New Orleans****Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine
 Children's Hospital
 Medical Center of Louisiana at New Orleans
Prgm Director: Ann Henderson-Tilton, MD
 Children's Hospital
 200 Henry Clay Avenue
 New Orleans, LA 70118
 Tel: 504 891-8851 Fax: 504 896-9547
 E-mail: atilto@aol.com
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 185-21-21-022

Tulane University Program

Sponsor: Tulane University School of Medicine
 Children's Hospital
 Medical Center of Louisiana at New Orleans
 Tulane University Hospital and Clinics
Prgm Director: Deborah A Lee, MD
 Department of Neurology
 1430 Tulane Avenue
 New Orleans, LA 70112
 Tel: 504 988-6578 Fax: 504 584-3695
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 185-21-21-064

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Hospital
Prgm Director: Harvey Singer, MD
 Department of Child Neurology
 600 North Wolfe Street
 Baltimore, MD 21287
 Tel: 410 955-7212 Fax: 410 614-2297
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 185-23-21-027

Bethesda**National Capital Consortium Program**

Sponsor: National Capital Consortium
 Walter Reed Army Medical Center
Prgm Director: Michael H Mitchell, MD
 6825 16th Street, NW
 Department of Neurology
 Washington, DC 20307
 Tel: 202 782-0830 Fax: 202 782-4337
 Length: 3 Yrs ACGME Approved/Offered Positions: 5
 Program ID: 185-10-11-010
 US Armed Services Program

Massachusetts**Boston****Children's Hospital/Beth Israel Deaconess Medical Center/Harvard Medical School Program**

Sponsor: Children's Hospital
 Beth Israel Deaconess Medical Center
 Brigham and Women's Hospital
Prgm Director: Basil T Darras, MD
 300 Longwood Ave
 Fegan 11
 Boston, MA 02115
 Tel: 617 735-6385 Fax: 617 730-0416
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Program ID: 185-24-21-051

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: Katherine B Sims, MD*
 32 Fruit Street, VBK 9
 Boston, MA 02114
 Tel: 617 726-5718 Fax: 617 724-9620
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 185-24-31-067

New England Medical Center Hospitals/Tufts University Program

Sponsor: Tufts-New England Medical Center
Prgm Director: Norman P Rosman, MD
 750 Washington Street
 Boston, MA 02111
 Tel: 617 636-6096
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 185-24-21-028

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Faye S Silverstein, MD
 MSRB III, Box 0646, Room 8301
 Ann Arbor, MI 48109
 Tel: 734 763-4097 Fax: 734 764-4279
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 185-25-21-030

Detroit**Wayne State University/Detroit Medical Center Program**

Sponsor: Wayne State University/Detroit Medical Center
 Children's Hospital of Michigan
 Harper-Hutzel Hospital
Prgm Director: Gyula Acasadi, MD, PhD
 Children's Hospital of Michigan
 3901 Beaubien Blvd
 Detroit, MI 48201
 Tel: 313 745-5906 Fax: 313 745-0955
 E-mail: gacsadi@med.wayne.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 185-25-21-052

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
 Fairview-University Medical Center
Prgm Director: Lawrence Charnas, MD, PhD
 MMC 486
 420 Delaware Street, SE
 Minneapolis, MN 55455
 Tel: 612 625-7466 Fax: 612 624-7681
 E-mail: charn004@umn.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 185-26-21-016

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Rochester)
 Rochester Methodist Hospital
 St Mary's Hospital of Rochester
Prgm Director: Suresh Kotagal, MD
 Division of Pediatric Neurology
 200 First Street SW
 Rochester, MN 55905
 Tel: 507 284-3372 Fax: 507 284-0727
 E-mail: kotagal.suresh@mayo.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 185-26-21-053

Mississippi**Jackson****University of Mississippi School of Medicine Program**

Sponsor: University of Mississippi School of Medicine
 University Hospitals and Clinics
Prgm Director: VV Vedanarayanan, MD
 2500 North State Street
 Jackson, MS 39216
 Tel: 601 984-5210 Fax: 601 984-5982
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 185-27-12-095

Missouri

Kansas City

University of Kansas Medical Center/ Children's Mercy Hospital and Clinics Program

Sponsor: Children's Mercy Hospital
Bethany Medical Center
Prgm Director: William D Graf, MD
Children's Mercy Hospital, Neurology Section
2401 Gillham Road
Kansas City, MO 64108
Tel: 816 234-3090 *Fax:* 816 234-3589
E-mail: wdgraf@cmh.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 185-19-22-096

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
Prgm Director: Thomas J Geller, MD
1485 South Grand
Child Neurology
St Louis, MO 63104
Tel: 314 577-5338 *Fax:* 314 268-6411
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 185-28-21-033

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
St Louis Children's Hospital
Prgm Director: N Edwin Trevathan, MD, MPH*
Department of Neurology
One Children's Place
St Louis, MO 63110
Tel: 314 454-6042 *Fax:* 314 454-6142
E-mail: Trevathan@wustl.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 185-28-21-034

New Jersey

Newark

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Rosario R Trifiletti, MD, PhD
185 South Orange Avenue MSB H-506
Newark, NJ 07103
Tel: 973 972-8072 *Fax:* 973 972-9590
E-mail: rtrif@aol.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 185-33-21-011

New York

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva
University
Jacobi Medical Center
Montefiore Medical Center-Henry and Lucy Moses
Division
Montefiore Medical Center-Weiler Hospital
Prgm Director: Karen Ballaban-Gil, MD
Rose F Kennedy Building, Room 316
1300 Morris Park Avenue
Bronx, NY 10461
Tel: 718 430-2464 *Fax:* 718 430-8899
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 185-35-21-002

Brooklyn

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at
Brooklyn
Prgm Director: Joan B Cracco, MD
450 Clarkson Avenue, Box 118
Brooklyn, NY 11203
Tel: 718 270-2042 *Fax:* 718 270-3748
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 185-35-21-054

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo
Erie County Medical Center
Kaleida Health System (Women and Children's Hosp of
Buffalo)
Veterans Affairs Western New York Healthcare System
Prgm Director: Thomas J Langan, MD
The Jacobs Neurological Institute
100 High Street
Buffalo, NY 14203
Tel: 716 878-7848 *Fax:* 716 878-7326
E-mail: ejtamoga@acsu.buffalo.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 185-35-21-035

Manhasset

North Shore University Hospital/NYU/ Nassau University Medical Center Program

Sponsor: North Shore University Hospital
Nassau University Medical Center
Prgm Director: Satish Kadakia, MD
Division of Child Neurology
2201 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 572-3107
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 185-35-21-036

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program

Sponsor: Long Island Jewish Medical Center
Prgm Director: Joseph Maytal, MD
Schneider Children's Hospital
269-01 76th Ave, Suite 267
New Hyde Park, NY 11040
Tel: 718 470-3450 *Fax:* 718 343-5826
Length: 3 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 185-35-21-055

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Alan M Aron, MD
One Gustave L Levy Place
Box 1206
New York, NY 10029
Tel: 212 241-7163 *Fax:* 212 426-7627
E-mail: amaronmd@aol.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 185-35-21-046

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Marc C Patterson, MD
Harkness Pavilion, Suite 540
180 Fort Washington Avenue
New York, NY 10032
Tel: 212 305-6038 *Fax:* 212 305-1253
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 185-35-21-059

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Barry E Kosofsky, MD, PhD*
Division of Pediatric Neurology
525 East 68th Street, Box 91
New York, NY 10021
Tel: 212 746-3278 *Fax:* 212 746-8137
E-mail: bar2009@med.cornell.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 185-35-21-015

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Prgm Director: Ruth Nass, MD
550 First Avenue
New York, NY 10016
Tel: 212 263-7753 *Fax:* 212 263-7721
Length: 3 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 185-35-21-057

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of
Rochester
Prgm Director: Jonathan W Mink, MD, PhD
601 Elmwood Avenue, Box 631
Rochester, NY 14642
Tel: 585 275-3669 *Fax:* 585 275-3683
E-mail: amanda_augustin@urmc.rochester.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 185-35-12-094

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: Mary R Andriola, MD*
Department of Neurology
HSC T12-020
Stony Brook, NY 11794
Tel: 516 444-7878 *Fax:* 516 444-1474
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 185-35-21-081

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
Prgm Director: Robert S Greenwood, MD
 Department of Neurology
 3100 Bioinformatics Bldg
 Chapel Hill, NC 27599
 Tel: 919 966-8160 Fax: 919 966-2922
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 185-36-21-003

Durham**Duke University Hospital Program**

Sponsor: Duke University Hospital
Prgm Director: Darrell V Lewis, MD
 Division of Pediatric Neurology
 Box 3936
 Durham, NC 27710
 Tel: 919 668-0477 Fax: 919 681-8943
 E-mail: micha007@mc.duke.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 185-36-21-080

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Cesar C Santos, MD
 300 South Hawthorne Road
 Winston-Salem, NC 27103
 Tel: 336 716-2151 Fax: 336 716-9489
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 185-36-21-037

Ohio**Cincinnati****Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program**

Sponsor: Cincinnati Children's Hospital Medical Center
 University Hospital Inc
Prgm Director: Mark B Schapiro, MD, BA
 3333 Burnet Avenue
 ML 2015
 Cincinnati, OH 45229
 Tel: 513 636-4222 Fax: 513 636-1888
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 185-38-21-038

Cleveland**Case Western Reserve University/University Hospitals of Cleveland Program**

Sponsor: University Hospitals of Cleveland
Prgm Director: Nancy E Bass, MD
 11100 Euclid Avenue, MS 6090
 Cleveland, OH 44106
 Tel: 216 844-3691 Fax: 216 844-8444
 E-mail: jeannette.crotty@uhhs.com
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 185-38-13-091

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Neil R Friedman, MBChB
 Desk S71
 9500 Euclid Avenue
 Cleveland, OH 44195
 Tel: 216 444-6772 Fax: 216 445-9139
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 185-38-21-004

Columbus**Children's Hospital/Ohio State University Program**

Sponsor: Children's Hospital (Columbus)
 Ohio State University Hospital
Prgm Director: Warren Lo, MD
 700 Children's Drive
 Columbus, OH 43205
 Tel: 614 722-4625 Fax: 614 722-4633
 E-mail: wlo@chi.osu.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 185-38-21-092

Oregon**Portland****Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital
Prgm Director: Thomas K Koch, MD
 Pediatric Neurology
 707 SW Gaines Rord, CDRC-P
 Portland, OR 97239
 Tel: 503 494-0188 Fax: 503 494-2370
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 185-40-23-048

Pennsylvania**Philadelphia****Children's Hospital of Philadelphia Program**

Sponsor: Children's Hospital of Philadelphia
 University of Pennsylvania Health System
Prgm Director: Donald P Younkin, MD
 One Children's Center
 34th St and Civic Center Blvd
 Philadelphia, PA 19104
 Tel: 215 590-1710 Fax: 215 590-2950
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Program ID: 185-41-21-041

St Christopher's Hospital for Children Program

Sponsor: St Christopher's Hospital for Children (Tenet Health System)
Prgm Director: Sanjeev V Kothare, MD
 Erie Avenue & Front Street
 Philadelphia, PA 19134
 Tel: 215 427-8372 Fax: 215 427-4393
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 185-41-21-040

Pittsburgh**University of Pittsburgh Medical Center Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 Children's Hospital of Pittsburgh
 UPMC Presbyterian/Shadyside
Prgm Director: Nina F Schor, MD, PhD
 3705 Fifth Avenue
 Pittsburgh, PA 15213
 Tel: 412 692-6182 Fax: 412 692-6787
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Program ID: 185-41-21-012

Tennessee**Memphis****University of Tennessee Program**

Sponsor: University of Tennessee College of Medicine
 LeBonheur Children's Medical Center
Prgm Director: Masanori Igarashi, MD
 777 Washington, Suite 110
 Memphis, TN 38105
 Tel: 901 572-4538 Fax: 901 572-3117
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 185-47-21-079

Nashville**Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Prgm Director: Gerald M Fenichel, MD
 1161 21st Avenue, South
 Nashville, TN 37232
 Tel: 615 936-2026 Fax: 615 936-0223
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 185-47-21-042

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
 Children's Medical Center of Dallas
 Dallas County Hospital District-Parkland Memorial Hospital
 Texas Scottish Rite Hospital for Children
Prgm Director: Rana R Said, MD*
 5323 Harry Hines Blvd
 Dallas, TX 75390
 Tel: 214 456-8242 Fax: 214 456-8990
 E-mail: rana.said@utsouthwestern.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 5
 Program ID: 186-48-21-043

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
 Texas Children's Hospital
Prgm Director: Gary D Clark, MD
 One Baylor Plaza
 Houston, TX 77030
 Tel: 832 822-1764 Fax: 832 825-1717
 E-mail: gclark@bcm.tmc.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Program ID: 185-48-21-018

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
 Memorial Hermann Hospital System
Prgm Director: Ian J Butler, MD
 Department of Neurology 7.044/MSB
 6431 Fannin Street
 Houston, TX 77030
 Tel: 713 500-7100 Fax: 713 500-7101
 E-mail: Mary.J.Haas@uth.tmc.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 185-48-31-078

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center

Primary Children's Medical Center

Prgm Director: James F Bale, MD

Primary Children's Medical Center

100 N Medical Drive

Salt Lake City, UT 84113

Tel: 801 588-2759 *Fax:* 801 588-2793

E-mail: James.Bale@hsc.utah.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 185-49-21-044

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center

Prgm Director: Robert S Rust, MA, MD

Department of Neurology

Box 800394

Charlottesville, VA 22908

Tel: 434 924-5538 *Fax:* 434 982-1726

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 185-51-31-097

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System

Medical College of Virginia Hospitals

Prgm Director: David J Leszczyszyn, MD, PhD*

Sanger Hall, Room 6-005

1101 East Marshall Street

Richmond, VA 23298

Tel: 804 828-0442 *Fax:* 804 828-6690

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 185-51-21-060

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine

Children's Hospital and Regional Medical Center

Prgm Director: Sidney M Gospe, MD, PhD

4800 Sand Point Way NE

Neurology, 5D-4

Seattle, WA 98105

Tel: 206 987-2078 *Fax:* 206 987-2649

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 185-54-21-047

West Virginia

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine

West Virginia University Hospitals

Prgm Director: Atiya S Khan, MD

G-103 Health Sciences North

PO Box 9180

Morgantown, WV 26506

Tel: 304 293-2341 *Fax:* 304 293-3352

E-mail: wjackson@hsc.wvu.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 1

Program ID: 185-55-11-068

Wisconsin

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc

Children's Hospital of Wisconsin

Clement J Zablocki Veterans Affairs Medical Center

Froedtert Memorial Lutheran Hospital

Prgm Director: Suja Anne Joseph, MD*

9000 W Wisconsin Avenue

Milwaukee, WI 53226

Tel: 414 266-3464 *Fax:* 414 266-3466

E-mail: sjoseph@neuroscience.mcw.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 1

Program ID: 185-56-21-070

Clinical and Laboratory Immunology (Allergy and Immunology)

Maryland

Bethesda

National Capital Consortium Program

Sponsor: National Capital Consortium

Clinical Center at the National Institutes of Health

Walter Reed Army Medical Center

Prgm Director: Michael R Nelson, MD, PhD

Dept of Allergy-Immunology, Attn: Dr Nelson

6800 Georgia Avenue, NW

Washington, DC 20307

Tel: 202 782-8085 *Fax:* 202 782-7093

E-mail: michael.nelson@amedd.army.mil

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 025-10-21-006

US Armed Services Program

Clinical Cardiac Electrophysiology (Internal Medicine)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: G Neal Kay, MD
321-J Tinsley Harrison Tower
1530 3rd Avenue South
Birmingham, AL 35294
Tel: 205 934-1335 *Fax:* 205 934-1279
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 154-01-21-001

Arizona

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
University Medical Center
Prgm Director: Peter Ott, MD
1501 N Campbell
PO Box 245037
Tucson, AZ 85724
Tel: 520 626-6221 *Fax:* 520 626-0967
E-mail: pabrams@email.arizona.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 154-03-21-091

California

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center
Prgm Director: Peng-Sheng Chen, MD
Cardiology - Rm 5342
8700 Beverly Boulevard
Los Angeles, CA 90048
Tel: 310 423-5201 *Fax:* 310 423-0318
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 154-05-21-002

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
UCLA Medical Center
Prgm Director: Kalyanam Shivkumar, MD
47-123 CHS
650 Charles E Young Drive South
Los Angeles, CA 90095
Tel: 310 794-9736 *Fax:* 310 206-9133
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 154-05-31-103

UCLA-VA Greater Los Angeles Program

Sponsor: VA Greater Los Angeles Healthcare System
UCLA Medical Center
Prgm Director: Malcolm M Bersohn, MD, PhD
Cardiology 111E
11301 Wilshire Boulevard
Los Angeles, CA 90073
Tel: 310 268-3643 *Fax:* 310 268-4288
E-mail: malcolm.bersohn@med.va.gov
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 154-05-13-006

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical
Center
Prgm Director: Gregory K Feld, MD
200 W Arbor Drive
San Diego, CA 92103
Tel: 619 543-5428 *Fax:* 619 543-9543
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 154-05-22-007

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School
of Medicine
University of California (San Francisco) Medical Center
Prgm Director: Jeffrey E Olgin, MD
500 Parnassus Avenue
Room MU 433 Box 1354
San Francisco, CA 94143
Tel: 415 476-5706 *Fax:* 415 476-6260
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 154-05-23-008

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Prgm Director: Sung H Chun, MD
Arrhythmia Service
300 Pasteur Dr Rm H2146
Stanford, CA 94305
Tel: 650 723-7111 *Fax:* 650 725-7568
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 154-05-32-009

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical
Center
Hospital of the Good Samaritan
Prgm Director: Anil K Bhandari, MD
1225 Wilshire Boulevard
Los Angeles, CA 90017
Tel: 213 977-2239 *Fax:* 213 977-2209
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-05-31-003

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Prgm Director: Arthur R Easley, MD
4200 E 9th Avenue, Box B136
Denver, CO 80262
Tel: 303 372-8020 *Fax:* 303 303-8028
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-07-21-010

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Prgm Director: Lynda E Rosenfeld, MD
Department of Cardiovascular Medicine, 3 FMP
333 Cedar Street, PO Box 208017
New Haven, CT 06520
Tel: 203 737-4068 *Fax:* 203 737-2437
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 154-08-21-087

District of Columbia

Washington

George Washington University Program

Sponsor: George Washington University School of
Medicine
George Washington University Hospital (UHS)
Veterans Affairs Medical Center (Washington DC)
Prgm Director: Cynthia M Tracy, MD*
2150 Pennsylvania Avenue, NW
Washington, DC 20037
Tel: 202 741-2668 *Fax:* 202 741-2324
E-mail: ctracy@mfa.gwu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 154-10-31-012

Georgetown University Hospital/ Washington Hospital Center Program

Sponsor: Washington Hospital Center
Georgetown University Hospital
Veterans Affairs Medical Center (Washington DC)
Prgm Director: Adam Strickberger, MD*
110 Irving Street, NW
Division of Cardiology
Washington, DC 20010
Tel: 202 877-3205 *Fax:* 202 877-3455
E-mail: odilo.e.self@medstar.net
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-10-21-011

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Anne B Curtis, MD
Box 100277
1600 SW Archer Road, Room M-415
Gainesville, FL 32610
Tel: 352 392-2469 *Fax:* 352 846-0314
E-mail: godwidl@medicine.ufl.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-11-21-081

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health
System
Cedars Medical Center
Prgm Director: Alberto Interian, MD
Jackson Memorial Hospital
PO Box 016960
Miami, FL 33101
Tel: 305 585-5532 *Fax:* 305 585-5090
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-11-21-014

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Crawford Long Hospital of Emory University
Emory University Hospital
Prgm Director: Jonathan J Langberg, MD
1364 Clifton Road, NE Suite F-414
Atlanta, GA 30322
Tel: 404 712-4942 *Fax:* 404 712-4374
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 154-12-21-015

Illinois

Chicago

Advocate Illinois Masonic Medical Center/North Side Health Network Program

Sponsor: Advocate Illinois Masonic Medical Center
Prgm Director: Richard F Kehoe, MD
836 W Wellington Ave
Chicago, IL 60657
Tel: 773 296-7135 *Fax:* 773 296-7982
E-mail: richard.kehoe-md@advocatehealth.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-16-21-016

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Prgm Director: Jeffrey J Goldberger, MD, MBA
251 East Huron Street
Feinberg School of Medicine
Chicago, IL 60611
Tel: 312 926-2148 *Fax:* 312 926-2707
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-16-31-017

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Richard G Trohman, MD
1653 West Congress Parkway
Chicago, IL 60612
Tel: 312 942-6858 *Fax:* 312 942-5862
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 154-16-11-018

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Bradley P Knight, MD
University of Chicago
5841 S Maryland Avenue
Chicago, IL 60637
Tel: 773 702-5988 *Fax:* 773 702-4666
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 154-16-12-019

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Prgm Director: Albert C Lin, MD*
Building 107 Room 1807
2160 South First Avenue
Maywood, IL 60153
Tel: 708 216-2653 *Fax:* 708 216-6829
E-mail: mavino@lumc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 154-16-13-020

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Methodist Hospital of Indiana
Richard L Roudebush Veterans Affairs Medical Center
Prgm Director: John M Miller, MD
Krannert Institute of Cardiology
1800 North Capitol Avenue Suite E488
Indianapolis, IN 46202
Tel: 317 962-0107 *Fax:* 317 962-0100
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 154-17-21-021

St Vincent Hospital and Health Care Center Program

Sponsor: St Vincent Hospital and Health Care Center
Prgm Director: Eric N Prystowsky, MD
8333 Naab Road
Indianapolis, IN 46260
Tel: 317 338-6024 *Fax:* 317 338-9259
E-mail: mkfrankl@thecaregroup.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-17-21-094

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: Brian Olshansky, MD
4426 JCP
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-2344 *Fax:* 319 384-6247
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 154-18-21-022

Kentucky

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
Jewish Hospital
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: A G Deam, MD*
Third Floor Ambulatory Care Bldg
550 South Jackson Street
Louisville, KY 40292
Tel: 502 852-7959 *Fax:* 502 852-7147
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-20-21-023

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Prgm Director: Ronald D Berger, MD, PhD
Carnegie 592
600 N Wolfe Street
Baltimore, MD 21287
Tel: 410 614-2751 *Fax:* 410 614-1345
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 154-23-21-024

University of Maryland Program

Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Prgm Director: Stephen R Shorofsky, MD, PhD
22 S Greene Street, Suite N3W77
Baltimore, MD 21201
Tel: 410 328-6056 *Fax:* 410 328-2062
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 154-23-31-025

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Mark E Josephson, MD
Thorndike Electrophysiology Inst
One Deaconess Road, Baker 4
Boston, MA 02215
Tel: 617 632-7393 *Fax:* 617 632-7620
E-mail: slacroix@bidmc.harvard.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 154-24-21-026

Boston University Medical Center Program

Sponsor: Boston Medical Center
Prgm Director: Kevin M Monahan, MD
Section of Cardiology
88 East Newton Street
Boston, MA 02118
Tel: 617 638-8734 *Fax:* 617 638-8784
E-mail: paul.lelorier@bmc.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 154-24-12-089

Brigham and Women's Hospital/West Roxbury Veterans Affairs Medical Center Program

Sponsor: Brigham and Women's Hospital
Boston VA Healthcare System (Brookton-West Roxbury)
Prgm Director: William G Stevenson, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-7517 *Fax:* 617 277-4981
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 154-24-11-028

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: Jeremy N Ruskin, MD
32 Fruit Street
Boston, MA 02114
Tel: 617 726-8514
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 154-24-12-029

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: Munther K Homoud, MD
800 Washington Street, Box 197
Boston, MA 02111
Tel: 617 636-5902 *Fax:* 617 636-4586
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-24-13-030

Burlington

Lahey Clinic Program

Sponsor: Lahey Clinic
Prgm Director: David T Martin, MD
41 Mall Road
Burlington, MA 01805
Tel: 781 744-8863 *Fax:* 781 744-5577
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-24-23-032

Springfield**Baystate Medical Center/Tufts University School of Medicine Program**

Sponsor: Baystate Medical Center
Prgm Director: James R Cook, MD, MPH
 759 Chestnut Street, W4
 c/o Nikki Burnett, Rm S4666
 Springfield, MA 01199
 Tel: 413 794-4490 Fax: 413 794-0198
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 154-24-32-033

Worcester**University of Massachusetts Program**

Sponsor: University of Massachusetts Medical School
 UMass Memorial Health Care (University Campus)
Prgm Director: Lawrence Rosenthal, MD, PhD
 55 Lake Avenue, North
 Division of Cardiology
 Worcester, MA 01655
 Tel: 508 856-2031 Fax: 508 856-6059
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 154-24-33-034

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
 Oakwood Hospital
Prgm Director: Frank Pelosi, MD*
 1500 E Medical Center Drive
 Taubman Center, B1 226
 Ann Arbor, MI 48109
 Tel: 734 761-7157 Fax: 734 214-0691
 Length: 1 Yr ACGME Approved/Offered Positions: 4
 Subspecialties: IM
 Program ID: 154-25-21-035

Detroit**Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital
Prgm Director: Claudio D Schuger, MD
 2799 W Grand Boulevard
 K-14, Room B1451
 Detroit, MI 48202
 Tel: 313 916-2417 Fax: 313 916-8416
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 154-25-31-090

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
 Fairview-University Medical Center
 Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Scott Sakaguchi, MD
 Mayo Mail Code 508
 420 Delaware Street, SE
 Minneapolis, MN 55455
 Tel: 612 625-4401 Fax: 612 626-4411
 E-mail: cvfellow@umn.edu
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 154-26-21-037

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 St Mary's Hospital of Rochester
Prgm Director: Stephen C Hammill, MD
 200 First Street SW
 Rochester, MN 55905
 Tel: 507 284-3304
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 154-26-31-038

Missouri**Kansas City****University of Missouri at Kansas City Program**

Sponsor: University of Missouri-Kansas City School of Medicine
 St Luke's Hospital
Prgm Director: David M Steinhaus, MD
 University of Missouri-Kansas City
 4401 Wornall Road/MAH1-5
 Kansas City, MO 64111
 Tel: 816 932-5475 Fax: 816 932-5613
 E-mail: cloomis@saint-lukes.org
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 154-28-21-039

St Louis**Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
Prgm Director: Bruce D Lindsay, MD
 660 S Euclid Avenue, Box 8086
 St Louis, MO 63110
 Tel: 314 454-7834 Fax: 314 454-8250
 Length: 1 Yr ACGME Approved/Offered Positions: 4
 Program ID: 154-28-31-040

Nebraska**Omaha****University of Nebraska Medical Center College of Medicine Program**

Sponsor: University of Nebraska Medical Center College of Medicine
 The Nebraska Medical Center
 Veterans Affairs Medical Center (Omaha)
Prgm Director: Mark J Niebauer, MD
 982265 Nebraska Medical Center
 Omaha, NE 68198
 Tel: 402 559-5151 Fax: 402 559-8355
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 154-30-11-092

New Hampshire**Lebanon****Dartmouth-Hitchcock Medical Center Program**

Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: Mark L Greenberg, MD
 One Medical Center Drive
 Lebanon, NH 03756
 Tel: 603 650-3538 Fax: 603 650-6164
 E-mail: Jan.L.Willey@Hitchcock.org
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 154-32-21-041

New Jersey**Camden****UMDNJ-Robert Wood Johnson Medical School (Camden) Program**

Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Lawrence Gessman, MD
 One Cooper Plaza
 3rd Floor Dorrance
 Camden, NJ 08103
 Tel: 856 324-2619 Fax: 856 968-7420
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 154-33-11-096

New York**Bronx****Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: John D Fisher, MD
 111 East 210th Street
 Bronx, NY 10467
 Tel: 718 920-4292 Fax: 718 547-2111
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 154-35-21-042

Brooklyn**SUNY Health Science Center at Brooklyn Program**

Sponsor: SUNY Health Science Center at Brooklyn
 Veterans Affairs Medical Center (Brooklyn)
Prgm Director: Nabil El-Sherif, MD
 450 Clarkson Avenue, Box 1199
 Brooklyn, NY 11203
 Tel: 718 270-4147 Fax: 718 270-4106
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 154-35-31-043

New York**Mount Sinai School of Medicine Program**

Sponsor: Mount Sinai School of Medicine
 Mount Sinai Medical Center
Prgm Director: Davendra Mehta, MD*
 Department of Electrophysiology - Box 1054
 One Gustave L Levy Place
 New York, NY 10029
 Tel: 212 241-7272 Fax: 212 534-2776
 E-mail: davendra.mehta@msnyuhealth.org
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 154-35-22-047

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Hasan Garan, MD, MS
 161 Fort Washington Avenue, Suite #551
 New York, NY 10032
 Tel: 212 305-8559 Fax: 212 342-3501
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 154-35-33-050

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Steven M Markowitz, MD
 525 E 68th Street, Starr 4
 New York, NY 10021
 Tel: 212 746-2655 Fax: 212 746-6951
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 154-35-23-048

New York University School of Medicine Program

Sponsor: New York University School of Medicine
 Bellevue Hospital Center
Prgm Director: Larry A Chinitz, MD
 560 First Avenue
 New York, NY 10016
Tel: 212 263-5656 *Fax:* 212 263-0730
E-mail: larry.chinitz@med.nyu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-35-32-049

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
Prgm Director: Jonathan Steinberg, MD
 1111 Amsterdam Avenue
 New York, NY 10025
Tel: 212 523-4007
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-35-42-051

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: James P Daubert, MD
 Box 679
 601 Elmwood Avenue
 Rochester, NY 14642
Tel: 585 273-3614 *Fax:* 585 271-7667
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-35-43-052

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: William E Sanders, MD, MBA
 130 Mason Farm Road, 4th Floor
 CB #7075 / Bioinformatics Building
 Chapel Hill, NC 27599
Tel: 919 966-4743 *Fax:* 919 966-4366
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 154-36-21-053

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
 Veterans Affairs Medical Center (Durham)
Prgm Director: Tristram D Bahnson, MD
 Box 2959
 Durham, NC 27710
Tel: 919 681-5441 *Fax:* 919 681-8980
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 154-36-31-054

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: David M Fitzgerald, MD
 Cardiology Section
 Medical Center Blvd
 Winston-Salem, NC 27157
Tel: 336 716-4838
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-36-11-055

Ohio

Cleveland

Case Western Reserve University (MetroHealth) Program

Sponsor: MetroHealth Medical Center
Prgm Director: Kara J Quan, MD
 2500 MetroHealth Drive H330
 Cleveland, OH 44109
Tel: 216 778-2005 *Fax:* 216 778-4924
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-38-13-095

Case Western Reserve University/ University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
 Veterans Affairs Medical Center (Cleveland)
Prgm Director: Bruce S Stambler, MD
 11100 Euclid Avenue
 Cleveland, OH 44106
Tel: 216 844-2466
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 154-38-21-056

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Andrea Natale, MD
 Dept of Cardiovascular Medicine/F15
 9500 Euclid Avenue
 Cleveland, OH 44195
Tel: 216 444-4293 *Fax:* 216 445-3595
E-mail: natalea@ccf.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 154-38-21-083

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Prgm Director: Charles J Love, MD*
 2nd Floor, Davis Heart & Lung Research Institute
 473 W 12th Avenue, #200
 Columbus, OH 43210
Tel: 614 293-4947 *Fax:* 614 293-5614
E-mail: love-2@medctr.osu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-38-31-101

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
 OU Medical Center
 Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Karen J Beckman, MD
 Biomedical Sciences Building, Room 357
 PO Box 26901
 Oklahoma City, OK 73190
Tel: 405 271-9696 *Fax:* 405 271-7455
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 154-39-21-059

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
 Veterans Affairs Medical Center (Portland)
Prgm Director: Sumeet S Chugh, MD
 3181 SW Sam Jackson Park Road, UHN-62
 Portland, OR 97201
Tel: 503 494-8750
E-mail: grannisd@ohsu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-40-21-060

Pennsylvania

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
Prgm Director: Jerry C Luck, MD
 500 University Drive
 PO Box 850
 Hershey, PA 17033
Tel: 717 531-7484 *Fax:* 717 531-0099
E-mail: ncoilton@psu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 154-41-21-084

Philadelphia

Drexel University College of Medicine/ Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
 Hahnemann University Hospital (Tenet Health System)
Prgm Director: Steven P Kutalek, PhD
 245 N 15th Street
 Philadelphia, PA 19102
Tel: 215 762-3457 *Fax:* 215 762-3028
E-mail: SPKutalek@drexel.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 154-41-31-062

Temple University Hospital Program

Sponsor: Temple University Hospital
Prgm Director: Richard M Greenberg, MD*
 9th Floor Parkinson Pavilion
 3401 N Broad Street
 Philadelphia, PA 19140
Tel: 215 707-4724 *Fax:* 215 707-3946
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-41-12-064

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Behzad B Pavri, MD
 925 Chestnut Street
 Mezzanine Level
 Philadelphia, PA 19107
Tel: 215 955-8882 *Fax:* 215 503-3976
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 154-41-21-088

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
 Presbyterian Medical Center (UPHS)
Prgm Director: Ralph J Verdino, MD
 Hospital of the U of Pennsylvania
 9 Founders, 3400 Spruce Street
 Philadelphia, PA 19104
Tel: 215 662-6052 *Fax:* 215 662-2879
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 154-41-22-065

Pittsburgh**University of Pittsburgh Medical Center
Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Prgm Director: William W Barrington, MD*
Presbyterian University Hospital RM B535
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 647-6272 *Fax:* 412 647-7979
E-mail: barringtonww@upmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-41-22-066

Wynnewood**Lankenau Hospital Program**

Sponsor: Lankenau Hospital
Prgm Director: Dusan Z Kocovic, MD
558 Lankenau MOB East
100 Lancaster Avenue
Wynnewood, PA 19096
Tel: 610 645-2682 *Fax:* 610 896-0643
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-41-23-067

Rhode Island**Providence****Brown University Program**

Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: Alfred Buxton, MD
Brown University School of Medicine
2 Dudley Street, Suite 360
Providence, RI 02905
Tel: 401 444-5328 *Fax:* 401 444-2801
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-43-21-068

South Carolina**Charleston****Medical University of South Carolina
College of Medicine Program**

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Prgm Director: J Marcus Wharton, MD
135 Rutledge Avenue, Suite 1201
Charleston, SC 29425
Tel: 843 792-6118 *Fax:* 843 792-7771
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 154-45-31-099

Tennessee**Nashville****Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Prgm Director: Mark E Anderson, MD
383 PRB
2220 Pierce Avenue
Nashville, TN 37232
Tel: 615 936-1720 *Fax:* 615 936-1872
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 154-47-21-069

Texas**Dallas****Baylor University Medical Center
Program**

Sponsor: Baylor University Medical Center
Prgm Director: Kevin Wheelan, MD
3500 Gaston Avenue
Roberts 3rd Floor H-393
Dallas, TX 75246
Tel: 214 841-2000 *Fax:* 214 841-2025
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 154-48-12-100

**University of Texas Southwestern
Medical School Program**

Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Director: Mohamed H Hamdan, MD
5323 Harry Hines Boulevard
Cardiology Division, HA9.133
Dallas, TX 75390
Tel: 214 590-5055 *Fax:* 214 590-0402
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-48-21-070

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Prgm Director: Hue-Teh Shih, MD
6550 Fannin, Suite 1901
Houston, TX 77030
Tel: 713 798-7857 *Fax:* 713 798-3932
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 154-48-11-072

**Baylor College of Medicine/St Luke's
Episcopal Hospital Program**

Sponsor: Baylor College of Medicine
St Luke's Episcopal Hospital
Prgm Director: Ali Massumi, MD
St Luke's Episcopal Hospital Program
6720 Bertner (MC-1-133)
Houston, TX 77030
Tel: 832 355-6676 *Fax:* 832 355-8374
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-48-13-073

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
Prgm Director: Anne Hamilton Dougherty, MD
6431 Fannin, MSB 1.246
Houston, TX 77030
Tel: 713 500-6590
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-48-21-082

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Roger A Freedman, MD
30 North 1900 East
Division of Cardiology, 4A100
Salt Lake City, UT 84132
Tel: 801 581-7715 *Fax:* 801 581-7735
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 154-49-21-075

Vermont**Burlington****University of Vermont Program**

Sponsor: Fletcher Allen Health Care
Prgm Director: Mark A Capeless, MD
111 Colchester Avenue
Burlington, VT 05401
Tel: 802 847-2005 *Fax:* 802 847-4016
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 154-50-12-098

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: J Michael Mangrum, MD
Department of Internal Medicine
PO Box 800158
Charlottesville, VA 22908
Tel: 434 924-9001 *Fax:* 434 982-4241
E-mail: cardiofellows@virginia.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-51-21-076

Richmond**Virginia Commonwealth University
Health System Program**

Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm Director: Kenneth A Ellenbogen, MD
PO Box 980053
Richmond, VA 23298
Tel: 804 828-7565 *Fax:* 804 828-6082
E-mail: kellenbogen@pol.net
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 154-51-31-077

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Prgm Director: Jeanne E Poole, MD
Division of Cardiology-Arrhythmia Service, Box 356422
1959 NE Pacific Street
Seattle, WA 98195
Tel: 206 685-4176 *Fax:* 206 616-1022
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 154-54-21-078

Wisconsin**Milwaukee****Aurora Health Care Program**

Sponsor: Aurora Health Care
Aurora Sinai Medical Center
St Luke's Medical Center
Prgm Director: Masood Akhtar, MD
Aurora Sinai Medical Center
945 N 12th St, PO Box 342
Milwaukee, WI 53201
Tel: 414 219-7190 *Fax:* 414 219-7676
E-mail: jruffin@hrtcare.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 154-56-21-079

Clinical Neurophysiology (Neurology)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Shin J Oh, MD
619 South 19th Street
Birmingham, AL 35249
Tel: 205 934-2120 *Fax:* 205 975-6758
E-mail: shinjoh@uab.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 187-01-21-038

Arizona

Phoenix

St Joseph's Hospital and Medical Center Program

Sponsor: St Joseph's Hospital and Medical Center
Prgm Director: David M Treiman, MD
Barrow Neurological Institute
350 West Thomas Road, 8BNI
Phoenix, AZ 85013
Tel: 602 406-6921 *Fax:* 602 798-0467
E-mail: achowdhury@chw.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-03-21-094

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Prgm Director: Gordon W Peterson, MD
11175 Campus Street
Coleman Pavilion, Suite 11108
Loma Linda, CA 92354
Tel: 909 558-4907 *Fax:* 909 558-0207
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-05-21-040

Los Angeles

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Cedars-Sinai Medical Center
UCLA Medical Center
Prgm Director: Marc R Nuwer, MD, PhD
710 Westwood Plaza
Reed Building 1-194
Los Angeles, CA 90095
Tel: 310 206-3093 *Fax:* 310 267-1157
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 187-05-21-004

University of Southern California/ LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
Prgm Director: Said R Beydoun, MD
1450 San Pablo
Suite 2500, Neurophysiology Dept
Los Angeles, CA 90033
Tel: 323 442-8852 *Fax:* 323 442-8934
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-05-21-059

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
Prgm Director: Arthur C Grant, MD, PhD
UCIMC Building 22C, Neurodiagnostic Laboratory
101 The City Drive, South
Orange, CA 92868
Tel: 714 456-2332 *Fax:* 714 456-6908
E-mail: grantac@uci.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-05-31-108

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
David Grant Medical Center
University of California (Davis) Medical Center
Prgm Director: Masud Seyal, MD
2315 Stockton Boulevard, Room 5308
Sacramento, CA 95817
Tel: 916 734-3514 *Fax:* 916 452-2739
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-05-31-005

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
Prgm Director: Vincente Iragui, MD, PhD
9300 Campus Point Drive (7740)
La Jolla, CA 92037
Tel: 858 657-6080 *Fax:* 858 657-6987
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-05-13-110

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Prgm Director: Michael J Aminoff, MD
505 Parnassus Avenue
San Francisco, CA 94143
Tel: 415 353-1986 *Fax:* 415 353-8578
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-05-11-006

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
California Pacific Medical Center
Lucile Salter Packard Children's Hospital at Stanford
Prgm Director: Leslie Dorfman, MD
Dept of Neurology, A343
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 723-6888 *Fax:* 650 725-5095
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 187-05-21-022

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Hugh B McIntyre, MD
1000 West Carson Street
Torrance, CA 90509
Tel: 310 222-3897 *Fax:* 310 533-8905
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-05-21-068

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Prgm Director: Edward J Novotny, MD
Department of Neurology LCI-702
333 Cedar Street
New Haven, CT 06510
Tel: 203 785-5730 *Fax:* 203 785-7194
E-mail: edward.novotny@yale.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-08-21-058

District of Columbia

Washington

George Washington University Program

Sponsor: George Washington University School of Medicine
Children's National Medical Center
Prgm Director: Perry K Richardson, MD
2150 Pennsylvania Avenue, NW
Suite 7-404
Washington, DC 20037
Tel: 202 741-2719 *Fax:* 202 741-2721
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-10-12-113

Georgetown University Program

Sponsor: Georgetown University Hospital
Prgm Director: Gholam K Motamedi, MD
3800 Reservoir Road, NW
1st Floor Bles Building
Washington, DC 20007
Tel: 202 444-4565 *Fax:* 202 444-2661
E-mail: motamedi@georgetown.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-10-21-111

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Edward Valenstein, MD
Box 100236, UFHSC
Gainesville, FL 32610
Tel: 352 392-3491 *Fax:* 352 392-6893
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-11-21-025

Jacksonville**Mayo School of Graduate Medical Education (Jacksonville) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Jacksonville)
Nemours Children's Clinic
St Luke's Hospital
Prgm Director: Kevin B Boylan, MD
4500 San Pablo Road
Jacksonville, FL 32224
Tel: 904 953-0110 *Fax:* 904 953-0430
E-mail: ngsrn.jack.fl.neurology@mayo.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-11-21-103

Weston**Miami Children's Hospital/Cleveland Clinic Foundation Program**

Sponsor: Miami Children's Hospital
Cleveland Clinic Florida
Prgm Director: Michael Duchowny, MD
Miami Children's Hospital, 3200 SW 60th Court
Miami, FL 33155
Tel: 305 662-8342 *Fax:* 305 669-6472
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-11-13-098

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Emory University Hospital
Grady Health System
Prgm Director: Jaffar Khan, MD
101 Woodruff Memorial Circle
WMRB 6009 c/o Pam Julien
Atlanta, GA 30322
Tel: 404 616-4013 *Fax:* 404 659-0849
E-mail: neuro_res@emory.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 7
Program ID: 187-12-21-080

Augusta**Medical College of Georgia Program**

Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Prgm Director: Michael H Rivner, MD
1120 15th Street, EMG Lab
Augusta, GA 30912
Tel: 706 721-2681 *Fax:* 706 721-8701
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 187-12-21-070

Illinois**Chicago****McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Northwestern Memorial Hospital
Prgm Director: Prashanthi Boppana, MD
710 N Lake Shore Dr
Suite 1110
Chicago, IL 60611
Tel: 312 908-8266 *Fax:* 312 908-5073
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-16-21-041

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Susan Palac, MD
1653 W Congress Parkway
348 Murdock
Chicago, IL 60612
Tel: 312 942-5939 *Fax:* 312 942-2238
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 187-16-21-026

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: John L Ebersole, MD*
5841 South Maryland Avenue, MC2030
Chicago, IL 60637
Tel: 773 834-4702 *Fax:* 773 702-9076
E-mail: jebbersol@neurology.bsd.uchicago.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 187-16-21-086

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
Prgm Director: Yevgenya Kaydanova, MD
912 South Wood Street, M/C 796
Chicago, IL 60612
Tel: 312 413-0685 *Fax:* 312 996-4169
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-16-21-001

Maywood**Loyola University Program**

Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Morris Fisher, MD
Department of Neurology
2160 S First Avenue
Maywood, IL 60153
Tel: 708 216-5332 *Fax:* 708 216-5617
E-mail: NeurologyResource@lumc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-16-21-051

Springfield**Southern Illinois University Program**

Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Prgm Director: Dean K Naritoku, MD
Department of Neurology
PO Box 19637
Springfield, IL 62794
Tel: 217 545-0168 *Fax:* 217 545-8039
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-16-31-008

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Prgm Director: John C Kincaid, MD
Department of Neurology, UH 1711
550 North University Boulevard
Indianapolis, IN 46202
Tel: 317 274-0311 *Fax:* 317 278-0110
E-mail: ahelton@iupui.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 187-17-21-003

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Mark E Dyken, MD
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-3059 *Fax:* 319 356-4506
E-mail: EricDyken@AOL.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-18-21-054

Kansas**Kansas City****University of Kansas Medical Center Program**

Sponsor: University of Kansas School of Medicine
Veterans Affairs Medical Center (Kansas City)
Prgm Director: Richard M Dubinsky, MD, MPH*
Department of Neurology
3599 Rainbow Boulevard
Kansas City, KS 66160
Tel: 913 588-6970 *Fax:* 913 588-6965
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 187-19-13-102

Louisiana**New Orleans****Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine
Children's Hospital
Medical Center of Louisiana at New Orleans
Prgm Director: Bruce J Fisch, MD
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 568-4080 *Fax:* 504 568-7130
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 187-21-21-078

Tulane University Program

Sponsor: Tulane University School of Medicine
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Jeffrey Nicholl, MD
Department of Neurology
1430 Tulane Avenue, Box TB 52
New Orleans, LA 70112
Tel: 504 988-2241 *Fax:* 504 988-3695
E-mail: ckastner@tulane.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-21-31-095

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Ronald P Lesser, MD*
Department of Neurology
600 North Wolfe Street
Baltimore, MD 21287
Tel: 410 955-1270 *Fax:* 410 955-0751
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 187-23-21-027

University of Maryland Program

Sponsor: University of Maryland Medical System
Prgm Director: Elizabeth Barry, MD
22 South Greene Street
Baltimore, MD 21201
Tel: 410 328-6266 *Fax:* 410 328-0697
E-mail: ebarry@som.umaryland.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 187-23-21-016

Bethesda

National Capital Consortium (Bethesda) Program

Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Children's National Medical Center
Clinical Center at the National Institutes of Health
Prgm Director: Susumu Sato, MD
EEG Section, Office of Clinical Director, NINDS
10 Center Drive, Bldg 10, Rm 5C101, MSC-1404
Bethesda, MD 20892
Tel: 301 496-5121 *Fax:* 301 402-8796
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-10-31-028
US Armed Services Program

National Capital Consortium Program

Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Prgm Director: William W Campbell, MD, MHA
Department of Neurology
4301 Jones Bridge Road
Bethesda, MD 20814
Tel: 202 782-4499 *Fax:* 202 782-2295
E-mail: wwcndmsha@comcast.net
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-10-31-024
US Armed Services Program

Massachusetts

Boston

Children's Hospital/Beth Israel Deaconess Medical Center/Harvard Medical School Program

Sponsor: Children's Hospital
Prgm Director: Seward B Rutkove, MD
330 Brookline Avenue, TCC-810
Boston, MA 02215
Tel: 617 667-8130 *Fax:* 617 667-8747
Length: 1 Yr *ACGME Approved/Offered Positions:* 7
Program ID: 187-24-21-071

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Brigham and Women's Hospital
Children's Hospital
Prgm Director: Anthony Amato, MD
Brigham and Women's Hospital, Department of Neurol
75 Francis Street
Boston, MA 02115
Tel: 617 732-8046 *Fax:* 617 730-2885
Length: 1 Yr *ACGME Approved/Offered Positions:* 10
Program ID: 187-24-21-101

New England Medical Center Hospitals/Tufts University Program

Sponsor: Tufts-New England Medical Center
Lahey Clinic
Prgm Director: James A Russell, DO, MS
Department of Neurology
41 Mall Road
Burlington, MA 01805
Tel: 781 744-5612 *Fax:* 781 744-3049
E-mail: Karen.G.Moloney@lahey.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-24-21-096

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Prgm Director: David A Chad, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 856-3083
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-24-21-009

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Ahmad Beydoun, MD
1500 East Medical Center Drive
1B300 University Hospital/0036
Ann Arbor, MI 48109
Tel: 734 936-7310 *Fax:* 734 936-5520
E-mail: sushale@umich.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 7
Program ID: 187-25-21-010

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital
Prgm Director: Veronica Sosa, MD
2799 West Grand Boulevard
K-11
Detroit, MI 48202
Tel: 313 916-2592 *Fax:* 313 916-5083
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 187-25-21-057

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Prgm Director: Jagdish Shah, MD
Neurology, SD-UHC
4201 St Antoine Blvd
Detroit, MI 48201
Tel: 313 577-1244 *Fax:* 313 745-4216
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Program ID: 187-25-21-042

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Hennepin County Medical Center
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: William S David, MD, PhD
Department of Neurology
420 Delaware Street SE, MMC 295
Minneapolis, MN 55455
Tel: 612 626-6519 *Fax:* 612 625-7950
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 187-26-21-030

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prgm Director: Barbara F Westmoreland, MD
200 First Street, SW
Rochester, MN 55905
Tel: 507 284-8687 *Fax:* 507 284-8686
E-mail: westmoreland.barbara@mayo.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 187-26-21-011

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Prgm Director: Mecheri Sundaram, MD
Neurology, EEG/EMG
2500 North State Street
Jackson, MS 39216
Tel: 601 984-4765 *Fax:* 601 984-4895
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 187-27-21-043

Missouri

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
Veterans Affairs Medical Center (St Louis)
Prgm Director: Ghazala Hayat, MD
3635 Vista Avenue
PO Box 15250
St Louis, MO 63110
Tel: 314 577-8026 *Fax:* 314 268-5101
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 187-28-21-031

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
St Louis Children's Hospital
Prgm Director: Muhammad T Al-Lozi, MD
660 S Euclid Avenue, Box 8111
St Louis, MO 63110
Tel: 314 362-6981 *Fax:* 314 362-2826
Length: 1 Yr *ACGME Approved/Offered Positions:* 7
Program ID: 187-28-21-072

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: Jeffrey A Cohen, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 653-1881 *Fax:* 603 650-0458
Length: 1 Yr
Program ID: 187-32-31-112

New Jersey**Edison****Seton Hall University School of Graduate Medical Education Program**

Sponsor: Seton Hall University School of Graduate Medical Education
JFK Medical Center
Prgm Director: Sudhansu Chokroverty, MD*
 65 James Street
 PO Box 3059
 Edison, NJ 08820
Tel: 732 321-7950 *Fax:* 732 632-1584
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-33-21-106

New Mexico**Albuquerque****University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine
 Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Jerry J Shih, MD
 MSC10 5620
 1 University of New Mexico
 Albuquerque, NM 87131
Tel: 505 272-3342 *Fax:* 505 272-6692
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-34-21-061

New York**Bronx****Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Fred A Lado, MD, PhD
 Dept of Neurology, Kennedy - 311
 1410 Pelham Parkway South
 Bronx, NY 10461
Tel: 718 430-2738 *Fax:* 718 430-8619
E-mail: swilliam@aeom.yu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-35-21-012

Brooklyn**SUNY Health Science Center at Brooklyn Program**

Sponsor: SUNY Health Science Center at Brooklyn
 Kings County Hospital Center
 Long Island College Hospital
 University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Geetha Chari, MD
 450 Clarkson Avenue
 Box 1213
 Brooklyn, NY 11203
Tel: 718 270-2042 *Fax:* 718 270-3748
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 187-35-21-062

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
 Erie County Medical Center
 Kaleida Health System (Buffalo General Hospital)
 Kaleida Health System (Millard Fillmore Hospital)
 Kaleida Health System (Women and Children's Hosp of Buffalo)
 Veterans Affairs Western New York Healthcare System
Prgm Director: Edward J Fine, MD
 100 High Street
 Buffalo, NY 14203
Tel: 716 859-3496 *Fax:* 716 859-7573
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-35-21-032

New York**Mount Sinai School of Medicine Program**

Sponsor: Mount Sinai School of Medicine
Prgm Director: David M Simpson, MD
 One Gustave L Levy Place
 Box 1052
 New York, NY 10029
Tel: 212 241-8748 *Fax:* 212 987-3301
E-mail: david.simpson@mssm.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-35-21-092

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Ronald G Emerson, MD
 Neurological Institute
 710 West 168th Street
 New York, NY 10032
Tel: 212 305-2121 *Fax:* 212 305-1450
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 187-35-31-033

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
 Hospital for Special Surgery
 Memorial Sloan-Kettering Cancer Center
 New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Jonathan D Victor, MD, PhD
 525 East 68th Street
 New York, NY 10021
Tel: 212 746-2343 *Fax:* 212 746-8984
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 187-35-11-034

New York University School of Medicine Program

Sponsor: New York University School of Medicine
 Hospital for Joint Diseases Orthopaedic Institute
Prgm Director: Steven V Paccia, MD
 550 First Avenue
 CEC, Rivergate 4th Floor
 New York, NY 10016
Tel: 212 263-8875 *Fax:* 212 263-8341
E-mail: pacias01@med.nyu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 187-35-31-063

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Eric L Logigian, MD
 601 Elmwood Avenue, Box 673
 Rochester, NY 14642
Tel: 585 275-4568 *Fax:* 585 256-1423
E-mail: clara_vigelette@urmc.rochester.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 187-35-21-045

Stony Brook**SUNY at Stony Brook Program**

Sponsor: University Hospital-SUNY at Stony Brook
 Veterans Affairs Medical Center (Northport)
Prgm Director: Mary R Andriola, MD
 Health Sciences Center, T12-020
 Stony Brook, NY 11794
Tel: 631 444-1450 *Fax:* 631 444-1474
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-35-11-064

Syracuse**SUNY Upstate Medical University Program**

Sponsor: SUNY Upstate Medical University
Prgm Director: Jeremy M Shefner, MD, PhD
 750 East Adams Street
 Syracuse, NY 13210
Tel: 315 464-5302 *Fax:* 315 464-5303
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 187-35-21-085

North Carolina**Durham****Duke University Hospital Program**

Sponsor: Duke University Hospital
 Veterans Affairs Medical Center (Durham)
Prgm Director: Aatif M Husain, MD
 DUMC 3878 - 202 Bell Building
 Durham, NC 27710
Tel: 919 684-8485 *Fax:* 919 684-8955
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 187-36-21-088

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: William L Bell, MD
 Medical Center Boulevard
 3rd Floor Meads Hall
 Winston-Salem, NC 27157
Tel: 336 716-7548 *Fax:* 336 716-7794
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 187-36-13-104

Ohio**Cincinnati****University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc
 Cincinnati Children's Hospital Medical Center
 Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Jerzy P Szaflarski, MD, PhD
 231 Albert Sabin Way ML 525
 Cincinnati, OH 45267
Tel: 513 558-3972 *Fax:* 513 558-4305
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 187-38-21-083

Cleveland

Case Western Reserve University/ University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Veterans Affairs Medical Center (Cleveland)
Prgm Director: Bashar Katirji, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-4854 *Fax:* 216 844-7624
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 187-38-21-046

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Kerry H Levin, MD
Department of Neurology
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-8370 *Fax:* 216 444-8653
Length: 1 Yr *ACGME Approved/Offered Positions:* 10
Program ID: 187-38-31-047

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Children's Hospital (Columbus)
Prgm Director: Juliann M Paolicchi, MD, MA
Children's Hospital
700 Children's Drive
Columbus, OH 43205
Tel: 614 722-4605 *Fax:* 614 722-4670
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-38-12-105

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
OU Medical Center
Prgm Director: Kalarickal J Oommen, MD
711 Stanton L Young Boulevard
Suite 215
Oklahoma City, OK 73104
Tel: 405 271-4113 *Fax:* 405 271-5723
E-mail: james-couch@ouhsc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-39-21-090

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Prgm Director: Jan-Shin Lou, MD, PhD
3181 SW Sam Jackson Park Road
(MC:L-226)
Portland, OR 97239
Tel: 503 494-5753 *Fax:* 503 494-0966
E-mail: manna@ohsu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-40-21-019

Pennsylvania

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
Prgm Director: Paul McCabe, MD
500 University Drive
Department of Neurology, H037
Hershey, PA 17033
Tel: 717 531-8692 *Fax:* 717 531-4694
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-41-21-035

Philadelphia

Drexel University College of Medicine/ Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP
Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Prgm Director: Anahita F Deboo, MD*
Broad and Vine Street - MS 308
Philadelphia, PA 19102
Tel: 215 762-7037 *Fax:* 215 762-8613
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 187-41-21-048

Temple University Hospital Program

Sponsor: Temple University Hospital
St Christopher's Hospital for Children (Tenet Health
System)
Prgm Director: Mercedes P Jacobson, MD
Room 558 Parkinson Pavilion
3401 North Broad Street
Philadelphia, PA 19140
Tel: 215 707-8910 *Fax:* 215 707-8235
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-41-31-049

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Michael R Sperling, MD
900 Walnut Street
Suite 200
Philadelphia, PA 19107
Tel: 215 955-1234 *Fax:* 215 503-2481
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 187-41-31-036

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Pennsylvania Hospital (UPHS)
Prgm Director: Shawn J Bird, MD
3400 Spruce Street, 3 Gates
Philadelphia, PA 19104
Tel: 215 662-6551 *Fax:* 215 349-5579
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-41-21-087

Pittsburgh

Allegheny General Hospital Program

Sponsor: Allegheny General Hospital
Prgm Director: George Small, MD
420 East North Avenue
Suite 206 East Wing Office Building
Pittsburgh, PA 15212
Tel: 412 359-8845 *Fax:* 412 359-8878
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-41-22-109

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical
Education Program
Children's Hospital of Pittsburgh
UPMC Western Psychiatric Institute and Clinic
Prgm Director: David Lacomis, MD
UPMC Presbyterian
200 Lothrop Street, F 878
Pittsburgh, PA 15213
Tel: 412 648-2022 *Fax:* 412 624-3661
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 187-41-21-065

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: James M Gilchrist, MD
593 Eddy Street, APC 689
Providence, RI 02903
Tel: 401 444-8761 *Fax:* 401 444-5929
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 187-43-21-015

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of
Medicine
MUSC Medical Center
Prgm Director: Paul B Pritchard, MD
96 Jonathan Lucas Street, Suite 307CSB
PO Box 250606
Charleston, SC 29425
Tel: 843 792-3222 *Fax:* 843 792-8626
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-45-21-020

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
LeBonheur Children's Medical Center
Methodist Healthcare-Memphis Hospitals
Prgm Director: Tulio E Bertorini, MD
855 Monroe Avenue, Room 415
Memphis, TN 38163
Tel: 901 448-6661 *Fax:* 901 448-7440
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-47-21-084

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Prgm Director: Bassel W Abou-Khalil, MD
2100 Pierce Avenue, Suite 336
Nashville, TN 37212
Tel: 615 936-2591 *Fax:* 615 936-0223
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 187-47-21-073

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Prgm Director: Gil I Wolfe, MD
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-6419 *Fax:* 214 648-9311
E-mail: gil.wolfe@utsouthwestern.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 187-48-21-074

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
Methodist Hospital
Texas Children's Hospital
Prgm Director: Eli M Mizrahi, MD
One Baylor Plaza
Houston, TX 77030
Tel: 713 441-3109 *Fax:* 713 793-1574
E-mail: pierson@bcm.tmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 187-48-21-037

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
Prgm Director: Mazen M Dimachkie, MD
Department of Neurology 7.044/MSB
6431 Fannin Street
Houston, TX 77030
Tel: 713 500-7100 *Fax:* 713 500-7019
E-mail: Mazen.M.Dimachkie@uth.tmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 187-48-21-066

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
Audie L. Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Wilford Hall Medical Center (AETC)
Prgm Director: Charles A Szabo, MD
7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 358-4066 *Fax:* 210 358-4803
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-48-31-077

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Prgm Director: Mark B Bromberg, MD, PhD
Department of Neurology, 3R210 SOM
30 North 1900 East
Salt Lake City, UT 84132
Tel: 801 581-5405 *Fax:* 801 581-4192
Length: 1 Yr
Program ID: 187-49-21-075

Vermont**Burlington****University of Vermont Program**

Sponsor: Fletcher Allen Health Care
Prgm Director: Keith J Nagle, MD
Clinical Neurophysiology Laboratory
111 Colchester Avenue, Patrick 5
Burlington, VT 05401
Tel: 802 656-4590 *Fax:* 802 656-5678
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-50-21-081

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: Lawrence H Phillips, MD
PO Box 800394
Charlottesville, VA 22908
Tel: 434 924-5361 *Fax:* 434 982-1850
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 187-51-21-050

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm Director: Steven M Shapiro, MD*
PO Box 980599
Richmond, VA 23298
Tel: 804 828-4323 *Fax:* 804 828-3667
E-mail: neurores@vcu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 187-51-31-053

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Prgm Director: Donald F Farrell, MD
1959 Pacific Avenue, Box 356115
Seattle, WA 98195
Tel: 206 598-4211 *Fax:* 206 598-4102
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 187-54-13-100

West Virginia**Morgantown****West Virginia University Program**

Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: Laurie Gutmann, MD
Department of Neurology
PO Box 9180
Morgantown, WV 26506
Tel: 304 293-3527 *Fax:* 304 293-3352
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-55-21-002

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Prgm Director: Raj D Sheth, MD
H6/574-5132 Clinical Science Center
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-5443 *Fax:* 608 263-0412
E-mail: sherman@neurology.wisc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-56-21-091

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Prgm Director: Paul E Barkhaus, MD
9200 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 805-5254 *Fax:* 414 805-3800
E-mail: pbarkhaus@neuroscience.mcw.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 187-56-12-107

Colon and Rectal Surgery

California

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center
Prgm Director: Phillip Fleshner, MD
8737 Beverly Boulevard, Suite 403
Los Angeles, CA 90048
Tel: 310 289-9224 *Fax:* 310 289-8995
E-mail: PFleshner@aol.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 060-05-31-052

University of Southern California/ LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
Kenneth Norris Jr Cancer Hospital and Research Institute
LAC+USC Medical Center
USC University Hospital
Prgm Director: Robert W Beart, MD*
1441 Eastlake Avenue, Suite 7418
Los Angeles, CA 90033
Tel: 323 865-3690 *Fax:* 323 865-3671
E-mail: rbeart@usc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 060-05-21-042

Connecticut

Hartford

St Francis Hospital and Medical Center Program

Sponsor: St Francis Hospital and Medical Center
Prgm Director: David A Cherry, MD
Dept of Surgery Attention: Betty Entralgo
114 Woodland Avenue
Hartford, CT 06105
Tel: 860 242-8591 *Fax:* 860 242-2511
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 060-08-21-032

District of Columbia

Washington

Washington Hospital Center Program

Sponsor: Washington Hospital Center
Prgm Director: Thomas J Stahl, MD
106 Irving Street, NW
Suite 2100 North
Washington, DC 20010
Tel: 202 877-8484 *Fax:* 202 877-8483
E-mail: olean.joyner@medstar.net
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 060-10-21-045

Florida

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Michael D Hellinger, MD
Univ of Miami/Sylvester Comprehensive Cancer Ctr (310-T)
1475 NW 12th Avenue - Room 3550
Miami, FL 33136
Tel: 305 243-9100 *Fax:* 305 243-7438
E-mail: mhelling@med.miami.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 060-11-13-049

Orlando

Orlando Regional Healthcare Program

Sponsor: Orlando Regional Healthcare
Florida Hospital Medical Center
Orlando Regional Medical Center
Prgm Director: Andrea Ferrara, MD
c/o Nancy Joiner - C&R Coordinator
110 W Underwood St #A
Orlando, FL 32806
Tel: 407 422-3790 *Fax:* 407 841-5058
E-mail: NJoiner@CRCORlando.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 060-11-21-037

Weston

Cleveland Clinic Hospital (Florida) Program

Sponsor: Cleveland Clinic Florida
Cleveland Clinic (Naples)
Cleveland Clinic Hospital
Prgm Director: Eric G Weiss, MD
Dept of Colorectal Surgery
2950 Cleveland Clinic Boulevard
Weston, FL 33331
Tel: 954 659-5240 *Fax:* 954 659-5757
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 060-11-13-051

Georgia

Atlanta

Georgia Colon and Rectal Surgical Clinic Program

Sponsor: Georgia Colon & Rectal Surgical Clinic
Dekalb Medical Center
Gwinnett Medical Center
Northside Hospital
Saint Joseph's Hospital of Atlanta
Prgm Director: David N Armstrong, MD
5555 Peachtree Dunwoody Road
Suite 206
Atlanta, GA 30342
Tel: 770 822-0921 *Fax:* 770 995-5742
E-mail: DArmstrong@gcrsa.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 060-12-31-047

Illinois

Chicago

Cook County Hospital Program

Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Leela M Prasad, MD
1901 W Harrison Street
Rm 3350
Chicago, IL 60612
Tel: 312 864-5253 *Fax:* 312 864-9642
E-mail: prasadm@uic.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 060-16-12-001

Urbana

Carle Foundation Hospital Program

Sponsor: Carle Foundation Hospital
Prgm Director: Paul M Tender, MD
Colon and Rectal Surgery
611 West Park Street
Urbana, IL 61801
Tel: 217 383-3080 *Fax:* 217 383-6009
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 060-16-11-002

Kentucky

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
Jewish Hospital
Norton Healthcare - Norton Hospital
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: Susan Galandiuk, MD
Department of Surgery
550 South Jackson Street
Louisville, KY 40202
Tel: 502 852-4568 *Fax:* 502 852-8915
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 060-20-12-048

Louisiana

New Orleans

Ochsner Clinic Foundation Program

Sponsor: Ochsner Clinic Foundation
Prgm Director: Charles B Whitlow, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-4060 *Fax:* 504 842-3964
E-mail: dguidroz@ochsner.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 060-21-12-003

Shreveport

Louisiana State University (Shreveport) Program

Sponsor: LSU Health Sciences Center-University Hospital
Christus Schumpert Health System
Prgm Director: Philip A Cole, MD
1501 Kings Highway
PO Box 33932
Shreveport, LA 71130
Tel: 318 424-8373 *Fax:* 318 222-1542
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 060-21-21-004

Maryland**Baltimore****Greater Baltimore Medical Center Program**

Sponsor: Greater Baltimore Medical Center
Prgm Director: George Y Apostolides, MD
 6569 N Charles Street, Suite 705
 Baltimore, MD 21204
 Tel: 410 494-1191 Fax: 410 494-0058
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 060-23-12-005

Massachusetts**Burlington****Lahey Clinic Program**

Sponsor: Lahey Clinic
Prgm Director: John J Murray, MD
 Dept of Colon and Rectal Surgery
 41 Mall Road
 Burlington, MA 01805
 Tel: 781 744-8971 Fax: 781 744-2945
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 060-24-12-007

Michigan**Detroit****Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital
Prgm Director: Eric J Szilagyi, MD
 2799 West Grand Boulevard
 Detroit, MI 48202
 Tel: 313 916-2498 Fax: 313 916-4032
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 060-25-31-043

Grand Rapids**Grand Rapids Medical Education and Research Center/Michigan State University Program**

Sponsor: Grand Rapids Medical Education and Research Center
 Spectrum Health-Blodgett Campus
 Spectrum Health-Butterworth Campus
Prgm Director: Martin A Luchtefeld, MD
 4100 Lake Drive SE
 Suite 205
 Grand Rapids, MI 49546
 Tel: 616 974-4511 Fax: 616 356-4102
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 060-25-12-009

Royal Oak**William Beaumont Hospital Program**

Sponsor: William Beaumont Hospital
Prgm Director: Donald C Barkel, MD
 3601 W 13 Mile Road
 Royal Oak, MI 48073
 Tel: 248 551-2678 Fax: 248 551-8880
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 060-25-12-010

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
 Abbott-Northwestern Hospital/Allina Health System
 Fairview-University Medical Center
 United Hospital
 Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Ann C Lowry, MD
 Dept of Colon and Rectal Surgery
 393 Dunlap Street North - Suite 500
 St Paul, MN 55104
 Tel: 651 312-1500 Fax: 651 312-1595
 Length: 1 Yr ACGME Approved/Offered Positions: 5
 Program ID: 060-26-21-011

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Rochester)
 Rochester Methodist Hospital
 St Mary's Hospital of Rochester
Prgm Director: Eric J Dozios, MD*
 Division of Colon and Rectal Surgery
 200 First Street, SW
 Rochester, MN 55905
 Tel: 507 284-5366 Fax: 507 284-1794
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 060-26-21-012

Missouri**St Louis****Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
Prgm Director: Elisa Birnbaum, MD
 Section of Colon and Rectal Surgery
 660 S Euclid, Campus Box 8109
 St Louis, MO 63110
 Tel: 314 454-7183 Fax: 314 454-5249
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 060-28-21-025

Nebraska**Omaha****Creighton University Program**

Sponsor: Creighton University School of Medicine
 Creighton University Medical Center (Tenet - SJH)
Prgm Director: Alan G Thorson, MD
 9850 Nicholas Street, Suite 100
 Omaha, NE 68114
 Tel: 402 343-1122 Fax: 402 343-1177
 E-mail: agthorson@msn.com
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 060-30-21-035

New Jersey**New Brunswick****UMDNJ-Robert Wood Johnson Medical School Program**

Sponsor: UMDNJ-Robert Wood Johnson Medical School
 JFK Medical Center
 Muhlenberg Regional Medical Center
Prgm Director: Theodore E Eisenstat, MD
 3900 Park Avenue
 Edison, NJ 08820
 Tel: 732 494-6640 Fax: 732 549-8204
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 060-33-12-013

New York**Buffalo****University at Buffalo Program**

Sponsor: University at Buffalo
 Kaleida Health System (Buffalo General Hospital)
Prgm Director: Amarjit Singh, MD
 100 High Street
 Suite A-115
 Buffalo, NY 14203
 Tel: 716 857-8606 Fax: 716 857-3735
 E-mail: wrscales@buffalo.edu
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 060-35-12-014

Great Neck**North Shore-Long Island Jewish Health System Program**

Sponsor: North Shore-Long Island Jewish Health System
 Long Island Jewish Medical Center
 North Shore University Hospital
Prgm Director: John A Procaccio, MD*
 900 Northern Boulevard, Suite 100
 Great Neck, NY 11021
 Tel: 516 730-2100 Fax: 516 730-2121
 E-mail: jprocacc@nshs.edu
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 060-35-12-053

New York**Mount Sinai School of Medicine Program**

Sponsor: Mount Sinai School of Medicine
 Mount Sinai Medical Center
Prgm Director: Randolph Steinhagen, MD
 Department of Surgery
 1 Gustave Levy Place Box 1259
 New York, NY 10029
 Tel: 212 241-5871 Fax: 212 987-9310
 E-mail: leslie.sotomayor@mountsinai.org
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 060-35-21-046

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
 New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Jeffrey W Milsom, MD
 525 East 68th Street
 Payson 717A
 New York, NY 10021
 Tel: 212 746-6591 Fax: 212 746-8802
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 060-35-21-050

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
St Luke's-Roosevelt Hospital Center-Roosevelt Division
Prgm Director: Lester Gottesman, MD
Department of Surgery
1000 10th Avenue, 2nd Floor
New York, NY 10019
Tel: 212 523-8417 *Fax:* 212 523-8186
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 060-35-21-034

Ohio

Cleveland

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Scott A Strong, MD
9500 Euclid Avenue, Desk A-30
Cleveland, OH 44195
Tel: 216 444-0361 *Fax:* 216 445-8627
E-mail: meded@ccf.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 060-38-12-016

Columbus

Grant Medical Center (OhioHealth) Program

Sponsor: Grant Medical Center (OhioHealth)
Mount Carmel
Prgm Director: Pedro S Aguilar, MD
Medical Education Dept - Colon and Rectal Surgery
285 E State Street, Suite 670
Columbus, OH 43215
Tel: 614 566-9699 *Fax:* 614 566-8073
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 060-38-12-017

Pennsylvania

Allentown

Lehigh Valley Hospital/Pennsylvania State University Program

Sponsor: Lehigh Valley Hospital
Prgm Director: Robert D Riether, MD
Department of Surgery
Cedar Crest & I-78, PO Box 689
Allentown, PA 18105
Tel: 610 402-8966 *Fax:* 610 402-1667
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 060-41-21-029

Erie

St Vincent Health Center Program

Sponsor: St Vincent Health Center
Prgm Director: John C Reilly, MD
Dept of Colon and Rectal Surgery
232 West 25th Street
Erie, PA 16544
Tel: 814 452-5100 *Fax:* 814 452-5097
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 060-41-12-019

Philadelphia

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Scott Goldstein, MD
Division of Colon and Rectal Surgery
1100 Walnut Street, Suite 702
Philadelphia, PA 19107
Tel: 215 955-5869 *Fax:* 215 955-2404
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 060-41-21-031

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Presbyterian Medical Center (UPHS)
Prgm Director: Howard M Ross, MD
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 662-8804 *Fax:* 215 243-4649
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 060-41-33-054

Pittsburgh

Western Pennsylvania/Allegheny General Combined Program

Sponsor: The Western Pennsylvania Hospital
Allegheny General Hospital
Prgm Director: Thomas E Read, MD
4800 Friendship Avenue, N4600
Pittsburgh, PA 15224
Tel: 412 578-6880 *Fax:* 412 578-1434
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 060-41-21-056

Texas

Dallas

Baylor University Medical Center Program

Sponsor: Baylor University Medical Center
Prgm Director: Warren E Lichliter, MD
Dept of Colon and Rectal Surgery
3500 Gaston Avenue
Dallas, TX 75246
Tel: 214 820-4543 *Fax:* 214 820-4538
E-mail: peggya@baylorhealth.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 060-48-21-021

Presbyterian Hospital of Dallas Program

Sponsor: Presbyterian Hospital of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Zale-Lipsy University Hospital
Prgm Director: Clifford L Simmang, MD, MS
5323 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 645-8192 *Fax:* 214 645-8155
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 060-48-21-022

Houston

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
Prgm Director: H Randolph Bailey, MD
6550 Fannin St
Ste 2307
Houston, TX 77030
Tel: 713 790-9250 *Fax:* 713 790-9251
E-mail: amcgill@crchouston.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 060-48-21-023

Washington

Seattle

Northwest Colon and Rectal Clinic Program

Sponsor: Northwest Colon and Rectal Clinic PS
Northwest Hospital
Swedish Medical Center-Seattle
Prgm Director: Mark H Kimmins, MD*
1101 Madison Street, Suite 500
Seattle, WA 98104
Tel: 206 386-6600 *Fax:* 206 386-2452
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 060-54-21-040

Craniofacial Surgery (Plastic Surgery)

Florida

Miami

Miami Children's Hospital Program

Sponsor: Miami Children's Hospital
Cedars Medical Center
Prgm Director: S Anthony Wolfe, MD
6280 Sunset Dr
Suite 400
Miami, FL 33143
Tel: 305 325-1300 *Fax:* 305 545-5748
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 361-11-13-003

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
William N Wishard Memorial Hospital
Prgm Director: A Michael Sadove, MD
702 Barnhill Drive
Room 2514
Indianapolis, IN 46202
Tel: 317 274-3778 *Fax:* 317 274-2037
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 361-17-22-005

Maryland

Baltimore

Johns Hopkins Hospital/University of Maryland Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Prgm Director: Craig A Vander Kolk, MD
601 N Caroline Street
Suite 8152D
Baltimore, MD 21287
Tel: 410 955-2136 *Fax:* 410 955-7060
E-mail: cvanderk@jhmi.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 361-23-21-001

Texas

Dallas

World Craniofacial Foundation Program

Sponsor: World Craniofacial Foundation
Prgm Director: Kenneth E Salyer, MD
7777 Forest Lane, Suite C-117
Dallas, TX 75230
Tel: 972 566-6555 *Fax:* 972 566-6017
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 361-48-21-002

Wisconsin**Milwaukee****Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc

Children's Hospital of Wisconsin
Froedtert Memorial Lutheran Hospital

Prgm Director: Arlen D Denny, MD

9000 W Wisconsin Avenue
Milwaukee, WI 53226

Tel: 414 266-2825 *Fax:* 414 266-2957

E-mail: adenny@chw.org

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 361-56-21-004

Critical Care Medicine (Anesthesiology)**Alabama****Birmingham****University of Alabama Medical Center Program**

Sponsor: University of Alabama Hospital

Prgm Director: Philip J McArdle, MD

619 S 19th Street, JT 845

Birmingham, AL 35249

Tel: 205 934-4699 *Fax:* 205 975-5963

Length: 1 Yr

Program ID: 045-01-12-067

Arizona**Tucson****University of Arizona Program**

Sponsor: University of Arizona College of Medicine

University Medical Center

Prgm Director: Charles W Otto, MD

1501 N Campbell Avenue

PO Box 245114

Tucson, AZ 85724

Tel: 520 626-7221 *Fax:* 520 626-6943

Length: 1 Yr

Program ID: 045-03-21-046

California**Orange****University of California (Irvine) Program**

Sponsor: University of California (Irvine) Medical Center

VA Long Beach Healthcare System

Prgm Director: Elizabeth Behringer, MD

Veterans Affairs Medical Center

5901 E Seventh Street (139)

Long Beach, CA 90822

Tel: 714 456-5501 *Fax:* 310 826-5991

Length: 1 Yr

Program ID: 045-05-21-011

San Francisco**University of California (San Francisco) Program**

Sponsor: University of California (San Francisco) School of Medicine

San Francisco General Hospital Medical Center

University of California (San Francisco) Medical Center

Prgm Director: Linda Liu, MD

Box 0624

505 Parnassus Avenue

San Francisco, CA 94143

Tel: 415 353-1116 *Fax:* 415 353-1990

E-mail: ongl@anesthesia.ucsf.edu

Length: 1 Yr

Program ID: 045-05-21-021

Stanford**Stanford University Program**

Sponsor: Stanford University Hospital

Prgm Director: Myer H Rosenthal, MD

Department of Anesthesia, H 3580

300 Pasteur Drive

Stanford, CA 94305

Tel: 650 723-6415 *Fax:* 650 725-8544

E-mail: mhr@stanford.edu

Length: 1 Yr

Program ID: 045-05-21-002

Connecticut**Farmington****University of Connecticut Program**

Sponsor: University of Connecticut School of Medicine

Hartford Hospital

Univ of Connecticut Health Center/John Dempsey

Hospital

Prgm Director: Thomas C Mort, MD

80 Seymour Street

PO Box 5037

Hartford, CT 06102

Tel: 860 545-5201 *Fax:* 860 545-3266

Length: 1 Yr

Program ID: 045-08-21-035

New Haven**Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital

Prgm Director: Stanley H Rosenbaum, MD

333 Cedar Street

PO Box 208051

New Haven, CT 06520

Tel: 203 785-2802 *Fax:* 203 785-6664

Length: 1 Yr

Program ID: 045-08-21-058

District of Columbia**Washington****George Washington University Program**

Sponsor: George Washington University School of Medicine

George Washington University Hospital (UHS)

Prgm Director: Christopher D Junker, MD

900 23rd Street, NW

Washington, DC 20037

Tel: 202 715-4710 *Fax:* 202 715-4759

Length: 1 Yr

Program ID: 045-10-21-039

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine

North Florida/South Georgia Veterans Health System

Shands Hospital at the University of Florida

Prgm Director: A Joseph Layon, MD

PO Box 100254

Gainesville, FL 32610

Tel: 352 265-0486 *Fax:* 352 338-9812

E-mail: psmith@anest.ufl.edu

Length: 1 Yr

Program ID: 045-11-21-009

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System

Prgm Director: Miguel A Cobas, MD
Division of Trauma Anesthesia and Critical Care
PO Box 016370 (M820)
Miami, FL 33101
Tel: 305 585-1191 *Fax:* 305 545-6195
E-mail: egordillo@med.miami.edu
Length: 1 Yr
Program ID: 045-11-21-004

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
Tampa General Hospital
Veterans Affairs Medical Center (Bay Pines)
Prgm Director: Hans W Schweiger, MD
MDC 59
12901 Bruce B Downs Blvd
Tampa, FL 33612
Tel: 813 844-7543 *Fax:* 813 844-7418
Length: 1 Yr
Program ID: 045-11-21-050

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Crawford Long Hospital of Emory University
Grady Health System
Prgm Director: James G Ramsay, MD
1364 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 778-5874 *Fax:* 404 778-5194
Length: 1 Yr
Program ID: 045-12-21-059

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Prgm Director: William T Peruzzi, MD
c/o Christopher Zell
251 E Huron Street, Suite 5-704
Chicago, IL 60611
Tel: 312 926-8105 *Fax:* 312 926-9206
E-mail: czell@nmff.org
Length: 1 Yr
Program ID: 045-16-21-014

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Michael O'Connor, MD
5841 S Maryland Avenue, MC 4028
Chicago, IL 60637
Tel: 773 702-6842 *Fax:* 773 834-0063
Length: 1 Yr
Program ID: 045-16-21-068

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: J Steven Hata, MD
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-0772 *Fax:* 319 356-1120
Length: 1 Yr
Program ID: 045-18-21-003

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Todd Dorman, MD
Meyer 291
600 North Wolfe Street
Baltimore, MD 21287
Tel: 410 955-9080 *Fax:* 410 955-8978
E-mail: tdorman@jhmi.edu
Length: 1 Yr
Program ID: 045-23-21-034

University of Maryland Program

Sponsor: University of Maryland Medical System
Prgm Director: Vadivelu Sivaraman, MD
22 South Greene Street
Suite S11C00
Baltimore, MD 21201
Tel: 410 328-6120 *Fax:* 410 328-5531
E-mail: mpurcell@anes.umm.edu
Length: 1 Yr
Program ID: 045-23-21-029

Bethesda

National Capital Consortium Program

Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Prgm Director: Christian Popa, MD
Critical Care Medicine
6900 Georgia Avenue NW
Washington, DC 20307
Tel: 202 782-2066 *Fax:* 202 782-5043
E-mail: christian.popa@na.amedd.army.mil
Length: 1 Yr
Program ID: 045-10-21-042
US Armed Services Program

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program

Sponsor: Beth Israel Deaconess Medical Center
Children's Hospital
Prgm Director: Alan Lisbon, MD
1 Deaconess Road
Suite CC-470
Boston, MA 02215
Tel: 617 754-2702 *Fax:* 617 754-2712
Length: 1 Yr
Program ID: 045-24-11-001

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital
Prgm Director: Nicholas Sadovnikoff, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-8280 *Fax:* 617 264-5230
E-mail: nsadovnikoff@partners.org
Length: 1 Yr
Program ID: 045-24-31-069

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Brigham and Women's Hospital
Prgm Director: Rae M Allain, MD
32 Fruit Street
Boston, MA 02114
Tel: 617 726-2859 *Fax:* 617 724-8511
E-mail: rallain@partners.org
Length: 1 Yr
Program ID: 045-24-31-015

Springfield

Baystate Medical Center/Tufts University School of Medicine Program

Sponsor: Baystate Medical Center
Prgm Director: Thomas L Higgins, MD
759 Chestnut Street
Springfield, MA 01199
Tel: 413 794-4326 *Fax:* 413 794-5349
E-mail: kristen.kolb@bhs.org
Length: 1 Yr
Program ID: 045-24-21-063

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
St Vincent Hospital
UMass Memorial Health Care (University Campus)
Prgm Director: Khaldoun Faris, MD*
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 856-3266 *Fax:* 508 856-3921
Length: 1 Yr
Program ID: 045-24-31-017

Michigan

Detroit

Wayne State University/Detroit Medical Center (Sinai Hospital) Program

Sponsor: Wayne State University/Detroit Medical Center
Sinai-Grace Hospital (Sinai Campus)
Prgm Director: H Michael Marsh, MD
Department of Anesthesiology, 2-T Annex
4201 St Antoine Blvd
Detroit, MI 48201
Tel: 313 745-4300
Length: 1 Yr
Program ID: 045-25-31-019

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Regions Hospital
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Allen Miranda, MD
MMC 294
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612 624-9990 *Fax:* 612 626-2363
Length: 1 Yr
Program ID: 045-26-21-061

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
 Mayo Clinic (Rochester)
Prgm Director: Bhargavi Gali, MD
 Siebens 5th Floor
 200 First Street, SW
 Rochester, MN 55905
Tel: 507 255-3280 *Fax:* 507 255-4267
E-mail: mgsm.roch.mnanesthesiology@mayo.edu
Length: 1 Yr
Program ID: 045-26-21-024

Missouri**St Louis****Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium Barnes-Jewish Hospital
Prgm Director: Walter A Boyle, MD
 Campus Box 8054
 600 S Euclid Avenue
 St Louis, MO 63110
Tel: 314 362-8543 *Fax:* 314 747-1710
Length: 1 Yr
Program ID: 045-28-21-056

New Hampshire**Lebanon****Dartmouth-Hitchcock Medical Center Program**

Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: Athos J Rassias, MD
 One Medical Center Drive
 Lebanon, NH 03756
Tel: 603 650-4642 *Fax:* 603 650-0614
Length: 1 Yr
Program ID: 045-32-21-030

New York**Brooklyn****SUNY Health Science Center at Brooklyn Program**

Sponsor: SUNY Health Science Center at Brooklyn Kings County Hospital Center Long Island College Hospital University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Jean Charchafieh, MD, MPH
 450 Clarkson Avenue
 Box 6
 Brooklyn, NY 11203
Tel: 718 270-3290 *Fax:* 718 270-4690
E-mail: jean.charchafieh@downstate.edu
Length: 1 Yr
Program ID: 045-35-11-054

New York**Mount Sinai School of Medicine Program**

Sponsor: Mount Sinai School of Medicine Englewood Hospital and Medical Center Mount Sinai Medical Center
Prgm Director: Andrew B Leibowitz, MD
 Box 1264
 One Gustave L Levy Place
 New York, NY 10029
Tel: 212 241-8867 *Fax:* 212 860-3669
E-mail: andrew.leibowitz@msnyuhealth.org
Length: 1 Yr
Program ID: 045-35-21-020

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Robert N Sladen, MD
 630 West 168th Street, PH 527-B
 New York, NY 10032
Tel: 212 305-8633 *Fax:* 212 305-8287
E-mail: rs543@columbia.edu
Length: 1 Yr
Program ID: 045-35-11-007

New York University School of Medicine Program

Sponsor: New York University School of Medicine Bellevue Hospital Center
Prgm Director: Brian S Kaufman, MD
 550 First Avenue
 New York, NY 10016
Tel: 212 263-5072 *Fax:* 212 263-7254
Length: 1 Yr
Program ID: 045-35-21-016

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Peter J Papadakos, MD
 Department of Anesthesiology, Box 604
 601 Elmwood Avenue
 Rochester, NY 14642
Tel: 585 273-4750 *Fax:* 585 244-7271
Length: 1 Yr
Program ID: 045-35-11-022

Syracuse**SUNY Upstate Medical University Program**

Sponsor: SUNY Upstate Medical University
Prgm Director: Carlos J Lopez, MD
 750 East Adams Street
 Syracuse, NY 13210
Tel: 315 464-4890 *Fax:* 315 464-4905
Length: 1 Yr
Program ID: 045-35-31-053

North Carolina**Durham****Duke University Hospital Program**

Sponsor: Duke University Hospital Veterans Affairs Medical Center (Durham)
Prgm Director: Christopher C Young, MD
 Box 3094
 Suite 3409B
 Durham, NC 27710
Tel: 919 668-3400 *Fax:* 919 681-7893
E-mail: gros001@mc.duke.edu
Length: 1 Yr
Program ID: 045-36-21-052

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Jeffrey S Kelly, MD
 Department of Anesthesiology
 Medical Center Boulevard
 Winston-Salem, NC 27157
Tel: 336 716-4498 *Fax:* 336 716-9534
Length: 1 Yr
Program ID: 045-36-21-023

Ohio**Cleveland****Case Western Reserve University/University Hospitals of Cleveland Program**

Sponsor: University Hospitals of Cleveland
Prgm Director: Joel B Zivot, MD
 11100 Euclid Ave
 LKSD 2514
 Cleveland, OH 44106
Tel: 216 844-8077 *Fax:* 216 844-3781
Length: 1 Yr
Program ID: 045-38-21-012

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Shahpour Esfandiari, MD
 9500 Euclid Avenue
 Cleveland, OH 44195
Tel: 216 444-6193 *Fax:* 216 444-7360
E-mail: aned@ccf.org
Length: 1 Yr
Program ID: 045-38-21-031

Pennsylvania**Hershey****Penn State University/Milton S Hershey Medical Center Program**

Sponsor: Milton S Hershey Medical Center
Prgm Director: John K Stene, MD, PhD
 PO Box 850
 Hershey, PA 17033
Tel: 717 531-8434 *Fax:* 717 531-0176
Length: 1 Yr
Program ID: 045-41-21-038

Philadelphia**University of Pennsylvania Program**

Sponsor: University of Pennsylvania Health System Children's Hospital of Philadelphia
Prgm Director: Clifford S Deutschman, MD
 775 Dulles Building
 3400 Spruce Street
 Philadelphia, PA 19104
Tel: 215 662-3751
E-mail: pfeifera@uphs.upenn.edu
Length: 1 Yr
Program ID: 045-41-21-005

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Prgm Director: Nicholas Bircher, MD
Critical Care Medicine, 655 Scaife Hall
3550 Terrace Street
Pittsburgh, PA 15261
Tel: 412 647-3135 *Fax:* 412 647-8060
E-mail: fabiszewskila@ccm.upmc.edu
Length: 1 Yr
Program ID: 045-41-21-028

Tennessee

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Prgm Director: John A Barwise, MBChB*
1211 21st Avenue South
324 Medical Art Building
Nashville, TN 37212
Tel: 615 343-6268 *Fax:* 615 343-6272
E-mail: john.barwise@vanderbilt.edu
Length: 1 Yr
Program ID: 045-47-21-057

Texas

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Eric Bedell, MD*
301 University Boulevard
Galveston, TX 77555
Tel: 409 772-1221 *Fax:* 409 772-1224
E-mail: isramos@utmb.edu
Length: 1 Yr
Program ID: 045-48-21-048

Houston

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
Prgm Director: Todd Kelly, MD*
6431 Fannin, 5.020 MSB
Houston, TX 77030
Tel: 713 792-5040 *Fax:* 713 745-1869
Length: 1 Yr
Program ID: 045-48-21-032

Lackland AFB

San Antonio Uniformed Services Health Education Consortium (WHMC) Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilford Hall Medical Center (AETC)
Brooke Army Medical Center
Prgm Director: Maj Steven G Venticinque, MD
2200 Bergquist Drive, suite 1
Lackland AFB, TX 78236
Tel: 210 292-7956 *Fax:* 210 292-7986
Length: 1 Yr
Program ID: 045-48-21-033
US Armed Services Program

Virginia

Charlottesville

University of Virginia Program
Sponsor: University of Virginia Medical Center
Prgm Director: Stuart M Lowson, MD
PO Box 800710
Charlottesville, VA 22908
Tel: 434 924-2283 *Fax:* 434 982-0019
Length: 1 Yr
Program ID: 045-51-11-027

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Prgm Director: Steven Deem, MD
Box 359724
Seattle, WA 98104
Tel: 206 731-2848 *Fax:* 206 731-8009
Length: 1 Yr
Program ID: 045-54-22-072

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
Prgm Director: Jonathan T Ketzler, MD
B6/319 CSC
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-8114 *Fax:* 608 263-0575
Length: 1 Yr
Program ID: 045-56-21-008

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Froedtert Memorial Lutheran Hospital
Prgm Director: Sylvia Y Dolinski, MD
9200 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 805-2715 *Fax:* 414 259-1522
Length: 1 Yr
Program ID: 045-56-21-025

Critical Care Medicine (Internal Medicine)

California

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Lawrence S Maldonado, MD
8700 Beverly Blvd
Los Angeles, CA 90048
Tel: 310 423-4684 *Fax:* 310 423-0436
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 142-05-11-005

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Prgm Director: Michael A Matthay, MD
Dept of Medicine
Box 0624
San Francisco, CA 94143
Tel: 415 353-1206 *Fax:* 415 353-1990
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 142-05-21-011

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Veterans Affairs Palo Alto Health Care System
Prgm Director: Norman W Rizk, MD
300 Pasteur Drive, Room M121-L
Stanford, CA 94305
Tel: 650 723-6381
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 142-05-21-013

District of Columbia

Washington

George Washington University Program

Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Prgm Director: Michael G Seneff, MD
900 23rd Street, NW
Washington, DC 20037
Tel: 202 715-4591 *Fax:* 202 715-4759
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 142-10-21-103

Florida**Miami****Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
 Mount Sinai Medical Center of Florida Inc
 Veterans Affairs Medical Center (Miami)
Prgm Director: Roland M H Schein, MD
 Dept of Medicine (D-26)
 PO Box 016760
 Miami, FL 33101
Tel: 305 575-3153 *Fax:* 305 575-3366
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 142-11-21-020

Illinois**Chicago****Rush University Medical Center Program**

Sponsor: Rush University Medical Center
 John H Stroger Hospital of Cook County
Prgm Director: David P Gurka, MD, PhD
 1553 West Congress Parkway
 Chicago, IL 60612
Tel: 312 942-2892 *Fax:* 312 942-5490
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 142-16-11-027

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Gregory Schmidt, MD
 Section of Pulmonary and Critical Care: MC6076
 5841 S Maryland Avenue
 Chicago, IL 60637
Tel: 773 702-1856 *Fax:* 773 702-6500
E-mail: gschmidt@medicine.bsd.uchicago.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 142-16-11-024

North Chicago**The Chicago Medical School at Rosalind Franklin University of Medicine and Science Program**

Sponsor: Chicago Medical School/Rosalind Franklin Univ of Med & Sci
 Swedish Covenant Hospital
 Veterans Affairs Medical Center (North Chicago)
Prgm Director: Eric Gluck, MD
 Department of Medicine-Division of Critical Care Medicine
 3333 Green Bay Road
 North Chicago, IL 60064
Tel: 773 293-3200 *Fax:* 773 878-3753
E-mail: abrona@finchcms.edu
Length: 2 Yrs
Program ID: 142-16-21-026

Louisiana**Shreveport****Louisiana State University (Shreveport) Program**

Sponsor: LSU Health Sciences Center-University Hospital
 Overton Brooks Veterans Affairs Medical Center
Prgm Director: Steven A Conrad, MD, PhD
 1501 Kings Highway
 Shreveport, LA 71130
Tel: 318 675-6885 *Fax:* 318 675-7811
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 142-21-21-032

Maryland**Bethesda****National Capital Consortium (Walter Reed) Program**

Sponsor: National Capital Consortium
 Walter Reed Army Medical Center
Prgm Director: Thomas M Fitzpatrick, MD, PhD
 6900 Georgia Avenue, NW
 Washington, DC 20307
Tel: 202 782-2063 *Fax:* 202 782-2782
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 142-10-21-125
 US Armed Services Program

National Institutes of Health Clinical Center Program

Sponsor: Clinical Center at the National Institutes of Health
 Washington Hospital Center
Prgm Director: Dorothea R McAreavey, MD
 10 Center Drive
 Room 7D43
 Bethesda, MD 20892
Tel: 301 496-9320 *Fax:* 301 402-1213
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 142-23-21-128
 US Armed Services Program

Massachusetts**Worcester****University of Massachusetts Program**

Sponsor: University of Massachusetts Medical School
 St Vincent Hospital
 UMass Memorial Health Care (University Campus)
Prgm Director: Nicholas A Smyrniotis, MD
 55 Lake Avenue, North
 Worcester, MA 01655
Tel: 508 856-3122 *Fax:* 508 856-3999
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 142-24-21-035

Minnesota**Minneapolis****Hennepin County Medical Center Program**

Sponsor: Hennepin County Medical Center
 Methodist Hospital
Prgm Director: James W Leatherman, MD
 701 Park Avenue
 Pulmonary Division - G5
 Minneapolis, MN 55415
Tel: 612 873-2625 *Fax:* 612 904-4680
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 142-26-21-118

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Rochester)
 Rochester Methodist Hospital
 St Mary's Hospital of Rochester
Prgm Director: William F Dunn, MD
 200 First Street, SW
 Rochester, MN 55905
Tel: 507 255-3275
Length: 2 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 142-26-21-100

Missouri**St Louis****St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine
 St John's Mercy Medical Center
 St Louis University Hospital
Prgm Director: Robert W Taylor, MD
 621 S New Ballas Road
 Suite 4006B
 St Louis, MO 63141
Tel: 314 251-6486 *Fax:* 314 251-4155
Length: 2 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 142-28-21-048

New Hampshire**Lebanon****Dartmouth-Hitchcock Medical Center Program**

Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: Athos J Rassias, MD*
 Critical Care Medicine
 1 Medical Center Drive
 Lebanon, NH 03756
Tel: 603 650-4642 *Fax:* 603 650-0614
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 142-32-21-140

New Jersey**Camden****UMDNJ-Robert Wood Johnson Medical School (Camden) Program**

Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Richard P Dellinger, MD
 One Cooper Plaza
 3rd Floor, Dorrance
 Camden, NJ 08103
Tel: 856 342-2633 *Fax:* 856 968-7420
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 142-33-21-051

South Orange**Seton Hall University School of Graduate Medical Education Program**

Sponsor: Seton Hall University School of Graduate Medical Education
 JFK Medical Center
 St Michael's Medical Center (Cathedral Health Services Inc)
Prgm Director: Marc R Adelman, MD
 306 M L King Blvd
 Newark, NJ 07102
Tel: 973 877-5090 *Fax:* 973 877-2737
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 142-33-11-050

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Helen K Busby, MD
Pulm Critical Care MSC 10-5550 Internal Medicine
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505 272-4751 *Fax:* 505 272-8700
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 142-34-21-053

New York

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Prgm Director: Vladimir Kvetan, MD
111 East 210th Street
Bronx, NY 10467
Tel: 718 920-5440 *Fax:* 718 652-2464
E-mail: kvetan@montefiore.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 11
Program ID: 142-35-21-067

Brooklyn

Maimonides Medical Center Program

Sponsor: Maimonides Medical Center
Prgm Director: Sidney Tessler, MD
4802 Tenth Avenue
Brooklyn, NY 11219
Tel: 718 283-8380 *Fax:* 718 283-7884
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 142-35-11-056

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Long Island College Hospital
St John's Episcopal Hospital-South Shore
Staten Island University Hospital
University Hospital-SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Prgm Director: A Ross Hill, MD
450 Clarkson Avenue, Box 19
Brooklyn, NY 11203
Tel: 718 270-1770 *Fax:* 718 270-1733
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 142-35-21-065

New York

Memorial Sloan-Kettering Cancer Center/New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: Memorial Sloan-Kettering Cancer Center
Prgm Director: Stephen M Pastores, MD
1275 York Avenue
New York, NY 10021
Tel: 212 639-6396 *Fax:* 212 794-4333
Length: 2 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 142-35-21-064

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Englewood Hospital and Medical Center
Mount Sinai Medical Center
Prgm Director: John M Orpello, MD
Box 1264
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-7331 *Fax:* 212 860-3669
Length: 2 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 142-35-31-060

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: Mark E Astiz, MD
153 West 11th Street
New York, NY 10011
Tel: 212 604-8336 *Fax:* 212 604-8061
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 142-35-11-058

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Highland Hospital of Rochester
Prgm Director: Michael J Apostolakos, MD
Pulmonary & Critical Care Division
601 Elmwood Avenue, Box 602
Rochester, NY 14642
Tel: 585 275-2050 *Fax:* 585 273-1126
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 142-35-21-141

North Carolina

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Drew A MacGregor, MD
Medical Center Blvd
Winston-Salem, NC 27157
Tel: 336 716-6653 *Fax:* 336 716-9534
E-mail: dtollive@wfbumc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 142-36-21-069

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Prgm Director: Dane Nichols, MD
3181 SW San Jackson Park Road
Mailcode: UHN 67
Portland, OR 97239
Tel: 503 494-0611 *Fax:* 503 418-0278
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 142-40-31-156

Pennsylvania

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Paul L Rogers, MD
Department of Critical Care Medicine
655 Scaife Hall, 3550 Terrace Street
Pittsburgh, PA 15261
Tel: 412 647-3135 *Fax:* 412 647-8060
E-mail: rogerspl@ccm.upmc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 22
Program ID: 142-41-21-114

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
Miriam Hospital-Lifespan
Prgm Director: Paul C Yodice, MD
164 Summit Avenue, Suite 221
Providence, RI 02906
Tel: 401 793-4501 *Fax:* 401 793-4511
E-mail: PYodice@Lifespan.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 142-43-11-083

Texas

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Methodist Hospital
Prgm Director: Kalpalatha K Guntupalli, MD
Pulmonary & Critical Care Medicine Section
1504 Taub Loop, 6th Floor
Houston, TX 77030
Tel: 713 873-2468 *Fax:* 713 790-9576
E-mail: kkg@bcm.tmc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 142-48-21-091

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Prgm Director: Mark R Tonelli, MD, MA
Box 356522, BB1253 HSB, Pulmonary & Crit Care Med
1959 NE Pacific St
Seattle, WA 98195
Tel: 206 543-3166 *Fax:* 206 685-8673
E-mail: pecmfelo@u.washington.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 142-54-21-094

Cytopathology (Pathology)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Isam-eldin A Eltoun, MD, MBA
Kracke Bldg/Rm 609
619 South 19th Street
Birmingham, AL 35233
Tel: 205 975-8880 *Fax:* 205 934-7094
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-01-21-041

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
Prgm Director: Perkins Mukunyadzi, MD
4301 West Markham, Slot 517
Little Rock, AR 72205
Tel: 501 686-8310 *Fax:* 501 603-1479
E-mail: gordonren@uams.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-04-21-034

California

Los Angeles

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
UCLA Medical Center
Prgm Director: Sathima Natarajan, MD
650 Charles Young Dr S
A3-231L, CHS
Los Angeles, CA 90095
Tel: 310 825-9670 *Fax:* 310 206-8108
E-mail: snataraj@mednet.ucla.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-05-21-013

University of Southern California/ LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC
Medical Center
LAC+USC Medical Center
Prgm Director: Camilla J Cobb, MD
1200 North State Street, Rm 2900
Los Angeles, CA 90033
Tel: 323 226-4611 *Fax:* 323 226-7476
E-mail: cobb@usc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 307-05-21-063

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical
Center
Prgm Director: Ibrahim Ramzy, MD
101 The City Drive South
Orange, CA 92868
Tel: 714 456-6141 *Fax:* 714 456-5873
E-mail: iramzy@uci.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-05-31-098

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: Alaa Afify, MD
4400 V Street, PATH Building
Sacramento, CA 95817
Tel: 916 734-8370 *Fax:* 916 734-6468
E-mail: penny.young@ucdmc.ucdavis.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-05-21-081

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School
of Medicine
San Francisco General Hospital Medical Center
Prgm Director: Britt-Marie Ljung, MD
1600 Divisadero Street
Cytopathology, R-200
San Francisco, CA 94143
Tel: 415 353-7048 *Fax:* 415 353-7676
E-mail: jeworow@itsa.ucsf.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-05-21-075

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Prgm Director: Christina S Kong, MD
Department of Pathology
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 723-9016 *Fax:* 650 725-6902
E-mail: ckong@stanford.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-05-13-096

Connecticut

Hartford

Hartford Hospital Program

Sponsor: Hartford Hospital
Prgm Director: Theresa M Voytek, MD
80 Seymour Street
PO Box 5037
Hartford, CT 06102
Tel: 860 545-2866
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-08-21-053

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Prgm Director: David L Rimm, MD, PhD
310 Cedar Street
PO Box 208023
New Haven, CT 06520
Tel: 203 737-4204 *Fax:* 203 737-5089
E-mail: david.rimm@yale.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-08-21-078

District of Columbia

Washington

George Washington University Program

Sponsor: George Washington University School of
Medicine
George Washington University Hospital (UHS)
Prgm Director: Mary K Sidway, MD
Ross Hall, Room 419
2300 Eye Street, NW
Washington, DC 20037
Tel: 202 994-8824 *Fax:* 202 994-2618
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-10-21-005

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Prgm Director: Edward J Wilkinson, MD
1600 SW Archer Road
Box 100275
Gainesville, FL 32610
Tel: 352 265-0238 *Fax:* 352 265-0437
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-11-21-047

Jacksonville

University of Florida Health Science Center/Jacksonville Program

Sponsor: University of Florida College of Medicine at
Jacksonville
Shands Jacksonville Medical Center
Prgm Director: Shahla Masood, MD
655 West Eighth Street
Jacksonville, FL 32209
Tel: 904 244-4387 *Fax:* 904 244-4060
E-mail: rebel.jones@jax.ufl.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-11-21-014

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health
System
University of Miami Hospital and Clinics
Prgm Director: Parvin Ganjel-Azar, MD
PO Box 016960 (R-1)
Miami, FL 33101
Tel: 305 585-6055 *Fax:* 305 585-2598
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-11-21-024

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
Prgm Director: Barbara Centeno, MD
12901 Magnolia Drive
MDC Box 11
Tampa, FL 33612
Tel: 813 974-2745
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-11-21-068

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Prgm Director: George G Birdsong, MD
Anatomic Pathology, Room H-185A
1364 Clifton Road, NE
Atlanta, GA 30332
Tel: 404 616-3164 *Fax:* 404 616-9084
E-mail: gbirdso@emory.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-12-21-058

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Prgm Director: Ritu Nayar, MD
251 East Huron Street
Feinberg Pavilion 7-210
Chicago, IL 60611
Tel: 312 926-7017 *Fax:* 312 926-6037
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-16-21-037

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Richard M DeMay, MD
5841 S Maryland Avenue
MC 2050
Chicago, IL 60637
Tel: 773 702-6569 *Fax:* 773 702-6570
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-16-21-061

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Prgm Director: Eva M Wojcik, MD
2160 South First Avenue
Maywood, IL 60153
Tel: 708 927-2616
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-16-21-001

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
William N Wishard Memorial Hospital
Prgm Director: Harvey M Cramer, MD
550 North University Boulevard
Room 3465
Indianapolis, IN 46202
Tel: 317 274-4110 *Fax:* 317 278-4215
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 307-17-21-002

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: Chris S Jensen, MD
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-4434
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-18-21-025

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Prgm Director: Patricia A Thomas, MD, MA
Department of Pathology-2017 Wahl West
3901 Rainbow Boulevard
Kansas City, KS 66160
Tel: 913 588-7070 *Fax:* 913 588-7073
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 307-19-21-079

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Prgm Director: Diane D Davey, MD
Department of Pathology & Laboratory Medicine
800 Rose Street MS-117
Lexington, KY 40536
Tel: 859 257-9547 *Fax:* 859 323-2094
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-20-21-008

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
University of Louisville Hospital
Prgm Director: Sidney S Murphree, MD
530 S Jackson St
Basement, Room COF19
Louisville, KY 40202
Tel: 502 852-1468 *Fax:* 502 852-1761
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-20-21-036

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Prgm Director: Bernardo A Ruiz, MD, PhD
Department of Pathology
1901 Perdido Street
New Orleans, LA 70112
Tel: 504 568-6081
E-mail: bruiz@lsuhsc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-21-21-051

Tulane University Program

Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Prgm Director: Krzysztof Moroz, MD*
1430 Tulane Avenue
Department of Pathology-SL79
New Orleans, LA 70112
Tel: 504 988-5224 *Fax:* 504 988-7862
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-21-21-080

Shreveport

Louisiana State University (Shreveport) Program

Sponsor: LSU Health Sciences Center-University Hospital
Prgm Director: Elba A Turbat-Herrera, MD
1501 Kings Highway
PO Box 33932
Shreveport, LA 71130
Tel: 318 675-5862 *Fax:* 318 675-7662
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-21-21-074

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Douglas P Clark, MD
600 North Wolfe Street
Pathology 406
Baltimore, MD 21287
Tel: 410 955-1180 *Fax:* 410 614-9556
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-23-21-065

University of Maryland Program

Sponsor: University of Maryland Medical System
Prgm Director: Anna B Berry, MD*
22 South Greene Street
Baltimore, MD 21201
Tel: 410 328-5560 *Fax:* 410 328-5508
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-23-12-088

Bethesda

National Institutes of Health Clinical Center Program

Sponsor: Clinical Center at the National Institutes of Health
National Naval Medical Center (Bethesda)
Prgm Director: Armando C Filie, MD*
Building 10, Room 2A19
9000 Rockville Pike
Bethesda, MD 20892
Tel: 301 496-6355 *Fax:* 301 402-2585
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-23-21-032
US Armed Services Program

Massachusetts**Boston****Beth Israel Deaconess Medical Center Program**

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Helen H Wang, MD
 330 Brookline Avenue
 Boston, MA 02215
Tel: 617 667-2629
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-24-21-030

Boston University Medical Center Program

Sponsor: Boston Medical Center
Prgm Director: Antonio de las Morenas, MD
 784 Massachusetts Avenue
 Boston, MA 02118
Tel: 617 414-5059 *Fax:* 617 414-7027
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-24-21-003

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital
Prgm Director: Edmund S Cibas, MD
 75 Francis Street
 Boston, MA 02115
Tel: 617 732-6797 *Fax:* 617 739-6192
E-mail: ecibas@partners.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 307-24-21-029

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: Rosemary Tambouret, MD
 55 Fruit Street
 Boston, MA 02114
Tel: 617 726-5069 *Fax:* 617 726-7474
E-mail: rtambouret@partners.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 307-24-21-016

Springfield**Baystate Medical Center/Tufts University School of Medicine Program**

Sponsor: Baystate Medical Center
Prgm Director: Robert A Goulart, MD
 Department of Pathology
 759 Chestnut Street
 Springfield, MA 01199
Tel: 413 794-5085 *Fax:* 413 794-5085
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-24-21-071

Worcester**University of Massachusetts Program**

Sponsor: University of Massachusetts Medical School
 UMass Memorial Health Care (Memorial Campus)
 UMass Memorial Health Care (University Campus)
Prgm Director: Andrew H Fischer, MD
 55 Lake Avenue North
 Worcester, MA 01655
Tel: 508 856-6435 *Fax:* 508 856-2968
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-24-11-092

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Claire W Michael, MD
 Room 2G332/UH
 1500 E Medical Center Drive
 Ann Arbor, MI 48109
Tel: 734 836-6776 *Fax:* 734 763-4095
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-25-31-019

Detroit**Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital
Prgm Director: Chad H Stone, MD
 Department of Pathology
 2799 West Grand Boulevard
 Detroit, MI 48202
Tel: 313 916-2356 *Fax:* 313 916-2385
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-25-21-020

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
 Harper-Hutzel Hospital
 The Michigan Orthopaedic Specialty Hospital
Prgm Director: Mujtaba Husain, MD
 4707 St Antoine Boulevard
 Detroit, MI 48201
Tel: 313 745-0831 *Fax:* 313 745-7158
E-mail: rmpriest@med.wayne.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-25-21-046

Royal Oak**William Beaumont Hospital Program**

Sponsor: William Beaumont Hospital
Prgm Director: Tomi Jo Kuntzman, DO
 3601 West 13 Mile Road
 Royal Oak, MI 48073
Tel: 248 898-1256 *Fax:* 248 898-1257
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-25-21-015

Minnesota**Minneapolis****Hennepin County Medical Center Program**

Sponsor: Hennepin County Medical Center
 Abbott-Northwestern Hospital/Allina Health System
 Fairview-University Medical Center
Prgm Director: Ricardo H Bardales, MD*
 701 Park Avenue
 Minneapolis, MN 55415
Tel: 612 873-5669 *Fax:* 612 904-4282
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-26-31-087

Mississippi**Jackson****University of Mississippi Medical Center Program**

Sponsor: University of Mississippi School of Medicine
 University Hospitals and Clinics
 Veterans Affairs Medical Center (Jackson)
Prgm Director: Mithra Baliga, MD
 2500 North State Street
 Jackson, MS 39216
Tel: 601 984-1897 *Fax:* 601 984-4967
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-27-21-057

Missouri**St Louis****St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine
 St Louis University Hospital
Prgm Director: Brian T Collins, MD
 1402 South Grand Boulevard
 St Louis, MO 63104
Tel: 314 577-8782
E-mail: collinbt@slu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-28-21-040

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
 St Louis Children's Hospital
Prgm Director: Rosa M Davila, MD
 One Barnes Hospital Plaza
 St Louis, MO 63110
Tel: 314 362-0143
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-28-21-062

New Mexico**Albuquerque****University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine
 Presbyterian Healthcare Services
Prgm Director: Therese Bocklage, MD
 Department of Pathology, MSC08 4640
 1 University of New Mexico
 Albuquerque, NM 87131
Tel: 505 272-3696 *Fax:* 505 272-6726
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-34-12-091

New York**Bronx****Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Mark J Suhrlund, MD*
 111 East 210th Street
 Bronx, NY 10467
Tel: 718 920-4269 *Fax:* 718 515-5315
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 307-35-31-027

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program

Sponsor: Long Island Jewish Medical Center
Prgm Director: Patricia G Tiscornia-Wasserman, MD
Dept of Pathology, Rm B67
270-05 76th Avenue
New Hyde Park, NY 11040
Tel: 718 470-7592 *Fax:* 718 347-4866
E-mail: sullivan@lij.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-35-21-066

New York

Memorial Sloan-Kettering Cancer Center Program

Sponsor: Memorial Sloan-Kettering Cancer Center
Prgm Director: Maureen F Zakowski, MD
1275 York Avenue
Bobst Building, 5th Floor
New York, NY 10021
Tel: 212 639-5900 *Fax:* 212 639-6318
E-mail: zakowskm@mskcc.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 307-35-21-006

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Arnold H Szporn, MD
1 Gustave L Levy Place
Annenberg 15-64
New York, NY 10029
Tel: 212 241-9160
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-35-31-048

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: John P Crapanzano, MD*
525 East 68th Street, F766A
New York, NY 10021
Tel: 212 746-4208 *Fax:* 212 746-8359
E-mail: joe2034@med.cornell.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-35-21-042

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Prgm Director: Joan Cangiarella, MD
Suite 10U West Tower
550 First Avenue
New York, NY 10016
Tel: 212 263-5475 *Fax:* 212 263-5509
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-35-21-070

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Thomas A Bonfiglio, MD
Department of Pathology
601 Elmwood Avenue
Rochester, NY 14642
Tel: 585 275-6920 *Fax:* 585 276-2047
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-35-21-031

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Prgm Director: Kamal K Khurana, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-4270 *Fax:* 315 464-4267
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-35-21-022

Valhalla

New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College
Westchester Medical Center
Prgm Director: Muhammad B Zaman, MD
Westchester Medical Center
Valhalla, NY 10595
Tel: 914 493-1072
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-35-31-007

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Susan J Maygarden, MD
CB# 7525 Brinkhous-Bullitt Building
Department of Pathology and Laboratory Medicine
Chapel Hill, NC 27599
Tel: 919 843-1071
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-36-21-044

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Prgm Director: Claudia K Jones, MD
Box 3712
Durham, NC 27710
Tel: 919 684-3950
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-36-21-039

Greenville

Pitt County Memorial Hospital/East Carolina University Program

Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Prgm Director: Nancy L Smith, MD
Brody Building, Room 7S-10
Greenville, NC 27834
Tel: 252 744-5820 *Fax:* 252 847-5394
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-36-21-021

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Kim R Geisinger, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-2608 *Fax:* 336 716-7595
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-36-21-082

Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
Prgm Director: John Bishop, MD
231 Albert Sabin Way, ML 0529
Cincinnati, OH 45267
Tel: 513 558-0698
E-mail: pathology@uc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-38-21-035

Cleveland

Case Western Reserve University (MetroHealth) Program

Sponsor: MetroHealth Medical Center
Prgm Director: Amer Khayami, MD
2500 MetroHealth Drive
Dept of Pathology
Cleveland, OH 44109
Tel: 216 778-3879 *Fax:* 216 778-5701
E-mail: akhayami@metrohealth.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-38-21-038

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Fadi W Abdul-Karim, MD
Case Western Reserve University
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-1807 *Fax:* 216 844-1810
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-38-21-072

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Andrea E Dawson, MD
Department of Anatomic Pathology/L25
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-5468 *Fax:* 216 445-6967
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 307-38-21-097

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Prgm Director: Gerard Nuovo, MD
S305 Rhodes Hall
450 West 10th Avenue
Columbus, OH 43210
Tel: 614 293-8687 *Fax:* 614 293-8747
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-38-31-077

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Prgm Director: Anne Rader, MD
Department of Pathology, L113
3181 SW Sam Jackson Park Road
Portland, OR 97201
Tel: 503 494-6782 *Fax:* 503 494-8148
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 307-40-21-083

Pennsylvania

Danville

Geisinger Health System Program

Sponsor: Geisinger Health System
Prgm Director: Steven C Meschter, MD
 North Academy Avenue
 Danville, PA 17822
 Tel: 570 271-5385
 E-mail: smeschter@geisinger.edu
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 307-41-21-059

Philadelphia

Drexel University College of Medicine/ Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
 Hahnemann University Hospital (Tenet Health System)
Prgm Director: Cheryl A Hanau, MD
 245 N 15th Street - Mail Stop #435
 Philadelphia, PA 19129
 Tel: 215 762-8275 Fax: 215 246-5918
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 307-41-21-028

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Marluce Bibbo, MD
 260 Main Building
 132 S 10th Street
 Philadelphia, PA 19107
 Tel: 215 955-1197 Fax: 215 923-7591
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 307-41-31-009

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: Prabodh K Gupta, MD
 6 Founders Pavilion
 3400 Spruce Street
 Philadelphia, PA 19104
 Tel: 215 662-3238 Fax: 215 662-6518
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 307-41-21-004

Pittsburgh

Allegheny General Hospital Program

Sponsor: Allegheny General Hospital
Prgm Director: Jan F Silverman, MD
 320 East North Avenue
 Pittsburgh, PA 15212
 Tel: 412 359-6886 Fax: 412 359-3598
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 307-41-21-076

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 Magee-Women's Hospital
 UPMC Presbyterian/Shadyside
Prgm Director: N Paul Otori, MD
 Department of Pathology, A-610
 200 Lothrop Street
 Pittsburgh, PA 15213
 Tel: 412 647-9843 Fax: 412 647-3455
 E-mail: ohorinp@msx.upmc.edu
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 307-41-31-049

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
Prgm Director: Rana S Hoda, MD
 171 Ashley Avenue, Suite 309
 PO Box 250908
 Charleston, SC 29425
 Tel: 843 792-3121 Fax: 843 792-0555
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 307-45-21-012

Tennessee

Knoxville

University of Tennessee Medical Center at Knoxville Program

Sponsor: University of Tennessee Graduate School of Medicine
 University of Tennessee Memorial Hospital
Prgm Director: Elizabeth W Hubbard, MD
 1924 Alcoa highway, Box 108
 Knoxville, TN 37920
 Tel: 865 544-9080
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 307-47-21-095

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
 Dallas County Hospital District-Parkland Memorial Hospital
Prgm Director: Raheela Ashfaq, MD
 5323 Harry Hines Boulevard
 Dallas, TX 75235
 Tel: 214 590-8897 Fax: 214 590-1473
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 307-48-21-060

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Roberto Logrono, MD
 301 University Boulevard
 Galveston, TX 77555
 Tel: 409 772-8438 Fax: 409 772-8437
 E-mail: eekendal@utmb.edu
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 307-48-13-093

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
 Harris County Hospital District-Ben Taub General Hospital
 Methodist Hospital
 Michael E DeBakey VA Medical Center - Houston
Prgm Director: Dina R Mody, MD
 One Baylor Plaza
 Houston, TX 77030
 Tel: 713 394-6483 Fax: 713 793-1603
 Length: 1 Yr ACGME Approved/Offered Positions: 4
 Program ID: 307-48-21-023

University of Texas M D Anderson Cancer Center Program

Sponsor: University of Texas M D Anderson Cancer Center
Prgm Director: Gregg A Staerckel, MD
 1615 Holcombe Boulevard, Unit 53
 Houston, TX 77030
 Tel: 713 792-2068 Fax: 713 792-2067
 Length: 1 Yr ACGME Approved/Offered Positions: 6
 Program ID: 307-48-21-054

Lackland AFB

San Antonio Uniformed Services Health Education Consortium Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
 Brooke Army Medical Center
 Wilford Hall Medical Center (AETC)
Prgm Director: Karen K Nauschuetz, MD
 Department of Pathology
 3851 Roger Brooke Drive
 Fort Sam Houston, TX 78234
 Tel: 210 916-3307 Fax: 210 916-3235
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 307-48-21-011
 US Armed Services Program

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
 Audie L Murphy Memorial Veterans Hospital (San Antonio)
 University Health System
Prgm Director: Philip T Valente, MD
 7703 Floyd Curl Drive
 San Antonio, TX 78229
 Tel: 210 567-6731 Fax: 210 567-2478
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 307-48-11-018

Temple

Texas A&M College of Medicine-Scott and White Program

Sponsor: Scott and White Memorial Hospital
Prgm Director: Lubna H Sayage-Rabie, MD
 2401 South 31st Street
 Temple, TX 76508
 Tel: 254 724-3691 Fax: 254 724-4391
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 307-48-21-086

Vermont

Burlington

University of Vermont Program

Sponsor: Fletcher Allen Health Care
Prgm Director: Gladwyn Leiman, MD
 111 Colchester Avenue
 Burlington, VT 05401
 Tel: 802 847-3921 Fax: 802 847-9644
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 307-50-21-056

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Prgm Director: Henry F Frierson, MD
 PO Box 800214
 Charlottesville, VA 22908
 Tel: 434 982-4404 Fax: 434 924-8767
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 307-51-21-069

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
 Medical College of Virginia Hospitals
Prgm Director: Celeste N Powers, MD, PhD
 Box 980139
 Richmond, VA 23298
 Tel: 804 828-9739 Fax: 804 628-0152
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 307-51-21-055

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
 University of Washington Medical Center
Prgm Director: Nancy Kiviat, MD
 325 9th Avenue
 Box 359791
 Seattle, WA 98104
 Tel: 206 731-3145 Fax: 206 731-8240
 E-mail: residency@pathology.washington.edu
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 307-54-21-084

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
Prgm Director: Suzanne M Selvaggi, MD
 University of Wisconsin Hospital and Clinics
 600 Highland Ave,
 Madison, WI 53792
 Tel: 608 265-9160 Fax: 608 263-6453
 E-mail: sselvaggi@facstaff.wisc.edu
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 307-56-21-052

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
 Froedtert Memorial Lutheran Hospital
Prgm Director: Vinod B Shidham, MD
 9200 W Wisconsin Avenue
 Milwaukee, WI 53226
 Tel: 414 805-8452 Fax: 414 805-8444
 E-mail: vshidham@hotmail.com
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 307-56-21-085

Dermatology

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
 Veterans Affairs Medical Center (Birmingham)
Prgm Director: Craig A Elmets, MD
 EFH 414
 1530 Third Avenue South
 Birmingham, AL 35294
 Tel: 205 934-5189 Fax: 205 934-5766
 E-mail: jcharper@uab.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Program ID: 080-01-21-010

Arizona

Scottsdale

Mayo School of Graduate Medical Education (Scottsdale) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Scottsdale)
 Maricopa Medical Center
 Mayo Clinic Hospital
 Phoenix Children's Hospital
Prgm Director: James A Yiannias, MD
 13400 E Shea Boulevard
 Scottsdale, AZ 85259
 Tel: 480 301-4898 Fax: 480 301-9196
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 080-03-21-127

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
 Southern Arizona VA Health Care Center (Tucson)
 University Medical Center
Prgm Director: Norman Levine, MD
 535 N Wilmot Rd, Ste 101
 P O Box 245038
 Tucson, AZ 85724
 Tel: 520 694-0668 Fax: 520 694-0677
 E-mail: nlevine@u.arizona.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 5
 Program ID: 080-03-21-012

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
 Central Arkansas Veterans Health Center
 University Hospital of Arkansas
Prgm Director: Thomas D Horn, MD
 4301 West Markham
 Child Study Center, Mail Slot 576
 Little Rock, AR 72205
 Tel: 501 526-6551 Fax: 501 686-7264
 E-mail: hornthomasd@uams.edu
 Length: 4 Yrs ACGME Approved/Offered Positions: 11
 Subspecialties: DMP
 Program ID: 080-04-21-013

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
 Jerry L Pettis Memorial Veterans Hospital
 Riverside County Regional Medical Center
Prgm Director: Nancy J Anderson, MD
 Dept of Dermatology, Suite 2600
 11370 Anderson Street
 Loma Linda, CA 92354
 Tel: 909 558-2842 Fax: 909 558-2442
 Length: 3 Yrs ACGME Approved/Offered Positions: 4
 Subspecialties: PRD
 Program ID: 080-05-21-111

Los Angeles

Charles R Drew University Program

Sponsor: Charles R Drew University of Medicine and Science
 LAC-King/Drew Medical Center
 Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: A Paul Kelly, MD
 12021 South Wilmington Avenue
 Room 4016
 Los Angeles, CA 90059
 Tel: 310 668-4571 Fax: 310 639-3842
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 080-05-12-016

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
 UCLA Medical Center
 VA Greater Los Angeles Healthcare System
Prgm Director: Robert L Modlin, MD
 52-121 CHS
 10833 Le Conte Ave
 Los Angeles, CA 90095
 Tel: 310 825-6214 Fax: 310 206-9878
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Program ID: 080-05-21-017

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
 LAC+USC Medical Center
Prgm Director: David T Woodley, MD
 1200 N State Street, Room 8440
 Los Angeles, CA 90033
 Tel: 323 865-0983 Fax: 323 865-0957
 E-mail: dwoodley@usc.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 7
 Program ID: 080-05-11-015

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
 VA Long Beach Healthcare System
Prgm Director: Gary Cole, MD
 101 City Dr S
 Bldg 53 Rm B17 Rt 81
 Orange, CA 92868
 Tel: 562 826-5458 Fax: 562 826-5864
 E-mail: colegw@yahoo.com
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Subspecialties: DMP
 Program ID: 080-05-21-014

Sacramento**University of California (Davis) Health System Program**

Sponsor: UC Davis Health System
 University of California (Davis) Medical Center
Prgm Director: Peter J Lynch, MD
 4860 Y Street, Suite 3400
 Sacramento, CA 95817
Tel: 916 734-6795 *Fax:* 916 734-6793
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 080-05-21-101

San Diego**Naval Medical Center (San Diego) Program**

Sponsor: Naval Medical Center (San Diego)
Prgm Director: Neil F Gibbs, MD*
 34520 Bob Wilson Drive, Suite 300
 San Diego, CA 92134
Tel: 619 532-9666 *Fax:* 619 532-9458
E-mail: mmccaskill@nmcsd.med.navy.mil
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 080-05-31-006
US Armed Services Program

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
 Children's Hospital and Health Center
 Veterans Affairs Medical Center (San Diego)
Prgm Director: Terence O'Grady, MD*
 Division of Dermatology/8420
 200 West Arbor Drive
 San Diego, CA 92103
Tel: 619 543-5580 *Fax:* 619 543-2144
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 080-05-21-018

San Francisco**University of California (San Francisco) Program**

Sponsor: University of California (San Francisco) School of Medicine
 San Francisco General Hospital Medical Center
 University of California (San Francisco) Medical Center
 Veterans Affairs Medical Center (San Francisco)
Prgm Director: Timothy G Berger, MD
 1701 Divisadero Street
 Third Floor
 San Francisco, CA 94115
Tel: 415 353-7879 *Fax:* 415 353-7850
E-mail: andersona@derm.ucsf.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: PRD
Program ID: 080-05-21-019

Stanford**Stanford University Program**

Sponsor: Stanford University Hospital
 Santa Clara Valley Medical Center
 Veterans Affairs Palo Alto Health Care System
Prgm Director: Youn H Kim, MD*
 Department of Dermatology
 900 Blake Wilbur Drive, Room W0069
 Stanford, CA 94305
Tel: 650 723-7893 *Fax:* 650 723-7796
Length: 3 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 080-05-21-020

Colorado**Denver****University of Colorado Program**

Sponsor: University of Colorado School of Medicine
 Denver Health Medical Center
 Veterans Affairs Medical Center (Denver)
Prgm Director: James E Fitzpatrick, MD
 PO Box 6510
 Campus Stop F703
 Aurora, CO 80045
Tel: 720 848-0510 *Fax:* 720 848-0530
E-mail: kemp.weston@UCHSC.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 080-07-21-022

Connecticut**New Haven****Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
 Veterans Affairs Medical Center (West Haven)
Prgm Director: Michael Girardi, MD
 333 Cedar Street
 New Haven, CT 06520
Tel: 203 785-4092 *Fax:* 203 785-7637
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 080-09-21-023

District of Columbia**Washington****George Washington University Program**

Sponsor: George Washington University School of Medicine
 George Washington University Hospital (UHS)
Prgm Director: Karla D Gayer, MD*
 Department of Dermatology
 2150 Pennsylvania Avenue, NW
 Washington, DC 20037
Tel: 202 741-2618 *Fax:* 202 741-2622
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 080-10-21-024

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Prgm Director: C Lisa Kauffman, MD
 3800 Reservoir Road NW
 Washington, DC 20007
Tel: 202 444-4034 *Fax:* 202 444-7797
E-mail: steelewe@gunet.georgetown.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 080-10-12-126

Howard University Program

Sponsor: Howard University Hospital
 Children's National Medical Center
 Veterans Affairs Medical Center (Washington DC)
Prgm Director: Rebat M Halder, MD
 2041 Georgia Avenue, NW
 Washington, DC 20060
Tel: 202 865-6725 *Fax:* 202 865-1757
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 080-10-21-025

Washington Hospital Center Program

Sponsor: Washington Hospital Center
Prgm Director: Thomas P Nigra, MD
 110 Irving Street, NW, 2B-44
 Washington, DC 20010
Tel: 202 877-6654 *Fax:* 202 877-3288
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 080-10-21-106

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine
 North Florida/South Georgia Veterans Health System
 Shands Hospital at the University of Florida
Prgm Director: Stanton K Wesson, MD
 PO Box 100277
 Division of Dermatology & Cutaneous Surgery
 Gainesville, FL 32610
Tel: 352 392-4984 *Fax:* 352 392-5376
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 080-11-21-115

Jacksonville**Mayo School of Graduate Medical Education (Jacksonville) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Jacksonville)
 St Luke's Hospital
Prgm Director: James H Keeling, MD
 4500 San Pablo Road
 Jacksonville, FL 32224
Tel: 904 953-0429 *Fax:* 904 953-0430
E-mail: Derm-res@mayo.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 080-11-31-125

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
 Mount Sinai Medical Center of Florida Inc
 Veterans Affairs Medical Center (Miami)
Prgm Director: Lawrence A Schachner, MD
 PO Box 016250 (R-250)
 Miami, FL 33101
Tel: 305 243-6742 *Fax:* 305 243-6191
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Subspecialties: DMP
Program ID: 080-11-21-026

Tampa**University of South Florida Program**

Sponsor: University of South Florida College of Medicine
 H Lee Moffitt Cancer Center
 James A Haley Veterans Hospital
 Tampa General Hospital
 Veterans Affairs Medical Center (Bay Pines)
Prgm Director: Neil A Fenske, MD
 MDC Box 79
 12901 Bruce B Downs Blvd
 Tampa, FL 33612
Tel: 813 974-2854 *Fax:* 813 974-4272
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: DMP
Program ID: 080-11-21-096

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Prgm Director: Calvin O McCall, MD
Department of Dermatology
5001 Woodruff Memorial Building
Atlanta, GA 30322
Tel: 404 778-3786 *Fax:* 404 778-5395
E-mail: cmcea05@emory.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: DMP
Program ID: 080-12-21-028

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Prgm Director: Jack L Leshner, MD
1004 Chafee Avenue
Augusta, GA 30904
Tel: 706 721-6231 *Fax:* 706 721-6220
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 080-12-11-029

Illinois

Chicago

Cook County Hospital Program

Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Warren W Piette, MD*
Administration Bldg, 5th Floor, Room 519
1900 W Polk Street
Chicago, IL 60612
Tel: 312 864-4478 *Fax:* 312 864-9663
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 080-16-12-030

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Prgm Director: Amy S Paller, MD*
645 N Michigan Avenue
Suite 520
Chicago, IL 60611
Tel: 312 695-3721 *Fax:* 312 695-0664
Length: 3 Yrs *ACGME Approved/Offered Positions:* 11
Program ID: 080-16-21-031

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Michael D Tharp, MD
707 S Wood Street
220 Annex Building
Chicago, IL 60612
Tel: 312 942-6096 *Fax:* 312 942-7778
Length: 3 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 080-16-11-032

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Christopher R Shea, MD
Section of Dermatology
5841 S Maryland, MC 5067
Chicago, IL 60637
Tel: 773 702-6559 *Fax:* 773 702-8398
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 080-16-11-033

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
Edward Hines Jr Veterans Affairs Hospital
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Prgm Director: Iris K Aronson, MD
840 S Wood Street (M/C 624), Room 376 CME
Chicago, IL 60612
Tel: 312 996-6966 *Fax:* 312 996-1188
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 080-16-21-034

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Kenneth B Gordon, MD*
2160 S First Avenue
Bidg 112, Room 342
Maywood, IL 60153
Tel: 708 216-4962 *Fax:* 708 216-2444
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 080-16-12-135

Springfield

Southern Illinois University Program

Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Prgm Director: Lucinda S Buescher, MD
PO Box 19644
Springfield, IL 62794
Tel: 217 545-5465 *Fax:* 217 545-4485
E-mail: smiller@siumed.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 080-16-21-118

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: Jeffrey B Travers, MD, PhD
550 N University Blvd, Suite 3240
Indianapolis, IN 46202
Tel: 317 274-7744 *Fax:* 317 274-7051
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 080-17-21-035

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Christopher J Arpey, MD*
200 Hawkins Drive, BT2045-1
Iowa City, IA 52242
Tel: 319 356-3609 *Fax:* 319 356-8317
Length: 3 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 080-18-21-036

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Prgm Director: Donald V Belsito, MD
3901 Rainbow Boulevard
Room 4008 Wescoe
Kansas City, KS 66160
Tel: 913 588-3840 *Fax:* 913 588-8300
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 080-19-11-037

Kentucky

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: Jeffrey P Callen, MD
310 East Broadway
Louisville, KY 40292
Tel: 502 852-7287 *Fax:* 502 852-4720
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 080-20-21-038

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Brian D Lee, MD
Department of Dermatology
1542 Tulane Avenue, Room 634
New Orleans, LA 70112
Tel: 504 568-7110 *Fax:* 504 568-2170
Length: 3 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 080-21-21-109

Tulane University Program

Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Prgm Director: Larry E Millikan, MD
1430 Tulane Avenue, TB-36
New Orleans, LA 70112
Tel: 504 588-5114 *Fax:* 504 587-7382
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: DMP
Program ID: 080-21-21-108

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Prgm Director: Grant Anhalt, MD
601 North Caroline Street, JHOPC, 6th Floor
Baltimore, MD 21287
Tel: 410 955-2400 *Fax:* 410 955-7640
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 080-23-21-040

University of Maryland Program

Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Prgm Director: Anthony A Gaspari, MD*
405 West Redwood Street, 6th Floor
Baltimore, MD 21201
Tel: 410 328-5766 *Fax:* 410 328-0098
Length: 3 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 080-23-21-041

Bethesda**National Capital Consortium Program**

Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Prgm Director: George W Turiansky, MD
Dermatology Service, Clinic 1J
6900 Georgia Avenue NW
Washington, DC 20307
Tel: 202 782-9464 *Fax:* 202 782-4698
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 080-10-21-123
US Armed Services Program

National Institutes of Health Clinical Center Program

Sponsor: Clinical Center at the National Institutes of Health
Prgm Director: Mark C Udey, MD, PhD
Building 10, Room 12N238
10 Center Drive MSC 1908
Bethesda, MD 20892
Tel: 301 496-2481 *Fax:* 301 496-5370
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 080-23-12-008
US Armed Services Program

Massachusetts**Boston****Boston University Medical Center Program**

Sponsor: Boston Medical Center
Tufts-New England Medical Center
Veterans Affairs Medical Center (Boston)
Prgm Director: Barbara A Gilchrist, MD
609 Albany Street
Boston, MA 02118
Tel: 617 638-5538 *Fax:* 617 636-5236
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 080-24-21-044

Massachusetts General Hospital/Harvard Medical School Program

Sponsor: Massachusetts General Hospital
Beth Israel Deaconess Medical Center
Prgm Director: Joseph Kvedar, MD
Massachusetts General Hospital
55 Fruit Street
Boston, MA 02114
Tel: 617 726-5254 *Fax:* 617 726-1875
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 080-24-31-043

Worcester**University of Massachusetts Program**

Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Prgm Director: Thomas G Cropley, MD
Division of Dermatology
281 Lincoln St/Hahnemann Campus
Worcester, MA 01605
Tel: 508 334-5971 *Fax:* 508 334-5981
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 080-24-21-114

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Charles N Ellis, MD
1910 Taubman Center 0314 - Residency
1500 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-6674 *Fax:* 734 936-6395
E-mail: Derm.Res.App@umich.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 080-25-31-045

Detroit**Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital
Prgm Director: Tor Shwyder, MD
2799 West Grand Boulevard
Department of Dermatology - K16
Detroit, MI 48202
Tel: 313 916-2177 *Fax:* 313 916-2093
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 080-25-12-046

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Harper-Hutzel Hospital
Veterans Affairs Medical Center (Detroit)
Prgm Director: George J Murakawa, MD, PhD
5E University Health Center
4201 St Antoine Blvd
Detroit, MI 48201
Tel: 313 577-5057 *Fax:* 313 577-8866
E-mail: dfortuna@med.wayne.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 080-25-21-047

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Hennepin County Medical Center
Park Nicollet Heart Center
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Peter K Lee, MD, PhD
MMC 98 Dermatology
420 Delaware Street SE
Minneapolis, MN 55455
Tel: 612 625-5199 *Fax:* 612 624-6678
Length: 3 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 080-26-31-048

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Prgm Director: Amer N Kalaaji, MD
200 First St, SW
Rochester, MN 55905
Tel: 507 284-5997 *Fax:* 507 284-2072
E-mail: mayo.derm@mayo.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 080-26-21-049

Missouri**Columbia****University of Missouri-Columbia Program**

Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prgm Director: Dana S Ward, MD
Department of Dermatology
1 Hospital Drive MA111
Columbia, MO 65212
Tel: 573 882-8578 *Fax:* 573 884-5947
Length: 3 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 080-28-21-050

St Louis**St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine
St Louis University Hospital
Prgm Director: Scott W Fosko, MD
1402 South Grand Boulevard
St Louis, MO 63104
Tel: 314 256-3433 *Fax:* 314 256-3431
E-mail: Scott.fosko@tenethealth.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 080-28-21-116

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Prgm Director: Lynn A Cornelius, MD*
Division of Dermatology
660 South Euclid Avenue, Box 8123
St Louis, MO 63110
Tel: 314 362-8187 *Fax:* 314 454-5928
Length: 3 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 080-28-21-051

New Hampshire**Lebanon****Dartmouth-Hitchcock Medical Center Program**

Sponsor: Mary Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Prgm Director: Kathryn Schwarzenberger, MD*
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 653-9400 *Fax:* 603 650-0921
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 080-32-21-053

New Jersey**Camden****UMDNJ-Robert Wood Johnson Medical School (Camden) Program**

Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Justin J Green, MD*
Three Cooper Plaza
Suite 215
Camden, NJ 08103
Tel: 856 342-2014 *Fax:* 856 966-0735
E-mail: riggs-dorraine@cooperhealth.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 080-33-21-117

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program A

Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Prgm Director: Babar K Rao, MD
Clinical Academic Building
125 Paterson Street, Suite 2300
New Brunswick, NJ 08901
Tel: 732 235-7765 *Fax:* 732 235-6568
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 080-33-31-128

Newark

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Robert A Schwartz, MD
185 South Orange Avenue
MSB-H576
Newark, NJ 07103
Tel: 973 972-6884
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 080-33-21-107

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: R Steven Padilla, MD, MBA*
Dept of Dermatology
1021 Medical Arts Avenue, NE
Albuquerque, NM 87131
Tel: 505 272-6000 *Fax:* 505 272-6003
Length: 3 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 080-34-21-054

New York

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Montefiore Medical Center-Henry and Lucy Moses Division
North Central Bronx Hospital
Prgm Director: Michael Fisher, MD
Van Etten 2A13
1300 Morris Park Avenue
Bronx, NY 10461
Tel: 718 918-4273 *Fax:* 718 918-7401
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 080-35-31-058

Brooklyn

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Prgm Director: Alan R Shalita, MD
450 Clarkson Avenue
Brooklyn, NY 11203
Tel: 718 270-1220
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: DMP
Program ID: 080-35-21-065

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Women and Children's Hosp of Buffalo)
Roswell Park Cancer Institute
Veterans Affairs Western New York Healthcare System
Prgm Director: Allan Oseroff, MD, PhD
Roswell Park Cancer Institute - Dermatology - MRC
Elm and Carlton Streets
Buffalo, NY 14263
Tel: 716 845-8816 *Fax:* 716 845-3056
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 080-35-21-057

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
North General Hospital
Veterans Affairs Medical Center (Bronx)
Prgm Director: Steven R Cohen, MD, MPH
One Gustave L Levy Place, Box 1047
New York, NY 10029
Tel: 212 659-9530 *Fax:* 212 348-7434
E-mail: steven.cohen@aya.yale.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Subspecialties: DMP, PRD
Program ID: 080-35-21-061

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: David R Bickers, MD
161 Fort Washington Avenue
12th Floor
New York, NY 10032
Tel: 212 305-5565 *Fax:* 212 305-4571
E-mail: mn2112@columbia.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 080-35-21-104

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
Lincoln Medical and Mental Health Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Animesh A Sinha, MD, PhD*
525 E 68th Street
New York, NY 10021
Tel: 212 746-6550 *Fax:* 212 746-5604
E-mail: ans2003@med.cornell.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 080-35-21-062

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
Prgm Director: David Polsky, MD, PhD
550 First Avenue, Room H100
New York, NY 10016
Tel: 212 263-5245 *Fax:* 212 263-8752
E-mail: dermprogdir@med.nyu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 22
Program ID: 080-35-21-064

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
St Luke's-Roosevelt Hospital Center-Roosevelt Division
St Luke's-Roosevelt Hospital Center-St Luke's Division
Prgm Director: Vincent A DeLeo, MD
1090 Amsterdam Avenue
Suite 11B
New York, NY 10025
Tel: 212 523-3814 *Fax:* 212 523-3808
E-mail: vdeleo@chpnet.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 080-35-21-124

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Alice P Pentland, MD
601 Elmwood Avenue, Box 697
Rochester, NY 14642
Tel: 585 275-0193 *Fax:* 585 275-0022
E-mail: marylou_williams@urmc.rochester.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 080-35-21-102

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Prgm Director: Richard S Kalish, MD, PhD
Dept of Dermatology
HSC T-16, Room 060
Stony Brook, NY 11794
Tel: 631 444-3843 *Fax:* 631 444-3844
E-mail: richard.kalish@sunysb.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 080-35-21-113

Valhalla

New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College
Metropolitan Hospital Center
Our Lady of Mercy Medical Center
Westchester Medical Center
Prgm Director: Bijan Safai, MD
Department of Dermatology
Vosburgh Pavilion, Room 217
Valhalla, NY 10595
Tel: 914 594-4566 *Fax:* 914 594-4019
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 080-35-21-063

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Luis A Diaz, MD
 Department of Dermatology, CB#7287
 3100 Thurston-Bowles Bldg
 Chapel Hill, NC 27599
 Tel: 919 966-0785 Fax: 919 966-3898
 E-mail: cherie_ezuka@med.unc.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 080-36-11-066

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
 Veterans Affairs Medical Center (Durham)
Prgm Director: Sarah A Myers, MD
 Division of Dermatology
 PO Box 3852
 Durham, NC 27710
 Tel: 919 684-6185 Fax: 919 668-1465
 Length: 3 Yrs ACGME Approved/Offered Positions: 10
 Program ID: 080-36-21-067

Greenville

Pitt County Memorial Hospital/East Carolina University Program

Sponsor: Pitt County Memorial Hospital
Prgm Director: William A Burke, MD
 600 Moye Boulevard, Brody 3E-117
 Greenville, NC 27858
 Tel: 252 744-2555 Fax: 252 744-4354
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 080-36-13-132

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Amy J McMichael, MD
 Medical Center Boulevard
 Winston-Salem, NC 27157
 Tel: 336 716-2768 Fax: 336 716-7732
 E-mail: amcmicha@wfubmc.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Program ID: 080-36-21-110

Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
Prgm Director: Diya F Mutasim, MD
 Department of Dermatology
 231 Albert Sabin Way, PO Box 670592
 Cincinnati, OH 45267
 Tel: 513 558-6242 Fax: 513 558-0198
 Length: 3 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 080-38-21-068

Cleveland

Case Western Reserve University/ University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
 MetroHealth Medical Center
 Veterans Affairs Medical Center (Cleveland)
Prgm Director: Bryan R Davis, MD
 11100 Euclid Avenue
 Cleveland, OH 44106
 Tel: 216 844-5794
 E-mail: kristina.myers@uhhs.com
 Length: 3 Yrs ACGME Approved/Offered Positions: 15
 Program ID: 080-38-21-120

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Allison T Vidimos, MD
 9500 Euclid Avenue, Desk A61
 Cleveland, OH 44195
 Tel: 216 444-3345 Fax: 216 444-9060
 Length: 4 Yrs ACGME Approved/Offered Positions: 16
 Program ID: 080-38-12-070

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Prgm Director: David R Lambert, MD
 130 Doan Hall
 410 West 10th Avenue
 Columbus, OH 43210
 Tel: 614 293-8111 Fax: 614 293-8090
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 080-38-11-072

Dayton

Wright State University Program

Sponsor: Wright State University School of Medicine
 Children's Medical Center
 Good Samaritan Hospital and Health Center
 Miami Valley Hospital
 Veterans Affairs Medical Center (Dayton)
 Wright-Patterson Medical Center
Prgm Director: Michael J White, MD
 Division of Dermatology
 PO Box 927
 Dayton, OH 45401
 Tel: 937 224-3345 Fax: 937 224-3356
 E-mail: michael.white@wright.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 080-38-21-073

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
 OU Medical Center
 OU Medical Center-Children's Hospital
 Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Raymond L Cornelison, MD
 Department of Dermatology
 619 Northeast 13th Street
 Oklahoma City, OK 73104
 Tel: 405 271-4662 Fax: 405 271-7216
 E-mail: ray-cornelison@earthlink.net
 Length: 3 Yrs ACGME Approved/Offered Positions: 7
 Program ID: 080-39-21-074

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
 Kaiser Foundation Hospitals-Northwest Region
 Veterans Affairs Medical Center (Portland)
Prgm Director: Neil A Swanson, MD
 3181 SW Sam Jackson Park Rd OP06
 Portland, OR 97201
 Tel: 503 494-1375 Fax: 503 494-6844
 E-mail: dermatol@ohsu.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 080-40-21-075

Pennsylvania

Danville

Geisinger Health System Program

Sponsor: Geisinger Health System
Prgm Director: Michele S Maroon, MD
 100 North Academy Drive
 Danville, PA 17822
 Tel: 570 271-8050 Fax: 570 271-5940
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Subspecialties: DMP, PRD
 Program ID: 080-41-12-076

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
Prgm Director: Jeffrey J Miller, MD
 Department of Dermatology, UPC II Ste 4300 (HU14)
 500 University Drive, PO Box 850
 Hershey, PA 17033
 Tel: 717 531-8307 Fax: 717 531-6516
 E-mail: dermatology@hmc.psu.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Program ID: 080-41-21-103

Philadelphia

Drexel University College of Medicine/Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
 Hahnemann University Hospital (Tenet Health System)
Prgm Director: Herbert Allen, MD
 219 N Broad Street
 Mail Stop 401 HUH
 Philadelphia, PA 19102
 Tel: 215 762-5550 Fax: 215 762-5570
 Length: 4 Yrs ACGME Approved/Offered Positions: 12
 Subspecialties: DMP
 Program ID: 080-41-21-077

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
 Veterans Affairs Medical Center (Wilmington)
Prgm Director: Jouni J Uitto, MD, PhD
 Bluemle Life Sciences Bldg, Ste 450
 233 S 10th Street
 Philadelphia, PA 19107
 Tel: 215 955-5785 Fax: 215 503-5788
 Length: 3 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 080-41-11-079

Accredited Programs in Dermatology

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Veterans Affairs Medical Center (Philadelphia)
Prgm Director: William D James, MD
Department of Dermatology
3600 Spruce Street, 2 Maloney Building
Philadelphia, PA 19104
Tel: 215 662-7883 *Fax:* 215 662-7884
Length: 3 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 080-41-21-080

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Joseph C English, MD
190 Lothrop Street
Suite 145 Lothrop Hall
Pittsburgh, PA 15213
Tel: 412 648-3269 *Fax:* 412 648-1962
E-mail: englishjc@upmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 080-41-11-081

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
San Juan City Hospital
University Hospital
Prgm Director: Jorge L Sanchez, MD
University District Hospital
PO Box 365067
San Juan, PR 00936
Tel: 787 765-7950 *Fax:* 787 767-0467
Length: 3 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 080-42-21-082

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
Memorial Hospital of Rhode Island
Veterans Affairs Medical Center (Providence)
Prgm Director: Thomas P Long, MD*
Dermatology Foundation
593 Eddy Street
Providence, RI 02903
Tel: 401 444-7139 *Fax:* 401 444-7105
Length: 3 Yrs *ACGME Approved/Offered Positions:* 11
Program ID: 080-43-21-122

Roger Williams Medical Center Program

Sponsor: Roger Williams Medical Center
Providence Community Health Center
Prgm Director: Vincent Palanga, MD
50 Maude Street
Providence, RI 02908
Tel: 401 456-2521 *Fax:* 401 456-6449
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 080-43-21-083

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Ross B Pollack, MD*
135 Rutledge Avenue, 11th Floor
POB 250578
Charleston, SC 29425
Tel: 843 792-5858 *Fax:* 843 792-9804
E-mail: pollack@musc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: PRD
Program ID: 080-45-21-099

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
Methodist Healthcare-Memphis Hospitals
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Prgm Director: E William Rosenberg, MD
Department of Medicine
1211 Union Ave, Suite 340
Memphis, TN 38104
Tel: 901 448-5795 *Fax:* 901 448-8284
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 080-47-21-084

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
St Thomas Hospital
Veterans Affairs Medical Center (Nashville)
Prgm Director: Darrel L Ellis, MD
1301 22nd Avenue S
Suite 3900
Nashville, TN 37232
Tel: 615 322-0845
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 080-47-21-098

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Director: Ponciano D Cruz, MD
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-8806 *Fax:* 214 648-7678
E-mail: Jo.Urquhart@UTSouthwestern.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: PRD
Program ID: 080-48-21-085

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Sharon S Raimer, MD
4.112 McCullough Bldg
301 University Blvd
Galveston, TX 77555
Tel: 409 772-1911 *Fax:* 409 772-1943
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: DMP
Program ID: 080-48-11-086

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Prgm Director: John E Wolf, MD
6535 Fannin FB540
Houston, TX 77030
Tel: 713 798-7620 *Fax:* 713 798-6923
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Subspecialties: DMP, PRD
Program ID: 080-48-21-087

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
University of Texas M D Anderson Cancer Center
Prgm Director: Ronald P Rapini, MD
Department of Dermatology
6655 Travis St, Suite 980
Houston, TX 77030
Tel: 713 500-8334 *Fax:* 713 500-8323
E-mail: Irene.M.Morales@uth.tmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 080-48-21-100

Lackland AFB

San Antonio Uniformed Services Health Education Consortium Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (AETC)
Prgm Director: Jeffrey J Meffert, MD
759 MDOS/MMID
2200 Berquist Dr Suite 1
Lackland AFB, TX 78236
Tel: 210 292-5350 *Fax:* 210 292-3781
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 080-48-21-121
US Armed Services Program

Lubbock

Texas Tech University (Lubbock) Program

Sponsor: Texas Tech University Health Sciences Center at Lubbock
University Medical Center
Veterans Affairs Medical Center (Amarillo)
Prgm Director: Cloyce L Stetson, MD
4A-100 Stop 9400
3601 Fourth Street
Lubbock, TX 79430
Tel: 806 743-2456 *Fax:* 806 743-1105
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 080-48-21-105

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Prgm Director: Ronald E Grimwood, MD
Division of Dermatology 7876
7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-4885 *Fax:* 210 567-6679
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 080-48-22-088

Temple**Texas A&M College of Medicine-Scott and White Program**

Sponsor: Scott and White Memorial Hospital
Central Texas Veterans Affairs Healthcare System
Prgm Director: David F Butler, MD
Department of Internal Medicine, Division of Dermatology
2401 South 31st Street
Temple, TX 76508
Tel: 254 742-3780 *Fax:* 254 742-3789
E-mail: dbutler@swmail.sw.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 080-48-21-133

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Marta J Petersen, MD
4B454 School of Medicine
30 North 1900 East
Salt Lake City, UT 84132
Tel: 801 581-6465 *Fax:* 801 581-6484
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 080-49-21-112

Vermont**Burlington****University of Vermont Program**

Sponsor: Fletcher Allen Health Care
Prgm Director: Glenn D Goldman, MD
1 South Prospect Street
Burlington, VT 05401
Tel: 802 847-0761 *Fax:* 802 847-4116
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Subspecialties: PRD
Program ID: 080-50-13-129

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: Kenneth E Greer, MD
PO Box 800718
Charlottesville, VA 22908
Tel: 434 924-5115 *Fax:* 434 924-5936
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 080-51-11-089

Norfolk**Eastern Virginia Medical School Program**

Sponsor: Eastern Virginia Medical School
Children's Hospital of the King's Daughters
Sentara Norfolk General Hospital
Veterans Affairs Medical Center (Hampton)
Prgm Director: Antoinette F Hood, MD
700 Olney Road
Norfolk, VA 23507
Tel: 757 446-5914
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 080-51-21-130

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm Director: Julia R Nunley, MD
401 North 11th Street
PO Box 980164
Richmond, VA 23298
Tel: 804 828-0300 *Fax:* 804 828-0596
E-mail: jhatfield@vcu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 080-51-21-090

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
University of Washington/Harborview Medical Centers
Prgm Director: John E Olerud, MD*
Division of Dermatology, Box 356524
1959 NE Pacific Avenue
Seattle, WA 98195
Tel: 206 543-5290 *Fax:* 206 543-2489
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Subspecialties: PRD
Program ID: 080-54-31-091

West Virginia**Morgantown****West Virginia University Program**

Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: Rodney F Kovach, MD
Health Sciences Center North
PO Box 9158
Morgantown, WV 26506
Tel: 304 293-6618 *Fax:* 304 293-7373
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 080-55-11-092

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
Marshfield Clinic-St Joseph's Hospital
William S Middleton Veterans Hospital
Prgm Director: George T Reizner, MD
University of Wisconsin
One South Park St, 7th Floor
Madison, WI 53715
Tel: 608 287-2620 *Fax:* 608 287-2676
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 080-56-21-093

Marshfield**Marshfield Clinic-St Joseph's Hospital Program**

Sponsor: Marshfield Clinic-St Joseph's Hospital
Prgm Director: Donald J Miech, MD
1000 North Oak Avenue
Marshfield, WI 54449
Tel: 715 387-5311 *Fax:* 715 389-4141
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 080-56-22-131

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Clement J Zablocki Veterans Affairs Medical Center
Proedtert Memorial Lutheran Hospital
Prgm Director: Janet A Fairley, MD
9701 Watertown Plank Road
MFRC Room 4070
Milwaukee, WI 53226
Tel: 414 456-4078 *Fax:* 414 456-6518
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 080-56-21-095

Dermatopathology (Dermatology)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital Veterans Affairs Medical Center (Birmingham)
Prgm Director: Emily F Omura, MD
 Dept of Pathology, Kracke Building, RM 506
 619 South Nineteenth Street, South Birmingham, AL 35223
Tel: 205 975-6964 *Fax:* 205 975-6922
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 100-01-21-024

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine Central Arkansas Veterans Health Center University Hospital of Arkansas
Prgm Director: Bruce R Smoller, MD
 4301 West Markham
 Department of Pathology, Slot 517
 Little Rock, AR 72205
Tel: 501 603-1508 *Fax:* 501 296-1184
E-mail: gordonreneen@uams.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-04-21-062

California

Los Angeles

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Prgm Director: Scott W Binder, MD
 10833 Le Conte Avenue
 Los Angeles, CA 90095
Tel: 310 267-2667 *Fax:* 310 267-2058
E-mail: sbinder@mednet.ucla.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 100-05-21-071

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
Prgm Director: Ronald J Barr, MD
 101 City Drive South
 Orange, CA 92868
Tel: 714 456-5556 *Fax:* 714 456-8859
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-05-21-053

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
 Mount Zion Medical Center of the University of California
Prgm Director: Philip E LeBoit, MD
 Dermatopathology Section (UCSF Box 1790)
 1701 Divisadero Street, Room 350
 San Francisco, CA 94115
Tel: 415 353-7550 *Fax:* 415 353-7553
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 100-05-21-035

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Prgm Director: Sabine Kohler, MD
 300 Pasteur Drive, Room L235
 Stanford, CA 94305
Tel: 650 725-5895 *Fax:* 650 725-6902
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 100-05-21-041

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
 Denver Health Medical Center
Prgm Director: Loren E Golitz, MD
 Department of Pathology B216
 4200 East Ninth Avenue
 Denver, CO 80262
Tel: 303 355-0600 *Fax:* 303 355-5744
E-mail: Diane.Colyer@uchsc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 100-07-13-067

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Prgm Director: Rossitza Lazova, MD
 PO Box 208059
 15 York Street
 New Haven, CT 06520
Tel: 203 785-6476 *Fax:* 203 785-6869
E-mail: wendy.rollinson@yale.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-08-21-045

District of Columbia

Washington

Armed Forces Institute of Pathology Program

Sponsor: Armed Forces Institute of Pathology
 Walter Reed Army Medical Center
Prgm Director: George P Lupton, MD
 14th Street and Alaska Ave, NW
 Washington, DC 20306
Tel: 202 782-2125 *Fax:* 202 782-3075
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 100-10-21-019
US Armed Services Program

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine Shands Hospital at the University of Florida
Prgm Director: Ashraf M Hassanein, MD, PhD
 PO Box 100275
 Gainesville, FL 32610
Tel: 352 265-9900 *Fax:* 352 265-9901
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-11-31-065

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: George W Elgart, MD
 1444 NW 9th Avenue, 3rd Floor
 Miami, FL 33136
Tel: 305 243-6272 *Fax:* 305 243-6272
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-11-21-059

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine H Lee Moffitt Cancer Center
 James A Haley Veterans Hospital
Prgm Director: L Frank Glass, MD
 12901 Bruce B Downs Boulevard, MDC 11
 Tampa, FL 33612
Tel: 813 974-3744 *Fax:* 813 974-4272
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-11-12-077

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
 Emory University Hospital
Prgm Director: Alvin R Solomon, MD
 Rm H-185A Pathology, Emory University Hospital
 1364 Clifton Road, NE
 Atlanta, GA 30322
Tel: 404 727-4283 *Fax:* 404 727-2519
E-mail: asolomo@emory.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-12-21-044

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
 Children's Memorial Hospital
 Northwestern Memorial Hospital
 Veterans Affairs Chicago Health Care System
Prgm Director: Joan Guitart, MD
 645 N Michigan Avenue
 Suite 520
 Chicago, IL 60611
Tel: 312 695-1413
E-mail: j-hilton@northwestern.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-16-21-064

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Christopher R Shea, MD
 5841 S Maryland Avenue, MC 5067
 Room L-502
 Chicago, IL 60637
 Tel: 773 702-6559 Fax: 773 702-8398
E-mail: jplummer@medicine.bsd.uchicago.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 100-16-31-001

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
 Clarian Indiana University Hospital
 Clarian Riley Hospital for Children
 Richard L Roudebush Veterans Affairs Medical Center
 William N Wishard Memorial Hospital
Prgm Director: William B Moores, MD
 550 N University Boulevard
 Suite 3274
 Indianapolis, IN 46202
 Tel: 317 274-4212 Fax: 317 278-1310
E-mail: shamrick@iupui.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 100-17-21-020

Louisiana**New Orleans****Tulane University Program**

Sponsor: Tulane University School of Medicine
 Medical Center of Louisiana at New Orleans
Prgm Director: Alun R Wang, MD, PhD
 Derm Fellowship, Dept Pathology, SL-79
 1430 Tulane Avenue
 New Orleans, LA 70112
 Tel: 504 988-1170 Fax: 504 988-7862
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-21-21-052

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Hospital
Prgm Director: Terry L Barrett, MD
 Blalock 907
 600 North Wolfe Street
 Baltimore, MD 21287
 Tel: 410 614-3484 Fax: 410 955-2445
E-mail: tbarrett@jhmi.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 100-23-21-026

Massachusetts**Boston****Beth Israel Deaconess Medical Center/Harvard Medical School Program**

Sponsor: Beth Israel Deaconess Medical Center
 Brigham and Women's Hospital
 Massachusetts General Hospital
Prgm Director: Steven R Tahan, MD
 Department of Pathology
 330 Brookline Ave
 Boston, MA 02215
 Tel: 617 667-4344 Fax: 617 975-5499
E-mail: stahan@bidmc.harvard.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 100-24-31-002

Boston University Medical Center Program

Sponsor: Boston Medical Center
 Tufts-New England Medical Center
Prgm Director: Jag Bhawan, MD
 609 Albany J-308
 Boston, MA 02118
 Tel: 617 638-5570 Fax: 617 638-5575
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 100-24-21-033

Minnesota**Rochester****Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Rochester)
Prgm Director: Lawrence E Gibson, MD
 200 First Street, SW
 Rochester, MN 55905
 Tel: 507 284-5975 Fax: 507 284-2072
E-mail: mayodermfellows@mayo.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 100-26-21-004

Missouri**St Louis****Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
Prgm Director: Anne C Lind, MD*
 660 South Euclid Avenue
 Campus Box 8118
 St Louis, MO 63110
 Tel: 314 362-0117 Fax: 314 362-8950
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-28-21-036

New Jersey**Newark****UMDNJ-New Jersey Medical School Program**

Sponsor: UMDNJ-New Jersey Medical School
 UMDNJ-University Hospital
Prgm Director: W Clark Lambert, MD
 Room C-520, Medical Sciences Building
 185 South Orange Avenue
 Newark, NJ 07103
 Tel: 973 972-6255 Fax: 973 972-7293
E-mail: lamberwc@umdnj.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-33-21-034

New York**Brooklyn****SUNY Health Science Center at Brooklyn Program**

Sponsor: SUNY Health Science Center at Brooklyn
 Academy of Dermatopathology
 Kings County Hospital Center
Prgm Director: Edward R Heilman, MD
 145 East 32nd Street, 10th Floor
 New York, NY 10016
 Tel: 718 270-1229
Length: 1 Yr *ACGME Approved/Offered Positions:* 7
Program ID: 100-35-31-074

New York**Mount Sinai School of Medicine Program**

Sponsor: Mount Sinai School of Medicine
 Mount Sinai Medical Center
Prgm Director: Robert G Phelps, MD
 One Gustave L Levy Place, Box 1194
 New York, NY 10029
 Tel: 212 241-6064 Fax: 212 241-7832
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-35-21-056

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
 Memorial Sloan-Kettering Cancer Center
 New York Presbyterian Hospital (Cornell Campus)
 Rockefeller University Hospital
Prgm Director: N Scott McNutt, MD
 535 East 68th Street (F-309)
 New York, NY 10021
 Tel: 212 746-6434 Fax: 212 746-8570
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 100-35-21-027

New York University School of Medicine Program

Sponsor: New York University School of Medicine
 Bellevue Hospital Center
 Manhattan VA Harbor Health Care System
Prgm Director: Hideko Kamino, MD
 530 First Avenue, Suite 7J
 New York, NY 10016
 Tel: 212 263-7260 Fax: 212 684-2991
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 100-35-21-005

North Carolina

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: M Angelica Selim, MD
Box 3712
Durham, NC 27710
Tel: 919 681-4632 *Fax:* 919 684-4445
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 100-36-21-006

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Omar P Sanguenza, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-4096 *Fax:* 336 716-7595
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-36-21-039

Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
Prgm Director: Diya F Mutasim, MD
231 Albert Sabin Way, Room 7409
PO Box 670592
Cincinnati, OH 45267
Tel: 513 558-6242 *Fax:* 513 558-0198
E-mail: diya.mutasim@uc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-38-12-070

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Anita C Gilliam, MD, PhD
3100 Bolwell Health Center, 11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-1507 *Fax:* 216 844-4707
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-38-31-069

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Wilma F Bergfeld, MD
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-2168 *Fax:* 216 445-6967
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-38-12-009

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Prgm Director: Wendy Frankel, MD*
N308 Doan Hall
410 West 10th Avenue
Columbus, OH 43210
Tel: 614 293-8496 *Fax:* 614 293-7273
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 100-38-21-046

Pennsylvania

Danville

Geisinger Health System Program

Sponsor: Geisinger Health System
Prgm Director: Dirk M Elston, MD
Department of Dermatology
100 North Academy Drive
Danville, PA 17822
Tel: 570 271-8050 *Fax:* 570 271-5940
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-41-31-076

Philadelphia

Drexel University College of Medicine/Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Prgm Director: Gary R Kantor, MD
219 North Broad Street
4th Floor
Philadelphia, PA 19107
Tel: 610 260-0555 *Fax:* 610 260-0566
E-mail: gkantor@ameripath.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-41-21-047

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: Rosalie Elenitsas, MD
3600 Spruce Street, 2nd Floor, Maloney Bldg
Philadelphia, PA 19104
Tel: 215 662-4497 *Fax:* 215 349-5615
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 100-41-11-012

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Prgm Director: Michael J Palko, MD
UPMC Shadyside
5230 Centre Avenue, WG02.4
Pittsburgh, PA 15232
Tel: 412 623-2614 *Fax:* 412 623-3417
E-mail: mjppalko@yahoo.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 100-41-21-028

Rhode Island

Providence

Roger Williams Medical Center Program

Sponsor: Roger Williams Medical Center
Prgm Director: Caroline S Wilkel, MD
825 Chalkstone Avenue
Providence, RI 02908
Tel: 401 456-2662 *Fax:* 401 456-2131
E-mail: cwikel@rwmc.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-43-21-031

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Prgm Director: John S Metcalf, MD
171 Ashley Avenue
Charleston, SC 29425
Tel: 843 792-3491 *Fax:* 843 792-8974
E-mail: metcalfj@musc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 100-45-21-023

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
Prgm Director: Andrzej Slominski, MD
930 Madison Avenue, Suite 599
Memphis, TN 38163
Tel: 901 448-6300
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-47-21-040

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Prgm Director: Clay J Cockerell, MD
2330 Butler Street, Suite 115
Dallas, TX 75235
Tel: 214 530-5200 *Fax:* 214 630-5210
E-mail: ccockerell@skincancer.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 100-48-21-013

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Ramon L Sanchez, MD
Department of Dermatology
301 University Blvd
Galveston, TX 77555
Tel: 409 772-1911
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 100-48-21-048

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Prgm Director: Jon A Reed, MD
One Baylor Plaza
Department of Pathology
Houston, TX 77030
Tel: 713 798-4083 *Fax:* 713 798-3665
E-mail: yboney@bcm.tmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-48-21-057

University of Texas M D Anderson Cancer Center Program

Sponsor: University of Texas M D Anderson Cancer Center
Harris County Hospital District-Ben Taub General Hospital
Memorial Hermann Hospital System
Prgm Director: Victor G Prieto, MD, PhD
Department of Pathology Box 85
1515 Holcombe Boulevard
Houston, TX 77030
Tel: 713 792-3187 *Fax:* 713 745-3740
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 100-48-13-072

Vermont**Burlington****University of Vermont Program**

Sponsor: Fletcher Allen Health Care
Prgm Director: Deborah L Cook, MD
111 Colchester Avenue
Burlington, VT 05401
Tel: 802 847-5186 *Fax:* 802 847-4155
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-50-13-078

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: James W Patterson, MD
Department of Pathology
PO Box 800214
Charlottesville, VA 22908
Tel: 434 982-4402 *Fax:* 434 243-6757
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 100-51-21-061

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
Prgm Director: Zsolt B Argenyi, MD
1959 NE Pacific Street
Box 356100
Seattle, WA 98195
Tel: 206 598-2119 *Fax:* 206 598-4028
E-mail: residency@pathology.washington.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 100-54-11-073

Developmental- Behavioral Pediatrics (Pediatrics)**Arkansas****Little Rock****University of Arkansas for Medical Sciences Program**

Sponsor: University of Arkansas College of Medicine
University Hospital of Arkansas
Prgm Director: Eldon G Schulz, MD
1501 Maryland, Suite 2
Little Rock, AR 72202
Tel: 501 364-1836 *Fax:* 501 364-6829
Length: 3 Yrs
Program ID: 336-04-21-002

California**Los Angeles****UCLA Medical Center Program**

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Prgm Director: Judy Howard, MD
David Geffen School of Medicine at UCLA
300 UCLA Medical Plaza, Suite 3300
Los Angeles, CA 90095
Tel: 310 794-1456 *Fax:* 310 206-4215
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 336-05-13-003

Sacramento**University of California (Davis) Health System Program**

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: Robin L Hansen, MD
MIND Institute
2825 50th Street
Sacramento, CA 95817
Tel: 916 703-0290 *Fax:* 916 703-0243
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 336-05-22-018

Connecticut**New Haven****Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
Prgm Director: David J Schonfeld, MD
333 Cedar Street
PO Box 208064
New Haven, CT 06520
Tel: 203 737-2182 *Fax:* 203 737-1366
E-mail: david.schonfeld@yale.edu
Length: 3 Yrs
Program ID: 336-08-11-001

Illinois**Chicago****University of Chicago Program**

Sponsor: University of Chicago Hospitals
Prgm Director: Michael E Msall, MD
5841 S Maryland, MC 0900
Chicago, IL 60637
Tel: 773 834-0885 *Fax:* 773 834-5064
E-mail: mmsall@peds.bsd.uchicago.edu
Length: 3 Yrs
Program ID: 336-16-21-028

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Deborah C Lin-Dyken, MD
100 Hawkins Drive
Iowa City, IA 52242
Tel: 319 353-6132 *Fax:* 319 356-8284
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 336-18-31-021

Kansas**Kansas City****University of Kansas Medical Center Program**

Sponsor: University of Kansas School of Medicine
Children's Mercy Hospital
University of Kansas Medical Center
Prgm Director: Chet D Johnson, MD
Developmental Disabilities Center
3901 Rainbow Boulevard, MS4003
Kansas City, KS 66160
Tel: 913 588-5588 *Fax:* 913 588-5916
E-mail: khansen@kumc.edu
Length: 3 Yrs
Program ID: 336-19-31-027

Maryland**Baltimore****University of Maryland Program**

Sponsor: University of Maryland Medical System
Prgm Director: Linda S Grossman, MD
Department of Pediatrics
630 W Fayette Street - Room 5-680
Baltimore, MD 21201
Tel: 410 706-6538 *Fax:* 410 706-0146
E-mail: lgrossma@umaryland.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 336-23-31-004

Massachusetts**Boston****Children's Hospital/Boston Medical Center Program**

Sponsor: Children's Hospital
Prgm Director: Leonard Rappaport, MD, MS
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-7030 *Fax:* 617 730-0252
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 336-24-31-019

Children's Hospital/Boston Medical Center Program A

Sponsor: Children's Hospital Boston Medical Center
Prgm Director: Steven Parker, MD
One Boston Medical Center Place, Mat 5
Boston, MA 02118
Tel: 617 414-4788 *Fax:* 617 414-7915
Length: 3 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 336-24-11-011

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School Fairview-University Medical Center Hennepin County Medical Center Park Nicollet Clinic-Alexander Center
Prgm Director: Daniel P Kohen, MD
McNamara Alumni Center, Suite 160
200 Oak Street, SE
Minneapolis, MN 55455
Tel: 612 626-4260 *Fax:* 612 624-0997
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 336-26-31-023

New York

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Maris D Rosenberg, MD
1410 Pelham Parkway South
Bronx, NY 10461
Tel: 718 430-8504 *Fax:* 718 892-2296
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 336-35-21-015

New York

New York University School of Medicine Program

Sponsor: New York University School of Medicine Bellevue Hospital Center Hospital for Joint Diseases Orthopaedic Institute NYU Hospitals Center Rusk Institute of Rehabilitation Medicine
Prgm Director: Alan L Mendelsohn, MD*
Department of Pediatrics
550 First Avenue
New York, NY 10016
Tel: 212 562-6342 *Fax:* 212 562-2474
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 336-35-21-005

Ohio

Cincinnati

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program

Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Nancy E Lanphear, MD
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 636-8383 *Fax:* 513 636-2837
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 336-38-31-006

Columbus

Children's Hospital/Ohio State University Program

Sponsor: Children's Hospital (Columbus)
Prgm Director: Daniel L Coury, MD
700 Children's Drive
Columbus, OH 43205
Tel: 614 722-2438 *Fax:* 614 722-4966
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 336-38-13-013

Pennsylvania

Philadelphia

Children's Hospital of Philadelphia Program

Sponsor: Children's Hospital of Philadelphia
Prgm Director: Mary Pipan, MD
Behavioral-Development Pediatrics Training Program
34th and Civic Center Boulevard
Philadelphia, PA 19104
Tel: 215 590-7994 *Fax:* 215 590-6804
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 336-41-13-007

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Prgm Director: Heidi M Feldman, MD, PhD
3705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 692-6300 *Fax:* 412 692-8729
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 336-41-13-008

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: Pamela C High, MD, MS
APC-6, 583 Eddy Street
Providence, RI 02903
Tel: 401 444-5078 *Fax:* 401 444-8488
E-mail: phigh@lifespan.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 336-43-21-012

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Prgm Director: Michelle M Macias, MD
171 Ashley Avenue
PO Box 250567
Charleston, SC 29425
Tel: 843 876-1516 *Fax:* 843 876-1518
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 336-45-12-020

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Prgm Director: James A Blackman, MD, MPH
2270 Ivy Road
Charlottesville, VA 22903
Tel: 434 982-1676 *Fax:* 434 924-2780
Length: 3 Yrs
Program ID: 336-51-22-014

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine Children's Hospital and Regional Medical Center University of Washington Medical Center
Prgm Director: William O Walker, MD
Div of Genetics and Developmental Med, Box 5371
4800 Sand Point Way NE
Seattle, WA 98105
Tel: 206 987-2204 *Fax:* 206 987-3824
Length: 3 Yrs
Program ID: 336-54-12-026

Tacoma

Madigan Army Medical Center Program

Sponsor: Madigan Army Medical Center Children's Hospital and Regional Medical Center University of Washington Center on Human Development (CHDD)
Prgm Director: Beth E Davis, MD, MPH
Department of Pediatrics
Attn: MCHJ-P
Tacoma, WA 98431
Tel: 263 968-1330 *Fax:* 263 968-0384
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 336-54-12-009
US Armed Services Program

Emergency Medicine

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Prgm Director: Edward J Roe, MD, MBA*
619 19th Street, Jefferson Tower N266
Birmingham, AL 35249
Tel: 205 934-3640 *Fax:* 205 975-3037
E-mail: emresidency@uabmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 110-01-31-165

Arizona

Phoenix

Maricopa Medical Center Program

Sponsor: Maricopa Medical Center
Prgm Director: Paul A Blackburn, DO
2601 East Roosevelt
PO Box 5099
Phoenix, AZ 85010
Tel: 602 344-5808 *Fax:* 602 344-5907
E-mail: nedra_kissling@medprodoctors.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Subspecialties: ETX
Program ID: 110-09-21-082

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
University Medical Center
Prgm Director: Samuel M Keim, MD
1501 North Campbell
Tucson, AZ 85724
Tel: 520 626-7233 *Fax:* 520 626-1633
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 110-09-12-056

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
University Hospital of Arkansas
Prgm Director: Christopher D Melton, MD*
4301 West Markham, Slot 584
Little Rock, AR 72205
Tel: 501 686-5516 *Fax:* 501 686-8586
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 110-04-21-071

California

Bakersfield

Kern Medical Center Program

Sponsor: Kern Medical Center
Prgm Director: Rick A McPheeters, DO
Department of Emergency Medicine
1830 Flower Street
Bakersfield, CA 93305
Tel: 661 326-2160 *Fax:* 661 326-2165
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 110-05-12-001

Fresno

University of California (San Francisco)/Fresno Program

Sponsor: UCSF-Fresno Medical Education Program
Community Medical Centers-University Medical Center
Prgm Director: Herbert G Bivins, MD
University Medical Center
445 S Cedar Avenue, Room 275
Fresno, CA 93702
Tel: 559 459-5105 *Fax:* 559 459-3844
E-mail: emrp@ucsfresno.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 110-05-12-002

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Riverside County Regional Medical Center
Prgm Director: Gregory T Guldner, MD
11234 Anderson Street, Room A-108
Loma Linda, CA 92354
Tel: 909 558-4085 *Fax:* 909 558-0121
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Subspecialties: PE
Program ID: 110-05-12-068

Los Angeles

Charles R Drew University Program

Sponsor: Charles R Drew University of Medicine and Science
LAC-King/Drew Medical Center
Prgm Director: Eugene Hardin, MD
Emergency Medicine Rm 1034
12021 South Wilmington Avenue
Los Angeles, CA 90059
Tel: 310 668-4510 *Fax:* 310 762-6115
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Program ID: 110-05-12-004

UCLA Medical Center/Olive View Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Olive View/UCLA Medical Center
UCLA Medical Center
Prgm Director: Pamela L Dyne, MD
Emergency Medicine Center
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 818 364-3114 *Fax:* 818 364-3268
E-mail: pdyne@ucla.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 110-05-12-003

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
Prgm Director: Stuart Swadron, MD*
1200 North State Street
Room 1011 GH
Los Angeles, CA 90033
Tel: 323 226-6667 *Fax:* 323 226-6454
Length: 3 Yrs *ACGME Approved/Offered Positions:* 54
Program ID: 110-05-12-005

Oakland

Alameda County Medical Center Program

Sponsor: Alameda County Medical Center
University of California (San Francisco) Medical Center
Prgm Director: Eric R Snoey, MD
1411 East 31st Street
Oakland, CA 94602
Tel: 510 437-4564 *Fax:* 510 437-8322
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Program ID: 110-05-12-006

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
Long Beach Memorial Medical Center
Prgm Director: Jennifer A Oman, MD
101 The City Drive South, Route 128
Orange, CA 92868
Tel: 714 456-5239 *Fax:* 714 456-5390
E-mail: jkrawczyk@uci.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 110-05-21-078

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
Kaiser Foundation Hospital (South Sacramento)
University of California (Davis) Medical Center
Prgm Director: Peter E Sokolove, MD
2315 Stockton Boulevard
PSSB, Suite 2100
Sacramento, CA 95817
Tel: 916 734-8571 *Fax:* 916 734-7950
E-mail: emres@ucdmc.ucdavis.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: ETX
Program ID: 110-05-21-097

San Diego

Naval Medical Center (San Diego) Program

Sponsor: Naval Medical Center (San Diego)
Prgm Director: Robert G Buckley, MD, MPH
Department of Emergency Medicine
Suite 118
San Diego, CA 92134
Tel: 619 532-8229 *Fax:* 619 532-5307
E-mail: rgbuckley@nmcscd.med.navy.mil
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: PE
Program ID: 110-05-12-067
US Armed Services Program

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
Prgm Director: Stephen R Hayden, MD
200 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-6236 *Fax:* 619 543-7598
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 110-05-21-080

Stanford

Stanford University Hospital/Kaiser Permanente Medical Center Program

Sponsor: Stanford University Hospital
Kaiser Permanente Medical Center (Santa Clara)
San Francisco General Hospital Medical Center
Prgm Director: Phillip M Harter, MD
Division of Emergency Medicine
701 Welch Rd, Bldg C
Palo Alto, CA 94304
Tel: 650 723-9215 *Fax:* 650 723-0121
E-mail: em.residency@med.stanford.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-05-21-098

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: David B Burbulys, MD
1000 West Carson Street, D9
Harbor Mail Box 21, PO Box 2910
Torrance, CA 90502
Tel: 310 222-3500 *Fax:* 310 782-1763
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Program ID: 110-05-12-008

Colorado

Denver

Denver Health Medical Center Program

Sponsor: Denver Health Medical Center
University of Colorado Hospital
Prgm Director: Vince J Markovchick, MD*
Mail Code 0108
777 Bannock Street
Denver, CO 80204
Tel: 303 436-7142 *Fax:* 303 436-7541
Length: 4 Yrs *ACGME Approved/Offered Positions:* 56
Subspecialties: ETX
Program ID: 110-07-12-009

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Hartford Hospital
St Francis Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Susan E Dufel, MD
Dept of Traumatology/Emer Medicine
80 Seymour Street
Hartford, CT 06102
Tel: 860 545-1457 *Fax:* 860 545-1461
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: ETX, PE
Program ID: 110-08-21-120

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Bridgeport Hospital
Prgm Director: Laura J Bontempo, MD*
Emergency Medicine Residency
464 Congress Avenue, Suite 260
New Haven, CT 06519
Tel: 203 785-5174 *Fax:* 203 785-4580
E-mail: laura.bontempo@yale.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Program ID: 110-08-21-139

Delaware

Wilmington

Christiana Care Health Services Program

Sponsor: Christiana Care Health Services Inc
Prgm Director: Robert E O'Connor, MD, MPH
4755 Oglethorpe-Stanton Road
PO Box 6001
Newark, DE 19718
Tel: 302 733-4176 *Fax:* 302 733-1595
Length: 3 Yrs *ACGME Approved/Offered Positions:* 45
Program ID: 110-09-12-057

District of Columbia

Washington

George Washington University Program

Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Inova Fairfax Hospital
Prgm Director: Yolanda C Haywood, MD
2150 Pennsylvania Avenue, NW
Suite 2B-421
Washington, DC 20037
Tel: 202 741-2911 *Fax:* 202 741-2921
E-mail: yhaywood@mf.gwu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-10-12-011

Florida

Jacksonville

University of Florida Health Science Center/Jacksonville Program

Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Prgm Director: Steven A Godwin, MD
655 West 8th Street, Building 1
Jacksonville, FL 32209
Tel: 904 244-3837 *Fax:* 904 244-4508
E-mail: melissa.silfies@jax.ufl.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: PE
Program ID: 110-11-12-058

Orlando

Orlando Regional Healthcare Program

Sponsor: Orlando Regional Healthcare
Orlando Regional Medical Center
Prgm Director: Jay L Falk, MD
1414 South Kuhl Avenue
Orlando, FL 32806
Tel: 407 237-6324 *Fax:* 407 649-3083
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 110-11-21-072

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
Tampa General Hospital
Prgm Director: Kelly P O'Keefe, MD
4 Columbia Drive, Suite 815
Harbourside Medical Tower
Tampa, FL 33606
Tel: 813 627-5931 *Fax:* 813 254-6440
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 110-11-21-167

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Crawford Long Hospital of Emory University
Grady Health System
Prgm Director: Philip Shayne, MD
49 Jesse Hill Jr Drive, SE
Atlanta, GA 30303
Tel: 404 616-6673 *Fax:* 404 616-0191
E-mail: emres@emory.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 54
Subspecialties: ETX
Program ID: 110-12-12-012

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Prgm Director: Carl R Menckhoff, MD
1120 15th Street
AF-2037
Augusta, GA 30912
Tel: 706 721-2613 *Fax:* 706 721-9081
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 110-12-21-090

Illinois

Chicago

Cook County Hospital Program

Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Steven H Bowman, MD
1900 West Polk Street 10th Floor
Chicago, IL 60612
Tel: 312 864-0064 *Fax:* 312 864-0064
Length: 3 Yrs *ACGME Approved/Offered Positions:* 60
Program ID: 110-16-21-088

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Evanston Hospital
Northwestern Memorial Hospital
Prgm Director: Jamie L Collings, MD
259 E Erie
Suite 100
Chicago, IL 60611
Tel: 312 694-9620 *Fax:* 312 926-6274
E-mail: emedres@northwestern.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 48
Program ID: 110-16-12-015

Resurrection Medical Center Program

Sponsor: Resurrection Medical Center
St Francis Hospital
Prgm Director: Marc A Dorfman, MD*
Emergency Medicine Residency Program
7435 West Talcott Avenue
Chicago, IL 60631
Tel: 773 792-7921 *Fax:* 773 594-7806
E-mail: dtoriani@reshhealthcare.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Program ID: 110-16-31-146

University of Chicago Program

Sponsor: University of Chicago Hospitals
Advocate Lutheran General Hospital
Prgm Director: David S Howes, MD
5841 South Maryland Avenue, MC 5068
Chicago, IL 60637
Tel: 773 702-2887 *Fax:* 773 702-3135
Length: 3 Yrs *ACGME Approved/Offered Positions:* 43
Program ID: 110-16-12-014

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
Advocate Illinois Masonic Medical Center
Mercy Hospital and Medical Center
University of Illinois Hospital and Clinics
Prgm Director: Timothy B Erickson, MD
Suite 471 College of Medicine, East
808 S Wood Street
Chicago, IL 60612
Tel: 312 413-7393 *Fax:* 312 413-0289
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 110-16-12-016

Oak Lawn**Advocate Christ Medical Center Program**

Sponsor: Advocate Christ Medical Center
Prgm Director: Robert C Harwood, MD, MPH
 4440 West 95th Street
 Dept of Emergency Medicine Rm 185W
 Oak Lawn, IL 60453
Tel: 708 346-5375 *Fax:* 708 346-1028
E-mail: cherri.overcast@advocatehealth.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 33
Program ID: 110-16-12-017

Peoria**University of Illinois College of Medicine at Peoria Program**

Sponsor: University of Illinois College of Medicine at Peoria
 OSF St Francis Medical Center
Prgm Director: Marc D Squillante, DO
 530 North East Glen Oak Avenue
 Peoria, IL 61637
Tel: 309 655-6710 *Fax:* 309 624-9887
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-16-12-069

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
 Clarian Methodist Hospital of Indiana
 William N Wishard Memorial Hospital
Prgm Director: Carey D Chisholm, MD
 I-65 at 21st Street
 PO Box 1367
 Indianapolis, IN 46206
Tel: 317 962-5975 *Fax:* 317 962-2306
Length: 3 Yrs *ACGME Approved/Offered Positions:* 54
Subspecialties: ETX
Program ID: 110-17-12-018

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
 St Luke's Hospital
Prgm Director: Eric W Dickson, MD*
 200 Hawkins Drive
 1193 RCP
 Iowa City, IA 52242
Tel: 319 384-6511 *Fax:* 319 384-9184
E-mail: eric-dickson@uiowa.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 110-18-12-174

Kentucky**Lexington****University of Kentucky College of Medicine Program**

Sponsor: University of Kentucky College of Medicine
 University of Kentucky Hospital
Prgm Director: Roger L Humphries, MD
 Department of Emergency Medicine
 800 Rose Street, Room M-53
 Lexington, KY 40536
Tel: 859 323-5083 *Fax:* 859 323-8056
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 110-20-21-129

Louisville**University of Louisville Program**

Sponsor: University of Louisville School of Medicine
 Kosair Children's Hospital (Norton Healthcare, Inc)
 University of Louisville Hospital
Prgm Director: Salvatore J Vicario, MD
 530 South Jackson
 Louisville, KY 40202
Tel: 502 852-5689 *Fax:* 502 852-0066
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-20-12-020

Louisiana**Baton Rouge****Louisiana State University (Baton Rouge) Program**

Sponsor: Earl K Long Medical Center
 Baton Rouge General Medical Center
Prgm Director: Cris V Mandry, MD
 Emergency Medicine Residency Program
 5825 Airline Highway
 Baton Rouge, LA 70805
Tel: 225 358-3940 *Fax:* 225 358-3939
E-mail: emrpr@lsuhsc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 110-21-21-117

New Orleans**Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine
 Medical Center of Louisiana at New Orleans
Prgm Director: Peter M DeBlieux, MD
 MCLANO, Room 1351
 1532 Tulane Avenue
 New Orleans, LA 70112
Tel: 504 903-2711 *Fax:* 504 903-0321
E-mail: sduen@lsuhsc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 60
Program ID: 110-21-12-021

Shreveport**Louisiana State University (Shreveport) Program**

Sponsor: LSU Health Sciences Center-University Hospital
Prgm Director: Thomas C Arnold, MD
 1541 Kings Highway
 PO Box 33932
 Shreveport, LA 71130
Tel: 318 675-6885 *Fax:* 318 675-6878
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 110-21-22-170

Maine**Portland****Maine Medical Center Program**

Sponsor: Maine Medical Center
Prgm Director: Andrew D Perron, MD
 22 Bramhall Street
 ED Residency Office 321 Brackett Street, 2nd floor
 Portland, ME 04102
Tel: 207 662-7050 *Fax:* 207 662-7054
E-mail: kanej@mmc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 110-22-21-142

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Bayview Medical Center
 Johns Hopkins Hospital
Prgm Director: Gabor D Kelen, MD
 600 North Wolfe Street
 Marburg B186
 Baltimore, MD 21287
Tel: 410 955-5107 *Fax:* 410 955-0141
E-mail: emresidency@jhmi.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 110-23-12-022

University of Maryland Program

Sponsor: University of Maryland Medical System
 Mercy Medical Center
Prgm Director: Amal Mattu, MD
 419 West Redwood St, Suite 280
 Baltimore, MD 21201
Tel: 410 328-8025 *Fax:* 410 328-8028
E-mail: amalattu@comcast.net
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-23-21-101

Massachusetts**Boston****Beth Israel Deaconess Medical Center/Harvard Medical School Program**

Sponsor: Beth Israel Deaconess Medical Center
 Children's Hospital
Prgm Director: Carlo Rosen, MD
 Department of Emergency Medicine
 One Deaconess Road, West/CC2
 Boston, MA 02215
Tel: 617 754-2339 *Fax:* 617 754-2350
Length: 3 Yrs *ACGME Approved/Offered Positions:* 33
Program ID: 110-24-31-163

Boston University Medical Center Program

Sponsor: Boston Medical Center
Prgm Director: Andrew S Ulrich, MD
 One Boston Medical Center Place
 Dowling 1 South Room 1408
 Boston, MA 02118
Tel: 617 414-4929 *Fax:* 617 414-7759
E-mail: aulrich@bu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 110-24-21-084

Brigham and Women's Hospital/Harvard Medical School Program

Sponsor: Brigham and Women's Hospital
 Massachusetts General Hospital
Prgm Director: Eric Nadel, MD
 Department of Emergency Medicine
 75 Francis Street - Neville House
 Boston, MA 02115
Tel: 617 732-8070 *Fax:* 617 582-6038
E-mail: pciampa@partners.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 60
Subspecialties: ETX
Program ID: 110-24-21-150

Springfield

Baystate Medical Center/Tufts University School of Medicine Program

Sponsor: Baystate Medical Center
Prgm Director: Stephen J Playe, MD
759 Chestnut Street
Springfield, MA 01199
Tel: 413 794-5999 *Fax:* 413 794-8070
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: PE
Program ID: 110-24-21-116

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
St Vincent Hospital
UMass Memorial Health Care (Memorial Campus)
UMass Memorial Health Care (University Campus)
Prgm Director: Jeffrey M Cukor, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 856-5426 *Fax:* 508 334-7411
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: ETX
Program ID: 110-24-21-074

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Hurley Medical Center
St Joseph Mercy Health System
Prgm Director: Terry Kowalenko, MD
1500 E Medical Center Drive
B1 380 Taubman Center
Ann Arbor, MI 48109
Tel: 734 763-7919 *Fax:* 734 763-9298
Length: 4 Yrs *ACGME Approved/Offered Positions:* 56
Subspecialties: PE
Program ID: 110-25-21-106

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital
Prgm Director: Christopher A Lewandowski, MD
2799 West Grand Boulevard
Detroit, MI 48202
Tel: 313 916-1553 *Fax:* 313 916-7437
E-mail: jowens1@hfhs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 45
Program ID: 110-25-12-025

St John Hospital and Medical Center Program

Sponsor: St John Hospital and Medical Center
Prgm Director: Don M Benson, DO
22101 Moross Road
Detroit, MI 48236
Tel: 313 343-8797 *Fax:* 313 343-7620
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 110-25-21-132

Wayne State University/Detroit Medical Center (Grace Hospital) Program

Sponsor: Wayne State University/Detroit Medical Center
Sinai-Grace Hospital (Grace Campus)
Prgm Director: Matthew J Griffin, MD
6071 West Outer Drive
Detroit, MI 48235
Tel: 313 966-1020 *Fax:* 313 966-1024
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-25-12-059

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Prgm Director: Robert P Wahl, MD
6G University Health Center
4201 St Antoine Blvd
Detroit, MI 48201
Tel: 313 993-2530 *Fax:* 313 993-7703
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: ETX
Program ID: 110-25-12-024

Grand Rapids

Grand Rapids Medical Education and Research Center/Michigan State University Program

Sponsor: Grand Rapids Medical Education and Research Center
Spectrum Health-Butterworth Campus
Prgm Director: Michael D Brown, MD, MSc
1000 Monroe Ave NW
MC-49
Grand Rapids, MI 49503
Tel: 616 391-3588 *Fax:* 616 391-3674
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-25-12-026

Kalamazoo

Kalamazoo Center for Medical Studies/Michigan State University Program

Sponsor: Michigan State Univ-Kalamazoo Center for Medical Studies
Borgess Medical Center
Bronson Methodist Hospital
Prgm Director: David T Overton, MD, MBA
1000 Oakland Drive
Kalamazoo, MI 49008
Tel: 269 337-6600 *Fax:* 269 337-6475
Length: 3 Yrs *ACGME Approved/Offered Positions:* 60
Program ID: 110-25-21-124

Lansing

Sparrow Hospital/Michigan State University Program

Sponsor: Sparrow Hospital
Ingham Regional Medical Center
Prgm Director: Gregory L Walker, MD
PO Box 30480
Lansing, MI 48909
Tel: 517 364-2583 *Fax:* 517 364-2763
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-25-12-027

Royal Oak

William Beaumont Hospital Program

Sponsor: William Beaumont Hospital
William Beaumont Hospital-Troy
Prgm Director: Frank McGeorge, MD
Department of Emergency Medicine
3601 West Thirteen Mile Road
Royal Oak, MI 48073
Tel: 248 898-2001 *Fax:* 248 898-2017
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-25-12-065

Saginaw

Synergy Medical Education Alliance/Michigan State University Program

Sponsor: Synergy Medical Education Alliance
Covenant HealthCare System-Cooper Campus
St Mary's Medical Center
Prgm Director: Mary Jo Wagner, MD
1000 Houghton Avenue
Saginaw, MI 48602
Tel: 989 583-6817 *Fax:* 989 583-7436
E-mail: mjwagner@synergymedical.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 110-25-11-138

Minnesota

Minneapolis

Hennepin County Medical Center Program

Sponsor: Hennepin County Medical Center
Prgm Director: Douglas D Brunette, MD
701 Park Avenue South
Department of Emergency Medicine
Minneapolis, MN 55415
Tel: 612 873-5683 *Fax:* 612 904-4241
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 110-26-12-028

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
St Mary's Hospital of Rochester
Prgm Director: Annie T Sadosty, MD
Generose G-410
1216 Second Street, SW
Rochester, MN 55902
Tel: 507 255-2192 *Fax:* 507 255-6592
E-mail: emres@mayo.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 110-26-21-161

St Paul

HealthPartners Institute for Medical Education Program

Sponsor: HealthPartners Institute for Medical Education
Regions Hospital
Prgm Director: Felix K Ankel, MD
640 Jackson St
Mail Stop: 11102F
St Paul, MN 55101
Tel: 651 254-3666 *Fax:* 651 254-5216
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-26-21-144

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Prgm Director: LouAnn Woodward, MD
2500 North State Street
Jackson, MS 39216
Tel: 601 984-5582 *Fax:* 601 984-5583
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-27-21-073

Missouri**Kansas City****University of Missouri at Kansas City Program**

Sponsor: University of Missouri-Kansas City School of Medicine
 Truman Medical Center
Prgm Director: Christine Sullivan, MD*
 2301 Holmes Street
 Kansas City, MO 64108
 Tel: 816 404-1536 Fax: 816 404-5094
 Length: 3 Yrs ACGME Approved/Offered Positions: 27
 Program ID: 110-28-12-029

St Louis**Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
 St Louis Children's Hospital
Prgm Director: Douglas M Char, MD
 660 South Euclid Avenue, Box 8072
 St Louis, MO 63110
 Tel: 314 362-9177 Fax: 314 362-0478
 Length: 4 Yrs ACGME Approved/Offered Positions: 56
 Program ID: 110-28-21-154

Nebraska**Omaha****University of Nebraska Medical Center Program**

Sponsor: University of Nebraska Medical Center College of Medicine
 Regional West Medical Center
 The Nebraska Medical Center
Prgm Director: Michael C Wadman, MD
 981150 Nebraska Medical Center
 Omaha, NE 68198
 Tel: 402 559-6705 Fax: 402 559-9659
 Length: 3 Yrs ACGME Approved/Offered Positions: 24
 Program ID: 110-30-31-168

New Jersey**Camden****UMDNJ-Robert Wood Johnson Medical School (Camden) Program**

Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Sarah A Stahmer, MD
 One Cooper Plaza
 Camden, NJ 08103
 Tel: 856 342-2969 Fax: 856 968-8272
 Length: 3 Yrs ACGME Approved/Offered Positions: 24
 Subspecialties: PE
 Program ID: 110-33-21-118

Morristown**Atlantic Health System (Morristown) Program**

Sponsor: Atlantic Health System
 Morristown Memorial Hospital
Prgm Director: Richard D Shih, MD
 100 Madison Avenue Box 8
 Morristown, NJ 07960
 Tel: 973 971-7926 Fax: 973 290-7202
 Length: 3 Yrs ACGME Approved/Offered Positions: 24
 Program ID: 110-33-12-060

Newark**Newark Beth Israel Medical Center Program**

Sponsor: Newark Beth Israel Medical Center
 Union Hospital
Prgm Director: Marc Borenstein, MD
 201 Lyons Ave at Osborne Terrace
 Newark, NJ 07112
 Tel: 973 926-6671 Fax: 973 282-0562
 Length: 3 Yrs ACGME Approved/Offered Positions: 36
 Program ID: 110-33-21-158

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
 UMDNJ-University Hospital
Prgm Director: Joseph Reila, MD
 150 Bergen Street
 Newark, NJ 07103
 Tel: 973 972-6876 Fax: 973 972-6646
 Length: 4 Yrs ACGME Approved/Offered Positions: 32
 Program ID: 110-33-31-177

New Mexico**Albuquerque****University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine
 University of New Mexico Health Sciences
Prgm Director: David Doezenia, MD
 Department of Emergency Medicine
 MSC10 5560
 Albuquerque, NM 87131
 Tel: 505 272-5062 Fax: 505 272-6503
 Length: 3 Yrs ACGME Approved/Offered Positions: 30
 Program ID: 110-34-21-075

New York**Albany****Albany Medical Center Program**

Sponsor: Albany Medical Center
Prgm Director: Thomas B Perera, MD
 47 New Scotland Avenue
 MC-139
 Albany, NY 12208
 Tel: 518 262-4050 Fax: 518 262-3236
 Length: 3 Yrs ACGME Approved/Offered Positions: 30
 Program ID: 110-35-21-086

Bronx**Albert Einstein College of Medicine (Jacobi/Montefiore) Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Jacobi Medical Center
Prgm Director: Adrienne Birnbaum, MD
 Jacobi - 1-W-20
 1400 Pelham Parkway South
 Bronx, NY 10461
 Tel: 718 918-5814 Fax: 718 918-7459
 Length: 3 Yrs ACGME Approved/Offered Positions: 54
 Program ID: 110-35-12-030

Lincoln Medical and Mental Health Center Program

Sponsor: Lincoln Medical and Mental Health Center
 Our Lady of Mercy Medical Center
Prgm Director: Joel Gernsheimer, MD
 234 East 149th Street
 Bronx, NY 10451
 Tel: 718 579-6010 Fax: 718 579-4822
 Length: 3 Yrs ACGME Approved/Offered Positions: 33
 Program ID: 110-35-12-053

Brooklyn**Brooklyn Hospital Center Program**

Sponsor: Brooklyn Hospital Center
Prgm Director: Benson Yeh, MD
 121 DeKalb Avenue
 Dept of Emergency Medicine
 Brooklyn, NY 11201
 Tel: 718 250-8369 Fax: 718 250-6528
 E-mail: yeh@BrooklynEM.org
 Length: 4 Yrs ACGME Approved/Offered Positions: 36
 Program ID: 110-35-21-093

Maimonides Medical Center Program

Sponsor: Maimonides Medical Center
Prgm Director: Amy Church, MD
 4802 Tenth Avenue
 Brooklyn, NY 11219
 Tel: 718 283-6034 Fax: 718 635-7228
 Length: 3 Yrs ACGME Approved/Offered Positions: 27
 Program ID: 110-35-21-164

New York Methodist Hospital Program

Sponsor: New York Methodist Hospital
Prgm Director: Theodore J Gaeta, DO, MPH
 506 Sixth Street
 Brooklyn, NY 11215
 Tel: 718 780-5040 Fax: 718 780-3153
 E-mail: thg9001@nyp.org
 Length: 3 Yrs ACGME Approved/Offered Positions: 30
 Program ID: 110-35-21-147

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
 Kings County Hospital Center
Prgm Director: Stephan Rinnert, MD
 450 Clarkson Avenue, Box 1228
 Department of Emergency Medicine
 Brooklyn, NY 11203
 Tel: 718 245-3320 Fax: 718 245-4799
 E-mail: rinnerts@nychhc.org
 Length: 4 Yrs ACGME Approved/Offered Positions: 64
 Program ID: 110-35-31-135

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
 Erie County Medical Center
 Kaleida Health System (Buffalo General Hospital)
 Kaleida Health System (Millard Fillmore Hospital)
Prgm Director: Richard S Krause, MD
 Dept of Emergency Medicine
 100 High Street A-143
 Buffalo, NY 14203
 Tel: 716 859-1993 Fax: 716 859-1555
 Length: 3 Yrs ACGME Approved/Offered Positions: 36
 Program ID: 110-35-31-127

Flushing**New York Hospital Medical Center of Queens/Cornell University Medical College Program**

Sponsor: New York Hospital Medical Center of Queens
 St Barnabas Hospital
Prgm Director: James G Ryan, MD
 56-45 Main Street
 Flushing, NY 11355
 Tel: 718 661-7305 Fax: 718 661-7976
 E-mail: Lik9007@nyp.org
 Length: 3 Yrs ACGME Approved/Offered Positions: 24
 Program ID: 110-35-31-173

Manhasset

North Shore University Hospital/NYU School of Medicine Program

Sponsor: North Shore University Hospital
Prgm Director: Joseph LaMantia, MD
 300 Community Drive
 Manhasset, NY 11030
Tel: 516 562-1244 *Fax:* 516 562-3569
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-35-21-141

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program

Sponsor: Long Island Jewish Medical Center
 Jacobi Medical Center
Prgm Director: Gino A Farina, MD
 270-05 76th Avenue
 New Hyde Park, NY 11040
Tel: 718 470-7873 *Fax:* 718 470-9113
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-35-12-062

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program

Sponsor: Beth Israel Medical Center
Prgm Director: Kai Stürmann, MD
 First Avenue at 16th Street
 New York, NY 10003
Tel: 212 420-4253 *Fax:* 212 420-2954
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 110-35-11-149

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
 Elmhurst Hospital Center-Mount Sinai Services
 Mount Sinai Medical Center
Prgm Director: Andy S Jagoda, MD
 One Gustave L Levy Place, Box 1149
 New York, NY 10029
Tel: 212 241-2987 *Fax:* 212 241-4366
E-mail: andy.jagoda@mssm.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 45
Program ID: 110-35-21-087

New York Medical College (Metropolitan) Program

Sponsor: New York Medical College
 Metropolitan Hospital Center
Prgm Director: Gregory Almond, MD, MPH*
 1901 First Avenue, Room 2A20
 New York, NY 10029
Tel: 212 423-7175 *Fax:* 212 423-6383
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 110-35-12-031

New York Presbyterian Hospital Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
 New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Wallace A Carter, MD
 Columbia University College of Physicians and Surgeons
 525 East 68th Street Mailbox 301
 New York, NY 10021
Tel: 212 746-0433 *Fax:* 212 746-0487
Length: 4 Yrs *ACGME Approved/Offered Positions:* 48
Program ID: 110-35-13-169

New York University School of Medicine Program

Sponsor: New York University School of Medicine
 Bellevue Hospital Center
 NYU Hospitals Center
Prgm Director: Eric L Legome, MD
 Department of Emergency Medicine, Room A340A
 462 First Avenue
 New York, NY 10016
Tel: 212 562-4317 *Fax:* 212 263-6826
E-mail: heind01@med.nyu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 64
Subspecialties: ETX
Program ID: 110-35-21-092

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
 St Luke's-Roosevelt Hospital Center-Roosevelt Division
 St Luke's-Roosevelt Hospital Center-St Luke's Division
Prgm Director: Richard Lanoix, MD
 St Luke's-Roosevelt Hospital Center
 1000 Tenth Avenue
 New York, NY 10019
Tel: 212 523-6752 *Fax:* 212 523-8000
E-mail: rlanoix@chnpnet.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Program ID: 110-35-21-109

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Linda L Spillane, MD
 Strong Memorial Hospital-Emergency Medicine Dept
 601 Elmwood Avenue - Box 655
 Rochester, NY 14642
Tel: 585 273-4124 *Fax:* 585 473-3516
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: ESM, PE
Program ID: 110-35-21-131

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: Gregory P Garra, DO
 Department of Emergency Medicine
 Health Sciences Center Level 4, Room 080
 Stony Brook, NY 11794
Tel: 631 444-3880 *Fax:* 631 444-3919
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-35-21-091

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
 St Joseph's Hospital Health Center
Prgm Director: Heramba Prasad, MD
 750 East Adams Street
 Syracuse, NY 13210
Tel: 315 464-4363 *Fax:* 315 464-6229
E-mail: resapp@upstate.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: PE
Program ID: 110-35-21-121

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
 Wake Medical Center
Prgm Director: Douglas R Trocinski, MD*
 Department of Emergency Medicine
 CB# 7594
 Chapel Hill, NC 27599
Tel: 919 966-5935 *Fax:* 919 966-3049
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-36-21-130

Charlotte

Carolinas Medical Center Program

Sponsor: Carolinas Medical Center
Prgm Director: E Parker Hays, MD
 1000 Blythe Blvd, PO Box 32861
 3rd Floor MEB
 Charlotte, NC 28232
Tel: 704 355-3799 *Fax:* 704 355-7047
E-mail: mary.fiorillo@carolinashealthcare.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: ETX
Program ID: 110-36-12-032

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Prgm Director: Susan B Promes, MD
 Box 3935
 Durham, NC 27710
Tel: 919 681-2247 *Fax:* 919 668-6115
E-mail: emresidency@mc.duke.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 110-36-13-166

Greenville

Pitt County Memorial Hospital/East Carolina University Program

Sponsor: Pitt County Memorial Hospital
 Wake Medical Center
Prgm Director: Christina L Schenarts, MD*
 Department of Emergency Medicine
 600 Moye Boulevard
 Greenville, NC 27834
Tel: 252 744-4184 *Fax:* 252 744-5014
Length: 3 Yrs *ACGME Approved/Offered Positions:* 40
Program ID: 110-36-12-063

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Mitchell C Sokolosky, MD
 Medical Center Boulevard
 Winston-Salem, NC 27157
Tel: 336 716-4625 *Fax:* 336 716-5438
E-mail: emedres@wfubmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-36-12-033

Ohio**Akron****Akron General Medical Center/NEOUCOM Program**

Sponsor: Akron General Medical Center
Prgm Director: Christ G Kyriakedes, DO
 400 Wabash Avenue
 Akron, OH 44307
Tel: 330 344-6326 *Fax:* 330 253-8293
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 110-38-12-035

Summa Health System/NEOUCOM Program

Sponsor: Summa Health System
 Akron City Hospital (Summa Health System)
Prgm Director: Michael S Beeson, MD, MBA
 525 East Market Street
 PO Box 2090
 Akron, OH 44304
Tel: 330 375-4021 *Fax:* 330 375-4052
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-38-12-034

Cincinnati**University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc
Prgm Director: Andra L Blomkalns, MD*
 231 Albert Sabin Way
 Cincinnati, OH 45267
Tel: 513 558-8114 *Fax:* 513 558-5791
Length: 4 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: ETX
Program ID: 110-38-12-036

Cleveland**Case Western Reserve University (MetroHealth) Program**

Sponsor: MetroHealth Medical Center
 Cleveland Clinic Foundation
Prgm Director: Jeffrey Pennington, MD
 2500 MetroHealth Drive
 BG-3
 Cleveland, OH 44109
Tel: 216 778-5088 *Fax:* 216 778-5349
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Program ID: 110-38-21-110

Columbus**Ohio State University Hospital Program**

Sponsor: Ohio State University Hospital
 Children's Hospital (Columbus)
 Grant Medical Center (OhioHealth)
 Riverside Methodist Hospitals (OhioHealth)
Prgm Director: Daniel R Martin, MD
 167 Means Hall
 1654 Upham Dr
 Columbus, OH 43210
Tel: 614 293-3551 *Fax:* 614 293-3124
E-mail: harr.1@osu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 110-38-12-038

Dayton**Wright State University Program**

Sponsor: Wright State University School of Medicine
 Good Samaritan Hospital and Health Center
 Kettering Medical Center
 Miami Valley Hospital
 Wright-Patterson Medical Center
Prgm Director: James E Brown, MD
 3525 Southern Boulevard
 Kettering, OH 45429
Tel: 937 395-8839 *Fax:* 937 395-8387
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: ESM
Program ID: 110-38-12-039

Toledo**Mercy Health Partners/St Vincent Mercy Medical Center Program**

Sponsor: St Vincent Mercy Medical Center
Prgm Director: Randall W King, MD
 2213 Cherry Street
 c/o Emergency Medicine
 Toledo, OH 43608
Tel: 419 251-4723 *Fax:* 419 251-2688
E-mail: kinr20@mhsnr.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Program ID: 110-38-12-040

Oregon**Portland****Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital
 St Vincent Hospital and Medical Center
Prgm Director: Patrick Brunett, MD
 3181 SW Sam Jackson Park Road
 Portland, OR 97239
Tel: 503 494-9590 *Fax:* 503 494-8237
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: ETX
Program ID: 110-40-12-042

Pennsylvania**Bethlehem****St Luke's Hospital Program**

Sponsor: St Luke's Hospital
Prgm Director: Michael B Heller, MD
 801 Ostrum Street
 Bethlehem, PA 18015
Tel: 610 954-4903 *Fax:* 610 954-2153
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 110-41-21-111

Danville**Geisinger Health System Program**

Sponsor: Geisinger Health System
Prgm Director: Douglas F Kupas, MD
 Department of Emergency Medicine
 100 North Academy Avenue
 Danville, PA 17822
Tel: 570 271-6812 *Fax:* 570 214-9442
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 110-41-12-043

Hershey**Penn State University College of Medicine Program**

Sponsor: Milton S Hershey Medical Center
 PinnacleHealth System-Harrisburg Hospital
Prgm Director: Lawrence E Kass, MD*
 500 University Drive, H-043
 Hershey, PA 17033
Tel: 717 531-1443 *Fax:* 717 531-4441
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 110-41-33-171

Philadelphia**Albert Einstein Healthcare Network Program**

Sponsor: Albert Einstein Medical Center
Prgm Director: Douglas L McGee, DO
 5501 Old York Road
 Korman B-9
 Philadelphia, PA 19141
Tel: 215 456-7056 *Fax:* 215 456-8502
Length: 4 Yrs *ACGME Approved/Offered Positions:* 48
Program ID: 110-41-21-122

Drexel University College of Medicine/Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
 Hahnemann University Hospital (Tenet Health System)
 Mercy Hospital of Philadelphia
Prgm Director: Richard J Hamilton, MD
 Hahnemann University Hospital
 245 North 15th Street
 Philadelphia, PA 19102
Tel: 215 762-2365 *Fax:* 215 886-3524
E-mail: richard.hamilton@drexel.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 54
Subspecialties: ETX, PE
Program ID: 110-41-12-045

Temple University Hospital Program

Sponsor: Temple University Hospital
Prgm Director: Jacob W Ufberg, MD*
 Jones Hall, Tenth Floor
 Park Avenue & Ontario Street
 Philadelphia, PA 19140
Tel: 215 707-5030 *Fax:* 215 707-3494
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-41-21-155

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
 Methodist Hospital
Prgm Director: Sharon K Griswold, MD
 1020 Sansom Street
 Room 1651 B Thompson Building
 Philadelphia, PA 19107
Tel: 215 955-9837 *Fax:* 215 955-9870
E-mail: lori.berryman@jefferson.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 110-41-12-064

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
 Children's Hospital of Philadelphia
Prgm Director: Francis De Roos, MD
 3400 Spruce Street
 Ground Ravdin
 Philadelphia, PA 19104
Tel: 215 662-6305 *Fax:* 215 662-3953
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: ETX, UME
Program ID: 110-41-21-148

Pittsburgh

Allegheny General Hospital Program

Sponsor: Allegheny General Hospital
Prgm Director: Dennis P Hanlon, MD
 320 East North Avenue
 Pittsburgh, PA 15212
Tel: 412 359-4905 *Fax:* 412 359-4963
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: ESM
Program ID: 110-41-12-054

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 Mercy Hospital of Pittsburgh
 The Western Pennsylvania Hospital
 UPMC Presbyterian/Shadyside
Prgm Director: Allan B Wolfson, MD
 230 McKee Place
 Suite 500
 Pittsburgh, PA 15213
Tel: 412 647-8283 *Fax:* 412 647-8225
Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: ETX
Program ID: 110-41-12-055

York

York Hospital Program

Sponsor: York Hospital
 Children's Hospital of Philadelphia
 Milton S Hershey Medical Center
Prgm Director: David A Kramer, MD
 1001 South George Street
 York, PA 17405
Tel: 717 851-3070 *Fax:* 717 851-3469
E-mail: dkramer@wellspring.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 110-41-21-089

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
 University Hospital
 University of Puerto Rico Hospital at Carolina
 University Pediatric Hospital
 Veterans Affairs Medical Center (San Juan)
Prgm Director: Juan A González-Sánchez, MD
 PO Box 29207
 San Juan, PR 00929
Tel: 787 757-1800 *Fax:* 787 750-0930
E-mail: jags@prtc.net
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-42-12-046

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: Robert D Sidman, MD
 593 Eddy Street
 Samuels Building, 2nd Floor
 Providence, RI 02903
Tel: 401 444-6652 *Fax:* 401 444-6662
Length: 4 Yrs *ACGME Approved/Offered Positions:* 48
Program ID: 110-43-21-114

South Carolina

Columbia

Palmetto Health/University of South Carolina School of Medicine Program

Sponsor: Palmetto Health
 Palmetto Health Richland
Prgm Director: Thomas P Cook, MD
 Five Richland Medical Park Drive
 Suite 350
 Columbia, SC 29203
Tel: 803 434-3790 *Fax:* 803 434-3946
E-mail: tpcookmd@hotmail.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-45-12-047

Tennessee

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Prgm Director: Keith D Wrenn, MD
 703 Oxford House
 1313 21st Avenue South
 Nashville, TN 37232
Tel: 615 936-1157 *Fax:* 615 936-1316
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: PE
Program ID: 110-47-21-113

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
 Dallas County Hospital District-Parkland Memorial Hospital
Prgm Director: Michael P Wainwright, MD
 Emergency Medicine Residency Program
 5323 Harry Hines Boulevard
 Dallas, TX 75390
Tel: 214 590-1352 *Fax:* 214 590-4079
E-mail: emed@utsouthwestern.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: ETX
Program ID: 110-48-21-153

El Paso

Texas Tech University (El Paso) Program

Sponsor: Texas Tech University Health Sciences Center at El Paso
 R E Thomason General Hospital
Prgm Director: Brian K Nelson, MD
 4801 Alberta Dr
 Suite B3200
 El Paso, TX 79905
Tel: 915 545-7333 *Fax:* 915 545-7338
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 110-48-12-070

Fort Hood

Darnall Army Community Hospital Program

Sponsor: Darnall Army Community Hospital
Prgm Director: Lt Col Michael A Miller, MD
 Emergency Medicine Residency Program
 36000 Darnall Loop, Box 32
 Fort Hood, TX 76544
Tel: 254 288-8303 *Fax:* 254 286-7055
Length: 3 Yrs *ACGME Approved/Offered Positions:* 25
Program ID: 110-48-12-048
 US Armed Services Program

Houston

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
 Memorial Hermann Hospital System
Prgm Director: Eric F Reichman, PhD, MD
 6431 Fannin, JLL 431
 Houston, TX 77030
Tel: 713 500-7834 *Fax:* 713 500-0758
E-mail: Eric.F.Reichman@uth.tmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-48-21-096

Lackland AFB

San Antonio Uniformed Services Health Education Consortium Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
 Brooke Army Medical Center
 Wilford Hall Medical Center (AETC)
Prgm Director: Robert A De Lorenzo, MD
 Department of Emergency Medicine
 3851 Roger Brooke Drive
 Fort Sam Houston, TX 78234
Tel: 210 916-1006 *Fax:* 210 916-2265
E-mail: Robert.DeLorenzo@amedd.army.mil
Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Program ID: 110-48-21-085
 US Armed Services Program

Temple

Texas A&M College of Medicine-Scott and White Program

Sponsor: Scott and White Memorial Hospital
Prgm Director: Timothy C Stallard, MD
 2401 South 31st Street
 Temple, TX 76508
Tel: 254 724-5815 *Fax:* 254 724-1044
E-mail: crush@swmail.sw.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 110-48-21-102

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
 LDS Hospital
 Primary Children's Medical Center
 Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Stephen C Hartsell, MD
 175 North Medical Drive East
 1150 Moran
 Salt Lake City, UT 84132
Tel: 801 585-6695 *Fax:* 801 585-6699
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 110-49-21-178

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Prgm Director: Chris A Ghaemmaghami, MD
 Department of Emergency Medicine
 Box 800699
 Charlottesville, VA 22908
Tel: 434 982-1800 *Fax:* 434 982-4118
E-mail: cg3n@virginia.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: ETX
Program ID: 110-51-21-125

Norfolk**Eastern Virginia Medical School Program**

Sponsor: Eastern Virginia Medical School
Sentara Norfolk General Hospital
Prgm Director: Francis L Counselman, MD
Raleigh Building Room 304
600 Gresham Drive
Norfolk, VA 23507
Tel: 757 668-3397 *Fax:* 757 668-2885
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 110-51-12-050

Portsmouth**Naval Medical Center (Portsmouth) Program**

Sponsor: Naval Medical Center (Portsmouth)
Children's Hospital of the King's Daughters
DePaul Medical Center
Riverside Regional Medical Center
Prgm Director: James V Ritchie, MD
620 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757 953-1408 *Fax:* 757 953-0821
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-51-21-105
US Armed Services Program

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Prgm Director: Timothy C Evans, MD
401 North 12th Street
PO Box 980401
Richmond, VA 23298
Tel: 804 628-0392 *Fax:* 804 828-4603
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 110-51-21-160

Washington**Tacoma****Madigan Army Medical Center/University of Washington Program**

Sponsor: Madigan Army Medical Center
University of Washington/Harborview Medical Centers
Prgm Director: Benjamin P Harrison, MD
Department of Emergency Medicine
MCHJ-EM
Tacoma, WA 98431
Tel: 253 968-1250 *Fax:* 253 968-2550
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 110-54-12-051
US Armed Services Program

West Virginia**Morgantown****West Virginia University Program**

Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: Rosanna D Sikora, MD
Robert C Byrd Health Sciences Center, North
Rm 2304, PO Box 9149
Morgantown, WV 26506
Tel: 304 293-7215 *Fax:* 304 293-6702
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 110-55-21-128

Wisconsin**Milwaukee****Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Froedtert Memorial Lutheran Hospital
Prgm Director: Edward P Callahan, MD, MS
9200 West Wisconsin Avenue
FMLH East
Milwaukee, WI 53226
Tel: 414 805-6460 *Fax:* 414 805-6464
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 110-56-12-052

Endocrinology, Diabetes, and Metabolism (Internal Medicine)**Alabama****Birmingham****University of Alabama Medical Center Program**

Sponsor: University of Alabama Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Fernando Ovalle, MD
510 20th Street South
FOT Suite 758
Birmingham, AL 35294
Tel: 205 934-4171 *Fax:* 205 934-4379
E-mail: fovalle@uabmc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 149-01-21-103

Arizona**Phoenix****Banner Good Samaritan Medical Center Program**

Sponsor: Banner Good Samaritan Medical Center
Carl T Hayden Veterans Affairs Medical Center
(Phoenix)
Prgm Director: B Sylvia Vela, MD
Carl T Hayden Veterans Affairs Medical Center
650 E Indian School Road
Phoenix, AZ 85012
Tel: 602 277-5551 *Fax:* 602 200-6004
E-mail: sylvia.vela@med.va.gov
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-03-21-169

Arkansas**Little Rock****University of Arkansas for Medical Sciences Program**

Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Debra L Simmons, MD, MS
4301 W Markham Street, Slot 587
Little Rock, AR 72205
Tel: 501 686-5130 *Fax:* 501 686-8148
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-04-21-165

California**La Jolla****Scripps Clinic/Scripps Green Hospital Program**

Sponsor: Scripps Clinic
Scripps Clinic/Scripps Green Hospital
Prgm Director: James D McCallum, MBChB
10666 North Torrey Pines Road
La Jolla, CA 92037
Tel: 858 554-3234 *Fax:* 858 554-3232
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-05-21-057

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center
Prgm Director: Anthony Heaney, MD, PhD
 8700 Beverly Blvd
 Becker Bldg B-131
 Los Angeles, CA 90048
Tel: 310 423-4774 *Fax:* 310 423-0440
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-05-11-092

Charles R Drew University Program

Sponsor: Charles R Drew University of Medicine and Science
 LAC-King/Drew Medical Center
Prgm Director: Theodore C Friedman, MD, PhD
 1731 East 120th Street
 Division of Endocrinology
 Los Angeles, CA 90059
Tel: 323 563-9353 *Fax:* 323 563-9352
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-05-21-173

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
 UCLA Medical Center
 VA Greater Los Angeles Healthcare System
Prgm Director: Andre J Van Herle, MD
 Center for the Health Sciences
 Los Angeles, CA 90024
Tel: 310 825-5874 *Fax:* 310 794-7654
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-05-11-105

UCLA-VA Greater Los Angeles Program

Sponsor: VA Greater Los Angeles Healthcare System
Prgm Director: Gregory A Brent, MD
 11301 Wilshire Blvd/111D
 Los Angeles, CA 90073
Tel: 310 268-3850 *Fax:* 310 268-4879
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-05-31-049

University of Southern California/ LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
 LAC+USC Medical Center
 USC University Hospital
Prgm Director: Jonathan S LoPresti, MD, PhD
 1333 San Pablo Street BMT-B11
 Los Angeles, CA 90033
Tel: 323 442-2806 *Fax:* 323 442-2809
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 143-05-21-041

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
 Children's Hospital of Orange County
 VA Long Beach Healthcare System
Prgm Director: Andersen Bogl, MD
 Medical Sciences I, Room C240
 Irvine, CA 92697
Tel: 949 824-9093 *Fax:* 949 824-2200
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 143-05-21-122

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
 University of California (Davis) Medical Center
 University of California (Davis) School of Medicine
Prgm Director: John C Rutledge, MD*
 Department of Medicine
 4150 V Street, PSSB Suite G400
 Sacramento, CA 95817
Tel: 916 734-3730 *Fax:* 916 734-7953
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 143-05-21-078

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
 Veterans Affairs Medical Center (San Diego)
Prgm Director: Steven V Edelman, MD
 200 West Arbor Drive
 San Diego, CA 92103
Tel: 858 552-8585 *Fax:* 858 642-6242
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-05-21-139

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
 San Francisco General Hospital Medical Center
 University of California (San Francisco) Medical Center
 Veterans Affairs Medical Center (San Francisco)
Prgm Director: Dolores M Shoback, MD
 Veterans Affairs Hospital
 4150 Clement Street (111N)
 San Francisco, CA 94121
Tel: 415 750-2089 *Fax:* 415 750-6929
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-05-21-124

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
 Santa Clara Valley Medical Center
 Veterans Affairs Palo Alto Health Care System
Prgm Director: Andrew R Hoffman, MD
 Department of Medicine, Division of Endocrinology
 300 Pasteur Drive, Room S025
 Stanford, CA 94305
Tel: 650 725-2908 *Fax:* 650 725-7085
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-05-21-022

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Ronald S Swerdloff, MD
 1000 W Carson Street, Bin 400
 Torrance, CA 90509
Tel: 310 212-1867 *Fax:* 310 533-0627
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 143-05-11-140

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
 Denver Health Medical Center
 Veterans Affairs Medical Center (Denver)
Prgm Director: E Chester Ridgway, MD
 PO Box 6511 - MS 8106
 Aurora, CO 80045
Tel: 303 724-3921 *Fax:* 303 724-3920
E-mail: daniel.bessesen@uchsc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-07-21-050

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
 Hartford Hospital
 New Britain General Hospital
 St Francis Hospital and Medical Center
 Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Kamal C Shoukri, MD
 263 Farmington Avenue
 Farmington, CT 06030
Tel: 860 679-2129 *Fax:* 860 679-1258
E-mail: limeburner@nso.uhc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-08-31-001

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
 Veterans Affairs Medical Center (West Haven)
Prgm Director: Robert S Sherwin, MD
 20 York St
 New Haven, CT 06504
Tel: 203 785-4183 *Fax:* 203 737-5558
E-mail: aurea.luciano@yale.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-08-21-023

District of Columbia

Washington

George Washington University Program

Sponsor: George Washington University School of Medicine
 George Washington University Hospital (UHS)
 Veterans Affairs Medical Center (Washington DC)
 Washington Hospital Center
Prgm Director: Kenneth L Becker, MD, PhD
 2150 Pennsylvania Avenue, NW
 Endocrinology 3rd Floor
 Washington, DC 20037
Tel: 202 994-0326 *Fax:* 202 745-8302
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-10-21-093

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
 Washington Hospital Center
Prgm Director: Kenneth D Burman, MD
 Division of Endocrinology (#232 Bldg D)
 4000 Reservoir Road, NW
 Washington, DC 20007
Tel: 202 687-2818 *Fax:* 202 687-2040
E-mail: steelewe@gunet.georgetown.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 143-10-21-072

Howard University Program

Sponsor: Howard University Hospital
Prgm Director: Adolphus Bonar, MD
 2041 Georgia Avenue, NW
 Washington, DC 20060
Tel: 202 865-1945
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 143-10-21-107

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine
 North Florida/South Georgia Veterans Health System
 Shands Hospital at the University of Florida
Prgm Director: Suzanne L Quinn, MD
 Department of Medicine
 PO Box 100226, JHMHC
 Gainesville, FL 32610
Tel: 352 846-2749 *Fax:* 352 846-2231
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-11-21-033

Jacksonville**Mayo School of Graduate Medical Education (Jacksonville) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Jacksonville)
Prgm Director: Shon E Meek, MD*
 4500 San Pablo Road
 Jacksonville, FL 32224
Tel: 904 953-0423 *Fax:* 904 953-0430
E-mail: meek.shon@mayo.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-11-12-177

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
 Veterans Affairs Medical Center (Miami)
Prgm Director: J Maxwell McKenzie, MD
 Department of Medicine
 P O Box 016760 (D-110)
 Miami, FL 33101
Tel: 305 243-4430 *Fax:* 305 243-3944
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 143-11-21-141

Tampa**University of South Florida Program**

Sponsor: University of South Florida College of Medicine
 James A Haley Veterans Hospital
 Tampa General Hospital
Prgm Director: Robert V Farese, MD
 12901 N 30th St, Box 19
 Tampa, FL 33612
Tel: 813 972-7662 *Fax:* 813 972-7662
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-11-21-034

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine
 Emory University Hospital
 Grady Health System
 Veterans Affairs Medical Center (Atlanta)
Prgm Director: Mark S Nanes, MD, PhD
 Endocrinology, Mail Code 111
 1670 Clairmont Rd
 Decatur, GA 30033
Tel: 404 321-6111 *Fax:* 404 417-2943
E-mail: Jo.Sanders@med.va.gov
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-12-21-109

Augusta**Medical College of Georgia Program**

Sponsor: Medical College of Georgia
 Veterans Affairs Medical Center (Augusta)
Prgm Director: Anthony L Mulloy, PhD, DO
 Department of Medicine
 1467 Harper Street, HB 5025
 Augusta, GA 30912
Tel: 706 721-2131 *Fax:* 706 721-6892
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-12-21-002

Illinois**Chicago****McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern University
 Children's Memorial Hospital
 Northwestern Memorial Hospital
 Veterans Affairs Chicago Health Care System
Prgm Director: Gerhard P Baumann, MD
 303 East Chicago Avenue
 Chicago, IL 60611
Tel: 312 503-4128 *Fax:* 312 908-9032
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-16-21-060

Rush University Medical Center Program

Sponsor: Rush University Medical Center
 John H Stroger Hospital of Cook County
Prgm Director: Leon Fogelfeld, MD
 John H Stroger Hospital of Cook County
 1901 W Harrison Street
 Chicago, IL 60612
Tel: 312 864-0539 *Fax:* 312 864-9734
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-16-31-174

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Murray J Favus, MD*
 5841 S Maryland Avenue, MC3090
 Chicago, IL 60637
Tel: 773 702-6227 *Fax:* 773 702-4274
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 143-16-21-157

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
 Advocate Christ Medical Center
 Michael Reese Hospital and Medical Center
 University of Illinois Hospital and Clinics
 Veterans Affairs West Side Medical Center
Prgm Director: Elena Barenholtz, MD
 Section of Endocrinology (M/C 640)
 1819 West Polk Street
 Chicago, IL 60612
Tel: 312 996-6060 *Fax:* 312 413-0437
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-16-21-170

Maywood**Loyola University Program**

Sponsor: Loyola University Medical Center
 Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Nicholas V Emanuele, MD
 2160 S First Ave
 Building 54 Room 137
 Maywood, IL 60153
Tel: 708 216-0436 *Fax:* 708 216-5936
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 143-16-21-003

North Chicago**The Chicago Medical School at Rosalind Franklin University of Medicine and Science Program**

Sponsor: Chicago Medical School/Rosalind Franklin Univ of Med & Sci
 Swedish Covenant Hospital
 Veterans Affairs Medical Center (North Chicago)
Prgm Director: Sant P Singh, MD
 Department of Medicine-Division of Endocrinology
 3333 Green Bay Road
 North Chicago, IL 60064
Tel: 847 688-1900 *Fax:* 847 578-3818
E-mail: sant.singh@rosalindfranklin
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-16-21-042

Springfield**Southern Illinois University Program**

Sponsor: Southern Illinois University School of Medicine
 Memorial Medical Center
 St John's Hospital
Prgm Director: Romesh Khardori, MD
 701 North First Street, D Wing
 PO BOX 19636
 Springfield, IL 62794
Tel: 217 545-0166 *Fax:* 217 545-1229
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-16-21-164

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
 Clarian Indiana University Hospital
 Richard L Roudebush Veterans Affairs Medical Center
 William N Wishard Memorial Hospital
Prgm Director: Marian Sue Kirkman, MD
 Dept of Medicine, Emerson Hall 421
 545 Barnhill Drive
 Indianapolis, IN 46202
Tel: 317 274-0550
E-mail: clutgen@iupui.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-17-21-125

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: William I Sivitz, MD
Department of Medicine
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 338-0581 *Fax:* 319 339-7025
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-18-21-079

Kentucky

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
Jewish Hospital
Norton Healthcare - Norton Hospital
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: Stephen J Winters, MD
Department of Medicine
550 South Jackson Street
Louisville, KY 40202
Tel: 502 852-5237 *Fax:* 502 852-4978
E-mail: sjwint01@louisville.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-20-31-073

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Prgm Director: Robert Richards, MD
1542 Tulane Avenue
Medicine/Endocrinology
New Orleans, LA 70112
Tel: 504 568-6446 *Fax:* 504 568-4159
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-21-21-051

Ochsner Clinic Foundation Program

Sponsor: Ochsner Clinic Foundation
Prgm Director: Ramona Granda, MD*
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 542-4023 *Fax:* 504 842-3419
E-mail: gme@ochsner.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-21-22-118

Tulane University Program

Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Vivian A Fonseca, MD*
Tulane University School of Medicine
1430 Tulane Avenue, SL-53
New Orleans, LA 70112
Tel: 504 988-6072
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 143-21-21-089

Shreveport

Louisiana State University (Shreveport) Program

Sponsor: LSU Health Sciences Center-University Hospital
Overton Brooks Veterans Affairs Medical Center
Prgm Director: Steven N Levine, MD
Department of Medicine
1601 Kings Highway
Shreveport, LA 71130
Tel: 318 675-5960 *Fax:* 318 675-5984
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-21-21-074

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Gary Wand, MD*
School of Medicine
1830 E Monument Street, Suite 333
Baltimore, MD 21287
Tel: 410 955-7225 *Fax:* 410 955-0841
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-23-11-061

University of Maryland Program

Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Prgm Director: Thomas W Donner, MD
22 S Greene St
Baltimore, MD 21201
Tel: 410 328-6219 *Fax:* 410 328-1623
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-23-21-036

Bethesda

National Capital Consortium (Bethesda) Program

Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Prgm Director: K M M Shakir, MD
8901 Wisconsin Avenue
Bethesda, MD 20889
Tel: 301 295-5165 *Fax:* 301 295-5170
E-mail: mkshakir@bethesda.med.navy.mil
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 143-23-11-126
US Armed Services Program

National Institutes of Health Clinical Center Program

Sponsor: Clinical Center at the National Institutes of Health
Prgm Director: Monica C Skarulis, MD
10 Center Drive, MSC 1771
Bldg 10-Rm 8S235B
Bethesda, MD 20892
Tel: 301 496-1913 *Fax:* 301 480-4517
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 143-23-21-161

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Jennifer Wyckoff, MD*
Endocrinology, Diabetes and Metabolism
330 Brookline Ave/ Stoneman 748
Boston, MA 02215
Tel: 617 667-1769 *Fax:* 617 975-5392
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-24-21-004

Boston University Medical Center Program

Sponsor: Boston Medical Center
Prgm Director: Alan O Malabanan, MD
88 East Newton Street, E-201
Boston, MA 02118
Tel: 617 414-5634 *Fax:* 617 638-7221
E-mail: alan.malabanan@bmc.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-24-21-127

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital
Beth Israel Deaconess Medical Center
Prgm Director: Robert G Duhay, MD*
75 Francis Street
Boston, MA 02115
Tel: 617 732-5011 *Fax:* 617 732-5764
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-24-21-005

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: Beverly M K Biller, MD
Department of Medicine
55 Fruit Street, BUL 457B
Boston, MA 02114
Tel: 617 726-3870 *Fax:* 617 726-5072
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-24-11-052

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: Ronald M Lechan, MD, PhD
750 Washington Street, #268
Boston, MA 02111
Tel: 617 636-5689 *Fax:* 617 636-4719
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-24-21-006

Burlington

Lahey Clinic Program

Sponsor: Lahey Clinic
Prgm Director: Mary Beth Hodge, MD
41 Mall Road
Burlington, MA 01805
Tel: 781 744-8493 *Fax:* 781 744-5348
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-24-21-119

Springfield

Baystate Medical Center/Tufts University School of Medicine Program

Sponsor: Baystate Medical Center
Prgm Director: Burritt L Haag, MD*
759 Chestnut Street
Springfield, MA 01199
Tel: 413 794-0207 *Fax:* 413 794-9329
E-mail: burritt.haag@bhs.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-24-11-062

Worcester**University of Massachusetts Program**

Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Prgm Director: Neil Aronin, MD*
55 Lake Avenue, North
Worcester, MA 01655
Tel: 508 856-3536 *Fax:* 508 856-6950
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-24-21-007

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Ariel L Barkan, MD
1500 W Medical Center Drive
3920 Taubman Center, Box 0354
Ann Arbor, MI 48109
Tel: 734 615-6964 *Fax:* 734 936-9240
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 143-25-21-063

Detroit**Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital
Prgm Director: D Sudhaker Rao, MD
2799 West Grand Blvd
Room E-1618
Detroit, MI 48202
Tel: 313 916-2369 *Fax:* 313 916-9204
E-mail: danrao47@yahoo.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-25-11-112

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Harper-Hutzel Hospital
Prgm Director: Paulos Berhanu, MD
Division of Endocrinology, UHC-4H
4201 St Antoine Blvd
Detroit, MI 48201
Tel: 313 745-4008
E-mail: pberhanu@intmed.wayne.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 143-25-21-040

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Hennepin County Medical Center
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Cary N Mariash, MD
Department of Medicine, MMC 101
420 Delaware St, SE
Minneapolis, MN 55455
Tel: 612 626-1960 *Fax:* 612 626-3133
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-26-21-096

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prgm Director: Neena Natt, MD
200 First Street SW
Rochester, MN 55905
Tel: 507 284-2476 *Fax:* 507 284-5745
E-mail: bargsten.denise@mayo.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 143-26-21-043

Mississippi**Jackson****University of Mississippi Medical Center Program**

Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Prgm Director: Jose S Subauste, MD
Division of Endocrinology/Metabolism
2500 North State Street
Jackson, MS 39216
Tel: 601 984-5525 *Fax:* 601 984-5769
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-27-21-171

Missouri**Columbia****University of Missouri-Columbia Program**

Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prgm Director: Stephen A Brietzke, MD
D110A Diabetes & Endocrinology Center UMHC
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-2273 *Fax:* 573 884-4609
E-mail: brietzkes@health.missouri.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-28-21-064

St Louis**St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine
St Louis University Hospital
Prgm Director: Arshag D Mooradian, MD
1402 S Grand Blvd FDT-14
St Louis, MO 63104
Tel: 314 577-8458 *Fax:* 314 773-4567
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-28-21-080

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Veterans Affairs Medical Center (St Louis)
Prgm Director: Clay F Semenkovich, MD
4989 Barnes Hospital Plaza
Campus Box 8127
St Louis, MO 63110
Tel: 314 362-7617 *Fax:* 314 362-7641
E-mail: kmuehlha@im.wustl.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 143-28-21-159

Nebraska**Omaha****University of Nebraska Medical Center College of Medicine Program**

Sponsor: University of Nebraska Medical Center College of Medicine
Creighton University Medical Center (Tenet - SJH)
The Nebraska Medical Center
Veterans Affairs Medical Center (Omaha)
Prgm Director: James T Lane, MD*
DEM-Diabetes, Endocrinology Metabolism
983020 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-6205 *Fax:* 402 559-9504
E-mail: jtlane1@unmc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-30-21-160

New Jersey**New Brunswick****UMDNJ-Robert Wood Johnson Medical School Program**

Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Prgm Director: Louis F Amorosa, MD
One Robert Wood Johnson Place
PO Box 19
New Brunswick, NJ 08903
Tel: 732 235-7748 *Fax:* 732 235-7096
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 143-33-21-026

Newark**UMDNJ-New Jersey Medical School Program**

Sponsor: UMDNJ-New Jersey Medical School
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Marvin A Kirschner, MD
185 S Orange Avenue, MSB 1-588
Newark, NJ 07103
Tel: 973 972-6171 *Fax:* 973 972-5185
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-33-21-148

New Mexico**Albuquerque****University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Kathleen Colleran, MD
MSC10 550
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505 272-4658 *Fax:* 505 272-5155
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-34-21-113

New York

Albany

Albany Medical Center Program

Sponsor: Albany Medical Center
Prgm Director: Matthew C Leinung, MD
 Department of Medicine
 32 New Scotland Avenue
 Albany, NY 12208
Tel: 518 262-5185 *Fax:* 518 262-6303
E-mail: galeam@mail.amc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-35-31-027

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Jacobi Medical Center
 Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Martin Surks, MD
 1300 Morris Park Avenue
 New York, NY 10461
Tel: 718 920-7923 *Fax:* 718 920-5202
E-mail: msurks@westnet.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-35-21-097

Brooklyn

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
 Kings County Hospital Center
 Staten Island University Hospital
 University Hospital-SUNY Health Science Center at Brooklyn
 Veterans Affairs Medical Center (Brooklyn)
Prgm Director: Samy I McFarlane, MD
 450 Clarkson Ave, Box 50
 Brooklyn, NY 11203
Tel: 718 270-6324 *Fax:* 718 270-1699
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 143-35-21-010

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo
 Erie County Medical Center
 Kaleida Health System (Millard Fillmore Hospital)
 Veterans Affairs Western New York Healthcare System
Prgm Director: Arindam Bandyopadhyay, MD*
 3 Gates Circle
 Buffalo, NY 14209
Tel: 716 887-4069 *Fax:* 716 887-4773
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-35-31-008

East Meadow

Nassau University Medical Center Program

Sponsor: Nassau University Medical Center
Prgm Director: Kenneth H Hupart, MD
 2201 Hempstead Turnpike
 East Meadow, NY 11554
Tel: 516 572-6504 *Fax:* 516 572-0082
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-35-21-061

Mineola

Winthrop-University Hospital Program

Sponsor: Winthrop-University Hospital
Prgm Director: Lawrence E Shapiro, MD
 222 Station Plaza North, #350
 Mineola, NY 11501
Tel: 516 663-4775 *Fax:* 516 663-4780
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 143-35-11-065

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program

Sponsor: Long Island Jewish Medical Center
 North Shore University Hospital
Prgm Director: Harvey L Katzeff, MD
 2800 Marcus Ave, Suite 200
 New Hyde Park, NY 11042
Tel: 516 708-2541 *Fax:* 516 708-2573
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-35-31-178

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program

Sponsor: Beth Israel Medical Center
Prgm Director: Leonid Poretsky, MD
 Division of Endocrinology and Metabolism
 317 East 17th Street, Room 7F05
 New York, NY 10009
Tel: 212 420-2226 *Fax:* 212 420-2224
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-35-11-009

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
 Mount Sinai Medical Center
 Queens Hospital Center
Prgm Director: Robert T Yanagisawa, MD*
 One Gustave L Levy Place
 Box 1055
 New York, NY 10029
Tel: 212 241-1500 *Fax:* 212 241-4218
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 143-35-31-130

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
 St Vincent Catholic Medical Centers (Manhattan)
 Cabrini Medical Center
Prgm Director: Iven S Young, MD
 130 West 12th Street
 New York, NY 10011
Tel: 212 604-8918 *Fax:* 212 604-3844
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-35-21-162

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: John P Bilezikian, MD
 622 W 168th Street, PH 8 West - 864
 New York, NY 10032
Tel: 212 305-6238 *Fax:* 212 305-6486
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-35-11-053

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
 Memorial Sloan-Kettering Cancer Center
 New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Richard J Robbins, MD
 1275 York Avenue
 Box 296
 New York, NY 10021
Tel: 212 639-2888 *Fax:* 212 717-3055
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-35-21-196

New York University School of Medicine Program

Sponsor: New York University School of Medicine
 Bellevue Hospital Center
Prgm Director: Ann Danoff, MD
 Department of Medicine
 550 First Avenue
 New York, NY 10016
Tel: 212 263-8060 *Fax:* 212 263-2593
E-mail: ysa.romero@med.nyu.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 143-35-21-098

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
Prgm Director: F Xavier Pi-Sunyer, MD, MPH
 1111 Amsterdam Avenue
 New York, NY 10025
Tel: 212 523-4161 *Fax:* 212 523-4830
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-35-21-086

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: John E Gerich, MD
 601 Elmwood Avenue Box 693
 Rochester, NY 14642
Tel: 585 275-5295 *Fax:* 585 273-1288
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-35-11-145

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
 Veterans Affairs Medical Center (Northport)
Prgm Director: Harold E Carlson, MD
 T-15, Room 060
 Stony Brook, NY 11794
Tel: 631 444-1038 *Fax:* 631 444-9092
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-35-21-011

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
 Veterans Affairs Medical Center (Syracuse)
Prgm Director: Ruth S Weinstock, MD
 750 E Adams Street
 Syracuse, NY 13210
Tel: 315 473-5726
E-mail: haightm@upstate.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-35-21-087

Valhalla**New York Medical College at Westchester Medical Center Program**

Sponsor: New York Medical College
Sound Shore Medical Center of Westchester
Westchester Medical Center
Prgm Director: A Louis Southren, MD
Westchester County Medical Center
Valhalla, NY 10595
Tel: 914 493-7578 *Fax:* 914 594-4380
E-mail: Aaron_Southren@nymc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 143-35-21-172

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
Prgm Director: David P Clemmons, MD
3018 Old Clinic Bldg, 226H
Chapel Hill, NC 27599
Tel: 919 966-4735
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-36-21-115

Durham**Duke University Hospital Program**

Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Mark N Feinglos, MD
Box 3021
Durham, NC 27710
Tel: 919 684-4005 *Fax:* 919 681-8477
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 143-36-21-116

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: K Patrick Ober, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-4658 *Fax:* 336 716-5895
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-36-21-013

Ohio**Cincinnati****University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: James A Fagin, MD
Mail Location 0547
Cincinnati, OH 45287
Tel: 513 558-4444 *Fax:* 513 558-8581
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-38-21-066

Cleveland**Case Western Reserve University/ University Hospitals of Cleveland Program**

Sponsor: University Hospitals of Cleveland
Veterans Affairs Medical Center (Cleveland)
Prgm Director: Baha M Arafah, MD
School of Medicine, BRB 433
10900 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3148 *Fax:* 216 844-3120
E-mail: bxa@po.cwru.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-38-21-131

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: S Sethu Reddy, MD, MBA
Dept of Endocrinology, A 53
9500 Euclid Avenue
Cleveland, OH 44196
Tel: 216 444-1866 *Fax:* 216 445-1656
E-mail: reddy@ccf.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-38-12-132

Columbus**Ohio State University Hospital Program**

Sponsor: Ohio State University Hospital
Prgm Director: Matthew D Ringel, MD
1581 Dodd Drive
445D McCampbell Hall
Columbus, OH 43210
Tel: 614 292-4356 *Fax:* 614 292-1550
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-38-11-121

Oklahoma**Oklahoma City****University of Oklahoma Health Sciences Center Program**

Sponsor: University of Oklahoma College of Medicine
OU Medical Center
Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Leann Olansky, MD
P O Box 26901
WP 1345
Oklahoma City, OK 73190
Tel: 405 271-5896 *Fax:* 405 271-7522
E-mail: carla-deal@ouhsc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-39-21-067

Oregon**Portland****Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Prgm Director: Robert F Klein, MD
3181 SW Sam Jackson Park Road
Division of Endocrinology - L607
Portland, OR 97239
Tel: 503 494-7450 *Fax:* 503 494-6990
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-40-31-147

Pennsylvania**Hershey****Penn State University/Milton S Hershey Medical Center Program**

Sponsor: Milton S Hershey Medical Center
Prgm Director: Andrea Manni, MD
500 University Drive
PO Box 850
Hershey, PA 17033
Tel: 717 531-8395 *Fax:* 717 531-5726
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-41-11-015

Philadelphia**Temple University Hospital Program**

Sponsor: Temple University Hospital
Prgm Director: Allan D Marks, MD
3401 North Broad St, Suite 907
Philadelphia, PA 19140
Tel: 215 707-8961 *Fax:* 215 707-5599
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-41-21-029

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Barry J Goldstein, MD
111 South 11th Street
Philadelphia, PA 19107
Tel: 215 955-1272
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-41-21-166

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: Susan J Mandel, MD, MPH
3400 Spruce Street
1 Maloney Building
Philadelphia, PA 19104
Tel: 215 662-6125 *Fax:* 215 614-1949
E-mail: sherardg@mail.med.upenn.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-41-21-021

Pittsburgh**University of Pittsburgh Medical Center Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Prgm Director: Andrew F Stewart, MD
1200 Scaife Hall
3550 Terrace Street
Pittsburgh, PA 15261
Tel: 412 648-9317 *Fax:* 412 648-3290
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 143-41-21-037

Puerto Rico**San Juan****University of Puerto Rico Program**

Sponsor: University of Puerto Rico School of Medicine
University Hospital
Prgm Director: Margarita Ramirez-Vick, MD
University Hospital
Box 5067
San Juan, PR 00936
Tel: 787 754-0101 *Fax:* 787 294-3622
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-42-21-100

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
Roger Williams Medical Center
Veterans Affairs Medical Center (Providence)
Prgm Director: Robert J Smith, MD
Rhode Island Hospital, Box G
593 Eddy Street
Providence, RI 02903
Tel: 401 444-3420 *Fax:* 401 444-4921
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-43-11-101

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Ronald K Mayfield, MD
96 Jonathan Lucas Street, Ste 816
P O Box 250624
Charleston, SC 29425
Tel: 843 792-2629 *Fax:* 843 792-4114
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-45-21-088

Columbia

Palmetto Health/University of South Carolina School of Medicine Program

Sponsor: Palmetto Health
Palmetto Health Richland
William Jennings Bryan Dorn Veterans Hospital
Prgm Director: Tu Lin, MD
Department of Medicine
Library Building, Suite 316
Columbia, SC 29208
Tel: 803 733-3124 *Fax:* 803 733-1547
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-45-21-077

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
Baptist Memorial Hospital
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Prgm Director: Abbas E Kitabchi, MD, PhD
Division of Endocrinology
951 Court Avenue
Memphis, TN 38163
Tel: 901 448-2610
E-mail: akitabchi@utmemeu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 143-47-21-117

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Prgm Director: James M May, MD
715 Preston Research Building
2220 Pierce Ave
Nashville, TN 37232
Tel: 615 936-1653 *Fax:* 615 936-1667
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-47-31-016

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Director: William J Kovacs, MD*
5323 Harry Hines Blvd
Room J6.110
Dallas, TX 75390
Tel: 214 648-3494 *Fax:* 214 648-8917
E-mail: Endocrine.Fellowship@UTSouthwestern.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 143-48-21-083

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Mandeep Bajaj, MD*
8.138 Medical Research Building
301 University Boulevard
Galveston, TX 77555
Tel: 409 772-1922 *Fax:* 409 772-8709
E-mail: tkfiqua@utmb.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-48-21-163

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
University of Texas M D Anderson Cancer Center
Prgm Director: Ashok Balasubramanyam, MD
One Baylor Plaza, Room N520
Section of Endocrinology
Houston, TX 77030
Tel: 713 798-8654 *Fax:* 713 798-3810
E-mail: ashokb@bcm.tmc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 143-48-21-070

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Prgm Director: Philip R Orlander, MD
Department of Medicine
6431 Fannin, MSB 6.100
Houston, TX 77030
Tel: 713 500-6650 *Fax:* 713 500-6647
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-48-31-017

Lackland AFB

San Antonio Uniformed Services Health Education Consortium (WHMC) Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilford Hall Medical Center (AETC)
Prgm Director: (Lt Col) Tom J Sauerwein, MD*
Endocrinology Service/MMIE
2200 Bergquist Drive, Suite 1
Lackland AFB, TX 78236
Tel: 210 292-6475 *Fax:* 210 292-7662
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-48-12-048
US Armed Services Program

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Prgm Director: Jan M Bruder, MD
7703 Floyd Curl Drive MSC 7877
San Antonio, TX 78229
Tel: 210 567-4900 *Fax:* 210 567-6693
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-48-21-055

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Donald A McClain, MD, PhD
50 N Medical Drive
Bldg 585 Room 156
Salt Lake City, UT 84132
Tel: 801 581-7755 *Fax:* 801 585-0956
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-49-21-175

Vermont

Burlington

University of Vermont Program

Sponsor: Fletcher Allen Health Care
Prgm Director: John (Jack) L Leahy, MD
Given C331
89 Beaumont Avenue
Burlington, VT 05405
Tel: 802 656-2530 *Fax:* 802 656-8031
E-mail: jleahy@uvm.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-50-21-134

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Prgm Director: Alan C Dalkin, MD
Department of Internal Medicine
PO Box 801412
Charlottesville, VA 22908
Tel: 434 243-2603 *Fax:* 434 924-1284
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 143-51-21-019

Norfolk

Eastern Virginia Medical School Program

Sponsor: Eastern Virginia Medical School
DePaul Medical Center
Sentara Norfolk General Hospital
Prgm Director: John T O'Brian, MD
855 West Brambleton Avenue
Norfolk, VA 23510
Tel: 757 446-6102 *Fax:* 757 446-5970
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 143-51-12-176

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm Director: Diane M Biskobing, MD
Medical College of Virginia
POB 980111
Richmond, VA 23298
Tel: 804 828-9696 *Fax:* 804 828-8389
E-mail: dmbiskob@hsc.vcu.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 143-51-21-020

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
University of Washington Medical Center
VA Puget Sound Health Care System
Prgm Director: John D Brunzell, MD
1959 NE Pacific Street
Box 356426 Medicine/Endocrinology
Seattle, WA 98195
Tel: 206 598-4700 *Fax:* 206 598-2890
E-mail: elle@u.washington.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 143-54-21-071

West Virginia**Huntington****Marshall University School of Medicine Program**

Sponsor: Marshall University School of Medicine
Cabell Huntington Hospital
St Mary's Hospital
Veterans Affairs Medical Center (Huntington)
Prgm Director: Bruce S Chertow, MD
Department of Medicine
1600 Medical Center Dr, Suite G500
Huntington, WV 25701
Tel: 304 691-1095 *Fax:* 304 691-1693
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 143-55-21-031

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Prgm Director: Marc K Drezner, MD
H4/568 Clinical Science Ctr (5148)
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-7780 *Fax:* 608 263-9983
E-mail: yshenker@facstaff.wisc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 143-56-21-102

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
St Luke's Medical Center
Prgm Director: Albert L Jochen, MD
9200 W Wisconsin Ave
Milwaukee, WI 53226
Tel: 414 456-6815 *Fax:* 414 456-6210
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 143-56-31-039

Endovascular Surgical Neuroradiology (Radiology)**Maryland****Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Prgm Director: Kieran Murphy, MD
600 N Wolfe Street, Nelson B-100
Baltimore, MD 21287
Tel: 410 614-5430 *Fax:* 410 614-0828
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 422-23-31-006

Missouri**St Louis****Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
St Louis Children's Hospital
Prgm Director: Colin P Derdeyn, MD
510 South Kingshighway, WUSM Box 8131
St Louis, MO 63110
Tel: 314 362-5950 *Fax:* 314 362-4886
E-mail: derdeync@wustl.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 422-28-12-003

Ohio**Cleveland****Cleveland Clinic Foundation Program**

Sponsor: Cleveland Clinic Foundation
Prgm Director: Thomas J Masaryk, MD
9500 Euclid Avenue, S-80
Cleveland, OH 44195
Tel: 216 444-2685 *Fax:* 216 444-8974
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 422-38-13-004

Family Medicine

Alabama

Anniston

Northeast Alabama Regional Medical Center Program

Sponsor: Northeast Alabama Regional Medical Center
Prgm Director: Nelson W Cook, MD
 PO Box 2208
 Anniston, AL 36202
Tel: 256 231-8877 *Fax:* 256 231-8751
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-01-21-636

Birmingham

Carraway Methodist Medical Center Program

Sponsor: Carraway Methodist Medical Center
Prgm Director: Marshall N Boone, MD, PhD
 3001 27th Street North
 Birmingham, AL 35207
Tel: 205 502-5801 *Fax:* 205 502-5586
Length: 3 Yrs *ACGME Approved/Offered Positions:* 14
Subspecialties: FSM
Program ID: 120-01-31-019

Medical Center East Program

Sponsor: Medical Center East
Prgm Director: Marion H Sims, MD
 2152 Old Springsville Road
 Birmingham, AL 35215
Tel: 205 838-6022 *Fax:* 205 838-6999
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-01-31-020

University of Alabama Medical Center (Selma Dallas County) Program

Sponsor: University of Alabama Hospital
 Vaughan Regional Medical Center
Prgm Director: Boyd L Bailey, MD
 1023 Medical Center Parkway
 Suite 200
 Selma, AL 36701
Tel: 334 875-4184 *Fax:* 334 874-3511
E-mail: shunter@uabsfm.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-01-21-026

Huntsville

University of Alabama Medical Center (Huntsville) Program

Sponsor: University of Alabama Hospital
 Huntsville Hospital
Prgm Director: Ralph C Samlowski, MD*
 301 Governors Drive, SW
 Huntsville, AL 35801
Tel: 256 551-4632 *Fax:* 256 551-4633
E-mail: francisp@uasomh.uab.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: FSM
Program ID: 120-01-11-023

Mobile

University of South Alabama Program

Sponsor: University of South Alabama Hospitals
 University of South Alabama Medical Center
 USA Children's and Women's Hospital
Prgm Director: Allen Perkins, MD, MPH
 1504 Springhill Avenue
 Suite 3414
 Mobile, AL 36604
Tel: 251 434-3480 *Fax:* 251 434-3573
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-01-11-024

Montgomery

Baptist Outreach Services (Montgomery) Program

Sponsor: Baptist Outreach Services
 Baptist Medical Center South
Prgm Director: Samuel J Saliba, MD
 4371 Narrow Lane Rd #100
 Montgomery, AL 36116
Tel: 334 613-3680 *Fax:* 334 613-3685
E-mail: ssaliba@charter.net
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-01-21-624

Tuscaloosa

University of Alabama Medical Center (Tuscaloosa) Program

Sponsor: University of Alabama Hospital
 DCH Regional Medical Center
Prgm Director: Chelley K Alexander, MD*
 Box 870377
 Tuscaloosa, AL 35487
Tel: 205 348-3173 *Fax:* 205 348-2695
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 120-01-21-027

Alaska

Anchorage

Alaska Family Medicine/Providence Hospital Program

Sponsor: Providence Hospital
Prgm Director: Harold Johnston, MD
 1201 East 36th Avenue
 Anchorage, AK 99508
Tel: 907 561-4500 *Fax:* 907 561-4806
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-02-21-596

Arizona

Phoenix

Banner Good Samaritan Medical Center Program

Sponsor: Banner Good Samaritan Medical Center
Prgm Director: Jeffrey D Wolfrey, MD
 1300 North 12th Street, Suite #605
 Phoenix, AZ 85006
Tel: 602 239-2668 *Fax:* 602 239-2067
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-03-12-028

Phoenix Baptist Hospital and Medical Center Program

Sponsor: Phoenix Baptist Hospital and Med Ctr/Vanguard Health System
Prgm Director: Walter A Forred, MD
 Family Medicine Residency Program
 2000 West Bethany Home Road
 Phoenix, AZ 85015
Tel: 602 246-5521 *Fax:* 602 433-6641
E-mail: sbriggs@abrazohealth.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-03-21-029

St Joseph's Hospital and Medical Center Program

Sponsor: St Joseph's Hospital and Medical Center
Prgm Director: Paul R Steinberg, MD, MSW
 2927 North 7th Avenue
 Phoenix, AZ 85013
Tel: 602 406-3591 *Fax:* 602 406-4122
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: FPG
Program ID: 120-03-12-030

Scottsdale

Mayo School of Graduate Medical Education (Scottsdale) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Scottsdale Healthcare
 Mayo Clinic Hospital
Prgm Director: Frederick D Edwards, MD
 13737 North 92nd Street
 Scottsdale, AZ 85260
Tel: 480 860-4868 *Fax:* 480 860-4820
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-03-21-570

Scottsdale Healthcare-Osborn Program

Sponsor: Scottsdale Healthcare-Osborn
Prgm Director: Robert J Creager, MD
 Family Practice Center
 7301 E Second Street, Suite 210
 Scottsdale, AZ 85251
Tel: 480 882-4890 *Fax:* 480 882-6801
E-mail: dpickett@shc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-03-32-031

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
 University Medical Center
Prgm Director: Patricia Lebensohn, MD
 Family Practice Office
 707 North Alvernon, Ste 101
 Tucson, AZ 85711
Tel: 520 694-1607 *Fax:* 520 694-1428
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: FSM
Program ID: 120-03-12-032

Arkansas

El Dorado

University of Arkansas for Medical Sciences AHEC (South Arkansas) Program

Sponsor: UAMS-Area Health Education Centers
 Medical Center of South Arkansas (Union Medical Center)
Prgm Director: Marilyn D Marshall, MD
 460 West Oak, 3rd Floor East
 El Dorado, AR 71730
Tel: 870 881-4450 *Fax:* 870 881-4497
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-04-21-405

Fort Smith

University of Arkansas for Medical Sciences AHEC (Fort Smith) Program

Sponsor: UAMS-Area Health Education Centers
 Sparks Regional Medical Center
Prgm Director: Jimmy D Acklin, MD
 AHEC-Family Medical Center
 612 South 12th Street
 Fort Smith, AR 72901
Tel: 479 785-2431 *Fax:* 479 785-0732
E-mail: csmith@ahcfs.uams.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-04-21-034

Jonesboro**University of Arkansas for Medical Sciences AHEC (Northeast) Program**

Sponsor: UAMS-Area Health Education Centers
St Bernards Regional Medical Center
Prgm Director: Joe H Stallings, MD
223 East Jackson
Jonesboro, AR 72401
Tel: 870 972-0063 *Fax:* 870 910-0024
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-04-21-406

Little Rock**University of Arkansas for Medical Sciences AHEC (Northwest) Program**

Sponsor: UAMS-Area Health Education Centers
Northwest Medical Center
Washington Regional Medical Center
Prgm Director: F Allan Martin, MD
Family Medical Center
2907 East Joyce Blvd
Fayetteville, AR 72703
Tel: 479 521-0263 *Fax:* 479 521-8723
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 120-04-21-033

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
University Hospital of Arkansas
Prgm Director: Daniel A Knight, MD
521 Jack Stephens Drive
Little Rock, AR 72205
Tel: 501 686-6563 *Fax:* 501 686-8421
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-04-21-035

Pine Bluff**University of Arkansas for Medical Sciences AHEC (Pine Bluff) Program**

Sponsor: UAMS-Area Health Education Centers
Jefferson Regional Medical Center
Prgm Director: Herbert F Fendley, MD
4010 S Mulberry Street
Pine Bluff, AR 71603
Tel: 870 541-6010 *Fax:* 870 541-6099
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-04-11-037

Texarkana**University of Arkansas for Medical Sciences AHEC (Southwest) Program**

Sponsor: UAMS-Area Health Education Centers
Christus St Michael Health System
Wadley Regional Medical Center (Texarkana TX)
Prgm Director: Russell Mayo, MD
300 East 6th Street
Texarkana, AR 71854
Tel: 870 779-6090 *Fax:* 870 779-6093
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-04-21-527

California**Anaheim****Kaiser Permanente Southern California (Anaheim) Program**

Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospitals (Anaheim)
Prgm Director: Timothy A Munzing, MD
1900 E 4th Street
Santa Ana, CA 92705
Tel: 714 967-4766 *Fax:* 714 967-4767
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-05-31-515

Bakersfield**Kern Medical Center Program**

Sponsor: Kern Medical Center
Prgm Director: James A Sproul, MD
1830 Flower Street
Bakersfield, CA 93305
Tel: 661 326-5050 *Fax:* 661 862-7635
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-05-11-038

Camp Pendleton**Naval Hospital (Camp Pendleton) Program**

Sponsor: Naval Hospital (Camp Pendleton)
Prgm Director: William L Roberts, MD
Family Medicine
Box 555191
Camp Pendleton, CA 92055
Tel: 760 725-0406 *Fax:* 760 725-1101
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: FSM
Program ID: 120-05-12-014
US Armed Services Program

Chula Vista**Scripps Memorial Hospital (Chula Vista) Program**

Sponsor: Scripps Memorial Hospital-Chula Vista
Prgm Director: Marianne McKennett, MD
450 Fourth Avenue
Suite 201
Chula Vista, CA 91910
Tel: 619 691-7587 *Fax:* 619 691-7120
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-05-21-632

Colton**Arrowhead Regional Medical Center Program**

Sponsor: Arrowhead Regional Medical Center
Prgm Director: Niren A Raval, DO*
Family Medicine Department
400 N Pepper Avenue
Colton, CA 92324
Tel: 909 580-6230 *Fax:* 909 580-6308
Length: 3 Yrs *ACGME Approved/Offered Positions:* 50
Subspecialties: FPG
Program ID: 120-05-11-057

Fontana**Kaiser Permanente Southern California (Fontana) Program**

Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Fontana)
Prgm Director: Kendall G Scott, MD
9961 Sierra Avenue
Fontana, CA 92335
Tel: 909 427-5083 *Fax:* 909 427-5619
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Subspecialties: FSM
Program ID: 120-05-12-040

Fresno**University of California (San Francisco)/Fresno Program**

Sponsor: UCSF-Fresno Medical Education Program
Community Medical Centers-University Medical Center
Prgm Director: John Zweifler, MD, MPH
445 South Cedar Avenue
Fresno, CA 93702
Tel: 559 459-5705 *Fax:* 559 459-4443
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Program ID: 120-05-21-041

Glendale**Glendale Adventist Medical Center Program**

Sponsor: Glendale Adventist Medical Center
Prgm Director: Janet A Cunningham, MD, MPH
Family Medicine Center, Suite 201
801 South Chevy Chase Drive
Glendale, CA 91205
Tel: 818 500-5594 *Fax:* 818 500-5550
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-05-21-372

Loma Linda**Loma Linda University Program**

Sponsor: Loma Linda University Medical Center
Jerry L Pettis Memorial Veterans Hospital
Prgm Director: Jamie S Osborn, MD
Family Medicine Center
25455 Barton Road, Suite 209-B
Loma Linda, CA 92354
Tel: 909 558-6688 *Fax:* 909 558-6656
E-mail: sreile@som.llu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-05-21-471

Long Beach**Long Beach Memorial Medical Center Program**

Sponsor: Long Beach Memorial Medical Center
Prgm Director: Susan Y Melvin, DO
450 East Spring Street, #1
Long Beach, CA 90806
Tel: 562 933-0055 *Fax:* 562 933-0079
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-05-21-044

Los Angeles**Charles R Drew University Program**

Sponsor: Charles R Drew University of Medicine and Science
LAC-King/Drew Medical Center
Prgm Director: Muhammad A Farooq, MD, MBA
12021 S Wilmington Avenue
Los Angeles, CA 90059
Tel: 323 846-4500 *Fax:* 323 846-4464
E-mail: DrFarooqMD@yahoo.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-05-11-048

Kaiser Permanente Southern California (Los Angeles) Program

Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Prgm Director: Jimmy H Hara, MD
4950 Sunset Boulevard
Los Angeles, CA 90027
Tel: 323 783-4516 *Fax:* 323 783-4030
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: FPG, FSM
Program ID: 120-05-11-047

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Olive View/UCLA Medical Center
Santa Monica-UCLA Medical Center
Prgm Director: Denise K Sur, MD
1920 Colorado Ave
Santa Monica, CA 90404
Tel: 310 319-4709 *Fax:* 310 453-5016
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: FSM
Program ID: 120-05-11-049

Accredited Programs in Family Medicine

University of Southern California Program

Sponsor: University of Southern California School of Medicine

San Gabriel Valley Medical Center
Prgm Director: Tracey L Norton, DO
1420 San Pablo Street
PMB B-205

Los Angeles, CA 90033

Tel: 323 442-1903 *Fax:* 323 442-2957

E-mail: usefpres@usc.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 30

Program ID: 120-05-22-674

University of Southern California/California Medical Center (Los Angeles) Program

Sponsor: California Hospital Medical Center

Prgm Director: Maureen P Strohm, MD

1400 South Grand Ave Suite 101

Los Angeles, CA 90015

Tel: 213 744-0801 *Fax:* 213 741-1434

E-mail: mstrohm@usc.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 24

Subspecialties: FPG

Program ID: 120-05-21-458

White Memorial Medical Center Program

Sponsor: White Memorial Medical Center

Prgm Director: Luis Samaniego, MD

1720 Cesar E Chavez Avenue

Los Angeles, CA 90033

Tel: 323 260-5789 *Fax:* 323 881-8641

E-mail: wmmcfrp@ah.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 21

Program ID: 120-05-21-480

Martinez

Contra Costa County Health Services Program

Sponsor: Contra Costa Regional Medical Center

Prgm Director: Jeremy Fish, MD*

2500 Alhambra Avenue

Martinez, CA 94553

Tel: 925 370-5117 *Fax:* 925 370-5142

E-mail: jsbfish@hotmail.com

Length: 3 Yrs *ACGME Approved/Offered Positions:* 36

Program ID: 120-05-31-050

Merced

Mercy Medical Center (Merced) Program

Sponsor: Mercy Medical Center Merced

Prgm Director: David Araujo, MD

Family Medicine Residency Program

315 East 13th Street

Merced, CA 95340

Tel: 209 385-7172 *Fax:* 209 385-7893

Length: 3 Yrs *ACGME Approved/Offered Positions:* 24

Program ID: 120-05-21-459

Modesto

Stanislaus Residency Program

Sponsor: Stanislaus County Health Services

Doctors Medical Center

Prgm Director: John C Payne, MD

830 Scenic Drive

Modesto, CA 95350

Tel: 209 576-3528 *Fax:* 209 576-3597

Length: 3 Yrs *ACGME Approved/Offered Positions:* 27

Program ID: 120-05-11-052

Moreno Valley

Riverside County Regional Medical Center Program

Sponsor: Riverside County Regional Medical Center

Prgm Director: Asma B Jafri, MD

26520 Cactus Avenue

Moreno Valley, CA 92555

Tel: 909 486-5610 *Fax:* 909 486-5620

Length: 3 Yrs *ACGME Approved/Offered Positions:* 30

Program ID: 120-05-21-421

Northridge

Northridge Hospital Medical Center Program

Sponsor: Northridge Hospital Medical Center

Prgm Director: Pamela M Davis, MD

18406 Roscoe Boulevard

Northridge, CA 91325

Tel: 818 993-4054 *Fax:* 818 727-0793

E-mail: pameladavis@chw.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 21

Program ID: 120-05-11-053

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical

Center

Western Medical Center

Prgm Director: Charles P Vega, MD*

Department of Family Medicine

Bldg 200, Rt 81, Suite 512

Orange, CA 92868

Tel: 714 456-6502 *Fax:* 714 456-7984

Length: 3 Yrs *ACGME Approved/Offered Positions:* 30

Program ID: 120-05-21-042

Pomona

Pomona Valley Hospital Medical Center Program

Sponsor: Pomona Valley Hospital Medical Center

Prgm Director: Gregory E Dahlquist, MD*

1770 N Orange Grove/Suite 201

Pomona, CA 91767

Tel: 909 469-9490 *Fax:* 909 865-2982

E-mail: greg.dahlquist@pvhmc.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 18

Program ID: 120-05-21-610

Redding

Mercy Medical Center (Redding) Program

Sponsor: Mercy Medical Center

Prgm Director: Duane D Bland, MD

2175 Rosaline Avenue

PO Box 496009

Redding, CA 96049

Tel: 530 225-6090 *Fax:* 530 225-6093

E-mail: dbland@chw.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 18

Program ID: 120-05-31-054

Riverside

Kaiser Permanente Southern California (Riverside) Program

Sponsor: Kaiser Permanente Southern California

Kaiser Foundation Hospital (Riverside)

Prgm Director: Walter C Morgan, MD

10800 Magnolia Avenue (RMC-3F)

Family Medicine Residency

Riverside, CA 92505

Tel: 951 353-4364 *Fax:* 951 353-3608

Length: 3 Yrs *ACGME Approved/Offered Positions:* 18

Program ID: 120-05-21-059

Sacramento

Methodist Hospital of Sacramento Program

Sponsor: Methodist Hospital of Sacramento

Mercy General Hospital (Mercy Healthcare Sacramento)

Prgm Director: Amir Sweha, MD

7500 Hospital Drive

Sacramento, CA 95823

Tel: 916 423-6009 *Fax:* 916 688-0225

Length: 3 Yrs *ACGME Approved/Offered Positions:* 21

Program ID: 120-05-21-564

Sutter Health Program

Sponsor: Sutter Health

Sutter Davis Hospital

Sutter General Hospital

Sutter Memorial Hospital

Prgm Director: Marion Leff, MD

1201 Alhambra Blvd, Suite 340

Sacramento, CA 95816

Tel: 916 731-7866 *Fax:* 916 731-7867

E-mail: sutterfrp@sutterhealth.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 18

Program ID: 120-05-31-556

University of California (Davis) Health System Program

Sponsor: UC Davis Health System

University of California (Davis) Medical Center

VA Northern California Health Care System

Prgm Director: James Nuovo, MD

Department of Family and Community Medicine

4860 Y Street, Suite #2300

Sacramento, CA 95817

Tel: 916 734-3248 *Fax:* 916 734-5641

Length: 3 Yrs *ACGME Approved/Offered Positions:* 40

Subspecialties: FSM

Program ID: 120-05-11-039

Salinas

Natividad Medical Center Program

Sponsor: Natividad Medical Center

Prgm Director: Marc E Tunzi, MD

1441 Constitution Blvd, Bldg 300

PO Box 81611

Salinas, CA 93912

Tel: 831 755-4201 *Fax:* 831 755-6315

Length: 3 Yrs *ACGME Approved/Offered Positions:* 24

Program ID: 120-05-21-056

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical

Center

Naval Medical Center (San Diego)

Prgm Director: Tyson Ikeda, MD

200 West Arbor Drive, #8809

San Diego, CA 92103

Tel: 619 543-5776 *Fax:* 619 543-5996

E-mail: tikeda@ucsd.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 21

Subspecialties: FSM

Program ID: 120-05-21-058

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School

of Medicine

San Francisco General Hospital Medical Center

Prgm Director: Teresa J Villela, MD

Building 80-83

1601 Potrero Avenue

San Francisco, CA 94110

Tel: 415 206-6881 *Fax:* 415 206-8387

E-mail: ucstfp@itsa.ucsf.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 39

Program ID: 120-05-11-059

San Jose**San Jose Medical Center Program**

Sponsor: San Jose Medical Center
Regional Medical Center of San Jose
Prgm Director: Robert M Norman, MD
Family Medicine Residency Program
25 North 14th Street, Suite 1060
San Jose, CA 95112
Tel: 408 977-4507 *Fax:* 408 977-4456
E-mail: mbs@stanford.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FSM
Program ID: 120-05-22-061

Santa Rosa**University of California (San Francisco)/Santa Rosa Program**

Sponsor: Sutter Medical Center of Santa Rosa
Prgm Director: Marshall K Kubota, MD
Family Practice Center
3324 Chanate Road
Santa Rosa, CA 95404
Tel: 707 576-4071 *Fax:* 707 576-4087
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 120-05-11-065

Stockton**San Joaquin General Hospital Program**

Sponsor: San Joaquin General Hospital
Prgm Director: Frederick R Krueger, DO
500 W Hospital Road
French Camp, CA 95231
Tel: 209 468-6768 *Fax:* 209 468-6747
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-05-31-066

Torrance**Los Angeles County-Harbor-UCLA Medical Center Program**

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Daniel B Castro, MD
Department of Family Medicine
1403 W Lomita Boulevard, 2nd floor
Harbor City, CA 90710
Tel: 310 534-6221 *Fax:* 310 326-7205
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: FSM
Program ID: 120-05-21-478

Travis AFB**David Grant Medical Center Program**

Sponsor: David Grant Medical Center
Prgm Director: Lt Col Jefferson H Harman, MD
60th Medical Operations Sqd/SGOL
101 Bodin Circle
Travis AFB, CA 94535
Tel: 707 423-3735 *Fax:* 707 423-3501
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-05-11-001
US Armed Services Program

Ventura**Ventura County Medical Center Program**

Sponsor: Ventura County Medical Center
Prgm Director: Thomas Dunlop, MD
Medical Education Office
3291 Loma Vista Road
Ventura, CA 93003
Tel: 805 652-6228 *Fax:* 805 652-6606
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Program ID: 120-05-11-068

Whittier**Presbyterian Intercommunity Hospital Program**

Sponsor: Presbyterian Intercommunity Hospital
Prgm Director: Ana Bejinez-Eastman, MD
12291 Washington Blvd
Suite 500
Whittier, CA 90606
Tel: 562 698-2541 *Fax:* 562 698-4981
E-mail: pihfrp@pihfp.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-05-21-352

Woodland Hills**Kaiser Permanente Southern California (Woodland Hills) Program**

Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Woodland Hills)
Prgm Director: Timothy J Horita, MD*
5601 De Soto Avenue
Woodland Hills, CA 91365
Tel: 818 719-3973 *Fax:* 818 719-3784
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-05-21-514

Colorado**Denver****Exempla St Joseph Hospital Program**

Sponsor: Exempla Saint Joseph Hospital
Prgm Director: Stephen W Cobb, MD*
2005 Franklin Street
Midtown II, Suite 200
Denver, CO 80205
Tel: 303 318-2016 *Fax:* 303 318-2040
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-07-12-070

St Anthony Hospital Program

Sponsor: St Anthony Hospital Central
St Anthony Hospital North
Prgm Director: Patrick Sankovitz, MD
4231 W 16th Avenue
Kuhlman Building
Denver, CO 80204
Tel: 303 629-3890 *Fax:* 303 595-6656
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 120-07-12-069

University of Colorado (HealthONE Rose Medical Center) Program

Sponsor: University of Colorado School of Medicine
HealthOne Rose Medical Center
Prgm Director: Daniel L Stulberg, MD*
2149 South Holly Street
Denver, CO 80222
Tel: 303 584-7913 *Fax:* 303 584-7960
E-mail: pam.sullivan@rfmr.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-07-21-071

University of Colorado (University Hospital) Program

Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
University of Colorado Hospital
Prgm Director: Daniel J Burke, MD*
5250 Leetsdale Drive, Suite 302
Denver, CO 80246
Tel: 303 372-9765 *Fax:* 303 372-9763
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FSM
Program ID: 120-07-21-619

Englewood**University of Colorado (Columbia Swedish Medical Center) Program**

Sponsor: University of Colorado School of Medicine
Columbia Swedish Medical Center
Prgm Director: Kenton I Voorhees, MD
191 E Orchard Road, #200
Littleton, CO 80121
Tel: 303 795-5247 *Fax:* 303 795-2912
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-07-21-544

Fort Collins**Fort Collins Family Medicine Program**

Sponsor: Poudre Valley Hospital
Prgm Director: Austin G Bailey, MD
Fort Collins Family Medicine Residency Program
1025 Pennock Place
Fort Collins, CO 80524
Tel: 970 495-8800 *Fax:* 970 495-8891
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-07-31-072

Grand Junction**St Mary's Hospital and Medical Center Program**

Sponsor: St Mary's Hospital and Medical Center
Prgm Director: David M West, MD
1160 Patterson
Grand Junction, CO 81506
Tel: 970 244-2800 *Fax:* 970 244-7522
E-mail: joan.cox@stmarygj.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-07-31-073

Greeley**North Colorado Medical Center Program**

Sponsor: North Colorado Medical Center
Prgm Director: H Daniel Fahrenholtz, MD, MBA
Residency Training Program
1600 23rd Avenue
Greeley, CO 80634
Tel: 970 346-2842 *Fax:* 970 346-2828
E-mail: residency@bannerhealth.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-07-11-074

Pueblo**Southern Colorado Family Medicine Program**

Sponsor: St Mary-Corwin Medical Center
Prgm Director: Charles H Raye, MD
1008 Minnequa Avenue
Pueblo, CO 81004
Tel: 719 560-5872 *Fax:* 719 560-4780
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-07-21-075

Wray**North Colorado Medical Center Rural Program**

Sponsor: North Colorado Medical Center
Wray Community District Hospital
Prgm Director: H Daniel Fahrenholtz, MD, MBA
1600 23rd Avenue
Greeley, CO 80634
Tel: 970 346-2842 *Fax:* 970 346-2828
E-mail: residency@bannerhealth.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 120-07-31-524

Connecticut

Hartford

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
 St Francis Hospital and Medical Center
Prgm Director: Allen L Hixon, MD
 99 Woodland Street
 Hartford, CT 06105
Tel: 860 714-5213 *Fax:* 860 714-8079
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FSM
Program ID: 120-08-21-076

Middletown

Middlesex Hospital Program

Sponsor: Middlesex Hospital
Prgm Director: Michael A Stehney, MD, MPH
 90 South Main Street
 Middletown, CT 06457
Tel: 860 344-6469 *Fax:* 860 344-6650
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-08-21-077

Stamford

Stamford Hospital/Columbia University College of Physicians and Surgeons Program

Sponsor: Stamford Hospital
Prgm Director: Joseph V Connelly, MD
 30 Shelburne Road
 PO Box 9317
 Stamford, CT 06904
Tel: 203 353-2270 *Fax:* 203 353-2413
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-08-11-078

Delaware

Wilmington

Christiana Care Health Services Program

Sponsor: Christiana Care Health Services Inc
Prgm Director: Jennifer M Naticchia, MD*
 Family Medicine Center
 1401 Foulk Road, Ste 100
 Wilmington, DE 19803
Tel: 302 477-3320 *Fax:* 302 477-3311
E-mail: HWestergard@ChristianaCare.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-09-11-079

St Francis Hospital Program

Sponsor: St Francis Hospital
Prgm Director: Timothy F Dowling, DO
 Medical Services Bldg, Level II
 PO Box 2500
 Wilmington, DE 19805
Tel: 302 575-8041 *Fax:* 302 575-8005
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-09-21-415

District of Columbia

Washington

Howard University Program

Sponsor: Howard University Hospital
Prgm Director: Babafemi Adenuga, MD*
 2139 Georgia Avenue, NW
 Suite 3B
 Washington, DC 20001
Tel: 202 865-1452 *Fax:* 202 865-7202
E-mail: atgordon@huhosp.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-10-21-081

Providence Hospital/Georgetown University Hospital Program

Sponsor: Providence Hospital
Prgm Director: Patricia Evans, MD, MA
 4151 Bladensburg Road
 Colmar Manor, MD 20722
Tel: 301 699-7707 *Fax:* 301 779-9001
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Subspecialties: FPG
Program ID: 120-10-21-080

Florida

Clearwater

University of South Florida (Morton Plant Mease Health Care) Program

Sponsor: University of South Florida College of Medicine
 Morton Plant Hospital
Prgm Director: Bruce Flareau, MD
 807 N Myrtle Avenue
 Clearwater, FL 33755
Tel: 727 467-2502 *Fax:* 727 467-2471
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-11-21-625

Daytona Beach

Halifax Medical Center Program

Sponsor: Halifax Medical Center
Prgm Director: Edwin E Prevatte, MD*
 PO Box 2830
 303 N Clyde Morris Blvd
 Daytona Beach, FL 32120
Tel: 386 254-4167 *Fax:* 386 258-4867
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: FSM
Program ID: 120-11-11-083

Eglin AFB

Headquarters Air Armament Center (AFMC) Program

Sponsor: US Air Force Regional Hospital
Prgm Director: Jeffrey A Schieverin, MD
 96 MDOS/SGOL
 307 Boatner Road, Suite 114
 Eglin AFB, FL 32542
Tel: 850 883-8288 *Fax:* 850 883-8192
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-11-12-003
 US Armed Services Program

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
 Shands at AGH
Prgm Director: Karen L Hall, MD
 Shands at AGH
 625 SW 4th Avenue
 Gainesville, FL 32601
Tel: 352 392-4541 *Fax:* 352 392-7766
E-mail: zinkel@chfm.ufl.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-11-21-084

Jacksonville

Mayo School of Graduate Medical Education (Jacksonville) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Jacksonville)
 St Luke's Hospital
Prgm Director: Sandra L Argenio, MD
 4500 San Pablo Rd
 Jacksonville, FL 32224
Tel: 904 953-0427 *Fax:* 904 953-0430
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FSM
Program ID: 120-11-21-545

Naval Hospital (Jacksonville) Program

Sponsor: Naval Hospital (Jacksonville)
Prgm Director: Jeffrey D Quinlan, MD
 Department of Family Medicine
 2080 Child Street
 Jacksonville, FL 32214
Tel: 904 542-7762 *Fax:* 904 542-7836
E-mail: cahonsinger@sar.med.navy.mil
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Program ID: 120-11-21-015
 US Armed Services Program

St Vincent's Medical Center Program

Sponsor: St Vincent's Medical Center
Prgm Director: David A McInnes, MD, MED
 2627 Riverside Avenue
 Jacksonville, FL 32204
Tel: 904 308-7374 *Fax:* 904 308-2998
E-mail: Fammed@fdn.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-11-11-085

University of Florida Health Science Center/Jacksonville Program

Sponsor: University of Florida College of Medicine at Jacksonville
 Shands Jacksonville Medical Center
Prgm Director: Anna M Wright, MD
 1255-B Lila Ave
 Jacksonville, FL 32208
Tel: 904 244-5840 *Fax:* 904 244-5825
E-mail: fpresidency@jax.ufl.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 120-11-21-456

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Penny Tenzer, MD
 Department of Family Medicine & Community Health
 PO Box 016700 (R-700)
 Miami, FL 33101
Tel: 305 243-2951 *Fax:* 305 243-1251
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-11-21-087

Orlando

Florida Hospital Program

Sponsor: Florida Hospital Medical Center
Prgm Director: Kristen D Gray, MD
 2501 N Orange Avenue, Suite 235
 Orlando, FL 32804
Tel: 407 303-2814 *Fax:* 407 303-2885
Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: FPG
Program ID: 120-11-11-088

Pensacola**Naval Hospital (Pensacola) Program**

Sponsor: Naval Hospital (Pensacola)
Prgm Director: Thomas J Kersch, MD
 Code 55
 6000 Highway 98 West
 Pensacola, FL 32512
 Tel: 850 505-6491 Fax: 850 505-6501
 Length: 3 Yrs ACGME Approved/Offered Positions: 21
 Program ID: 120-11-12-016
 US Armed Services Program

St Petersburg**Bayfront Medical Center Program**

Sponsor: Bayfront Medical Center
Prgm Director: Charleen L Ise, MD*
 700 Sixth Street South
 St Petersburg, FL 33701
 Tel: 727 893-6891 Fax: 727 553-7340
 E-mail: fp.web@bayfront.org
 Length: 3 Yrs ACGME Approved/Offered Positions: 24
 Subspecialties: FSM
 Program ID: 120-11-11-090

Tallahassee**Tallahassee Family Medicine Program**

Sponsor: Tallahassee Memorial HealthCare
Prgm Director: Donald A Zorn, MD
 Family Medicine Residency Program
 1301 Hodges Drive
 Tallahassee, FL 32308
 Tel: 850 431-3452 Fax: 850 431-6403
 Length: 3 Yrs ACGME Approved/Offered Positions: 30
 Program ID: 120-11-11-086

Georgia**Albany****Phoebe Putney Memorial Hospital Program**

Sponsor: Phoebe Putney Memorial Hospital
Prgm Director: Sean T Bryan, MD*
 2336 Dawson Road, Suite 2200
 Albany, GA 31707
 Tel: 229 312-8797 Fax: 229 312-8743
 E-mail: balexand@ppmh.org
 Length: 3 Yrs ACGME Approved/Offered Positions: 18
 Subspecialties: FSM
 Program ID: 120-12-21-525

Atlanta**Atlanta Medical Center Program**

Sponsor: Atlanta Medical Center
Prgm Director: Frank R Don Diego, MD
 1000 Corporate Center Drive
 Suite 200
 Morrow, GA 30260
 Tel: 770 968-6460 Fax: 770 968-6465
 Length: 3 Yrs ACGME Approved/Offered Positions: 18
 Program ID: 120-12-21-536

Emory University Program

Sponsor: Emory University School of Medicine
 Emory Dunwoody Medical Center
 Grady Health System
Prgm Director: Eddie Needham, MD
 4555 North Shallowford Road
 Suite 100
 Atlanta, GA 30338
 Tel: 678 530-0981 Fax: 678 530-9014
 E-mail: jneedha@learnlink.emory.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 30
 Program ID: 120-12-21-562

Morehouse School of Medicine Program

Sponsor: Morehouse School of Medicine
 Grady Health System
 Southwest Community Hospital and Medical Center
Prgm Director: Michelle L Nichols, MD
 720 Westview Drive, SW
 Atlanta, GA 30310
 Tel: 404 756-1230 Fax: 404 756-1213
 Length: 3 Yrs ACGME Approved/Offered Positions: 15
 Program ID: 120-12-21-439

Augusta**Medical College of Georgia Program**

Sponsor: Medical College of Georgia
Prgm Director: Paul D Forney, MD
 Department of Family Medicine
 HB3020
 Augusta, GA 30912
 Tel: 706 721-3157 Fax: 706 721-6123
 Length: 3 Yrs ACGME Approved/Offered Positions: 24
 Program ID: 120-12-21-091

Columbus**The Medical Center Program**

Sponsor: The Medical Center Inc
Prgm Director: John R Bucholtz, DO
 1900 10th Avenue
 Suite 100
 Columbus, GA 31902
 Tel: 706 571-1430 Fax: 706 571-1604
 E-mail: John.Bucholtz@crhs.net
 Length: 3 Yrs ACGME Approved/Offered Positions: 36
 Program ID: 120-12-11-092

Fort Benning**Martin Army Community Hospital Program**

Sponsor: Martin Army Community Hospital
Prgm Director: John J O'Brien, MD
 MEDDAC (Attn: MCXB-FRT)
 7950 Martin Loop
 Fort Benning, GA 31905
 Tel: 706 544-1556 Fax: 706 544-3234
 E-mail: Scubadoc99@aol.com
 Length: 3 Yrs ACGME Approved/Offered Positions: 21
 Program ID: 120-12-11-008
 US Armed Services Program

Fort Gordon**Dwight David Eisenhower Army Medical Center Program**

Sponsor: Dwight David Eisenhower Army Medical Center
Prgm Director: Michael S Friedman, MD
 Dept of Family & Community Medicine
 Dwight David Eisenhower Army Medical Center
 Fort Gordon, GA 30905
 Tel: 706 787-9358 Fax: 706 787-9356
 Length: 3 Yrs ACGME Approved/Offered Positions: 30
 Program ID: 120-12-21-009
 US Armed Services Program

Macon**Mercer University School of Medicine Program**

Sponsor: Medical Center of Central Georgia
Prgm Director: Richard J Ackermann, MD
 Family Health Center
 3780 Eisenhower Parkway
 Macon, GA 31206
 Tel: 478 633-5550 Fax: 478 784-5496
 E-mail: fp.residency@mccg.org
 Length: 3 Yrs ACGME Approved/Offered Positions: 24
 Program ID: 120-12-12-093

Rome**Floyd Medical Center Program**

Sponsor: Floyd Medical Center
Prgm Director: Randy G Robinson, MD
 304 Shorter Ave
 Suite 201
 Rome, GA 30165
 Tel: 706 509-3358 Fax: 706 509-3331
 Length: 3 Yrs ACGME Approved/Offered Positions: 21
 Program ID: 120-12-31-094

Savannah**Mercer University School of Medicine (Savannah) Program**

Sponsor: Memorial Health-University Medical Center
Prgm Director: Harold P DuCloux, MD
 Family Practice
 1107 East 66th Street
 Savannah, GA 31404
 Tel: 912 350-8837 Fax: 912 350-5118
 Length: 3 Yrs ACGME Approved/Offered Positions: 18
 Program ID: 120-12-11-095

Waycross**Medical College of Georgia/Satilla Regional Medical Center Program**

Sponsor: Medical College of Georgia
 Satilla Regional Medical Center
Prgm Director: Paul D Forney, MD
 Department of Family Medicine
 1120 15th Street
 Augusta, GA 30912
 Tel: 706 721-4675 Fax: 706 721-6123
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 120-12-21-637

Hawaii**Honolulu****Tripler Army Medical Center Program**

Sponsor: Tripler Army Medical Center
Prgm Director: Dawn C Uithol, MD
 Residency Director
 1 Jarrett White Road
 Honolulu, HI 96859
 Tel: 808 433-1115 Fax: 808 433-1153
 Length: 3 Yrs ACGME Approved/Offered Positions: 24
 Program ID: 120-14-21-502
 US Armed Services Program

Wahiawa**University of Hawaii Program**

Sponsor: University of Hawaii John A Burns School of Medicine
 Wahiawa General Hospital
Prgm Director: Lee Buenconsejo-Lum, MD*
 A Family Practice Clinic
 95-390 Kuahelani Avenue
 Mililani, HI 96789
 Tel: 808 627-3230 Fax: 808 627-3265
 E-mail: leblum@hawaii.rr.com
 Length: 3 Yrs ACGME Approved/Offered Positions: 18
 Subspecialties: FSM
 Program ID: 120-14-21-541

Idaho

Boise

Family Practice Residency of Idaho Program

Sponsor: Family Practice Residency of Idaho
St Alphonsus Regional Medical Center
St Luke's Regional Medical Center
Prgm Director: Ted Epperly, MD
777 North Raymond Street
Boise, ID 83704
Tel: 208 367-6042 *Fax:* 208 367-6123
Length: 3 Yrs *ACGME Approved/Offered Positions:* 26
Subspecialties: FSM
Program ID: 120-15-11-097

Caldwell

Family Medicine Residency of Idaho Rural Program

Sponsor: Family Practice Residency of Idaho
West Valley Medical Center
St Luke's Regional Medical Center
Prgm Director: Ted D Epperly, MD
777 N Raymond
Boise, ID 83704
Tel: 208 367-6042 *Fax:* 208 367-6123
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 120-15-21-588

Pocatello

Idaho State University Program

Sponsor: Idaho State University
Portneuf Regional Medical Center
Prgm Director: Jonathan Cree, MD, MA
Department of Family Medicine
Campus Box 8357
Pocatello, ID 83209
Tel: 208 282-3253 *Fax:* 208 282-4818
E-mail: fammed@fmed.isu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-15-21-521

Illinois

Aurora

Rush University Medical Center/Copley Memorial Hospital Program

Sponsor: Rush University Medical Center
Rush-Copley Medical Center
Prgm Director: Diane D Homan, MD
2020 Ogden Avenue, Suite 325
Aurora, IL 60504
Tel: 630 978-6208 *Fax:* 630 375-2812
E-mail: diane_homan@rush.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-16-21-604

Bellefonte

St Louis University School of Medicine (Bellefonte) Program

Sponsor: St Louis University School of Medicine
St Elizabeth's Hospital
Scott Medical Center
Prgm Director: E Charles Robacker, MD*
180 South Third Street, Suite 400
Bellefonte, IL 62220
Tel: 618 233-7880 *Fax:* 618 222-4792
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Program ID: 120-16-21-427

Berwyn

MacNeal Memorial Hospital Program

Sponsor: MacNeal Memorial Hospital
Prgm Director: Donna Lawlor, MD
3231 South Euclid Avenue
Berwyn, IL 60402
Tel: 708 783-3094 *Fax:* 708 783-3656
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: FSM
Program ID: 120-16-11-098

Carbondale

Southern Illinois University (Carbondale) Program

Sponsor: Southern Illinois University School of Medicine
Memorial Hospital of Carbondale
Prgm Director: Penelope K Tippy, MD
305 West Jackson Street, Suite 200
Carbondale, IL 62901
Tel: 618 536-6621 *Fax:* 618 453-1102
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FSM
Program ID: 120-16-11-099

Chicago

Jackson Park Hospital Program

Sponsor: Jackson Park Hospital
Prgm Director: Lakshmi P Dooda, MD
7501 Stony Island Avenue
Chicago, IL 60649
Tel: 773 947-7310 *Fax:* 773 947-2487
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-16-12-363

Mount Sinai Hospital Medical Center of Chicago Program

Sponsor: Mount Sinai Hospital Medical Center of Chicago
Prgm Director: Augustine Wong, MD
Dept of Family Medicine & Community Health
California Avenue at 15th Street
Chicago, IL 60608
Tel: 773 257-6097 *Fax:* 773 257-6045
E-mail: OpMrktGrdn@msn.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-16-31-618

Resurrection Medical Center Program

Sponsor: Resurrection Medical Center
Prgm Director: Timothy R McCurry, MD
7447 W Talcott Avenue
Suite 182
Chicago, IL 60631
Tel: 773 792-9902 *Fax:* 773 594-7975
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-16-11-102

Saints Mary and Elizabeth Medical Center (St Elizabeth's Hospital) Program

Sponsor: Saints Mary and Elizabeth Medical Center
St Elizabeth's Hospital
Prgm Director: Michael Friedman, MD
1431 N Western Ave Suite 406
Chicago, IL 60622
Tel: 312 633-5842 *Fax:* 312 633-5936
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-16-21-428

Saints Mary and Elizabeth Medical Center (St Mary of Nazareth Hospital Center) Program

Sponsor: Saints Mary and Elizabeth Medical Center
St Mary of Nazareth Hospital Center
Prgm Director: Adolfo M Liano, MD
2233 West Division Street
Chicago, IL 60622
Tel: 312 770-2858 *Fax:* 312 770-3204
E-mail: aopenlander@reshealthcare.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-16-11-104

St Joseph Hospital/Northwestern University Program

Sponsor: St Joseph Hospital
Prgm Director: Luis T Garcia, MD*
2900 North Lake Shore Drive
Chicago, IL 60657
Tel: 773 665-3300 *Fax:* 773 665-3228
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-16-11-103

Swedish Covenant Hospital Program

Sponsor: Swedish Covenant Hospital
Prgm Director: Walten I Baba, MD, PhD
5145 North California Avenue
Chicago, IL 60625
Tel: 773 989-3808 *Fax:* 773 989-1648
E-mail: meded@schosp.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 120-16-31-106

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Prgm Director: Mark C Potter, MD
Dept of Family Medicine (M/C 663)
1919 West Taylor Street
Chicago, IL 60612
Tel: 312 996-8209 *Fax:* 312 996-2579
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-16-21-488

University of Illinois College of Medicine at Chicago/Advocate Illinois Masonic Med Ctr Program

Sponsor: University of Illinois College of Medicine at Chicago
Advocate Illinois Masonic Medical Center
Prgm Director: Margaret Wiedmann, MD
Family Medicine Residency Program
836 West Wellington Avenue
Chicago, IL 60657
Tel: 773 296-8248 *Fax:* 773 296-8249
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-16-21-467

Decatur

Southern Illinois University (Decatur) Program

Sponsor: Southern Illinois University School of Medicine
Decatur Memorial Hospital
Prgm Director: John G Bradley, MD
250 West Kenwood Avenue
Decatur, IL 62526
Tel: 217 876-5850 *Fax:* 217 876-5822
E-mail: decaturfinfo@siumed.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-16-21-354

Evanston

McGaw Medical Center of Northwestern University (Evanston) Program

Sponsor: McGaw Medical Center of Northwestern University
Evanston Hospital
Glenbrook Hospital
Prgm Director: Mitchell S King, MD
2050 Pfingsten Road, Suite 200
Glenview, IL 60025
Tel: 847 657-1840 *Fax:* 847 657-1823
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-16-21-654

St Francis Hospital of Evanston Program

Sponsor: St Francis Hospital
Prgm Director: J Chava Zimmerman, MD
 7126 North Lincoln Avenue
 Lincolnwood, IL 60712
Tel: 847 316-5965 *Fax:* 847 316-3307
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-16-21-599

Hinsdale**Hinsdale Hospital Program**

Sponsor: Hinsdale Hospital
Prgm Director: Clara L. Caris, DO
 135 North Oak Street
 Hinsdale, IL 60521
Tel: 630 856-8950 *Fax:* 630 856-8923
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 120-16-21-109

LaGrange**La Grange Memorial Hospital Program**

Sponsor: La Grange Memorial Hospital
Prgm Director: William J Nelson, MD
 1323 Memorial Drive, Suite 214
 La Grange, IL 60525
Tel: 708 482-1561 *Fax:* 708 579-4958
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-16-11-110

Maywood**Loyola University/Cook County Hospital Program**

Sponsor: Loyola University Medical Center
 John H Stroger Hospital of Cook County
 Provident Hospital of Cook County
Prgm Director: Crystal D Cash, MD
 Department of Family Medicine
 500 E 51st Street, 7th Floor
 Chicago, IL 60615
Tel: 312 572-2673 *Fax:* 312 572-2669
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 120-16-11-100

Oak Lawn**Advocate Christ Medical Center Program**

Sponsor: Advocate Christ Medical Center
Prgm Director: Matthew A Brown, MD*
 4140 Southwest Highway
 Homewood, IL 60456
Tel: 708 857-5901 *Fax:* 708 422-9535
E-mail: joann.vlach@advocatehealth.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-16-21-364

Oak Park**West Suburban Medical Center Program**

Sponsor: West Suburban Medical Center
Prgm Director: Katherine A Walsh, MD
 Family Practice Center
 7411 West Lake Street, Suite 1100
 River Forest, IL 60305
Tel: 708 488-2369 *Fax:* 708 763-2162
E-mail: westsubfp@yahoo.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-16-31-112

Park Ridge**Advocate Lutheran General Hospital Program**

Sponsor: Advocate Lutheran General Hospital
Prgm Director: Judith A Gravdal, MD, PhD*
 1775 Dempster Street
 Park Ridge, IL 60068
Tel: 847 723-7969 *Fax:* 847 723-5615
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: FSM
Program ID: 120-16-11-107

Peoria**University of Illinois College of Medicine at Peoria Program**

Sponsor: University of Illinois College of Medicine at Peoria
 Methodist Medical Center of Illinois
Prgm Director: Thomas B Golemon, MD
 Family Medical Center
 815 Main Street, Suite C
 Peoria, IL 61602
Tel: 309 672-5908 *Fax:* 309 672-4790
E-mail: residencyprogram@mnci.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: FPG
Program ID: 120-16-11-113

Quincy**Southern Illinois University (Quincy) Program**

Sponsor: Southern Illinois University School of Medicine
 Blessing Hospital
Prgm Director: Thomas H Miller, MD
 612 N 11th Street, Suite B
 Quincy, IL 62301
Tel: 217 224-9484 *Fax:* 217 224-7950
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FSM
Program ID: 120-16-21-365

Rockford**University of Illinois College of Medicine (Rockford) Rural Program**

Sponsor: University of Illinois College of Medicine at Rockford
 Katherine Shaw Bethea Hospital
 Swedish American Hospital
Prgm Director: Farion R Williams, MD
 1221 East State Street
 Rockford, IL 61104
Tel: 815 972-1030 *Fax:* 815 972-1092
E-mail: dixonrt@ksbhospital.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 120-16-11-675

University of Illinois College of Medicine at Rockford Program

Sponsor: University of Illinois College of Medicine at Rockford
 Swedish American Hospital
Prgm Director: Farion R Williams, MD
 1221 East State Street
 Rockford, IL 61104
Tel: 800 764-4405 *Fax:* 815 972-1092
E-mail: fprockford@uic.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Subspecialties: FP
Program ID: 120-16-31-115

Springfield**Southern Illinois University Program**

Sponsor: Southern Illinois University School of Medicine
 Memorial Medical Center
 St John's Hospital
Prgm Director: Janet R Albers, MD
 PO Box 19670
 520 N 4th St
 Springfield, IL 62794
Tel: 217 757-8140 *Fax:* 217 757-8155
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-16-21-117

Urbana**Carle Foundation Hospital Program**

Sponsor: Carle Foundation Hospital
Prgm Director: Timothy S Meneely, DO
 602 W University Avenue
 South Clinic 2
 Urbana, IL 61801
Tel: 217 383-3302 *Fax:* 217 383-4827
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-16-21-492

Indiana**Beech Grove****St Francis Hospital and Health Centers Program**

Sponsor: St Francis Hospital and Health Centers
Prgm Director: Richard D Feldman, MD
 1500 Albany Street, Suite 807
 Beech Grove, IN 46107
Tel: 317 783-8641 *Fax:* 317 782-6872
E-mail: nancy.miller@ssfhs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-17-11-125

Evansville**Deaconess Hospital Program**

Sponsor: Deaconess Hospital
Prgm Director: Kim A Volz, MD
 Wallace M Adye Center
 515 Read Street
 Evansville, IN 47710
Tel: 812 450-5027 *Fax:* 812 450-5052
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-17-21-119

St Mary's Medical Center Program

Sponsor: St Mary's Medical Center
Prgm Director: Charles A Strickland, MD
 3700 Washington Avenue
 Evansville, IN 47750
Tel: 812 485-4173 *Fax:* 812 485-7968
E-mail: dmoehlen@stmarys.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-17-21-120

Fort Wayne**Fort Wayne Medical Education Program**

Sponsor: Fort Wayne Medical Education Program
 Lutheran Hospital of Indiana
 Parkview Memorial Hospital
 St Joseph Hospital
Prgm Director: Brenda S O'Hara, MD
 2448 Lake Avenue
 Fort Wayne, IN 46805
Tel: 260 422-6573 *Fax:* 260 423-6621
E-mail: Hein@fwmed.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-17-21-121

Gary**Methodist Hospitals Program**

Sponsor: Methodist Hospitals
Prgm Director: David E Ross, MD
 800 Grant Street
 Gary, IN 46402
Tel: 219 886-4636 *Fax:* 219 886-4106
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-17-21-493

Indianapolis

Community Hospitals of Indianapolis Program

Sponsor: Community Hospitals of Indianapolis
Prgm Director: H Clifton Knight, MD
 10122 East 10th Street - Suite #100
 Indianapolis, IN 46229
Tel: 317 355-5913 *Fax:* 317 898-9760
E-mail: fpres@eCommunity.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-17-11-123

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
 Clarian Methodist Hospital of Indiana
Prgm Director: Peter Nalin, MD
 1520 North Senate Avenue
 Indianapolis, IN 46202
Tel: 317 962-0857 *Fax:* 317 962-6722
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: FSM
Program ID: 120-17-11-126

St Vincent Hospital and Health Care Center Program

Sponsor: St Vincent Hospital and Health Care Center
Prgm Director: Judith A Monroe, MD
 8220 Naab Road, Suite 200
 Indianapolis, IN 46260
Tel: 317 338-7600 *Fax:* 317 338-7606
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: FPG
Program ID: 120-17-11-127

Muncie

Ball Memorial Hospital Program

Sponsor: Ball Memorial Hospital
Prgm Director: Stewart C Brown, MD
 Edmund F Ball Medical Education Bldg
 221 North Celia Avenue
 Muncie, IN 47303
Tel: 765 747-4454 *Fax:* 765 741-1983
E-mail: scbrown@chsmail.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: TY
Program ID: 120-17-11-128

South Bend

Memorial Hospital of South Bend Program

Sponsor: Memorial Hospital of South Bend
Prgm Director: Robert J Riley, MD
 714 North Michigan Street
 South Bend, IN 46601
Tel: 574 647-7913 *Fax:* 574 647-6819
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: FSM
Program ID: 120-17-11-129

St Joseph's Regional Medical Center (South Bend) Program

Sponsor: St Joseph's Regional Medical Center (South Bend)
Prgm Director: Martin F Wieschhaus, MD
 801 E LaSalle Street
 PO Box 1935
 South Bend, IN 46634
Tel: 574 239-6152 *Fax:* 574 472-6088
E-mail: moennm@sjrnc.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Subspecialties: FSM
Program ID: 120-17-11-130

Terre Haute

Union Hospital Program

Sponsor: Union Hospital Inc
Prgm Director: Paul L Daluga, MD*
 1513 N 6 1/2 Street
 Terre Haute, IN 47807
Tel: 812 238-7631 *Fax:* 812 238-7003
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-17-11-131

Iowa

Cedar Rapids

Cedar Rapids Medical Education Foundation Program

Sponsor: Cedar Rapids Medical Education Foundation
 Mercy Medical Center
 St Luke's Hospital
Prgm Director: Gordon H Baustian, MD
 1026 A Avenue, NE
 Cedar Rapids, IA 52402
Tel: 319 369-7393 *Fax:* 319 369-8351
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-18-22-132

Davenport

Genesis Medical Education Foundation Program

Sponsor: Genesis Medical Education Foundation
 Genesis Medical Center
Prgm Director: Dean A Bunting, MD*
 1345 W Central Park
 Davenport, IA 52804
Tel: 563 421-4450 *Fax:* 563 421-4449
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-18-21-133

Des Moines

Broadlawns Medical Center Program

Sponsor: Broadlawns Medical Center
Prgm Director: Larry D Beaty, MD
 1801 Hickman Road
 Des Moines, IA 50314
Tel: 515 282-2565 *Fax:* 515 282-2332
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-18-11-134

Central Iowa Health System (Iowa Lutheran Hospital) Program

Sponsor: Central Iowa Health System (Iowa Methodist/Iowa Lutheran)
Prgm Director: L W (Lorn) Matthews, III, DO
 840 East University Avenue
 Des Moines, IA 50316
Tel: 515 265-1050
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-18-31-135

Mayo School of Graduate Medical Education (Des Moines) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mercy Hospital Medical Center
Prgm Director: Charles H Korte, MD
 250 Laurel Street
 Des Moines, IA 50314
Tel: 515 643-4610 *Fax:* 515 643-4662
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-18-21-598

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Michael K Maharry, MD
 Department of Family Medicine
 200 Hawkins Dr
 Iowa City, IA 52242
Tel: 319 384-7767 *Fax:* 319 384-7822
E-mail: fp-residency@uiowa.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FPG
Program ID: 120-18-11-136

Mason City

Mercy Medical Center (Mason City) Program

Sponsor: Mercy Medical Center-North Iowa
Prgm Director: Scott T Henderson, MD
 1000 4th Street SW
 Mason City, IA 50401
Tel: 641 422-7779 *Fax:* 641 422-7125
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-18-21-373

Pella

University of Iowa Hospitals and Clinics Rural (Pella) Program

Sponsor: University of Iowa Hospitals and Clinics
 Pella Regional Health Center
Prgm Director: Michael K Maharry, MD
 200 Hawkins Drive
 Iowa City, IA 52242
Tel: 319 384-7767 *Fax:* 319 384-7822
E-mail: fp-rural@uiowa.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 120-18-21-666

Sioux City

Siouxland Medical Education Foundation Program

Sponsor: Siouxland Medical Education Foundation
 Mercy Medical Center (Sioux City)
 St Luke's Regional Medical Center
Prgm Director: Kurt A Rosenkrans, MD
 2501 Pierce Street
 Sioux City, IA 51104
Tel: 712 294-5000 *Fax:* 712 294-5091
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-18-21-137

Waterloo

Northeast Iowa Medical Education Foundation Program

Sponsor: Northeast Iowa Medical Education Foundation
 Allen Memorial Hospital
 Covenant Medical Center
Prgm Director: John E Sutherland, MD*
 2055 Kimball Avenue
 Waterloo, IA 50702
Tel: 319 272-2525 *Fax:* 319 272-2527
E-mail: wbutler@neimef.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-18-21-138

Kansas**Junction City****University of Kansas Medical Center (Junction City) Rural Program**

Sponsor: University of Kansas School of Medicine
Geary Community Hospital
University of Kansas Medical Center
Prgm Director: Belinda A Vail, MD
3901 Rainbow Boulevard
1060 Delp
Kansas City, KS 66160
Tel: 913 588-1902 *Fax:* 913 588-1951
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 120-19-21-553

Kansas City**University of Kansas Medical Center Program**

Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Prgm Director: Belinda Vail, MD
3901 Rainbow Blvd
1060 Delp
Kansas City, KS 66160
Tel: 913 588-1902 *Fax:* 913 588-1951
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Subspecialties: FP
Program ID: 120-19-11-139

Salina**University of Kansas (Wichita)/Salina Program**

Sponsor: University of Kansas School of Medicine (Wichita)
Salina Regional Health Center
Prgm Director: Charles T Allred, MD
Salina Health Education Foundation
501 South Santa Fe, Ste 200
Salina, KS 67401
Tel: 785 825-7251 *Fax:* 785 825-1605
E-mail: callred@shfpc.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-19-21-366

Wichita**University of Kansas (Wichita)/Via Christi Regional Medical Center Program**

Sponsor: University of Kansas School of Medicine (Wichita)
Via Christi Regional Medical Center-St Francis
Via Christi Regional Medical Center-St Joseph
Prgm Director: Richard H Leu, MD
925 N Emporia
Wichita, KS 67214
Tel: 316 268-5996 *Fax:* 316 291-7869
Length: 3 Yrs *ACGME Approved/Offered Positions:* 54
Subspecialties: FSM
Program ID: 120-19-21-630

University of Kansas (Wichita)/Wesley Program

Sponsor: University of Kansas School of Medicine (Wichita)
Wesley Medical Center
Prgm Director: Paul A Callaway, MD
850 N Hillside
Wichita, KS 67214
Tel: 316 962-3976 *Fax:* 316 962-7184
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 120-19-11-142

Kentucky**Edgewood****St Elizabeth Medical Center Program**

Sponsor: St Elizabeth Medical Center
Prgm Director: Donald J Swikert, MD
413 South Loop Road
Edgewood, KY 41017
Tel: 859 344-3841 *Fax:* 859 344-3820
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-20-11-143

Glasgow**University of Louisville (Glasgow) Program**

Sponsor: University of Louisville School of Medicine
T J Samson Community Hospital
Prgm Director: Brent Wright, MD
1325 North Race Street
Glasgow, KY 42141
Tel: 270 651-4865 *Fax:* 270 651-4751
E-mail: bwrightmd@hotmail.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-20-21-613

Hazard**University of Kentucky College of Medicine (Hazard) Program**

Sponsor: University of Kentucky College of Medicine
ARH Regional Medical Center (Hazard)
Prgm Director: Baretta R Casey, MD
Room B440
750 Morton Blvd
Hazard, KY 41701
Tel: 606 439-3557 *Fax:* 606 439-1131
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-20-21-512

Lexington**University of Kentucky College of Medicine Program**

Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Prgm Director: Steve Wrightson, MD
University of Kentucky Family Practice
Lexington, KY 40536
Tel: 859 323-1719 *Fax:* 859 323-6661
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: FSM
Program ID: 120-20-21-144

Louisville**University of Louisville Program**

Sponsor: University of Louisville School of Medicine
Jewish Hospital
University of Louisville Hospital
Prgm Director: Stephen F Wheeler, MD
201 Abraham Flexner Way, Suite 690
Louisville, KY 40292
Tel: 502 852-5499 *Fax:* 502 852-4944
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: PPG
Program ID: 120-20-21-145

Madisonville**Trover Clinic Foundation Program**

Sponsor: Trover Clinic Foundation
Regional Medical Center of Hopkins County
Prgm Director: Robert L Wood, MD
200 Clinic Drive
Madisonville, KY 42431
Tel: 270 825-6690 *Fax:* 270 825-6696
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-20-31-146

Morehead**University of Kentucky College of Medicine (Morehead) Rural Program**

Sponsor: University of Kentucky College of Medicine
St Claire Medical Center
University of Kentucky Hospital
Prgm Director: Steve Wrightson, MD
K302 Kentucky Clinic
Lexington, KY 40536
Tel: 859 323-6712 *Fax:* 859 323-6661
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 120-20-31-663

Louisiana**Alexandria****Louisiana State University (Shreveport)/Rapides Regional Medical Center Program**

Sponsor: LSU Health Sciences Center-University Hospital
Rapides Regional Medical Center
Prgm Director: Michael Madden, MD
821 Elliott Street
Alexandria, LA 71301
Tel: 318 441-1041 *Fax:* 318 441-1066
E-mail: rcaplan@lsufpa.net
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-21-31-566

Baton Rouge**Baton Rouge General Medical Center Program**

Sponsor: Baton Rouge General Medical Center
Prgm Director: Derek J Anderson, MD
3801 North Boulevard
Baton Rouge, LA 70806
Tel: 225 387-7899 *Fax:* 225 381-2579
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-21-21-560

Kenner**Louisiana State University (Kenner) Program**

Sponsor: Louisiana State University School of Medicine
Kenner Regional Medical Center
Prgm Director: James S Campbell, MD*
Department of Family Medicine
200 West Esplanade Avenue, Suite 409
Kenner, LA 70065
Tel: 504 471-2757 *Fax:* 504 471-2764
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-21-21-641

Lafayette**Louisiana State University (Lafayette) Program**

Sponsor: University Medical Center (Lafayette)
Prgm Director: Glen Mire, MD*
2390 West Congress Street
Lafayette, LA 70506
Tel: 337 261-6690 *Fax:* 337 261-6662
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-21-11-149

Lake Charles

Louisiana State University (Lake Charles) Program

Sponsor: Louisiana State University School of Medicine
Lake Charles Memorial Hospital
Prgm Director: Alan LeBato, MD
1525 Oak Park Boulevard
Lake Charles, LA 70601
Tel: 337 494-2023 *Fax:* 337 430-6966
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-21-21-594

Metairie

East Jefferson General Hospital Program

Sponsor: East Jefferson General Hospital
Prgm Director: David W Euans, MD
Family Practice Center
4228 Houma Boulevard, Suite 230
Metairie, LA 70006
Tel: 504 883-3722 *Fax:* 504 883-3723
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-21-21-631

Monroe

Louisiana State University (Shreveport)/Monroe Program

Sponsor: E A Conway Medical Center
Prgm Director: Brian P Krier, MD, MA
4864 Jackson Street
PO Box 1881
Monroe, LA 71210
Tel: 318 330-7650 *Fax:* 318 330-7613
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-21-21-440

Shreveport

Louisiana State University (Shreveport) Program

Sponsor: LSU Health Sciences Center-University Hospital
Christus Schumpert Health System
Prgm Director: Michael B Harper, MD
PO Box 33932
1501 Kings Highway
Shreveport, LA 71130
Tel: 318 675-5815 *Fax:* 318 675-7950
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-21-21-150

Vivian

Louisiana State University Medical Center (Shreveport) Rural Program

Sponsor: LSU Health Sciences Center-University Hospital
North Caddo Medical Center
Prgm Director: Michael B Harper, MD
PO Box 33932
1501 Kings Highway
Shreveport, LA 71130
Tel: 318 675-5815 *Fax:* 318 675-7950
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 120-21-11-567

Maine

Augusta

Maine-Dartmouth Family Practice Program

Sponsor: Maine-Dartmouth Family Practice Residency
Maine General Medical Center
Prgm Director: James A Schneid, MD
15 E Chestnut Street
Augusta, ME 04330
Tel: 207 626-1894 *Fax:* 207 626-1902
Length: 3 Yrs *ACGME Approved/Offered Positions:* 29
Subspecialties: FPG
Program ID: 120-22-22-151

Bangor

Eastern Maine Medical Center Program

Sponsor: Eastern Maine Medical Center
Prgm Director: Robin M Pritham, MD, MS
Family Practice Center
895 Union Street - Suite 12
Bangor, ME 04401
Tel: 207 973-7973 *Fax:* 207 973-7684
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 120-22-12-152

Lewiston

Central Maine Medical Center Program

Sponsor: Central Maine Medical Center
Prgm Director: Edmund Claxton, MD
76 High Street
Lewiston, ME 04240
Tel: 207 795-2805 *Fax:* 207 795-2190
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-22-11-153

Portland

Maine Medical Center Program

Sponsor: Maine Medical Center
Prgm Director: Alain J Montegut, MD
22 Bramhall Street
Portland, ME 04102
Tel: 207 662-2875 *Fax:* 207 662-6055
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Subspecialties: FPM
Program ID: 120-22-31-154

Maryland

Andrews AFB

National Capital Consortium Program

Sponsor: National Capital Consortium
Malcolm Grow Medical Center
Prgm Director: Col Douglas C Warren, MD
89 MDOS/SGOL
1075 W Perimeter Road
Andrews AFB, MD 20762
Tel: 240 857-3956 *Fax:* 240 857-3011
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-23-21-002
US Armed Services Program

Baltimore

Franklin Square Hospital Center Program

Sponsor: Franklin Square Hospital Center
Prgm Director: Sallie Bixey, MD, MEd
9000 Franklin Square Drive
Baltimore, MD 21237
Tel: 443 777-2003 *Fax:* 443 777-2035
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-23-12-155

University of Maryland Program

Sponsor: University of Maryland Medical System
Union Memorial Hospital
Prgm Director: Kevin S Ferentz, MD
Department of Family Medicine
29 South Paca Street, Lower Level
Baltimore, MD 21201
Tel: 410 328-4282 *Fax:* 410 328-0639
E-mail: kferentz@som.umaryland.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: FSM
Program ID: 120-23-21-156

Massachusetts

Boston

Boston University Medical Center Program

Sponsor: Boston Medical Center
Prgm Director: Thomas C Hines, MD
Dowling 5 South
One Boston Medical Center Place
Boston, MA 02118
Tel: 617 414-4465 *Fax:* 617 414-3345
E-mail: family.medicine@bmc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-24-21-644

Fitchburg

University of Massachusetts (Fitchburg) Program

Sponsor: University of Massachusetts Medical School
Health Alliance Hospital-Leominster
Prgm Director: Beth Mazzyck, MD
Fitchburg Family Practice
275 Nichols Road
Fitchburg, MA 01420
Tel: 978 665-5925 *Fax:* 978 665-5959
E-mail: mzyckb@ummhc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FPM
Program ID: 120-24-31-159

Lawrence

Greater Lawrence Family Health Center Program

Sponsor: Greater Lawrence Family Health Center Inc
Lawrence General Hospital
Prgm Director: Scott C Early, MD
34 Haverhill Street
Lawrence, MA 01841
Tel: 978 725-7410 *Fax:* 978 687-2106
E-mail: residency@glfhc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-24-21-528

Medford

Tufts University/Hallmark Health System Program

Sponsor: Hallmark Health System
Tufts-New England Medical Center
Prgm Director: Joseph W Gravel, MD
100 Hospital Road
Malden, MA 02148
Tel: 781 338-7368 *Fax:* 781 338-7358
E-mail: tuftsfr@lmh.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-24-21-506

Worcester**University of Massachusetts Program**

Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Memorial Campus)
Prgm Director: Gerry Gleich, MD
Memorial Campus
119 Belmont Street, Jaquith 2
Worcester, MA 01605
Tel: 508 334-6111 *Fax:* 508 334-6404
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 120-24-21-160

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Chelsea Community Hospital
Prgm Director: Eric P. Skye, MD
1500 E Medical Center Dr
Room L2003, Box 0239
Ann Arbor, MI 48109
Tel: 734 615-2690 *Fax:* 734 615-2687
E-mail: jteif@umich.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: FSM
Program ID: 120-25-21-425

Detroit**Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital
Prgm Director: James P. Meza, MD, MSA
One Ford Place, Room 2C
Detroit, MI 48202
Tel: 313 874-5378 *Fax:* 313 874-5381
E-mail: srichtel@hfhs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: FSM
Program ID: 120-25-21-484

St John Hospital and Medical Center Program

Sponsor: St John Hospital and Medical Center
Prgm Director: Mark R. Paschall, MD*
24911 Little Mack
St Clair Shores, MI 48080
Tel: 586 447-9064 *Fax:* 586 447-9081
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-25-11-163

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Sinai-Grace Hospital (Grace Campus)
Prgm Director: Tsveti Markova, MD
Department of Family Medicine
15400 W McNichols, #202
Detroit, MI 48235
Tel: 313 340-4325 *Fax:* 313 272-1679
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 120-25-21-164

Flint**McLaren Regional Medical Center Program**

Sponsor: McLaren Regional Medical Center
Prgm Director: Paul A. Lazar, MD
Family Practice Education
401 S Ballenger Highway
Flint, MI 48532
Tel: 810 733-9654 *Fax:* 810 733-9690
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-25-21-573

Grand Blanc**Genesys Regional Medical Center Program**

Sponsor: Genesys Regional Medical Center
Prgm Director: Kenneth E. Yokosawa, MD
One Genesys Parkway
Grand Blanc, MI 48439
Tel: 810 606-5980 *Fax:* 810 606-5990
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Program ID: 120-25-31-166

Grand Rapids**Grand Rapids Medical Education and Research Center/Michigan State University Program**

Sponsor: Grand Rapids Medical Education and Research Center
Saint Mary's Mercy Medical Center (Grand Rapids)
Prgm Director: Susan L. Radecky, MD
200 Jefferson, SE
Grand Rapids, MI 49503
Tel: 616 752-6741 *Fax:* 616 732-3033
E-mail: crispina@trinity-health.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-25-21-167

Grosse Pointe**Bon Secours Hospital Program**

Sponsor: Bon Secours Cottage Health System
Prgm Director: Peter Rodin, DO
468 Cadioux Road
Grosse Pointe, MI 48230
Tel: 313 343-1490 *Fax:* 313 343-1611
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-25-21-168

Kalamazoo**Kalamazoo Center for Medical Studies/Michigan State University Program**

Sponsor: Michigan State Univ-Kalamazoo Center for Medical Studies
Borgess Medical Center
Bronson Methodist Hospital
Prgm Director: William W. Allen, MD
Family Medicine
1000 Oakland Drive
Kalamazoo, MI 49008
Tel: 269 337-6554 *Fax:* 269 337-6565
E-mail: famprac@kcms.msu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FSM
Program ID: 120-25-21-169

Lansing**Sparrow Hospital/Michigan State University Program**

Sponsor: Sparrow Hospital
Prgm Director: George F. Smith, MD
1200 E Michigan
Suite 245-C
Lansing, MI 48912
Tel: 517 364-5762 *Fax:* 517 364-5764
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: FPG, FSM
Program ID: 120-25-21-170

Marquette**Marquette General Hospital Program**

Sponsor: Marquette General Hospital
Prgm Director: William M. Short, MD
1414 W Fair Ave, Suite #36
Marquette, MI 49855
Tel: 906 225-3887 *Fax:* 906 225-7667
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-25-21-370

Midland**MidMichigan Regional Medical Center Program**

Sponsor: MidMichigan Medical Center-Midland
Prgm Director: William H. Dery, MD
Office of Medical Education
4005 Orchard Drive
Midland, MI 48670
Tel: 989 839-3320 *Fax:* 989 839-1949
E-mail: fpresidency@midmichigan.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-25-31-171

Pontiac**North Oakland Medical Centers Program**

Sponsor: North Oakland Medical Centers
Prgm Director: Anthony N. Vettrano, MD
Family Practice Center
461 West Huron
Pontiac, MI 48341
Tel: 248 857-6700 *Fax:* 248 857-7141
E-mail: avettrano@nomc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-25-12-172

Royal Oak**William Beaumont Hospital Program**

Sponsor: William Beaumont Hospital
William Beaumont Hospital-Troy
Prgm Director: Paul W. Misch, MD
Family Medicine Residency Program
44300 Dequindre Road
Sterling Heights, MI 48314
Tel: 248 964-0430 *Fax:* 248 964-1830
E-mail: fp@beaumont.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-25-21-374

Saginaw**Synergy Medical Education Alliance Program**

Sponsor: Synergy Medical Education Alliance
Covenant HealthCare System-Cooper Campus
Prgm Director: Edward A. Jackson, MD
1000 Houghton Avenue
Saginaw, MI 48602
Tel: 989 583-7917 *Fax:* 989 583-7919
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-25-31-174

Southfield**Providence Hospital and Medical Centers Program**

Sponsor: Providence Hospital and Medical Centers
Prgm Director: Gary G. Otsuji, MD
Murray N. Deighton Fam Prac Ctr
22250 Providence Dr, Ste 572
Southfield, MI 48075
Tel: 248 849-3447 *Fax:* 248 849-8277
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Subspecialties: FSM
Program ID: 120-25-21-175

Traverse City**Munson Medical Center Program**

Sponsor: Munson Medical Center
Prgm Director: Daniel M. Webster, MD
Graduate Medical Education Office
1400 Medical Campus Drive
Traverse City, MI 49684
Tel: 231 935-8070 *Fax:* 231 935-8088
E-mail: dwebster@mhc.net
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-25-21-602

Wayne

Oakwood Annapolis Hospital Program

Sponsor: Oakwood Annapolis Hospital
Oakwood Hospital
Prgm Director: Michael J Worzniak, MD
33155 Annapolis Avenue
Wayne, MI 48134
Tel: 734 467-2483 *Fax:* 734 467-2485
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-25-31-678

Minnesota

Duluth

Duluth Graduate Medical Education Council Program

Sponsor: St Luke's Hospital
St Mary's Medical Center
Prgm Director: Thomas W Day, MD
330 North Eighth Avenue East
Duluth, MN 55805
Tel: 218 529-9105 *Fax:* 218 529-9120
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-26-21-176

Mankato

University of Minnesota (Waseca-Mankato) Program

Sponsor: University of Minnesota Medical School
Immanuel-St Joseph's Hospital
Prgm Director: John C McCabe, MD
501 N State Street
Waseca, MN 56093
Tel: 507 837-4143 *Fax:* 507 837-4268
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-26-21-568

Maplewood

University of Minnesota/St John's Hospital Program

Sponsor: University of Minnesota Medical School
HealthEast St John's Hospital
Prgm Director: David Current, MD
1414 Maryland Avenue East
St Paul, MN 55106
Tel: 651 793-5601 *Fax:* 651 772-5477
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-26-11-652

Minneapolis

Hennepin County Medical Center Program

Sponsor: Hennepin County Medical Center
Prgm Director: Patricia M Cole, MD
Family Medical Center
5 West Lake Street
Minneapolis, MN 55408
Tel: 612 545-9222 *Fax:* 612 545-9259
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: FSM
Program ID: 120-26-11-177

University of Minnesota/Fairview-University Medical Center Program

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Prgm Director: Jennifer Welsh, MD*
Smiley's Clinic
2615 E Franklin Avenue
Minneapolis, MN 55406
Tel: 612 333-0774 *Fax:* 612 359-0475
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-26-21-650

Robbinsdale

University of Minnesota/North Memorial Health Care Program

Sponsor: University of Minnesota Medical School
North Memorial Health Care
Prgm Director: Mark R Bixby, MD
1020 West Broadway
Minneapolis, MN 55411
Tel: 612 302-8200 *Fax:* 612 302-8275
E-mail: pcoppa@umphysicians.umn.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-26-31-651

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
Prgm Director: Robert T Flinchbaugh, DO
Department of Family Medicine
200 First Street SW
Rochester, MN 55905
Tel: 507 266-0251 *Fax:* 507 266-0216
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-26-21-179

St Cloud

Mayo School of Graduate Medical Education (St Cloud) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
St Cloud Hospital
Prgm Director: Joseph M Blonski, MD
1520 Whitney Court, Suite 200
St Cloud, MN 56303
Tel: 320 240-3181 *Fax:* 320 240-3165
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-26-21-586

St Louis Park

University of Minnesota/Methodist Hospital Program

Sponsor: University of Minnesota Medical School
Methodist Hospital
Prgm Director: Jeremy S Springer, MD
6600 Excelsior Blvd
Ste 160
St Louis Park, MN 55426
Tel: 952 993-7706 *Fax:* 952 993-6798
E-mail: sprin019@umn.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-26-21-617

St Paul

Allina Hospitals & Clinics Program

Sponsor: Allina Hospitals & Clinics
United Hospital
Children's Hospitals & Clinics - St Paul
Prgm Director: Kathleen M Macken, MD
545 West Seventh Street
St Paul, MN 55102
Tel: 651 293-0069 *Fax:* 651 241-1116
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-26-21-526

HealthPartners Institute for Medical Education Program

Sponsor: HealthPartners Institute for Medical Education
Regions Hospital
Prgm Director: Marianne Clinton-McCausland, MD*
864 Arcade Street
St Paul, MN 55106
Tel: 651 793-2288 *Fax:* 651 793-2253
E-mail: linda.m.yde@healthpartners.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 120-26-11-180

University of Minnesota/HealthEast St Joseph's Hospital Program

Sponsor: University of Minnesota Medical School
HealthEast St Joseph's Hospital
Prgm Director: James S Van Vooren, MD
580 Rice Street
St Paul, MN 55103
Tel: 651 227-6551 *Fax:* 651 665-0684
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-26-12-653

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University of Mississippi School of Medicine
Mississippi Baptist Medical Center
University Hospitals and Clinics
Prgm Director: Diane K Beebe, MD
Department of Family Medicine
2500 North State Street
Jackson, MS 39216
Tel: 601 984-5426 *Fax:* 601 984-6889
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-27-21-181

Tupelo

North Mississippi Medical Center (Tupelo) Program

Sponsor: North Mississippi Medical Center
Prgm Director: Michael O'Dell, MD
1665 South Green Street
Tupelo, MS 38804
Tel: 662 377-2261 *Fax:* 662 377-2263
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-27-21-558

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine
University Hospitals and Clinics
Prgm Director: Erika N Ringdahl, MD
Dept of Family & Community Med
MA303 Medical Sciences Building
Columbia, MO 65212
Tel: 573 882-9099 *Fax:* 573 884-4122
E-mail: resident@health.missouri.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: FPG, FSM
Program ID: 120-28-11-182

Kansas City**Baptist-Lutheran Medical Center Program**

Sponsor: Baptist-Lutheran Medical Center
Prgm Director: Lawrence A Rues, MD
 Goppert-Trinity Family Care
 6650 Troost Suite 305
 Kansas City, MO 64131
 Tel: 816 276-7650 Fax: 816 276-7090
 Length: 3 Yrs ACGME Approved/Offered Positions: 36
 Program ID: 120-28-21-183

University of Missouri at Kansas City Program

Sponsor: University of Missouri-Kansas City School of Medicine
 Truman Medical Center-Lakewood
Prgm Director: Todd D Shaffer, MD
 7900 Lee's Summit Road
 Kansas City, MO 64139
 Tel: 816 404-7751 Fax: 816 404-7756
 Length: 3 Yrs ACGME Approved/Offered Positions: 36
 Subspecialties: FPG
 Program ID: 120-28-21-222

Springfield**Cox Medical Centers Program**

Sponsor: Cox Medical Center North
 Cox Medical Center South
Prgm Director: Daniel L Sontheimer, MD, MBA*
 Family Medicine Residency Program
 1423 N Jefferson Ave, Suite A100
 Springfield, MO 65802
 Tel: 417 269-8787 Fax: 417 269-8750
 E-mail: vickie.greenwood@coxhealth.com
 Length: 3 Yrs ACGME Approved/Offered Positions: 24
 Program ID: 120-28-21-476

St Louis**Forest Park Hospital Program**

Sponsor: Forest Park Hospital
Prgm Director: James W Price, MD, MBA
 Suite 222
 6125 Clayton Avenue
 St Louis, MO 63139
 Tel: 314 768-3204 Fax: 314 768-3940
 E-mail: james.price@tenethealth.com
 Length: 3 Yrs ACGME Approved/Offered Positions: 27
 Program ID: 120-28-21-479

St John's Mercy Medical Center Program

Sponsor: St John's Mercy Medical Center
Prgm Director: Grant Hoekzema, MD
 12680 Olive Blvd
 Suite 300
 Creve Couer, MO 63141
 Tel: 314 251-8950 Fax: 314 251-8889
 E-mail: pamatm@stlo.mercy.net
 Length: 3 Yrs ACGME Approved/Offered Positions: 19
 Program ID: 120-28-21-186

Montana**Billings****Montana Family Medicine Residency Program**

Sponsor: Montana Family Medicine Residency
 Deaconess Medical Center
 St Vincent Hospital and Health Center
Prgm Director: Roxanne Fahrenwald, MD, MS
 123 South 27th Street
 Suite B
 Billings, MT 59101
 Tel: 406 247-3306 Fax: 406 247-3307
 Length: 3 Yrs ACGME Approved/Offered Positions: 18
 Subspecialties: FSM
 Program ID: 120-29-21-590

Nebraska**Kearney****University of Nebraska Medical Center College of Medicine Rural Program**

Sponsor: University of Nebraska Medical Center College of Medicine
 Good Samaritan Hospital (Kearney)
 Faith Regional Health Services
 Great Plains Regional Medical Center
 Regional West Medical Center
 St Francis Medical Center (Grand Island)
Prgm Director: Jeffrey D Harrison, MD, BS
 Department of Family Medicine
 983075 Nebraska Medical Center
 Omaha, NE 68198
 Tel: 402 559-5641 Fax: 402 559-6501
 Length: 3 Yrs ACGME Approved/Offered Positions: 30
 Program ID: 120-30-21-517

Lincoln**Lincoln Medical Education Foundation Program**

Sponsor: Lincoln Medical Education Foundation
 BryanLGH Medical Center East
 BryanLGH Medical Center West
 St Elizabeth Regional Medical Center
Prgm Director: Michael A Myers, MD
 Family Medicine Program
 4600 Valley Road, Suite 210
 Lincoln, NE 68510
 Tel: 402 483-4591 Fax: 402 483-5070
 E-mail: MMyers@LMED.com
 Length: 3 Yrs ACGME Approved/Offered Positions: 24
 Program ID: 120-30-31-187

Omaha**Clarkson Regional Health Service Program**

Sponsor: The Nebraska Medical Center
Prgm Director: Richard H Hurd, MD
 987400 Nebraska Medical Center
 Omaha, NE 68198
 Tel: 402 552-2050 Fax: 402 552-2186
 Length: 3 Yrs ACGME Approved/Offered Positions: 18
 Program ID: 120-30-21-498

Creighton University Program

Sponsor: Creighton University School of Medicine
 Creighton University Medical Center (Tenet - SJH)
Prgm Director: Donald R Frey, MD*
 Department of Family Medicine
 601 North 30th Street, Suite 6720
 Omaha, NE 68131
 Tel: 402 280-4318 Fax: 402 280-5165
 Length: 3 Yrs ACGME Approved/Offered Positions: 30
 Program ID: 120-30-31-188

University of Nebraska Medical Center College of Medicine Program

Sponsor: University of Nebraska Medical Center College of Medicine
 Ehrling Bergquist Hospital
Prgm Director: Jeffrey D Harrison, MD*
 Department of Family Medicine
 983075 Nebraska Medical Center
 Omaha, NE 68198
 Tel: 402 559-7249 Fax: 402 559-6501
 Length: 3 Yrs ACGME Approved/Offered Positions: 48
 Program ID: 120-30-21-189

Nevada**Las Vegas****University of Nevada (Las Vegas) Program**

Sponsor: University of Nevada School of Medicine
 University Medical Center of Southern Nevada
Prgm Director: Thomas J Hunt, MD
 Family Medicine Center
 2410 Fire Mesa St Ste 180
 Las Vegas, NV 89128
 Tel: 702 992-6872 Fax: 702 992-6878
 Length: 3 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 120-31-21-481

Reno**University of Nevada (Reno) Program**

Sponsor: University of Nevada School of Medicine
 Ioannis A Lougaris Veterans Affairs Medical Center
 Washoe Medical Center
Prgm Director: Richard D Williams, MD*
 Dept of Family & Community Medicine, Reno
 Brigham Building (316) UNSOM
 Reno, NV 89557
 Tel: 775 784-6180 Fax: 775 784-4473
 E-mail: kselbach@med.unr.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 18
 Program ID: 120-31-21-482

New Hampshire**Concord****New Hampshire-Dartmouth Family Practice Program**

Sponsor: Concord Hospital
Prgm Director: Gail L Sawyer, MD
 Concord Hospital
 250 Pleasant Street
 Concord, NH 03301
 Tel: 603 227-7000 Fax: 603 228-7173
 E-mail: nhdfpr@crhc.org
 Length: 3 Yrs ACGME Approved/Offered Positions: 24
 Program ID: 120-32-31-557

New Jersey**Edison****JFK Medical Center Program**

Sponsor: JFK Medical Center
Prgm Director: Robin O Winter, MD
 65 James Street
 Edison, NJ 08818
 Tel: 732 321-7493 Fax: 732 906-4986
 Length: 3 Yrs ACGME Approved/Offered Positions: 21
 Program ID: 120-33-11-190

Flemington**Hunterdon Medical Center Program**

Sponsor: Hunterdon Medical Center
Prgm Director: Stanley M Kozakowski, MD
 2100 Westcott Drive
 Flemington, NJ 08822
 Tel: 908 788-6160 Fax: 908 788-6422
 Length: 3 Yrs ACGME Approved/Offered Positions: 18
 Program ID: 120-33-11-191

Freehold

UMDNJ-Robert Wood Johnson at CentraState Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School
CentraState Medical Center
Prgm Director: Kenneth W Faistl, MD
901 West Main Street
Freehold, NJ 07728
Tel: 732 462-1000
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-33-12-679

Hoboken

UMDNJ/St Mary Hospital Program

Sponsor: UMDNJ-New Jersey Medical School
St Mary Hospital
Prgm Director: Abbie Jacobs, MD
308 Willow Avenue
Hoboken, NJ 07030
Tel: 201 418-3125 *Fax:* 201 418-3148
E-mail: ajacobs@hnsnj.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-33-11-192

Montclair

Atlantic Health System (Mountainside) Program

Sponsor: Atlantic Health System
Mountainside Hospital
Prgm Director: Richard T Paris, MD*
799 Bloomfield Avenue
Verona, NJ 07044
Tel: 973 746-7050 *Fax:* 973 259-3569
E-mail: patti.motta@ahsys.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-33-11-193

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
St Peter's University Hospital
Prgm Director: Maria F Ciminelli, MD*
Dept of Family Medicine, MEB, Room 278
One Robert Wood Johnson Place, PO Box 19
New Brunswick, NJ 08903
Tel: 732 235-7664 *Fax:* 732 235-6095
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: FPG, FSM
Program ID: 120-33-21-419

UMDNJ-Robert Wood Johnson Medical School/Capital Health System-Fuld Campus Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School
Capital Health System-Fuld Campus
Prgm Director: Martha H Lansing, MD
666 Plainsboro Road, Suite 355
Plainsboro, NJ 08536
Tel: 609 275-8674 *Fax:* 609 275-1933
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-33-21-559

Phillipsburg

Warren Hospital Program

Sponsor: Warren Hospital
Prgm Director: Raymond Buch, MD
755 Memorial Parkway
Suite 17
Phillipsburg, NJ 08865
Tel: 908 859-6785 *Fax:* 908 454-9880
E-mail: ctp.residency@verizon.net
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-33-21-436

Somerville

Somerset Medical Center Program

Sponsor: Somerset Medical Center
Prgm Director: Laura Micek-Galinat, MD, MPH*
110 Rehill Avenue
Somerville, NJ 08876
Tel: 908 685-2899 *Fax:* 908 704-0083
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-33-11-194

Summit

Atlantic Health System (Overlook) Program

Sponsor: Atlantic Health System
Overlook Hospital
Prgm Director: Joseph Tribuna, MD
33 Overlook Road
Suite L-01
Summit, NJ 07901
Tel: 908 752-5289 *Fax:* 908 273-8014
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-33-11-195

Voorhees

West Jersey-Memorial Hospital at Virtua Program

Sponsor: West Jersey Health System
Virtua-West Jersey Hospital Voorhees
Virtua-Memorial Hospital Burlington County
Prgm Director: Mary Willard, MD
2225 Evesham Road, Suite 101
Voorhees, NJ 08043
Tel: 856 795-7075 *Fax:* 856 325-3705
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-33-12-667

Woodbury

Underwood-Memorial Hospital Program

Sponsor: Underwood-Memorial Hospital
Prgm Director: Gregory E Herman, MD*
c/o Family Practice Center
35 Oak Street
Woodbury, NJ 08096
Tel: 856 853-2056 *Fax:* 856 686-5218
E-mail: kempd@umhospital.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-33-21-445

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Prgm Director: Sally Bachofer, MD
MSC 09-5040
1 University of New Mexico (FPC)
Albuquerque, NM 87131
Tel: 505 272-6607 *Fax:* 505 272-1348
E-mail: FPRresidency@salud.unm.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 120-34-21-197

Las Cruces

Memorial Medical Center (Las Cruces) Program

Sponsor: Memorial Medical Center
Prgm Director: Bert D Garrett, MD
2450 S Telshor Boulevard
Las Cruces, NM 88011
Tel: 505 521-5378 *Fax:* 505 521-5568
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-34-21-577

Roswell

University of New Mexico (Roswell) Rural Program

Sponsor: University of New Mexico School of Medicine
Eastern New Mexico Medical Center
University of New Mexico Health Sciences
Prgm Director: Karen E Vaillant, MD
603 W Country Club Road
Roswell, NM 88201
Tel: 505 624-5625 *Fax:* 505 624-5603
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 120-34-21-608

Santa Fe

University of New Mexico (Santa Fe) Rural Program

Sponsor: University of New Mexico School of Medicine
St Vincent Hospital
University of New Mexico Health Sciences
Prgm Director: Mario Pacheco, MD
455 St Michaels Drive
Santa Fe, NM 87505
Tel: 505 995-3985 *Fax:* 505 820-5813
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-34-21-595

New York

Albany

Albany Medical Center Program

Sponsor: Albany Medical Center
St Peter's Hospital
Prgm Director: Neil C Mitnick, DO
Department of Family Medicine
1 Clara Barton Drive MC 21
Albany, NY 12208
Tel: 518 262-9875 *Fax:* 518 262-5192
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-35-21-198

Bay Shore

Southside Hospital Program

Sponsor: Southside Hospital
Prgm Director: Richard J Bonanno, MD
301 E Main Street
Bay Shore, NY 11706
Tel: 631 968-3295 *Fax:* 631 968-3210
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 120-35-21-199

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Mary Duggan, MD*
Albert Einstein College of Medicine
3544 Jerome Avenue
Bronx, NY 10467
Tel: 718 920-5521 *Fax:* 718 515-5416
E-mail: nlewis@montefiore.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-35-21-209

Bronx-Lebanon Hospital Center Program

Sponsor: Bronx-Lebanon Hospital Center
Prgm Director: James Mumford, MD
1276 Fulton Avenue - Third Floor
Bronx, NY 10456
Tel: 718 901-8749 *Fax:* 718 901-8704
E-mail: fpres@bronxleb.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-35-21-465

Brooklyn**Brooklyn Hospital Center Program**

Sponsor: Brooklyn Hospital Center
Prgm Director: Vasantha Kondamudi, MD
 121 DeKalb Avenue
 Brooklyn, NY 11201
Tel: 718 250-8817 *Fax:* 718 250-6609
E-mail: dad9022@nyp.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-35-21-530

Lutheran Medical Center Program

Sponsor: Lutheran Medical Center
Prgm Director: Claudia Lyon, DO
 Department of Family Medicine
 5616 Sixth Avenue
 Brooklyn, NY 11220
Tel: 718 630-6813 *Fax:* 718 567-9772
E-mail: clyon@lmcmc.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-35-11-207

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
 Kings County Hospital Center
 University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Gloria C Achara, MD
 Department of Family Medicine
 450 Clarkson Avenue - Box 67
 Brooklyn, NY 11203
Tel: 718 270-2560 *Fax:* 718 270-2125
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-35-21-210

Wyckoff Heights Medical Center Program

Sponsor: Wyckoff Heights Medical Center
Prgm Director: Douglas Reich, MD
 374 Stockholm Street
 Brooklyn, NY 11237
Tel: 718 963-7587 *Fax:* 718 963-6575
E-mail: brs9009@nyp.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-35-21-507

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
 Erie County Medical Center
 Kaleida Health System (Buffalo General Hospital)
 Kaleida Health System (Millard Fillmore Hospital)
Prgm Director: Andrea T Manyon, MD
 462 Grider Street - Modular Complex
 Buffalo, NY 14215
Tel: 716 898-5972 *Fax:* 716 898-4750
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Subspecialties: FSM
Program ID: 120-35-21-489

Glen Cove**North Shore University Hospital at Glen Cove Program**

Sponsor: North Shore University Hospital at Glen Cove
Prgm Director: William J Bennett, MD
 101 St Andrews Lane
 Glen Cove, NY 11542
Tel: 516 674-7637 *Fax:* 516 674-7639
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-35-11-202

Jamaica**Mount Sinai School of Medicine/ Jamaica Hospital Medical Center Program**

Sponsor: Jamaica Hospital Medical Center
Prgm Director: Alan R Roth, DO
 Department of Family Medicine
 8900 Van Wyck Expressway
 Jamaica, NY 11418
Tel: 718 206-6914 *Fax:* 718 206-8716
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-35-11-206

New York Medical College (Brooklyn-Queens) Program

Sponsor: New York Medical College
 St Vincent Catholic Medical Centers (Brooklyn-Queens)
Prgm Director: Montgomery Douglas, MD
 Brooklyn - Queens Division
 88-25 153 Street
 Jamaica, NY 11432
Tel: 718 558-7195 *Fax:* 718 558-7205
E-mail: mdoug24@aol.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-35-21-420

Johnson City**United Health Services Hospitals Program**

Sponsor: United Health Services Hospitals
 Wilson Memorial Regional Medical Center (United Health Svcs)
Prgm Director: Richard R Terry, DO
 33-57 Harrison Street
 Johnson City, NY 13790
Tel: 607 763-5334 *Fax:* 607 763-5415
E-mail: james_fowler@uhs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Subspecialties: FPG
Program ID: 120-35-11-203

New Paltz**Mid-Hudson Family Health Institute Program**

Sponsor: Mid-Hudson Family Health Institute
 Kingston Hospital
Prgm Director: John Anderson, MD
 Residency Administrative Offices
 396 Broadway
 Kingston, NY 12401
Tel: 845 338-5344 *Fax:* 845 338-0307
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-35-21-204

New York**Albert Einstein College of Medicine at Beth Israel Medical Center Program**

Sponsor: Beth Israel Medical Center
Prgm Director: Andreas Cohrssen, MD
 Beth Israel Medical Center
 16 East 16th Street, 5th Floor
 New York, NY 10003
Tel: 212 206-5255 *Fax:* 212 206-5251
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-35-32-538

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Carmen M Dominguez-Rafer, MD, MPH
 Family Medicine Residency Program
 64 Nagle Avenue
 New York, NY 10040
Tel: 212 544-1880 *Fax:* 212 544-1870
E-mail: rub9004@nyp.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-35-21-581

Niagara Falls**University at Buffalo (Niagara Falls) Program**

Sponsor: University at Buffalo
 Niagara Falls Memorial Medical Center
Prgm Director: Melvin B Dyster, MD
 Hamilton B Mizer-Primary Care Ctr
 501 Tenth Street
 Niagara Falls, NY 14301
Tel: 716 278-4618 *Fax:* 716 285-8992
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-35-12-211

Oceanside**South Nassau Communities Hospital Program**

Sponsor: South Nassau Communities Hospital
Prgm Director: Samuel A Sandowski, MD
 196 Merrick Road
 Oceanside, NY 11572
Tel: 516 255-8415 *Fax:* 516 255-8453
Length: 3 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 120-35-11-212

Olean**University at Buffalo Rural Program**

Sponsor: University at Buffalo
 Olean General Hospital
 Kaleida Health System (Buffalo General Hospital)
Prgm Director: Andrea Manyon, MD
 462 Grider Street
 Buffalo, NY 14215
Tel: 716 898-5972 *Fax:* 716 898-3164
E-mail: psm4@buffalo.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 120-35-21-516

Rochester**University of Rochester/Highland Hospital of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
 Highland Hospital of Rochester
Prgm Director: Stephen H Schultz, MD
 885 South Avenue
 Rochester, NY 14620
Tel: 585 442-7470 *Fax:* 585 442-8319
E-mail: fmres@urmc.rochester.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-35-21-214

Schenectady**St Clare's Hospital of Schenectady Program**

Sponsor: St Clare's Hospital of Schenectady
Prgm Director: Gary R Dunkerley, MD
 Family Health Cntr, Attn: Residency Office-Lee Vero
 600 Mc Clellan St
 Schenectady, NY 12304
Tel: 518 347-5293 *Fax:* 518 347-5007
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-35-12-215

Stony Brook**SUNY at Stony Brook Program**

Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: Colin P Kopes-Kerr, MD, JD
 Department of Family Medicine
 Level 4 Room 50 HSC
 Stony Brook, NY 11794
Tel: 631 444-8284 *Fax:* 631 444-7447
E-mail: sbuh_fammed_Residency@stonybrook.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-35-21-408

Syracuse

SUNY Health Science Center at Syracuse/St Joseph's Hospital Health Center Program

Sponsor: St Joseph's Hospital Health Center
Prgm Director: James B Tucker, MD
 301 Prospect Avenue
 Syracuse, NY 13203
Tel: 315 448-5537 *Fax:* 315 448-6313
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Program ID: 120-35-21-216

Utica

St Elizabeth Medical Center (Utica) Program

Sponsor: St Elizabeth Hospital
Prgm Director: William A Jorgensen, DO*
 Family Medicine Residency Program
 120 Hobart Street
 Utica, NY 13501
Tel: 315 734-3571 *Fax:* 315 734-3572
Length: 3 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 120-35-11-217

Yonkers

New York Medical College at St Joseph's Medical Center Program

Sponsor: New York Medical College
 St Joseph's Medical Center
Prgm Director: Joseph L Halbach, MD, MPH
 127 South Broadway
 Yonkers, NY 10701
Tel: 914 378-7586 *Fax:* 914 378-1071
Length: 3 Yrs *ACGME Approved/Offered Positions:* 31
Program ID: 120-35-11-218

North Carolina

Asheville

Mountain Area Health Education Center Program

Sponsor: Mountain Area Health Education Center
 Mission St Joseph's Health System
Prgm Director: Stephen Hulkower, MD
 118 WT Weaver Boulevard
 Asheville, NC 28804
Tel: 828 258-0670 *Fax:* 828 257-4738
Length: 3 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 120-36-11-219

Camp Lejeune

Naval Hospital Camp Lejeune Program

Sponsor: Naval Hospital-Camp Lejeune
Prgm Director: Maureen O Padden, MD, MPH*
 100 Brewster Boulevard
 Camp Lejeune, NC 28547
Tel: 910 450-3138 *Fax:* 910 450-4649
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-36-12-665
 US Armed Services Program

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
 Wake Medical Center
Prgm Director: Clark R Denniston, MD
 Department of Family Medicine
 Manning Drive, Campus Box 7595
 Chapel Hill, NC 27599
Tel: 919 966-2716 *Fax:* 919 966-6125
E-mail: uncfr@med.unc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-36-31-220

Charlotte

Carolinas Medical Center Program

Sponsor: Carolinas Medical Center
Prgm Director: Vanessa McPherson, MD
 Family Medicine Residency Program
 PO Box 32861
 Charlotte, NC 28232
Tel: 704 446-7700 *Fax:* 704 446-7795
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: FP
Program ID: 120-36-11-221

Concord

Northeast Medical Center Program

Sponsor: Northeast Medical Center
Prgm Director: Mark D Robinson, MD
 920 Church Street, North
 Concord, NC 28025
Tel: 704 721-2060 *Fax:* 704 721-2077
E-mail: residency@northeastmedical.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-36-21-580

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
 Durham Regional Hospital
Prgm Director: Brian H Halstater, MD*
 Dept of Community/Family Medicine
 Box 3886
 Durham, NC 27710
Tel: 919 681-3028 *Fax:* 919 668-1785
Length: 3 Yrs *ACGME Approved/Offered Positions:* 22
Subspecialties: FSM
Program ID: 120-36-21-222

Fayetteville

Duke University Hospital/Southern Regional Area Health Education Center Program

Sponsor: Southern Regional Area Health Education Center
 Cape Fear Valley Medical Center
Prgm Director: Sandra M Carr, MD*
 Southern Regional AHEC
 1601 Owen Drive
 Fayetteville, NC 28304
Tel: 910 678-7259 *Fax:* 910 678-0115
E-mail: sandra.carr@sr-ahec.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-36-31-223

Fort Bragg

Womack Army Medical Center Program

Sponsor: Womack Army Medical Center
Prgm Director: Jeffrey J Johnson, MD
 Department of Family Medicine
 Fort Bragg, NC 28310
Tel: 910 907-8007 *Fax:* 910 907-8630
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 120-36-21-011
 US Armed Services Program

Greensboro

Moses H Cone Memorial Hospital Program

Sponsor: Moses H Cone Memorial Hospital
Prgm Director: Karl B Fields, MD
 Family Practice Center
 1125 North Church Street
 Greensboro, NC 27401
Tel: 336 832-8132 *Fax:* 336 832-7078
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: FSM
Program ID: 120-36-11-224

Greenville

Pitt County Memorial Hospital/East Carolina University Program

Sponsor: Pitt County Memorial Hospital
 East Carolina University School of Medicine
Prgm Director: Janalynn F Beste, MD
 Department of Family Medicine
 Family Practice Center
 Greenville, NC 27834
Tel: 252 744-4616 *Fax:* 252 744-4614
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: FPG, FSM
Program ID: 120-36-11-225

Hendersonville

Mountain Area Health Education Center Rural Program

Sponsor: Mountain Area Health Education Center
 Margaret R Pardee Memorial Hospital
Prgm Director: Steven D Crane, MD
 741 Sixth Avenue West
 Hendersonville, NC 28739
Tel: 828 696-1255 *Fax:* 828 696-1257
E-mail: janet.swell@pardeehospital.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 120-36-21-575

Monroe

Carolinas Medical Center Rural Program

Sponsor: Carolinas Medical Center
 Union Regional Medical Center
Prgm Director: James M Wetter, MD
 Union Regional Medical Center
 600 Hospital Drive
 Monroe, NC 28112
Tel: 704 226-5013 *Fax:* 704 296-4172
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 120-36-21-634

Wilmington

New Hanover Regional Medical Center Program

Sponsor: New Hanover Regional Medical Center
Prgm Director: Jessie A Junker, MD, MBA
 Residency in Family Medicine
 2523 Delaney Ave
 Wilmington, NC 28403
Tel: 910 343-1122 *Fax:* 910 343-1999
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-36-21-611

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
 Forsyth Memorial Hospital
Prgm Director: Mark Andrews, MD*
 Family and Community Medicine
 Medical Center Blvd
 Winston-Salem, NC 27157
Tel: 336 716-2832 *Fax:* 336 716-9126
E-mail: mlocke@wfubmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: FSM
Program ID: 120-36-31-226

North Dakota**Bismarck****University of North Dakota (Bismarck) Program**

Sponsor: Univ of North Dakota School of Medicine and Health Sciences
 Medcenter One Hospital
 St Alexius Medical Center
Prgm Director: Guy P Tangedahl, MD
 Center for Family Medicine
 515 East Broadway Avenue
 Bismarck, ND 58501
Tel: 701 328-9950 *Fax:* 701 328-0957
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-37-21-227

Grand Forks**University of North Dakota (Grand Forks) Program**

Sponsor: Univ of North Dakota School of Medicine and Health Sciences
 Altru Health System Hospital
Prgm Director: Greg D Greek, MD
 Family Practice Center
 725 Hamline Street
 Grand Forks, ND 58203
Tel: 701 777-6810 *Fax:* 701 777-6860
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-37-31-229

Minot**University of North Dakota (Minot) Program**

Sponsor: Univ of North Dakota School of Medicine and Health Sciences
 Trinity Health
Prgm Director: C Milton Smith, MD
 Center for Family Medicine - Minot
 123 1st Street SW
 Minot, ND 58701
Tel: 701 858-6700 *Fax:* 701 858-6749
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-37-31-230

Ohio**Akron****Akron General Medical Center/NEOUCOM Program**

Sponsor: Akron General Medical Center
Prgm Director: Mark H Belfer, DO
 400 Wabash Avenue
 Akron, OH 44307
Tel: 330 344-7671 *Fax:* 330 344-6852
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-38-31-232

Summa Health System/NEOUCOM Program

Sponsor: Summa Health System
 Akron City Hospital (Summa Health System)
Prgm Director: Richard M Hines, MD
 75 Arch Street, Suite 002
 Akron, OH 44304
Tel: 330 375-3144 *Fax:* 330 375-4291
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-38-21-231

Barberton**Barberton Citizens Hospital/NEOUCOM Program**

Sponsor: Barberton Citizens Hospital
Prgm Director: James R Richard, MD
 155 Fifth Street, NE
 Barberton, OH 44203
Tel: 330 745-5008 *Fax:* 330 848-7829
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-38-21-437

Bellefontaine**Ohio State University Hospital Rural Program**

Sponsor: Ohio State University Hospital
 Mary Rutan Hospital
Prgm Director: Randall L Longenecker, MD
 4879 US Route 68 South
 West Liberty, OH 43357
Tel: 937 465-0080 *Fax:* 937 465-0945
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 120-38-21-640

Canton**Aultman Hospital/NEOUCOM Program**

Sponsor: Aultman Hospital
Prgm Director: Susan E Mercer, MD
 2600 7th Street, SW
 Canton, OH 44710
Tel: 330 363-6250 *Fax:* 330 580-5509
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-38-11-234

Cincinnati**Christ Hospital/University of Cincinnati College of Medicine Program**

Sponsor: Christ Hospital
 University Hospital Inc
Prgm Director: Philip Diller, MD, PhD
 Department of Family Medicine
 2123 Auburn Avenue, Suite 340
 Cincinnati, OH 45219
Tel: 513 721-2221 *Fax:* 513 345-6665
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FPG
Program ID: 120-38-21-235

TriHealth (Bethesda Hospital) Program

Sponsor: TriHealth
 TriHealth-Bethesda Hospital
Prgm Director: Lorraine Stephens, MD
 Family Medicine Residency Program
 4411 Montgomery Rd #206
 Cincinnati, OH 45212
Tel: 513 631-0750 *Fax:* 513 631-0796
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-38-21-474

Cleveland**Case Western Reserve University (MetroHealth) Program**

Sponsor: MetroHealth Medical Center
Prgm Director: Alan R Fischler, DO, MPH*
 Department of Family Medicine
 2500 MetroHealth Drive
 Cleveland, OH 44109
Tel: 216 778-5415 *Fax:* 216 778-8225
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FPG
Program ID: 120-38-11-237

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Michael P Rowane, DO, MS
 Department of Family Medicine
 11100 Euclid Avenue, Bolwell 1200
 Cleveland, OH 44106
Tel: 216 844-5483 *Fax:* 216 844-1030
E-mail: caseuhfmrp@uhhs.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-38-11-236

Fairview Hospital Program

Sponsor: Fairview Hospital
Prgm Director: Stephen P Flynn, MD
 18200 Lorain Avenue
 Cleveland, OH 44111
Tel: 216 476-7085 *Fax:* 216 476-7604
E-mail: kathy.gaughan@fairviewhospital.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FSM
Program ID: 120-38-11-238

Columbus**Grant Medical Center (OhioHealth) Program**

Sponsor: Grant Medical Center (OhioHealth)
Prgm Director: Bruce Vanderhoff, MD
 Medical Education Department
 111 S Grant Avenue
 Columbus, OH 43215
Tel: 614 566-9817 *Fax:* 614 566-8073
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Subspecialties: FSM
Program ID: 120-38-31-239

Mount Carmel Program

Sponsor: Mount Carmel
Prgm Director: Dennis F Ruppel, MD
 2150 Marble Cliff Office Park
 Columbus, OH 43215
Tel: 614 234-5737 *Fax:* 614 234-2772
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-38-32-240

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
 Children's Hospital (Columbus)
 Ohio State University Hospitals-East
Prgm Director: John R McConaghy, MD
 Department of Family Medicine
 2231 N High Street, Room 205
 Columbus, OH 43201
Tel: 614 293-2655 *Fax:* 614 293-2717
Length: 3 Yrs *ACGME Approved/Offered Positions:* 23
Subspecialties: FSM
Program ID: 120-38-21-241

Ohio State University Hospital Urban Program

Sponsor: Ohio State University Hospital
 Children's Hospital (Columbus)
 Ohio State University Hospitals-East
Prgm Director: Leon McDougale, MD, MPH
 2231 North High Street
 Columbus, OH 43201
Tel: 614 293-2655 *Fax:* 614 293-2717
E-mail: mcdougale-1@medctr.osu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 120-38-12-673

Riverside Methodist Hospitals (OhioHealth) Program

Sponsor: Riverside Methodist Hospitals (OhioHealth)
Prgm Director: Edward T Bope, MD
 697 Thomas Lane
 Columbus, OH 43214
Tel: 614 566-4398 *Fax:* 614 566-6843
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FPG
Program ID: 120-38-21-242

Dayton

Miami Valley Hospital Program

Sponsor: Miami Valley Hospital
Prgm Director: Theodore E Wymyslo, MD
 101 Wyoming Street
 Dayton, OH 45409
Tel: 937 208-2427 *Fax:* 937 341-8349
E-mail: tewymyslo@mvh.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-38-31-244

Wright State University/Dayton Community Hospitals Program

Sponsor: Wright State University School of Medicine
 Good Samaritan Hospital and Health Center
 Kettering Medical Center
Prgm Director: Teresa W Zryd, MD, MSPH
 2345 Philadelphia Drive
 Dayton, OH 45406
Tel: 937 275-2792 *Fax:* 937 277-7249
E-mail: family_practice@shp-dayton.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-38-31-243

Sylvania

Flower Hospital Program

Sponsor: Flower Hospital
Prgm Director: Jeanine Huttner, MD
 Family Physicians Association
 5300 Harroun Road, Suite 304
 Sylvania, OH 43560
Tel: 419 824-1385 *Fax:* 419 824-1771
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-38-11-246

Toledo

Medical College of Ohio Program

Sponsor: Medical College of Ohio
 Medical College of Ohio Hospital
Prgm Director: Kevin A Phelps, DO
 Garden Lake Building
 1015 Garden Lake Parkway
 Toledo, OH 43614
Tel: 419 383-5558 *Fax:* 419 382-7876
E-mail: cbernard@mco.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-38-31-247

Mercy Health Partners/St Vincent Mercy Medical Center Program

Sponsor: St Vincent Mercy Medical Center
 St Charles Mercy Hospital
Prgm Director: Susan J Hulsemann, MD
 2200 Jefferson Avenue
 Toledo, OH 43624
Tel: 419 251-1859 *Fax:* 419 242-9806
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-38-31-249

Toledo Hospital Program

Sponsor: Toledo Hospital
Prgm Director: Jeffrey R Lewis, MD
 2051 West Central Avenue
 Toledo, OH 43606
Tel: 419 291-2342 *Fax:* 419 479-6952
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FSM
Program ID: 120-38-21-250

Wilmington

Clinton Memorial Hospital/University of Cincinnati College of Medicine Program

Sponsor: Clinton Memorial Hospital
Prgm Director: Keith B Holten, MD
 825 W Locust Street
 Wilmington, OH 45177
Tel: 937 383-3382 *Fax:* 937 383-0610
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-38-21-626

Youngstown

St Elizabeth Health Center/NEOUCOM Program

Sponsor: St Elizabeth Health Center
Prgm Director: Rudolph M Krafft, MD
 1053 Belmont Avenue
 PO Box 1790
 Youngstown, OH 44504
Tel: 330 744-0301 *Fax:* 330 480-2948
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-38-11-251

Western Reserve Care System/NEOUCOM Program

Sponsor: Forum Health/Western Reserve Care System (Youngstown)
 Northside Medical Center
Prgm Director: James C Dewar, MD
 Family Practice Center
 500 Gypsy Lane
 Youngstown, OH 44501
Tel: 330 884-3983 *Fax:* 330 884-5678
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-38-11-359

Oklahoma

Lawton

University of Oklahoma Health Sciences Center (Lawton) Program

Sponsor: University of Oklahoma College of Medicine
 Comanche County Memorial Hospital
 Southwestern Medical Center
Prgm Director: Dan F Criswell, MD
 4427 West Gore Blvd
 Lawton, OK 73505
Tel: 580 248-4797 *Fax:* 580 248-5348
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-39-21-659

Oklahoma City

Great Plains Medical Foundation Program

Sponsor: Great Plains Medical Foundation
 Deaconess Hospital
 Integris Baptist Medical Center
Prgm Director: Neal D Clemenson, MD
 3500 NW 56th Street Suite 100
 Oklahoma City, OK 73112
Tel: 405 951-2623 *Fax:* 405 951-2824
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-39-21-585

St Anthony Hospital Program

Sponsor: St Anthony Hospital
Prgm Director: Cheyn Onarecker, MD*
 608 NW 9th Street, Suite 1000
 Oklahoma City, OK 73102
Tel: 405 272-7494 *Fax:* 405 272-6985
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-39-21-513

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
 OU Medical Center
Prgm Director: James Barrett, MD*
 900 NE 10th Street
 Oklahoma City, OK 73104
Tel: 405 271-2230 *Fax:* 405 271-4366
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: FSM
Program ID: 120-39-21-254

University of Oklahoma/Garfield County Medical Society Rural Program

Sponsor: University of Oklahoma College of Medicine
 Integris Bass Baptist Health Center
 OU Medical Center
 St Mary's Regional Medical Center
Prgm Director: J Michael Pontious, MD
 620 S Madison, Suite 304
 Enid, OK 73701
Tel: 580 242-1300 *Fax:* 580 237-7913
E-mail: enidfammedfprp@ouhsc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-39-11-253

Tulsa

In His Image at Hillcrest Medical Center Program

Sponsor: In His Image Inc
 Hillcrest Medical Center
Prgm Director: Mitchell W Duinick, MD
 7600 South Lewis Avenue
 Tulsa, OK 74136
Tel: 918 493-7880 *Fax:* 918 493-7888
E-mail: admin@inhisimage.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-39-21-499

University of Oklahoma College of Medicine-Tulsa Program

Sponsor: University of Oklahoma College of Medicine-Tulsa
 Hillcrest Medical Center
Prgm Director: Kristina M Kline, MD*
 Department of Family Medicine
 9924 East 21st Street
 Tulsa, OK 74129
Tel: 918 663-6885 *Fax:* 918 663-6893
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Subspecialties: FSM
Program ID: 120-39-21-256

University of Oklahoma College of Medicine-Tulsa Rural Program

Sponsor: University of Oklahoma College of Medicine-Tulsa
 Hillcrest Medical Center
 Jane Phillips Episcopal-Memorial Medical Center
Prgm Director: W Michael Woods, MD
 400 Wyandotte
 PO Box 420
 Ramona, OK 74061
Tel: 918 536-2104 *Fax:* 918 536-2203
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 120-39-21-600

Oregon

Klamath Falls

Oregon Health & Science University (Cascades East) Program

Sponsor: Oregon Health & Science University Hospital
 Merle West Medical Center
Prgm Director: Robert G Ross, MD, Med
 Cascades East FPR
 2801 Daggett
 Klamath Falls, OR 97601
Tel: 541 885-4614 *Fax:* 541 885-0328
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-40-21-540

Milwaukie**Providence Milwaukie Hospital Program**

Sponsor: Providence Milwaukie Hospital
Prgm Director: William R Gillanders, MD
 10150 SE 32nd Avenue
 Milwaukie, OR 97222
Tel: 503 513-8935 *Fax:* 503 513-8953
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-40-21-656

Portland**Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital
Prgm Director: Eric Walsh, MD
 Department of Family Medicine
 3181 SW Sam Jackson Park Road
 Portland, OR 97239
Tel: 503 494-1093 *Fax:* 503 494-7659
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: FP
Program ID: 120-40-21-371

Pennsylvania**Abington****Abington Memorial Hospital Program**

Sponsor: Abington Memorial Hospital
Prgm Director: Gerald J Hansen, MD
 Abington Family Medicine Residency Program
 817 Old York Road
 Jenkintown, PA 19046
Tel: 215 481-2729 *Fax:* 215 481-7446
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-41-11-258

Allentown**Lehigh Valley Hospital/Pennsylvania State University Program**

Sponsor: Lehigh Valley Hospital
Prgm Director: Pamela F LeDeaux, MD, MS
 Lehigh Valley Family Health Center
 1730 Chew Street
 Allentown, PA 18104
Tel: 610 402-4970 *Fax:* 610 402-4912
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-41-21-572

Sacred Heart Hospital/Temple University (Allentown) Program

Sponsor: Sacred Heart Hospital
Prgm Director: Stanley E Yellin, MD, MBA
 Family Medicine Program
 450 Chew Street
 Allentown, PA 18102
Tel: 610 776-4976 *Fax:* 610 606-4440
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FPG
Program ID: 120-41-21-259

Altoona**Altoona Hospital Program**

Sponsor: Altoona Hospital
Prgm Director: Elissa J Palmer, MD
 501 Howard Avenue, Suite F2
 Altoona, PA 16601
Tel: 814 946-2020 *Fax:* 814 946-7864
E-mail: pdirector@altoonafp.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-41-11-260

Beaver**The Medical Center (Beaver, PA) Program**

Sponsor: HVHS-The Medical Center (Beaver)
Prgm Director: James P McKenna, MD
 918 Third Avenue
 Beaver Falls, PA 15010
Tel: 724 843-6007 *Fax:* 724 847-7840
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-41-21-409

Bethlehem**St Luke's Hospital Program**

Sponsor: St Luke's Hospital
Prgm Director: Patti Forest, MD
 2830 Easton Avenue
 Bethlehem, PA 18017
Tel: 610 954-3550 *Fax:* 610 954-3693
E-mail: fpresidency@slhn.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-41-21-603

Bryn Mawr**Bryn Mawr Hospital Program**

Sponsor: Bryn Mawr Hospital
Prgm Director: Gerard F Klinzing, MD
 130 S Bryn Mawr Avenue, #416
 Bryn Mawr, PA 19010
Tel: 610 645-1566 *Fax:* 610 325-1395
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-41-31-261

Erie**St Vincent Health Center Program**

Sponsor: St Vincent Health Center
Prgm Director: Gary Silko, MD
 2314 Sassafras Street, Suite 306
 Erie, PA 16502
Tel: 814 452-5105 *Fax:* 814 452-5097
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FSM
Program ID: 120-41-11-264

Harrisburg**PinnacleHealth Hospitals Program**

Sponsor: PinnacleHealth Hospitals
Prgm Director: Ellen G Smith, MD
 2501 North Third Street
 Harrisburg, PA 17110
Tel: 717 782-6470 *Fax:* 717 782-2333
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-41-11-265

Johnstown**Conemaugh Valley Memorial Hospital Program**

Sponsor: Conemaugh Valley Memorial Hospital
Prgm Director: Jeanne P Spencer, MD
 1086 Franklin Street
 Johnstown, PA 15905
Tel: 814 534-9364 *Fax:* 814 534-5599
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-41-11-269

Lancaster**Lancaster General Hospital Program**

Sponsor: Lancaster General Hospital
Prgm Director: Stephen D Ratcliffe, MD
 555 N Duke Street
 PO Box 3555
 Lancaster, PA 17604
Tel: 717 544-4940 *Fax:* 717 544-4149
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Subspecialties: FPG
Program ID: 120-41-12-270

Latrobe**Latrobe Area Hospital Program**

Sponsor: Latrobe Area Hospital
Prgm Director: Carol J Fox, MD
 121 W 2nd Avenue
 Latrobe, PA 15660
Tel: 724 537-1485 *Fax:* 724 537-1635
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-41-11-277

Lebanon**Penn State University/Good Samaritan Hospital Program**

Sponsor: Milton S Hershey Medical Center
 Good Samaritan Hospital
Prgm Director: David C Holub, MD*
 PO Box 1520
 Lebanon, PA 17042
Tel: 717 270-1949 *Fax:* 717 270-1958
E-mail: fpr@gshleb.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-41-21-504

McKeesport**University of Pittsburgh Medical Center Medical Education (McKeesport Hospital) Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 McKeesport Hospital/UPMC
Prgm Director: William H Markle, MD
 Latterman Family Health Center
 2347 Fifth Avenue
 McKeesport, PA 15132
Tel: 412 673-5009 *Fax:* 412 673-1021
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-41-12-271

Monroeville**Forbes Regional Program**

Sponsor: Forbes Regional Hospital
Prgm Director: Martin I Seltman, MD
 Physicians Office Building, 216
 2566 Haymaker Road
 Monroeville, PA 15146
Tel: 412 858-2768 *Fax:* 412 858-4442
E-mail: mjseltman@aol.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-41-22-278

Norristown**Montgomery Hospital Program**

Sponsor: Montgomery Hospital
Prgm Director: Hazel M Bluestein, MD
 1301 Powell Street
 Norristown, PA 19401
Tel: 610 277-0964 *Fax:* 610 277-7065
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-41-11-272

Philadelphia**Chestnut Hill Hospital Program**

Sponsor: Chestnut Hill Hospital
Prgm Director: Marc W McKenna, MD
 8815 Germantown Avenue, 5th Floor
 Philadelphia, PA 19118
Tel: 215 248-8145 *Fax:* 215 248-8852
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-41-31-275

Accredited Programs in Family Medicine

Drexel University College of Medicine/ Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Warminster Hospital (Tenet Health System)
Prgm Director: Eugene S Hong, MD
225 Newtown Road
Warminster, PA 18974
Tel: 215 441-7580 *Fax:* 215 441-3702
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-41-31-576

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Patrick McManus, MD
1015 Walnut Street, Room 401
Philadelphia, PA 19107
Tel: 215 955-2363 *Fax:* 215 955-0640
E-mail: patrick.mcmanus@jefferson.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Subspecialties: FPG, FSM
Program ID: 120-41-21-276

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Presbyterian Medical Center (UPHS)
Prgm Director: Richard A Neill, MD
Department of Family Medicine & Community Medicine
51 N 39th Street, 6th Floor Mutch Building
Philadelphia, PA 19104
Tel: 215 662-8949 *Fax:* 215 243-3290
E-mail: fampract@mail.med.upenn.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-41-21-633

Pittsburgh

Mercy Hospital of Pittsburgh Program

Sponsor: Mercy Hospital of Pittsburgh
Prgm Director: William K Johrjullo, MD
Family Medicine Residency Program
1400 Locust Street
Pittsburgh, PA 15219
Tel: 412 232-5955 *Fax:* 412 232-7827
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-41-11-578

University of Pittsburgh Medical Center Medical Education (St Margaret) Program

Sponsor: Univ of Pittsburgh Medical Center Medical
Education Program
UPMC St Margaret
Prgm Director: Ted C Schaffer, MD
815 Freeport Road
Pittsburgh, PA 15215
Tel: 412 784-4232 *Fax:* 412 784-5274
E-mail: floatkm@upmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: FPG, FSM
Program ID: 120-41-12-279

University of Pittsburgh Medical Center Medical Education/Presbyterian Shadyside Hospital Program

Sponsor: Univ of Pittsburgh Medical Center Medical
Education Program
UPMC Presbyterian/Shadyside
Prgm Director: Mark A Knox, MD*
UPMC Shadyside Family Practice Residency
5230 Centre Avenue
Pittsburgh, PA 15232
Tel: 412 623-1254 *Fax:* 412 623-3012
E-mail: herbstewl@upmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Subspecialties: FSM
Program ID: 120-41-12-280

Western Pennsylvania Hospital/Temple University Program

Sponsor: The Western Pennsylvania Hospital
Prgm Director: Nancy Levine, MD
4800 Friendship Ave, Suite N221
Pittsburgh, PA 15224
Tel: 412 578-1649 *Fax:* 412 688-7711
E-mail: famprac@wpahs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-41-12-579

Sayre

Guthrie/Robert Packer Hospital Program

Sponsor: Robert Packer Hospital
Prgm Director: Francis G Belardi, MD
One Guthrie Square
Sayre, PA 18840
Tel: 570 882-3292 *Fax:* 570 882-2807
E-mail: fampract@ghs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-41-21-518

Upland

Crozer-Chester Medical Center Program

Sponsor: Crozer-Chester Medical Center
Crozer Keystone Health System-Delaware County Mem
Hosp
Prgm Director: William J Warning, MD
1260 E Woodland Avenue, Suite 200
Springfield, PA 19064
Tel: 610 690-4480 *Fax:* 610 690-4474
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Subspecialties: PSM
Program ID: 120-41-21-477

Washington

Washington Hospital Program

Sponsor: Washington Hospital
Prgm Director: Paul T Cullen, MD
95 Leonard Avenue
Bldg # 2, Third Floor
Washington, PA 15301
Tel: 724 223-3548 *Fax:* 724 229-2178
E-mail: cgifford@washingtonhospital.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-41-12-288

West Reading

Reading Hospital and Medical Center Program

Sponsor: Reading Hospital and Medical Center
Prgm Director: D Michael Baxter, MD
Family Medicine Residency Program
301 South Seventh Avenue
West Reading, PA 19611
Tel: 610 988-8855 *Fax:* 610 988-8390
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-41-12-281

Wilkes-Barre

United Health and Hospital Services Program

Sponsor: Wyoming Valley Health Care System
Prgm Director: Richard B English, MD, MHA
2 Sharpe Street
Caller #3500
Kingston, PA 18704
Tel: 570 552-8900 *Fax:* 570 552-8958
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-41-21-284

Williamsport

Williamsport Hospital and Medical Center Program

Sponsor: Susquehanna Health System
Prgm Director: David N Ambrose, MD
Family Medicine Residency Program
689 Rural Avenue
Williamsport, PA 17701
Tel: 570 321-2340 *Fax:* 570 321-2359
E-mail: WMSPTFFP@shscare.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-41-31-285

York

York Hospital Program

Sponsor: York Hospital
Prgm Director: Bruce M Bushwick, MD
1001 South George Street
York, PA 17405
Tel: 717 851-3038 *Fax:* 717 851-5852
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-41-11-286

Puerto Rico

Bayamon

Hospital San Pablo Program

Sponsor: Hospital San Pablo
Prgm Director: Felix Betancourt-Bojos, MD
c/o Family Practice Residency Program
PO Box 236
Bayamon, PR 00960
Tel: 787 740-4747 *Fax:* 787 740-4747
E-mail: armanpr@yahoo.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-42-21-448

Universidad Central del Caribe Program

Sponsor: Universidad Central del Caribe School of
Medicine
Hospital Universitario Dr Ramon Ruiz Arnau
Prgm Director: Harry Mercado, MD
Family Medicine Department
Call Box 60-327
Bayamon, PR 00960
Tel: 787 740-4343 *Fax:* 787 740-4343
E-mail: harrymercado@yahoo.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-42-21-510

Manati

Dr Alejandro Otero Lopez Hospital Program

Sponsor: Hospital Dr Alejandro Otero Lopez
Prgm Director: Luis R Rosa Toledo, MD
PO Box 1142
Manati, PR 00674
Tel: 787 621-3700 *Fax:* 787 621-3713
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-42-21-501

Mayaguez

Bella Vista Hospital Program

Sponsor: Bella Vista Hospital
Prgm Director: Elias Munoz, MD
PO Box 1750
Mayaguez, PR 00681
Tel: 787 834-2350 *Fax:* 787 652-6032
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-42-21-620

Ponce**Dr Pila Hospital/Ponce School of Medicine Program**

Sponsor: Dr Pila Hospital
Prgm Director: Malynie Blanco, MD*
 Family Medicine Program
 PO Box 331910
 Ponce, PR 00733
Tel: 787 844-6400 *Fax:* 787 844-6400
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-42-21-466

San Juan**University of Puerto Rico Program**

Sponsor: University of Puerto Rico School of Medicine
 University Hospital
 University of Puerto Rico Hospital at Carolina
Prgm Director: Paquita L Moya-Huff, MD
 PO Box 509
 Loiza, PR 00772
Tel: 787 876-7415 *Fax:* 787 876-7416
E-mail: facmedfam@prtc.net
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: FPG
Program ID: 120-42-21-287

Rhode Island**Pawtucket****Memorial Hospital of Rhode Island/Brown University Program**

Sponsor: Memorial Hospital of Rhode Island
Prgm Director: Rabin Chandran, MD*
 Department of Family Medicine
 111 Brewster Street
 Pawtucket, RI 02860
Tel: 401 729-2236 *Fax:* 401 729-2923
E-mail: Rabin_Chandran@mhri.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Program ID: 120-43-21-288

South Carolina**Anderson****AnMed Health (Anderson) Program**

Sponsor: AnMed Health
Prgm Director: Stony A Abercrombie, MD
 James G Halford, Jr, MD Building
 600 North Fant Street
 Anderson, SC 29621
Tel: 864 224-8100 *Fax:* 864 260-3702
E-mail: dnorton@anmed.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 120-45-11-289

Charleston**Trident Medical Center/Medical University of South Carolina Program**

Sponsor: Trident Medical Center
 MUSC Medical Center
Prgm Director: Peter J Carek, MD, MS
 9298 Medical Plaza Drive
 Charleston, SC 29406
Tel: 843 824-9574 *Fax:* 843 818-2990
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 120-45-21-290

Columbia**Palmetto Health/University of South Carolina School of Medicine Program**

Sponsor: Palmetto Health
 Palmetto Health Richland
Prgm Director: James H Lucas, MD
 Family Practice Center
 3209 Colonial Drive
 Columbia, SC 29203
Tel: 803 434-6116 *Fax:* 803 434-7529
Length: 3 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: FSM
Program ID: 120-46-11-291

Florence**McLeod Regional Medical Center Program**

Sponsor: McLeod Regional Medical Center
Prgm Director: William H Hester, MD
 555 East Cheves Street
 Florence, SC 29506
Tel: 843 777-2812 *Fax:* 843 777-2810
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-45-21-375

Greenville**Greenville Hospital System Program**

Sponsor: Greenville Hospital System
Prgm Director: Robert B Hanlin, MD
 877 W Paris Rd
 Greenville, SC 29605
Tel: 864 455-7831 *Fax:* 864 455-3988
E-mail: cfm@ghs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-45-11-292

Greenwood**Self Regional Healthcare/Greenwood Family Practice Program**

Sponsor: Self Regional Healthcare
Prgm Director: Gary Goforth, MD
 155 Academy Avenue
 Greenwood, SC 29646
Tel: 864 227-4684 *Fax:* 864 227-4883
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 120-45-21-376

Seneca**AnMed Health (Anderson) Rural Program**

Sponsor: AnMed Health
 Oconee Memorial Hospital
 Greenville Hospital System
Prgm Director: Ed Evans, MD
 Seneca Medical Associates
 11082 N Radio Station Rd
 Seneca, SC 29678
Tel: 864 482-0027 *Fax:* 864 482-0028
E-mail: teevans@senecamed.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 120-45-21-668

Spartanburg**Spartanburg Regional Healthcare System Program**

Sponsor: Spartanburg Regional Healthcare System
Prgm Director: Otis L Baughman, MD
 Family Medicine Center
 853 North Church Street, Suite #510
 Spartanburg, SC 29303
Tel: 864 560-1558 *Fax:* 864 560-1510
E-mail: jhcannon@srhs.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 120-45-11-293

South Dakota**Rapid City****Rapid City Regional Hospital Program**

Sponsor: Rapid City Regional Hospital
Prgm Director: Douglas A Bright, MD
 502 E Monroe
 Rapid City, SD 57701
Tel: 605 719-4028 *Fax:* 605 719-4044
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-46-21-547

Sioux Falls**Sioux Falls Family Practice Program**

Sponsor: Center for Family Medicine
 Avera McKennan Hospital and University Health Center
 Sioux Valley Hospital and University of SD Medical Center
Prgm Director: Earl D Kemp, MD
 1115 E 20th Street
 Sioux Falls, SD 57105
Tel: 605 575-1642 *Fax:* 605 335-1006
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-46-11-294

Tennessee**Bristol****East Tennessee State University (Bristol) Program**

Sponsor: James H Quillen College of Medicine
 Wellmont Health System - Bristol Regional Medical Center
Prgm Director: Raymond H Feierabend, MD
 208 Medical Park Blvd
 Bristol, TN 37620
Tel: 423 990-3012 *Fax:* 423 990-3045
E-mail: bfpc@etsu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-47-31-296

Chattanooga**University of Tennessee College of Medicine at Chattanooga Program**

Sponsor: University of Tennessee College of Medicine-Chatanooga
 Erlanger Medical Center
Prgm Director: J Mack Worthington, MD
 Department of Family Medicine
 1100 East Third Street
 Chattanooga, TN 37403
Tel: 423 778-2957 *Fax:* 423 778-2959
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-47-31-584

Jackson**University of Tennessee (Jackson) Program**

Sponsor: University of Tennessee College of Medicine
 Jackson-Madison County General Hospital
Prgm Director: Gregg E Mitchell, MD*
 294 Summar Drive
 Jackson, TN 38301
Tel: 731 927-8443 *Fax:* 731 423-4919
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-47-21-299

Johnson City

East Tennessee State University (Johnson City) Program

Sponsor: James H Quillen College of Medicine
Johnson City Medical Center Hospital
Veterans Affairs Medical Center (Mountain Home)
Prgm Director: Max M Bayard, MD
917 W Walnut Street
Johnson City, TN 37604
Tel: 423 439-6471 *Fax:* 423 439-4320
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-47-21-410

Kingsport

East Tennessee State University (Kingsport) Program

Sponsor: James H Quillen College of Medicine
Wellmont Health System-Holston Valley
Prgm Director: Reid Blackwelder, MD
201 Cassel Drive
Kingsport, TN 37660
Tel: 423 245-9635 *Fax:* 423 245-9634
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-47-31-297

Knoxville

University of Tennessee Medical Center at Knoxville Program

Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee Memorial Hospital
Prgm Director: Ruth E Baldrige, MD, MPH*
1924 Alcoa Highway, Box U-67
Knoxville, TN 37920
Tel: 865 544-9352 *Fax:* 865 544-9314
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: FPG, FSM
Program ID: 120-47-11-298

Memphis

University of Tennessee (Tipton) Program

Sponsor: University of Tennessee College of Medicine
Baptist Memorial Hospital
Prgm Director: Nancy M Rockstroh, MD*
1999 Highway 51 South
Covington, TN 38019
Tel: 901 476-4457 *Fax:* 901 475-0547
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-47-12-671

University of Tennessee/Saint Francis Program

Sponsor: University of Tennessee College of Medicine
St Francis Hospital
Prgm Director: John E Delzell, MD, MSPH
1301 Primacy Parkway
Memphis, TN 38119
Tel: 901 448-0276 *Fax:* 901 448-0404
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-47-21-453

Nashville

Meharry Medical College Program

Sponsor: Meharry Medical College School of Medicine
Metropolitan Nashville General Hospital
Prgm Director: Roger J Zoorob, MD, MPH*
Department of Family Medicine
1005 Dr D B Todd, Jr, Blvd
Nashville, TN 37208
Tel: 615 327-6572 *Fax:* 615 327-5634
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-47-21-463

Texas

Abilene

Texas Tech University (Lubbock) Rural Program at Abilene

Sponsor: Texas Tech University Health Sciences Center at Lubbock
Hendrick Medical Center/Health System
University Medical Center
Prgm Director: Ronald L Cook, DO
3601 4th Street
Lubbock, TX 79430
Tel: 806 743-2770 *Fax:* 806 743-3955
E-mail: dwalker@hendrickhealth.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 120-48-11-660

Amarillo

Texas Tech University (Amarillo) Program

Sponsor: Texas Tech University Health Sciences Center at Amarillo
Baptist-St Anthony's Health System
Northwest Texas Health Care System
Prgm Director: Beverly D Nixon-Lewis, DO
Department of Family Medicine
1400 Wallace Blvd
Amarillo, TX 79106
Tel: 806 212-3587 *Fax:* 806 212-3559
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FPG
Program ID: 120-48-21-511

Austin

Austin Medical Education Programs of Seton Healthcare Network Program

Sponsor: Austin Medical Education Program of Seton Healthcare Network
Brackenridge Hospital
St. David's Hospital
Prgm Director: Samuel B Adkins, MD
1313 Red River
Suite 100
Austin, TX 78701
Tel: 512 324-7318 *Fax:* 512 324-8018
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-48-11-302

Baytown

San Jacinto Methodist Hospital Program

Sponsor: San Jacinto Methodist Hospital
Prgm Director: Clare Hawkins, MD
Family Medicine Residency Program
4301 Garth Road, Suite 400
Baytown, TX 77521
Tel: 281 420-8841 *Fax:* 281 420-8480
E-mail: CHawkins@tmh.tmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-48-21-432

Bryan

Family Practice Foundation of Brazos Valley Program

Sponsor: Family Practice Foundation of the Brazos Valley
St Joseph Regional Health Center
Prgm Director: David A McClellan, MD*
1301 Memorial Drive, Suite 200
Bryan, TX 77802
Tel: 979 862-4465 *Fax:* 979 776-9097
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-48-31-605

Conroe

Conroe Medical Education Foundation Program

Sponsor: Conroe Medical Education Foundation
Conroe Regional Medical Center
Prgm Director: Charles A Jones, MD
704 Old Montgomery Road
Conroe, TX 77301
Tel: 936 523-5242 *Fax:* 936 539-3635
E-mail: jennie.faulkner@lonestartfamily.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-48-21-454

Corpus Christi

Spohn Memorial Hospital Program

Sponsor: Christus Spohn Memorial Hospital
Prgm Director: John A Whittham, DO*
Corpus Christi Family Practice Residency Program
2606 Hospital Boulevard
Corpus Christi, TX 78405
Tel: 361 902-4473 *Fax:* 361 881-1467
E-mail: residency@ccfprp.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 120-48-22-303

Dallas

Methodist Hospitals of Dallas/University of Texas Southwestern Medical School Program

Sponsor: Methodist Hospitals of Dallas
Charlton Methodist Hospital
Prgm Director: Brett A Johnson, MD
Charlton Methodist Hospital
3500 West Wheatland Road
Dallas, TX 75237
Tel: 214 947-5420 *Fax:* 214 947-5425
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FSM
Program ID: 120-48-21-433

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
St Paul University Hospital
Prgm Director: John Richmond, MD*
5550 Harvest Hill #100
Dallas, TX 75230
Tel: 972 648-1079 *Fax:* 972 960-8299
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-48-21-361

El Paso

Texas Tech University (El Paso) Program

Sponsor: Texas Tech University Health Sciences Center at El Paso
R E Thomason General Hospital
Prgm Director: Ricardo C Perez, MD
9849 Kenworthy Street
El Paso, TX 79924
Tel: 915 757-3178 *Fax:* 915 751-4378
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-48-11-309

Fort Hood

Darnall Army Community Hospital Program

Sponsor: Darnall Army Community Hospital
Prgm Director: David M Wallace, MD, MPH
36000 Darnall Loop (Box 12)
Fort Hood, TX 76544
Tel: 254 288-8234 *Fax:* 254 286-7196
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-48-21-657
US Armed Services Program

Fort Worth**John Peter Smith Hospital (Tarrant County Hospital District) Program**

Sponsor: John Peter Smith Hospital (Tarrant County Hospital District)
Prgm Director: Joane Baumer, MD
 1500 South Main Street
 Fort Worth, TX 76104
Tel: 817 927-1200 *Fax:* 817 927-1691
Length: 3 Yrs *ACGME Approved/Offered Positions:* 72
Subspecialties: FPG, FSM
Program ID: 120-48-31-304

Galveston**University of Texas Medical Branch Hospitals Program**

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Lisa R Nash, DO
 301 University Boulevard
 Route 1123
 Galveston, TX 77555
Tel: 409 772-1244 *Fax:* 409 747-8582
E-mail: lrnash@utmb.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 34
Program ID: 120-48-21-305

Garland**Baylor Medical Center at Garland Program**

Sponsor: Baylor Medical Center at Garland
Prgm Director: Leslie E Tingle, MD
 601 Clara Barton Blvd, Ste 340
 Garland, TX 75042
Tel: 972 272-5935 *Fax:* 972 272-9137
E-mail: lest@baylorhealth.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-48-21-574

Harlingen**Valley Baptist Medical Center Program**

Sponsor: Valley Baptist Medical Center
Prgm Director: Bruce A Leibert, MD
 2222 Benwood Street
 Harlingen, TX 78550
Tel: 956 389-2448 *Fax:* 956 388-2498
E-mail: familypractice@valleybaptist.net
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-48-21-593

Houston**Baylor College of Medicine (Kelsey-Seybold) Program**

Sponsor: Baylor College of Medicine
 St Luke's Episcopal Hospital
Prgm Director: Nicholas J Solomos, MD
 2727 W Holcombe
 Houston, TX 77025
Tel: 713 798-4951
Length: 3 Yrs
Program ID: 120-48-12-682

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
 Harris County Hospital District-Ben Taub General Hospital
 St Luke's Episcopal Hospital
Prgm Director: Jane E Corbooy, MD
 Dept of Family & Community Med
 3701 Kirby Drive, Suite 600
 Houston, TX 77098
Tel: 713 798-7674 *Fax:* 713 798-7789
E-mail: fcmresidency@storge.fm.bcm.tmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 120-48-11-306

Christus St Joseph Hospital Program

Sponsor: Christus St Joseph Hospital
Prgm Director: Daniel B Kalb, MD, MPH
 1315 St Joseph Parkway, Suite 1400
 Houston, TX 77002
Tel: 713 756-4129 *Fax:* 713 756-8215
E-mail: daniel.kalb@christushealth.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-48-21-565

Memorial Hermann Hospital System Program

Sponsor: Memorial Hermann Hospital System
 Memorial Hermann Southwest Hospital
Prgm Director: David W Bauer, MD, PhD
 7737 Southwest Freeway, Suite 420
 Houston, TX 77074
Tel: 713 456-5680 *Fax:* 713 456-5935
E-mail: memtpadmit@mhhs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Program ID: 120-48-21-307

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
 Lyndon B Johnson General Hospital
 Memorial Hermann Hospital System
Prgm Director: Carlos A Dumas, MD
 6431 Fannin
 Ste J1L 308
 Houston, TX 77030
Tel: 713 500-7610 *Fax:* 713 500-7619
E-mail: Glenda.Thurman@uth.tmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: FPG
Program ID: 120-48-21-490

Lubbock**Texas Tech University (Lubbock) Program**

Sponsor: Texas Tech University Health Sciences Center at Lubbock
 Covenant Health System
 University Medical Center
Prgm Director: Ronald L Cook, DO, MS
 Department of Family & Community Medicine
 3601 4th Street
 Lubbock, TX 79430
Tel: 806 743-2770 *Fax:* 806 743-3955
E-mail: family.practice@ttuhsc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Subspecialties: FSM
Program ID: 120-48-21-310

McAllen**University of Texas Health Science Center at San Antonio (McAllen) Program**

Sponsor: University of Texas Medical School at San Antonio
 McAllen Medical Center
Prgm Director: Juan J Trevino, MD
 205 E Toronto Avenue
 McAllen, TX 78503
Tel: 956 687-6155 *Fax:* 956 618-0451
E-mail: bakers@mfprp.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-48-11-311

Odessa**Texas Tech University (Odessa) Program**

Sponsor: Texas Tech University Health Sciences Center at Odessa
 Medical Center Hospital
Prgm Director: John T Garcia, MD
 Department of Family & Community Medicine
 701 W 5th Street
 Odessa, TX 79763
Tel: 915 335-5311 *Fax:* 915 335-2495
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-48-21-457

San Antonio**Christus Santa Rosa Health Care Program**

Sponsor: Christus Santa Rosa Health Care Corporation
Prgm Director: James C Martin, MD
 Center for Children & Families, Ste 4703
 333 N Santa Rosa Blvd
 San Antonio, TX 78207
Tel: 210 704-2535 *Fax:* 210 704-2545
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-48-21-616

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
 University Health System
Prgm Director: Miguel A Ramirez-Colon, MD, MPH
 Department of Family Medicine
 7703 Floyd Curl Drive - Mailstop 7795
 San Antonio, TX 78229
Tel: 210 358-3931 *Fax:* 210 220-3763
E-mail: sananfprp@uthscsa.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: FSM
Program ID: 120-48-21-312

Temple**Texas A&M College of Medicine-Scott and White Program**

Sponsor: Scott and White Memorial Hospital
 Darnall Army Community Hospital
Prgm Director: John L Manning, MD
 1402 West Avenue H
 Temple, TX 76504
Tel: 254 771-8401 *Fax:* 254 771-8493
E-mail: jmanning@swmail.sw.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 22
Program ID: 120-48-21-469

Tyler**University of Texas Health Center at Tyler Program**

Sponsor: University of Texas Health Center at Tyler
 Mother Frances Hospital Regional Health Care Center
Prgm Director: Jonathan E MacClements, MD
 11937 US Highway 271
 Tyler, TX 75708
Tel: 903 877-7204 *Fax:* 903 877-7778
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-48-21-464

Waco**McLennan County Medical Education and Research Foundation Program**

Sponsor: McLennan County Medical Education and Research Foundation
 Hillcrest Baptist Medical Center
 Providence Health Center
Prgm Director: Lynda B DeArmond, MD*
 1600 Providence Drive
 PO Box 3276
 Waco, TX 76707
Tel: 254 750-8240 *Fax:* 254 759-3549
E-mail: ldearmond@wacofpc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 120-48-11-313

Wichita Falls

North Central Texas Medical Foundation Program

Sponsor: North Central Texas Medical Foundation
United Regional Health Care Systems
Prgm Director: Roy L Carr, MD*
1301 Third Street, Suite 200
Wichita Falls, TX 76301
Tel: 940 767-5145 *Fax:* 940 767-3027
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-48-21-435

Utah

Midvale

St Mark's Health Care Foundation Program

Sponsor: St Mark's Health Care Foundation
St Mark's Hospital
Prgm Director: John Berneike, MD*
1250 E 3900 S, Suite 260
Salt Lake City, UT 84124
Tel: 801 265-2000 *Fax:* 801 265-2008
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-49-21-529

Ogden

McKay-Dee Hospital Center Program

Sponsor: McKay-Dee Hospital Center
Prgm Director: Gregory L Gochnour, MD
4403 Harrison Boulevard, Suite A-700
Ogden, UT 84403
Tel: 801 387-5322 *Fax:* 801 387-5335
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-49-21-495

Provo

Utah Valley Regional Medical Center Program

Sponsor: Utah Valley Regional Medical Center
Prgm Director: Michael L Rhodes, MD
1134 North 500 West
Suite 102
Provo, UT 84604
Tel: 801 357-7926 *Fax:* 801 357-7927
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FSM
Program ID: 120-49-21-583

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
Salt Lake Regional Medical Center
Prgm Director: Osman N Sanyer, MD
Family & Preventive Medicine
875 Chipeta Way
Salt Lake City, UT 84108
Tel: 801 587-3411 *Fax:* 801 581-2771
E-mail: ip.residency@hsc.utah.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: FSM
Program ID: 120-49-21-315

Vermont

Burlington

University of Vermont Program

Sponsor: Fletcher Allen Health Care
Prgm Director: John G King, MD, MPH*
Milton Family Practice Center
28 Centre Drive
Milton, VT 05468
Tel: 802 847-8573 *Fax:* 802 847-1570
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-50-21-316

Virginia

Blackstone

Bon Secours Richmond Health System (Blackstone) Program

Sponsor: Bon Secours Richmond Health System
Blackstone Family Practice Center
Bon Secours St Mary's Hospital
Medical College of Virginia Hospitals
Southside Community Hospital
Prgm Director: Steven N Spence, MD
920 South Main Street
Blackstone, VA 23824
Tel: 434 292-7261 *Fax:* 434 298-0908
E-mail: Steven_Spence@bshsi.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-51-11-321

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Prgm Director: John P Franko, MD
Department of Family Medicine
PO Box 800729
Charlottesville, VA 22908
Tel: 434 243-6638 *Fax:* 434 243-2916
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-51-11-317

Falls Church

Virginia Commonwealth University Health System (Falls Church) Program

Sponsor: Virginia Commonwealth University Health System
Inova Fairfax Hospital
Inova Fair Oaks Hospital
Prgm Director: Samuel M Jones, MD
3650 Joseph Siewick Drive
4th Floor
Fairfax, VA 22033
Tel: 703 391-2020 *Fax:* 703 391-1211
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-51-11-322

Fort Belvoir

National Capital Consortium (DeWitt Army Community Hospital) Program

Sponsor: National Capital Consortium
DeWitt Army Community Hospital
Prgm Director: Kevin E Moore, MD*
DeWitt Primary Care Group
9501 Farrell Road - Suite GC11
Fort Belvoir, VA 22060
Tel: 703 805-0045 *Fax:* 703 805-0284
E-mail: kevin.moore@na.amedd.army.mil
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FSM
Program ID: 120-51-12-012
US Armed Services Program

Front Royal

Medical College of Virginia/Virginia Commonwealth University-Valley Health System Program

Sponsor: Valley Health System
Warren Memorial Hospital
Winchester Medical Center
Prgm Director: Francis X Dennehy, MD*
140 West Eleventh Street
Front Royal, VA 22630
Tel: 540 636-2028 *Fax:* 540 636-2062
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-51-21-627

Lynchburg

Centra Health Program

Sponsor: Centra Health Inc
Prgm Director: Charles E Driscoll, MD, MEd
2087 Langhorne Road
Lynchburg, VA 24501
Tel: 434 947-5210 *Fax:* 434 947-5213
E-mail: cdriisc@msn.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-51-21-318

Newport News

VCU/Riverside Regional Medical Center Program

Sponsor: Riverside Regional Medical Center
Prgm Director: Steven S Leblang, MD
316 Main Street, 3rd Floor
Newport News, VA 23601
Tel: 757 594-3878 *Fax:* 757 591-9021
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 120-51-31-323

Norfolk

Eastern Virginia Medical School Program

Sponsor: Eastern Virginia Medical School
Sentara Norfolk General Hospital
Prgm Director: Benjamin P Eng, MD*
721 Fairfax Avenue
Norfolk, VA 23507
Tel: 757 446-5738 *Fax:* 757 446-5196
E-mail: EngBP@evms.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-51-21-319

Portsmouth

Eastern Virginia Medical School (Portsmouth) Program

Sponsor: Eastern Virginia Medical School
Maryview Hospital
Prgm Director: Richard M Bikowski, MD
2700 London Boulevard
Portsmouth, VA 23707
Tel: 757 446-7400 *Fax:* 757 399-1870
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-51-21-442

Richmond

VCU-Bon Secours St Francis Program

Sponsor: Bon Secours Richmond Health System
Bon Secours Richmond Community Hospital
Bon Secours St Mary's Hospital
Prgm Director: Steven N Spence, MD
920 South Main Street
Blackstone, VA 23824
Tel: 434 292-7261 *Fax:* 434 298-0908
Length: 3 Yrs
Program ID: 120-51-31-683

Virginia Commonwealth University Health System (Chesterfield) Program

Sponsor: Virginia Commonwealth University Health System
Columbia/HCA Chippenham Medical Center
Prgm Director: W Jefferson McCarter, MD
2500 Pocoshock Place
Richmond, VA 23235
Tel: 804 276-2150 *Fax:* 804 674-4145
E-mail: gliewellyn@chesterfieldfamilypractice.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-51-11-320

Virginia Commonwealth University-Bon Secours Richmond Program

Sponsor: Bon Secours Richmond Health System
Bon Secours Memorial Regional Medical Center
Bon Secours Richmond Community Hospital
Bon Secours St Mary's Hospital
Prgm Director: Gina G Davis, MD
9376 Atlee Station Road
Mechanicsville, VA 23116
Tel: 804 730-4810 *Fax:* 804 730-3375
Length: 3 Yrs
Program ID: 120-51-31-676

Roanoke**Carilion Health System Program**

Sponsor: Carilion Health System
Carilion Medical Center-Roanoke Community Hospital
Carilion Medical Center-Roanoke Memorial Hospital
Prgm Director: Roger A Hofford, MD
1314 Peters Creek Road, NW
Roanoke, VA 24017
Tel: 540 562-5702 *Fax:* 540 562-4258
Length: 3 Yrs *ACGME Approved/Offered Positions:* 33
Subspecialties: FPG
Program ID: 120-51-11-325

Washington**Bremerton****Naval Hospital (Bremerton) Program**

Sponsor: Naval Hospital (Bremerton)
Prgm Director: Ronald F Dommermuth, MD*
Puget Sound Family Medicine Program
One Boone Road, Code 035
Bremerton, WA 98312
Tel: 360 475-4339 *Fax:* 360 475-4512
E-mail: rdommermuth@pnw.med.navy.mil
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-54-21-494
US Armed Services Program

Olympia**St Peter Hospital Program**

Sponsor: St Peter Hospital
Prgm Director: Kevin Haughton, MD*
525 Lilly Road, NE
PBP09
Olympia, WA 98506
Tel: 360 493-7525 *Fax:* 360 493-5524
E-mail: fawn.ross@providence.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-54-21-497

Renton**Valley Medical Center Program**

Sponsor: Valley Medical Center
Prgm Director: Andrew B Oliveira, MD, MHA
3915 Talbot Rd South, Suite 401
Renton, WA 98055
Tel: 425 656-4287 *Fax:* 425 656-5395
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-54-21-470

Seattle**Group Health Cooperative Program**

Sponsor: Group Health Cooperative
Virginia Mason Medical Center
Prgm Director: Fred E Heidrich, MD, MPH
Family Medicine Program
125 16th Avenue East, CSB160
Seattle, WA 98112
Tel: 206 326-3585 *Fax:* 206 326-3543
E-mail: heidrich.f@ghc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 120-54-21-327

Swedish Medical Center (First Hill) Program

Sponsor: Swedish Medical Center-Seattle
Prgm Director: Michael L Tuggy, MD
1401 Madison Street
Suite 100
Seattle, WA 98104
Tel: 206 386-6054 *Fax:* 206 386-6113
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: FPG
Program ID: 120-54-31-326

Swedish Medical Center (Providence Campus) Program

Sponsor: Swedish Medical Center-Seattle
Swedish Medical Center/Providence Campus
Prgm Director: Samuel W Cullison, MD
550 16th Avenue, Suite 100
Seattle, WA 98122
Tel: 206 320-2233 *Fax:* 206 320-8173
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-54-21-328

University of Washington Program

Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Prgm Director: Judith Pauwels, MD
4245 Roosevelt Way NE
Box 354775
Seattle, WA 98105
Tel: 206 598-2883 *Fax:* 206 598-5769
E-mail: residency@fammed.washington.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: FSM
Program ID: 120-54-31-329

Spokane**Spokane Medical Centers/University of Washington School of Medicine Program**

Sponsor: Inland Empire Hospital Services Association
Deaconess Medical Center
Sacred Heart Medical Center
Prgm Director: Gary R Newkirk, MD
104 West Fifth Avenue
Suite 200 W
Spokane, WA 99204
Tel: 509 624-2313 *Fax:* 509 459-0686
E-mail: info@fms.fammed.washington.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 22
Subspecialties: FP
Program ID: 120-54-21-330

Spokane Medical Centers/University of Washington School of Medicine Rural Program

Sponsor: Inland Empire Hospital Services Association
Klickitat Valley Hospital
Mount Carmel Hospital
Sacred Heart Medical Center
Prgm Director: Gary R Newkirk, MD
104 West Fifth Avenue
Suite 200 W
Spokane, WA 99204
Tel: 509 624-2313 *Fax:* 509 459-0686
E-mail: info@fms.fammed.washington.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 120-54-21-552

Tacoma**Madigan Army Medical Center Program**

Sponsor: Madigan Army Medical Center
Prgm Director: Gary W Clark, MD, MPH
Department of Family Medicine
MCHJ-FP
Tacoma, WA 98431
Tel: 253 968-1340 *Fax:* 253 968-2608
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-54-21-013
US Armed Services Program

Multicare Medical Center Program

Sponsor: MultiCare Medical Center
Tacoma General Hospital
Prgm Director: Kevin F Murray, MD
521 S Martin Luther King, Jr, Way
Tacoma, WA 98405
Tel: 253 403-2938 *Fax:* 253 403-2968
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-54-31-331

Vancouver**Southwest Washington Medical Center Program**

Sponsor: Southwest Washington Medical Center
Prgm Director: David R Ruiz, MD
PO Box 1600
8716 E Mill Plain Blvd
Vancouver, WA 98668
Tel: 360 514-7560 *Fax:* 360 514-7587
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 120-54-21-546

Yakima**Yakima Valley Memorial Hospital Program**

Sponsor: Yakima Valley Memorial Hospital
Yakima Regional Medical and Heart Center
Prgm Director: Vicki L Black, MD
1806 W Lincoln Ave
Yakima, WA 98902
Tel: 509 452-4946 *Fax:* 509 457-3989
E-mail: ayateshardy@cwfm.fammed.washington.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-54-21-522

West Virginia**Charleston****Charleston Area Medical Center/West Virginia University (Charleston Division) Program**

Sponsor: Charleston Area Medical Center/West Virginia University
Thomas Memorial Hospital
Prgm Director: Michael Johnson, MD
1201 Washington Street, East
Suite 108
Charleston, WV 25301
Tel: 304 347-4620 *Fax:* 304 347-4621
E-mail: familymed@camc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-55-11-337

Clarksburg**United Hospital Center Program**

Sponsor: United Hospital Center
Prgm Director: Eric Radcliffe, MD
One Hospital Plaza
PO Box 2308
Clarksburg, WV 26302
Tel: 304 624-2224 *Fax:* 304 624-2787
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 120-55-22-394

Huntington

Marshall University School of Medicine Program

Sponsor: Marshall University School of Medicine
Cabell Huntington Hospital
Prgm Director: Warren M Shaver, MD*
Dept of Family/Community Health
1600 Medical Center Dr, Suite 1500
Huntington, WV 25701
Tel: 304 691-1165 *Fax:* 304 691-1153
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: FSM
Program ID: 120-55-21-335

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: James G Arbogast, MD
Robert C Byrd Health Sciences Ctr
Box 9152
Morgantown, WV 26506
Tel: 304 598-6907 *Fax:* 304 598-6908
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-55-11-336

West Virginia University Rural Program

Sponsor: West Virginia University School of Medicine
City Hospital
Jefferson Memorial Hospital
Veterans Affairs Medical Center (Martinsburg)
West Virginia University Hospitals
Prgm Director: David A Baltierra, MD*
Harpers Ferry Family Medicine
31 Taylor Street
Harpers Ferry, WV 25425
Tel: 304 535-6343 *Fax:* 304 535-6618
E-mail: boycejo@rcbhsc.wvu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 120-55-21-569

Wheeling

Wheeling Hospital Program

Sponsor: Wheeling Hospital
Prgm Director: Terry L Elliott, MD
Family Health Center
40 Medical Park, Suite 406
Wheeling, WV 26003
Tel: 304 243-3330 *Fax:* 304 243-3891
E-mail: wheelingfpr@wheelinghospital.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-55-22-338

Wisconsin

Appleton

University of Wisconsin (Fox Valley) Program

Sponsor: University of Wisconsin Medical School
Appleton Medical Center
St Elizabeth Hospital
Prgm Director: Mark J Thompson, MD
229 S Morrison Street
Appleton, WI 54911
Tel: 920 832-2783 *Fax:* 920 832-2797
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-56-31-368

Baraboo

University of Wisconsin (Baraboo) Rural Program

Sponsor: University of Wisconsin Medical School
St Clare Hospital and Health Services
St Mary's Hospital Medical Center
Prgm Director: James R Damos, MD
1700 Tuttle Street
Baraboo, WI 53913
Tel: 608 355-3800 *Fax:* 608 355-7001
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 120-56-21-609

Eau Claire

University of Wisconsin (Eau Claire) Program

Sponsor: University of Wisconsin Medical School
Luther Hospital
Sacred Heart Hospital
Prgm Director: Richard R McClaffin, MD
807 S Farwell Street
Eau Claire, WI 54701
Tel: 715 839-5177 *Fax:* 715 838-4733
Length: 3 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 120-56-31-342

Janesville

Mercy Health System Program

Sponsor: Mercy Health System
Prgm Director: Glenn A Loomis, MD
849 Kellogg Avenue
Janesville, WI 53546
Tel: 608 755-7964 *Fax:* 608 758-7801
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-56-21-503

La Crosse

Franciscan Skemp Healthcare Program

Sponsor: Franciscan Skemp Healthcare-La Crosse
Campus
Prgm Director: Thomas J Grau, MD
700 West Avenue South
La Crosse, WI 54601
Tel: 608 791-9775 *Fax:* 608 791-4168
E-mail: grau.thomas@m Mayo.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-56-11-339

Franciscan Skemp Healthcare Rural Program

Sponsor: Franciscan Skemp Healthcare-La Crosse
Campus
Lutheran Hospital-La Crosse
Prairie du Chien Memorial Hospital
Prgm Director: Thomas J Grau, MD
700 West Avenue South
La Crosse, WI 54601
Tel: 608 785-0940 *Fax:* 608 791-4168
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 120-56-21-628

Madison

University of Wisconsin (Madison) Program

Sponsor: University of Wisconsin Medical School
St Mary's Hospital Medical Center
Prgm Director: William E Schwab, MD
Department of Family Medicine
777 South Mills Street
Madison, WI 53715
Tel: 608 263-4450 *Fax:* 608 263-5813
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Program ID: 120-56-11-343

Milwaukee

Aurora Health Care Program

Sponsor: Aurora Health Care
St Luke's Medical Center
Prgm Director: John R Brill, MD, MPH
Physician Office Building Ste 175
2801 W Kinnickinnic River Parkway
Milwaukee, WI 53215
Tel: 414 649-7909 *Fax:* 414 649-3361
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 120-56-21-348

Medical College of Wisconsin Affiliated Hospitals (Columbia-St Mary's) Program

Sponsor: Medical College of Wisconsin Affiliated
Hospitals Inc
St Mary's Hospital (Milwaukee)
Prgm Director: William J Geiger, MD
1121 East North Avenue
Milwaukee, WI 53212
Tel: 414 267-6502 *Fax:* 414 267-3892
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-56-21-670

Medical College of Wisconsin Affiliated Hospitals (St Michael) Program

Sponsor: Medical College of Wisconsin Affiliated
Hospitals Inc
St Michael Hospital
Prgm Director: James G Slawson, MD
2400 W Villard Avenue
Milwaukee, WI 53209
Tel: 414 527-8348 *Fax:* 414 527-8046
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: FSM
Program ID: 120-56-31-349

Racine

Medical College of Wisconsin Affiliated Hospitals (Racine) Program

Sponsor: Medical College of Wisconsin Affiliated
Hospitals Inc
All Saints Healthcare
Prgm Director: Maryellen Goodell, MD
1320 Wisconsin Avenue
Racine, WI 53403
Tel: 262 687-5656 *Fax:* 262 687-5657
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-56-21-438

Waukesha

Medical College of Wisconsin Affiliated Hospitals (Waukesha) Program

Sponsor: Medical College of Wisconsin Affiliated
Hospitals Inc
Waukesha Memorial Hospital
Prgm Director: Michael F Mazzone, MD
210 NW Barstow Ste #201
Waukesha, WI 53188
Tel: 262 548-6907 *Fax:* 262 928-4075
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-56-21-345

Wausau

University of Wisconsin (Wausau) Program

Sponsor: University of Wisconsin Medical School
Wausau Hospital
Prgm Director: Kevin J O'Connell, MD
995 Campus Drive
Wausau, WI 54401
Tel: 715 675-3391 *Fax:* 715 675-4253
E-mail: mary.zaglifa@fammed.wisc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 120-56-21-350

Wyoming**Casper****University of Wyoming (Casper) Program**

Sponsor: University of Wyoming College of Health Sciences

Wyoming Medical Center

Prgm Director: Karen M Wildman, MD

1522 East 'A' Street

Casper, WY 82601

Tel: 307 233-6000 *Fax:* 307 235-6202

Length: 3 Yrs *ACGME Approved/Offered Positions:* 24

Program ID: 120-57-12-351

Cheyenne**University of Wyoming (Cheyenne) Program**

Sponsor: University of Wyoming College of Health Sciences

United Medical Center

Veterans Affairs Center

Prgm Director: James F Broomfield, MD

821 East 18th Street

Cheyenne, WY 82001

Tel: 307 777-7911 *Fax:* 307 638-3616

Length: 3 Yrs *ACGME Approved/Offered Positions:* 18

Program ID: 120-57-12-369

**Foot and Ankle
Orthopaedics
(Orthopaedic
Surgery)****Alabama****Birmingham****American Sports Medicine Institute
Program**

Sponsor: American Sports Medicine Institute
HealthSouth Medical Center

Prgm Director: John S Gould, MD

1313 13th Street South

Birmingham, AL 35205

Tel: 205 918-0000 *Fax:* 205 918-0800

E-mail: lynne@asmi.org

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 262-01-21-004

Arkansas**Little Rock****University of Arkansas for Medical
Sciences Program**

Sponsor: University of Arkansas College of Medicine

Central Arkansas Veterans Health Center

University Hospital of Arkansas

Prgm Director: Ruth L Thomas, MD

4301 W Markham, Slot 531

Little Rock, AR 72205

Tel: 501 686-5251 *Fax:* 501 603-1549

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 262-04-31-003

Maryland**Baltimore****Mercy Medical Center (Baltimore)
Program**

Sponsor: Mercy Medical Center

Prgm Director: Mark S Myerson, MD

301 St Paul Place

Baltimore, MD 21202

Tel: 410 659-2800 *Fax:* 410 659-2999

E-mail: ttighe@mercymed.com

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 262-23-11-005

Union Memorial Hospital Program

Sponsor: Union Memorial Hospital

Prgm Director: Lew C Schon, MD

3333 North Calvert Street, Suite 400

Baltimore, MD 21218

Tel: 410 554-2891 *Fax:* 410 554-2030

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 262-23-21-007

North Carolina**Durham****Duke University Hospital Program**

Sponsor: Duke University Hospital

Prgm Director: James A Nunley, II, MD

Box 2923

Durham, NC 27710

Tel: 919 684-3170

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 262-36-13-008

Forensic Pathology (Pathology)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Jefferson County Coroner/Medical Examiner's Office
Prgm Director: Gregory G Davis, MD, MPH*
1515 Sixth Avenue South, Room 611
Birmingham, AL 35233
Tel: 205 930-3603 *Fax:* 205 930-3595
E-mail: gdavis@path.uab.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 310-01-21-049

California

Los Angeles

County of Los Angeles-Department of Coroner Program

Sponsor: County of Los Angeles-Department of Coroner
Prgm Director: Lakshmanan Sathyavagiswaran, MD
1104 North Mission Road
Los Angeles, CA 90033
Tel: 323 343-0522 *Fax:* 323 225-2235
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 310-05-12-002

San Diego

San Diego County Medical Examiner Program

Sponsor: San Diego County Medical Examiner
Prgm Director: Christina Stanley, MD
5555 Overland Avenue
Building 14
San Diego, CA 92123
Tel: 619 694-2899
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 310-05-21-059

District of Columbia

Washington

Armed Forces Institute of Pathology Program

Sponsor: Armed Forces Institute of Pathology
Office of the Chief Medical Examiner
Prgm Director: Craig T Mallak, JD, MD
1413 Research Boulevard
Building 102
Rockville, MD 20850
Tel: 301 319-0145 *Fax:* 301 319-3544
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 310-10-32-001
US Armed Services Program

Florida

Fort Lauderdale

Broward County Medical Examiner's Office Program

Sponsor: Broward County Medical Examiner's Office
Prgm Director: Michael D Bell, MD
5301 SW 31st Avenue
Fort Lauderdale, FL 33312
Tel: 954 327-6513 *Fax:* 954 327-6580
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 310-11-21-056

Miami

Dade County Medical Examiner's Office Program

Sponsor: Miami-Dade County Office of Medical Examiner
Prgm Director: Bruce A Hyma, MD
Number One on Bob Hope Road
Miami, FL 33136
Tel: 305 545-2425 *Fax:* 305 545-2412
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 310-11-21-055

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
Hillsborough County Medical Examiner Department
Prgm Director: Vernard I Adams, MD
401 South Morgan Street
Tampa, FL 33602
Tel: 813 272-5342
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 310-11-31-066

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Fulton County Medical Examiner's Office
Prgm Director: Randy L Hanzlick, MD
430 Pryor St, SW
Atlanta, GA 30312
Tel: 404 730-4400 *Fax:* 404 730-4405
E-mail: Randy.Hanzlick@mail.co.fulton.ga.us
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 310-12-21-052

Illinois

Chicago

Office of the Medical Examiner of Cook County Program

Sponsor: Office of the Medical Examiner of Cook County
Prgm Director: Edmund R Donoghue, MD
2121 West Harrison Street
Chicago, IL 60612
Tel: 312 997-4500 *Fax:* 312 997-4516
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 310-16-21-035

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Prgm Director: Stephen S Radentz, MD
635 Barnhill Drive, MS A128
Indianapolis, IN 46202
Tel: 317 327-5841 *Fax:* 317 327-5798
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 310-17-21-076

Kansas

Wichita

Sedgewick County Regional Forensic Science Center Program

Sponsor: Sedgewick County Regional Forensic Science Center
Prgm Director: Mary H Dudley, MD
1109 N Minneapolis
Wichita, KS 67214
Tel: 316 383-4500 *Fax:* 316 383-4535
E-mail: mdudley@sedgewick.gov
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 310-19-21-077

Kentucky

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
Office of Chief Medical Examiner
University of Louisville Hospital
Prgm Director: Tracey S Corey, MD
810 Barret Avenue
Louisville, KY 40204
Tel: 502 852-5587 *Fax:* 502 852-1767
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 310-20-21-048

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
Parish of Orleans Coroner's Office
Prgm Director: Gerald E Liuzza, MD
1901 Perdido Street
New Orleans, LA 70112
Tel: 504 568-6031 *Fax:* 504 568-6037
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 310-21-21-079

Maryland

Baltimore

Office of the Chief Medical Examiner/State of Maryland Program

Sponsor: Office of the Chief Medical Examiner
Prgm Director: David R Fowler, MD
111 Penn Street
Baltimore, MD 21201
Tel: 410 333-3225 *Fax:* 410 333-3063
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 310-23-11-012

Michigan**Detroit****Wayne County Medical Examiner's Office Program**

Sponsor: Wayne County Medical Examiner's Office
Prgm Director: Cheryl Loewe, MD
 1300 East Warren Avenue
 Detroit, MI 48207
Tel: 313 833-2543 *Fax:* 313 833-2534
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 310-25-11-013

Minnesota**Minneapolis****Hennepin County Medical Examiner Program**

Sponsor: Hennepin County Medical Examiner
Prgm Director: Garry F Peterson, MD, JD
 530 Chicago Avenue
 Minneapolis, MN 55415
Tel: 612 215-6300 *Fax:* 612 215-6330
E-mail: david.eggen@co.hennepin.mn.us
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 310-26-12-014

Missouri**Kansas City****Office of the Jackson County Medical Examiner Program**

Sponsor: Office of the Jackson County Medical Examiner
Prgm Director: Thomas W Young, MD
 660 E 24th Street
 Kansas City, MO 64108
Tel: 816 881-6600
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 310-28-11-086

St Louis**St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine
 St Louis County Medical Examiner's Office
Prgm Director: Michael Graham, MD
 3556 Caroline Street, Room C305
 St Louis, MO 63104
Tel: 314 977-7841
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 310-28-21-075

New Jersey**Newark****Newark Regional Medical Examiner Office Program**

Sponsor: Newark Regional Medical Examiner Office
Prgm Director: C Chase Blanchard, MD*
 325 Norfolk Street
 Newark, NJ 07103
Tel: 973 648-7258 *Fax:* 973 648-3692
E-mail: huaz@njdcj.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 310-33-31-088

New Mexico**Albuquerque****University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine
 Office of the Medical Investigator
Prgm Director: Jeffrey S Nine, MD*
 Office of the Medical Investigator - MSC11 6030
 1 University of New Mexico
 Albuquerque, NM 87131
Tel: 505 272-8011 *Fax:* 505 272-0727
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 310-34-21-015

New York**New York****Office of the Chief Medical Examiner-City of New York Program**

Sponsor: Office of Chief Medical Examiner-City of New York
Prgm Director: Charles S Hirsch, MD
 520 First Avenue
 New York, NY 10016
Tel: 212 447-2034
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 310-35-21-063

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
 Office of the Chief Medical Examiner
Prgm Director: John D Butts, MD
 CB #7850
 Chapel Hill, NC 27599
Tel: 919 966-2253
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 310-36-21-019

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Donald R Jason, MD, JD
 Department of Pathology
 Medical Center Boulevard
 Winston-Salem, NC 27157
Tel: 336 716-2634 *Fax:* 336 716-7595
E-mail: djason@wfubmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 310-36-12-085

Ohio**Cleveland****Cuyahoga County Coroner's Office Program**

Sponsor: Cuyahoga County Coroner's Office
Prgm Director: Elizabeth K Balraj, MD
 11001 Cedar Avenue
 Cleveland, OH 44106
Tel: 216 721-5610 *Fax:* 216 707-3186
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 310-38-11-021

Columbus**Franklin County Coroner's Office Program**

Sponsor: Franklin County Coroner's Office
Prgm Director: Patrick M Fardal, MD*
 520 King Avenue
 Columbus, OH 43201
Tel: 614 462-5290
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 310-38-21-090

Dayton**Office of the Montgomery County Coroner Program**

Sponsor: Office of the Montgomery County Coroner
Prgm Director: Lee Lehman, MD
 361 West Third Street
 Dayton, OH 45402
Tel: 937 225-4156 *Fax:* 937 496-7916
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 310-38-21-067

Pennsylvania**Philadelphia****Drexel University College of Medicine/Hahnemann University Hospital Program**

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
 Office of the Medical Examiner
Prgm Director: Hareesh G Mirchandani, MD
 321 University Avenue
 Philadelphia, PA 19104
Tel: 215 685-7481
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 310-41-12-023

Pittsburgh**Allegheny County Coroner's Office Program**

Sponsor: Allegheny County Coroner's Office
Prgm Director: Abdulrezak Shakir, MD
 542 Fourth Avenue
 Pittsburgh, PA 15219
Tel: 412 350-4800
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 310-41-21-024

Puerto Rico**San Juan****Institute of Forensic Sciences of Puerto Rico Program**

Sponsor: Institute of Forensic Sciences of Puerto Rico
Prgm Director: Francisco Cortés, MD*
 Call Box 11878
 Caparra Heights Station
 San Juan, PR 00922
Tel: 787 765-0615 *Fax:* 787 759-7315
E-mail: forenses@hotmail.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 310-42-21-072

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
 MUSC Medical Center
Prgm Director: Kimberly A Collins, MD
 165 Ashley Avenue - Pathology Department
 PO Box 250908
 Charleston, SC 29426
Tel: 843 792-3500 *Fax:* 843 792-3537
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 310-45-21-026

Tennessee

Nashville

Vanderbilt University/Office of the Chief Medical Examiner (Tennessee) Program

Sponsor: Vanderbilt University Medical Center
 Medical Examiner's Office Tenn and Nashville and Davidson Co
Prgm Director: Thomas A Deering, MD*
 850 R S Gass Boulevard
 Nashville, TN 37216
Tel: 615 743-1860 *Fax:* 615 743-1890
E-mail: krinearson@forensicmed.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 310-47-21-084

Texas

Dallas

Southwestern Institute of Forensic Sciences Program

Sponsor: Southwestern Institute of Forensic Sciences
Prgm Director: Jeffrey J Barnard, MD
 5230 Medical Center Drive
 Dallas, TX 75235
Tel: 214 920-5913
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 310-48-11-028

Fort Worth

Tarrant County Medical Examiner Program

Sponsor: Tarrant County Medical Examiner's Office
Prgm Director: Nizam Peerwani, MD
 200 Feliks Gwozds Place
 Fort Worth, TX 76104
Tel: 817 920-5700 *Fax:* 817 920-5713
E-mail: peerwani@aol.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 310-48-22-087

Houston

Harris County Medical Examiner Department Program

Sponsor: Harris County Medical Examiner Department
Prgm Director: Luis A Sanchez, MD
 1885 Old Spanish Trail
 Houston, TX 77054
Tel: 713 796-6701 *Fax:* 713 799-8078
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 310-48-21-080

San Antonio

Bexar County Forensic Science Center Program

Sponsor: Bexar County Forensic Science Center
Prgm Director: Vincent J M Di Maio, MD
 7337 Louis Pasteur Drive
 San Antonio, TX 78229
Tel: 210 335-4053 *Fax:* 210 335-4052
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 310-48-21-044

Virginia

Norfolk

Eastern Virginia Medical School Program

Sponsor: Eastern Virginia Medical School
 Tidewater Office of the Chief Medical Examiner
Prgm Director: Wendy M Gunther, MD*
 830 Southampton Avenue
 Suite 100
 Norfolk, VA 23510
Tel: 757 683-8366 *Fax:* 757 683-2589
E-mail: Wendy.Gunther@vdh.state.va.us
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 310-51-12-083

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
 Medical College of Virginia Hospitals
Prgm Director: Marcella F Fierro, MD
 400 East Jackson Street
 Richmond, VA 23219
Tel: 804 786-1033
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 310-51-21-030

Washington

Seattle

King County Medical Examiner's Office Program

Sponsor: King County Medical Examiner's Office
Prgm Director: Richard C Harruff, MD, PhD
 325 9th Avenue
 HMC Box 359792
 Seattle, WA 98104
Tel: 206 731-3232 *Fax:* 206 731-8555
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 310-54-21-031

Wisconsin

Milwaukee

Medical College of Wisconsin Affiliated Hospitals/Milwaukee County Medical Examiner's Office Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
 Milwaukee County Medical Examiner's Office
Prgm Director: John R Teggatz, MD, BS*
 933 West Highland Avenue
 Milwaukee, WI 53233
Tel: 414 223-1200
E-mail: jteggatz@milwcnty.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 310-56-21-053

Forensic Psychiatry (Psychiatry)

Alabama

Tuscaloosa

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
 Taylor Hardin Secure Medical Facility
Prgm Director: James F Hooper, MD
 1301 Jack Warner Parkway
 Tuscaloosa, AL 35404
Tel: 205 242-7133 *Fax:* 205 556-1148
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 406-01-21-035

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
 Arkansas Department of Corrections Special Programs Unit
 Arkansas State Hospital (DMHS)
Prgm Director: Ben Guise, MD
 4301 W Markham #589
 Little Rock, AR 72205
Tel: 501 686-6196 *Fax:* 501 686-7424
E-mail: benguisse@uams.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 406-04-33-046

California

Los Angeles

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
 LAC+USC Medical Center
Prgm Director: Tim Botello, MPH, MD
 2020 Zonal Avenue, IRD 713, Los Angeles, CA 90033
 PO Box 86125
 Los Angeles, CA 90086
Tel: 323 226-4942 *Fax:* 323 226-2777
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 406-05-31-002

VA Greater Los Angeles/UCLA-San Fernando Valley Program

Sponsor: VA Greater Los Angeles Healthcare System
 Metropolitan State Hospital
 Olive View/UCLA Medical Center
Prgm Director: Neena Sachinvala, MD
 Department of Psychiatry
 14445 Olive View Drive; 6D129
 Sylmar, CA 91342
Tel: 818 891-7711 *Fax:* 818 895-9346
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 406-05-11-003

Sacramento**University of California (Davis) Health System Program**

Sponsor: UC Davis Health System
Napa State Hospital
University of California (Davis) Medical Center
Prgm Director: Charles Scott, MD*
Department of Psychiatry
2230 Stockton Boulevard
Sacramento, CA 95817
Tel: 916 734-7471 *Fax:* 916 734-3384
E-mail: marilyn.clark@ucdmc.ucdavis.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 406-05-31-028

San Francisco**University of California (San Francisco) Program**

Sponsor: University of California (San Francisco) School of Medicine
California Department of Corrections
Center for Occupational Psychiatry
UCSF Med Ctr-Langley Porter Psychiatric Hosp and Clinics
Prgm Director: Renee Binder, MD
401 Parnassus Avenue, Box F
San Francisco, CA 94143
Tel: 415 476-7304 *Fax:* 415 502-2206
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 406-05-21-037

Colorado**Denver****University of Colorado Program**

Sponsor: University of Colorado School of Medicine
Colorado Mental Health Institute at Pueblo
Prgm Director: Robert D Miller, MD, PhD
Campus Box C-249-27
4200 East 9th Avenue
Denver, CO 80262
Tel: 303 315-7613 *Fax:* 303 841-3539
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 406-07-21-004

Connecticut**New Haven****Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
Connecticut Mental Health Center
Riverview Hospital for Children
Prgm Director: Howard V Zonana, MD
34 Park Street
Room 153
New Haven, CT 06519
Tel: 203 974-7158 *Fax:* 203 974-7177
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 406-08-21-005

District of Columbia**Washington****National Capital Consortium Program**

Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Clifton T Perkins Hospital Center
Prgm Director: Ricky D Malone, MD, MPH*
Bldg 6, Rm 3016-17
6825 16th Street, NW
Washington, DC 20307
Tel: 202 782-8037 *Fax:* 202 782-8379
E-mail: ricky.malone@na.amedd.army.mil
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 406-10-21-006
US Armed Services Program

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Prgm Director: Wade C Myers, MD
PO Box 100256
Gainesville, FL 32610
Tel: 352 265-3284 *Fax:* 352 265-3285
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 406-11-21-007

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine
Grady Health System
Prgm Director: Peter Ash, MD
Psychiatry Room 325
49 Jesse Hill Jr Dr, SE
Atlanta, GA 30303
Tel: 404 778-1482 *Fax:* 404 727-3155
E-mail: pash01@emory.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 406-12-21-008

Hawaii**Honolulu****University of Hawaii Program**

Sponsor: University of Hawaii John A Burns School of Medicine
Hawaii State Hospital
Prgm Director: Daryl Matthews, MD, PhD
1356 Lusitana Street, 4th Floor
Honolulu, HI 96813
Tel: 808 586-2900 *Fax:* 808 586-2940
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 406-14-11-045

Illinois**Springfield****Southern Illinois University Program**

Sponsor: Southern Illinois University School of Medicine
Chester Mental Health Center
Prgm Director: Alan Felthous, MD
PO Box 31
1315 Lehmen Drive
Chester, IL 62233
Tel: 618 826-4571 *Fax:* 618 826-5823
E-mail: dhsc6624@dhs.state.il.us
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 406-16-12-040

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
Iowa Medical and Classification Center
Veterans Affairs Medical Center (Iowa City)
Prgm Director: Tracy D Gunter, MD
Medical Education Building
500 Newton Road
Iowa City, IA 52242
Tel: 319 353-4444
Length: 1 Yr
Program ID: 406-18-31-049

Kentucky**Louisville****University of Louisville Program**

Sponsor: University of Louisville School of Medicine
Central State Hospital
Kentucky Correctional Psychiatric Center
Kentucky State Reformatory
University of Louisville Hospital
Prgm Director: Michael R Harris, MD
Outpatient Psychiatry
550 South Jackson Street
Louisville, KY 40202
Tel: 502 479-4433 *Fax:* 502 852-5098
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 406-20-12-047

Louisiana**New Orleans****Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine
Louisiana Office of Mental Health (Baton Rouge)
Loyola Law School Clinic (New Orleans)
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Prgm Director: Donna M Mancuso, MD
Division of Law and Psychiatry
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 568-6339 *Fax:* 504 568-6465
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 406-21-21-024

Tulane University Program

Sponsor: Tulane University School of Medicine
Tulane University Hospital and Clinics
Prgm Director: John W Thompson, MD
Dept of Psychiatry & Neurology TB 53
1440 Canal St
New Orleans, LA 70112
Tel: 504 988-2201 *Fax:* 504 988-7457
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 406-21-21-010

Maryland

Baltimore

University of Maryland Program

Sponsor: University of Maryland Medical System
Clifton T Perkins Hospital Center
Prgm Director: Saadia Alizai, MD
8450 Dorsey Run Road
PO Box 1000
Jessup, MD 20794
Tel: 410 724-3084 *Fax:* 410 724-3115
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 406-23-21-011

Massachusetts

Boston

Massachusetts General Hospital/McLean Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: Julia M Reade, MD
60 Staniford Street
Boston, MA 02114
Tel: 617 726-1040 *Fax:* 617 724-2808
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 406-24-21-012

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
Bridgewater State Hospital
UMass Memorial Health Care (University Campus)
Worcester State Hospital
Prgm Director: Debra A Pinals, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 368-3437 *Fax:* 508 363-1506
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 406-24-31-013

Michigan

Ann Arbor

University of Michigan Program

Sponsor: Center for Forensic Psychiatry
University of Michigan Hospitals and Health Centers
Prgm Director: Craig A Lemmen, MD
3501 Willis Road
PO Box 2060
Ann Arbor, MI 48106
Tel: 734 429-2531 *Fax:* 734 429-0485
E-mail: lemmerc@michigan.gov
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 406-25-21-014

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine
University Hospitals and Clinics
Prgm Director: Bruce Harry, MD
DC067.00
One Hospital Drive
Columbia, MO 65212
Tel: 573 592-2700 *Fax:* 573 592-2863
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 406-28-21-041

New Hampshire

Concord

Dartmouth-Hitchcock Medical Center Program

Sponsor: New Hampshire Hospital
Prgm Director: James L Knoll, MD*
PO Box 2828
Concord, NH 03302
Tel: 603 271-1845 *Fax:* 603 271-1836
E-mail: jknoll4@earthlink.net
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 406-32-21-031

New York

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Bronx Psychiatric Center
Prgm Director: Merrill Rotter, MD
1500 Waters Place
Bronx, NY 10461
Tel: 718 862-4745 *Fax:* 718 862-4856
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 406-35-21-015

New York

New York Medical College at St Vincent's Hospital and Medical Center Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: Brian Ladds, MD
144 West 12th Street, Reiss 175
New York, NY 10011
Tel: 212 604-8795 *Fax:* 212 604-8197
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 406-35-31-027

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
Mid-Hudson Forensic Psychiatric Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Elizabeth Tillinghast, JD, MD
1051 Riverside Drive, Unit #115
New York, NY 10032
Tel: 212 543-5012 *Fax:* 212 543-5356
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 406-35-21-039

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Prgm Director: Richard Rosner, MD
100 Centre Street, Suite 500
New York, NY 10013
Tel: 212 374-2290 *Fax:* 212 374-3050
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 406-35-31-016

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Park Ridge Hospital (Unity Health System)
Rochester Psychiatric Center
St Mary's Hospital (Unity Health System)
Prgm Director: J Richard Ciccone, MD
300 Crittenden Boulevard
Rochester, NY 14642
Tel: 585 275-4986 *Fax:* 585 244-4734
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 406-35-11-017

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Prgm Director: Kathy Lee, MD*
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-3104 *Fax:* 315 464-3141
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 406-35-13-036

North Carolina

Butner

Duke University Hospital Program

Sponsor: Duke University Hospital
Federal Correctional Complex-Butner
Prgm Director: Jean P Zula, MD*
Federal Medical Center
PO Box 1500
Butner, NC 27509
Tel: 919 575-3900 *Fax:* 919 575-4866
E-mail: jzula@nc.rr.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 406-36-21-018

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Dorothea Dix Hospital
Prgm Director: Peter N Barboriak, MD, PhD
3601 Mail Service Center
Raleigh, NC 27699
Tel: 919 733-9187 *Fax:* 919 966-7772
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 406-36-21-048

Ohio**Cincinnati****University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc
Prgm Director: John C Kennedy, MD
 231 Albert Sabin Way
 PO Box 0559
 Cincinnati, OH 45267
Tel: 513 558-0558 *Fax:* 513 558-4805
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 406-38-21-033

Cleveland**Case Western Reserve University/University Hospitals of Cleveland Program**

Sponsor: University Hospitals of Cleveland
Prgm Director: Phillip J Resnick, MD
 11100 Euclid Avenue
 Cleveland, OH 44106
Tel: 216 844-3415 *Fax:* 216 844-1703
E-mail: phillip.resnick@case.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 406-38-21-019

Pennsylvania**Pittsburgh****University of Pittsburgh Medical Center Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 UPMC Western Psychiatric Institute and Clinic
Prgm Director: Christine A Martone, MD
 3811 O'Hara Street, Room E718
 Pittsburgh, PA 15213
Tel: 412 246-6040 *Fax:* 412 246-5880
E-mail: martoneca@upmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 406-41-13-043

South Carolina**Columbia****Palmetto Health/University of South Carolina School of Medicine Program**

Sponsor: Palmetto Health
 Palmetto Health Baptist
 William S Hall Psychiatric Institute
Prgm Director: Richard L Frierson, MD
 University of South Carolina School of Medicine
 PO Box 119
 Columbia, SC 29202
Tel: 803 898-1404 *Fax:* 803 898-1357
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 406-45-21-020

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
 Terrell State Hospital
Prgm Director: Heidi Vermette, MD*
 5323 Harry Hines Boulevard
 Dallas, TX 75390
Tel: 214 867-0805 *Fax:* 214 302-1441
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 406-48-31-042

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
 Bexar County Adult Detention Ctr. (Corr. H. Care Svcs.)
 Bexar County District Courts
 Kerrville State Hospital
 Wilford Hall Medical Center (AETC)
Prgm Director: Joel M Silberberg, MD
 Department of Psychiatry - MC 7792
 7703 Floyd Curl Drive
 San Antonio, TX 78229
Tel: 210 567-5452 *Fax:* 210 567-0354
E-mail: silberberg@uthscsa.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 406-48-12-050

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
 Western State Hospital
Prgm Director: Bruce Cohen, MD
 PO Box 800623
 Charlottesville, VA 22908
Tel: 804 924-2241 *Fax:* 804 924-8496
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 406-51-31-032

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
Prgm Director: Deborah Giorgi-Guarnieri, MD
 401-409 North 11th St
 PO Box 980253
 Richmond, VA 23298
Tel: 804 828-9452
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 406-51-21-044

Washington**Tacoma****University of Washington Program**

Sponsor: University of Washington School of Medicine
 Western State Hospital
Prgm Director: Bruce C Gage, MD
 9601 Steilacoom Boulevard
 Tacoma, WA 98498
Tel: 206 756-3921 *Fax:* 206 756-3987
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 406-54-21-022

West Virginia**Morgantown****West Virginia University Program**

Sponsor: West Virginia University School of Medicine
 West Virginia University Hospitals
Prgm Director: Ryan Finkenbine, MD
 930 Chestnut Ridge Road
 Morgantown, WV 26505
Tel: 304 293-3331 *Fax:* 304 293-8724
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 406-55-13-038

Wisconsin**Milwaukee****Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
 Mendota Mental Health Institute
 Milwaukee County Behavioral Health Division
Prgm Director: Joseph B Layde, MD, JD
 8701 Watertown Plank Road
 Milwaukee, WI 53226
Tel: 414 456-8992 *Fax:* 414 456-6299
E-mail: jlayde@mcw.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 406-56-21-023

Gastroenterology (Internal Medicine)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Prgm Director: Gary A Abrams, MD
University Station
Birmingham, AL 35294
Tel: 205 996-2863 *Fax:* 205 975-0044
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-01-21-127

Mobile

University of South Alabama Program

Sponsor: University of South Alabama Hospitals
USA Knollwood Park Hospital
Prgm Director: Jack A DiPalma, MD
2451 Fillingim Street
Mobile, AL 36617
Tel: 251 660-5555 *Fax:* 251 660-5558
E-mail: gastro@usouthal.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-01-21-213

Arizona

Phoenix

Banner Good Samaritan Medical Center Program

Sponsor: Banner Good Samaritan Medical Center
Carl T Hayden Veterans Affairs Medical Center
(Phoenix)
Prgm Director: Francisco C Ramirez, MD
650 E Indian School Road
Phoenix, AZ 85012
Tel: 602 277-5551 *Fax:* 602 222-6562
E-mail: Francisco.Ramirez2@med.va.gov
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-03-12-225

Scottsdale

Mayo School of Graduate Medical Education (Scottsdale) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Scottsdale)
Mayo Clinic Hospital
Prgm Director: M Edwyn Harrison, MD
13400 E Shea Boulevard, 2-A
Scottsdale, AZ 85259
Tel: 480 301-6990 *Fax:* 480 301-8673
E-mail: ruscitti.phyllis@mayo.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-03-21-224

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
Kino Community Hospital
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Prgm Director: John T Cunningham, MD
Department of Internal Medicine-Gastroenterology
1501 North Campbell Avenue, PO Box 245028
Tucson, AZ 85724
Tel: 520 626-6119 *Fax:* 520 626-0826
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 144-03-21-110

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Vivek Raj, MD
4301 West Markham, Slot 567
Little Rock, AR 72205
Tel: 501 686-7154
E-mail: mckasklemesheller@uams.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 144-04-21-111

California

La Jolla

Scripps Clinic/Scripps Green Hospital Program

Sponsor: Scripps Clinic
Scripps Clinic/Scripps Green Hospital
Prgm Director: William B Strum, MD
10666 N Torrey Pines Road
La Jolla, CA 92037
Tel: 858 554-8884 *Fax:* 858 554-3232
E-mail: gme@scripps.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-05-21-073

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Jerry L Pettis Memorial Veterans Hospital
Prgm Director: John McCracken, MD
Division of Gastroenterology
11234 Anderson Street, Room 1556
Loma Linda, CA 92354
Tel: 909 558-4905 *Fax:* 909 558-0274
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-05-21-087

Los Angeles

Charles R Drew University Program

Sponsor: Charles R Drew University of Medicine and Science
LAC-King/Drew Medical Center
Prgm Director: Ioannis Giannikopoulos, MD
12021 S Wilmington Avenue, MP 11
Los Angeles, CA 90059
Tel: 323 563-5924 *Fax:* 323 357-3422
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-05-21-221

Kaiser Permanente Southern California (Los Angeles) Program

Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Prgm Director: Karl T Esrason, MD
1526 North Edgemont Street
7th Floor
Los Angeles, CA 90027
Tel: 323 783-4498 *Fax:* 323 783-7056
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-05-12-037

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Cedars-Sinai Medical Center
Los Angeles County-Harbor-UCLA Medical Center
Olive View/UCLA Medical Center
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Wilfred M Weinstein, MD
Center for the Health Sciences, 44-138
Box 951684
Los Angeles, CA 90095
Tel: 310 206-6340 *Fax:* 310 825-1700
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 144-05-11-130

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
LAC-Rancho Los Amigos National Rehabilitation Center
Prgm Director: Michael M Kline, MD
2011 Zonal Avenue, HMR 101
Department of Medicine
Los Angeles, CA 90033
Tel: 323 442-5576 *Fax:* 323 442-5425
Length: 3 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 144-05-21-053

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Prgm Director: Andrzej S Tarnawski, MD, PhD
101 The City Drive
Building 53, Room 113
Orange, CA 92868
Tel: 714 456-6745 *Fax:* 714 456-7753
E-mail: atarnawski@yahoo.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-05-21-151

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: Christopher Bowlus, MD
Department of Medicine
2315 Stockton Boulevard
Sacramento, CA 95817
Tel: 916 734-3751 *Fax:* 916 734-7908
E-mail: tlwevans@ucdavis.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-05-21-094

San Diego

Naval Medical Center (San Diego) Program

Sponsor: Naval Medical Center (San Diego)
Loma Linda University Medical Center
Prgm Director: Walter J Coyle, MD*
34800 Bob Wilson Drive
Suite 301
San Diego, CA 92134
Tel: 619 532-9725 *Fax:* 619 532-9620
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-05-12-152
US Armed Services Program

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
 Kaiser Foundation Hospital (San Diego)
 Veterans Affairs Medical Center (San Diego)
Prgm Director: Thomas J Savides, MD*
 GI Section (0056)
 9500 Gilman Drive
 La Jolla, CA 92093
 Tel: 619 543-7618 Fax: 858 792-9267
 Length: 3 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 144-05-21-174

San Francisco**California Pacific Medical Center Program**

Sponsor: California Pacific Medical Center
Prgm Director: Michael Verhille, MD
 2340 Clay Street, Suite 423
 San Francisco, CA 94115
 Tel: 415 923-3376
 Length: 3 Yrs ACGME Approved/Offered Positions: 4
 Program ID: 144-05-12-153

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
 San Francisco General Hospital Medical Center
 University of California (San Francisco) Medical Center
 Veterans Affairs Medical Center (San Francisco)
Prgm Director: Jonathan P Terdiman, MD
 Division of Gastroenterology
 513 Parnassus Avenue, S-357
 San Francisco, CA 94143
 Tel: 415 476-2776 Fax: 415 476-0659
 Length: 3 Yrs ACGME Approved/Offered Positions: 18
 Program ID: 144-05-21-154

Stanford**Stanford University Program**

Sponsor: Stanford University Hospital
 Veterans Affairs Palo Alto Health Care System
Prgm Director: Ramsey Cheung, MD*
 Department of Medicine/Gastroenterology
 300 Pasteur Drive, MC:5187
 Stanford, CA 94305
 Tel: 650 483-5000 Fax: 650 852-3259
 E-mail: rcheung@stanford.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 144-05-21-022

Colorado**Denver****University of Colorado Program**

Sponsor: University of Colorado School of Medicine
 University of Colorado Hospital
 Veterans Affairs Medical Center (Denver)
Prgm Director: Joel Levine, MD
 4200 E Ninth Avenue, Box B158
 Denver, CO 80262
 Tel: 303 315-2537
 Length: 3 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 144-07-21-065

Connecticut**Bridgeport****Bridgeport Hospital/Yale University Program**

Sponsor: Bridgeport Hospital
 Yale-New Haven Hospital
Prgm Director: Ingram M Roberts, MD
 Division of Gastroenterology
 267 Grant Street
 Bridgeport, CT 06610
 Tel: 203 384-3175
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 144-08-11-190

Farmington**University of Connecticut Program**

Sponsor: University of Connecticut School of Medicine
 Hartford Hospital
 New Britain General Hospital
 St Francis Hospital and Medical Center
 Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: George Y Wu, MD, PhD*
 Department of Medicine/Gastroenterology Division
 263 Farmington Avenue
 Farmington, CT 06030
 Tel: 860 679-3158 Fax: 860 679-3159
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 144-08-31-001

New Haven**Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
 Hospital of St Raphael
 Veterans Affairs Medical Center (West Haven)
Prgm Director: Deborah D Proctor, MD
 Section of Digestive Disease - 1080 LMP
 PO Box 208019
 New Haven, CT 06520
 Tel: 203 785-7012 Fax: 203 785-7273
 E-mail: fellowship@yale.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 16
 Program ID: 144-08-21-023

Norwalk**Norwalk Hospital Program**

Sponsor: Norwalk Hospital
 Yale University Health Service
Prgm Director: William Hale, MD*
 Department of Internal Medicine
 Maple Street
 Norwalk, CT 06856
 Tel: 203 852-5085 Fax: 203 852-2075
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 144-08-31-002

District of Columbia**Washington****George Washington University Program**

Sponsor: George Washington University School of Medicine
 George Washington University Hospital (UHS)
Prgm Director: Marie L Borum, MD, EdD
 Department of Medicine - Gastroenterology
 2150 Pennsylvania Avenue, NW
 Washington, DC 20037
 Tel: 202 741-2160 Fax: 202 741-2169
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 144-10-21-114

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
 Clinical Center at the National Institutes of Health
 Veterans Affairs Medical Center (Washington DC)
Prgm Director: Nadim G Haddad, MD*
 Division of Gastroenterology (5 PHC)
 3800 Reservoir Road, NW
 Washington, DC 20007
 Tel: 202 444-8761 Fax: 202 444-0417
 E-mail: bertanm@gunet.georgetown.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 144-10-21-088

Georgetown University Hospital/Washington Hospital Center Program

Sponsor: Washington Hospital Center
Prgm Director: Timothy R Koch, MD*
 110 Irving Street, NW
 Suite 3A3-A7
 Washington, DC 20010
 Tel: 202 877-7108 Fax: 202 877-8163
 Length: 3 Yrs ACGME Approved/Offered Positions: 5
 Program ID: 144-10-21-212

Howard University Program

Sponsor: Howard University Hospital
Prgm Director: Duane T Smoot, MD
 2041 Georgia Avenue, NW
 Washington, DC 20060
 Tel: 202 865-1908 Fax: 202 865-7268
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 144-10-21-133

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine
 North Florida/South Georgia Veterans Health System
 Shands Hospital at the University of Florida
Prgm Director: Chris E Forsmark, MD
 Box 100214
 1600 SW Archer Rd
 Gainesville, FL 32610
 Tel: 352 392-2877 Fax: 352 392-3618
 Length: 3 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 144-11-21-039

Jacksonville**Mayo School of Graduate Medical Education (Jacksonville) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Jacksonville)
 St Luke's Hospital
Prgm Director: Michael F Picco, MD, PhD
 4500 San Pablo Road
 Jacksonville, FL 32224
 Tel: 904 953-0423 Fax: 904 953-0430
 E-mail: picco.michael@mayo.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 144-11-21-222

University of Florida Health Science Center/Jacksonville Program

Sponsor: University of Florida College of Medicine at Jacksonville
 Shands Jacksonville Medical Center
Prgm Director: Kenneth J Vega, MD
 Dept of Medicine/Gastroenterology
 653-1 West 8th St, LRC 2nd FL
 Jacksonville, FL 32209
 Tel: 904 244-3980
 E-mail: donna.falco@jax.ufl.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 144-11-21-024

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Mount Sinai Medical Center of Florida Inc
Veterans Affairs Medical Center (Miami)
Prgm Director: Jeffrey B Raskin, MD
P O Box 016960 (D-49)
Miami, FL 33101
Tel: 305 585-5126 *Fax:* 305 325-9476
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 144-11-21-176

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital
Prgm Director: Patrick G Brady, MD
12901 Bruce B Downs Boulevard
MDC 82
Tampa, FL 33612
Tel: 813 974-2034 *Fax:* 813 974-5333
E-mail: jpenders@hsc.usf.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 144-11-21-040

Weston

Cleveland Clinic Hospital (Florida) Program

Sponsor: Cleveland Clinic Florida
Cleveland Clinic Hospital
Prgm Director: Fernando Castro-Paria, MD
2950 Cleveland Clinic Boulevard
Weston, FL 33331
Tel: 954 659-5646 *Fax:* 954 659-5647
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-11-13-228

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Prgm Director: Robin Rutherford, MD*
1364 Clifton Road, NE
Department of Medicine
Atlanta, GA 30322
Tel: 404 778-4504 *Fax:* 404 727-5767
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 144-12-21-136

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Prgm Director: Robert R Schade, MD
Sect of Gastroenterology, BBR2538
1120 15th Street
Augusta, GA 30912
Tel: 706 721-2238 *Fax:* 706 721-0331
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 144-12-21-003

Illinois

Chicago

Cook County Hospital Program

Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Bashar M Attar, MD, PhD
1901 West Harrison Street
Chicago, IL 60612
Tel: 312 864-7213 *Fax:* 312 864-9624
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-16-12-041

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Prgm Director: Ikuo Hirano, MD
Division of Gastroenterology
676 North Saint Clair Street, Suite 1400
Chicago, IL 60611
Tel: 312 695-4036 *Fax:* 312 695-3999
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-16-21-074

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Michael D Brown, MD
1725 W Harrison Street
Suite 206
Chicago, IL 60612
Tel: 312 563-3875 *Fax:* 312 563-3883
E-mail: michael_brown@rush.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-16-11-137

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Stephen B Hanauer, MD
MC 4076
5841 S Maryland Ave
Chicago, IL 60637
Tel: 773 834-7308 *Fax:* 773 702-2182
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 144-16-11-067

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Prgm Director: Allan G Halline, MD
840 South Wood Street - M/C 716
Chicago, IL 60612
Tel: 312 996-6651 *Fax:* 312 996-5103
E-mail: bstickan@uic.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 11
Program ID: 144-16-21-138

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Nikunj Shah, MD
2160 S First Avenue
Department of Medicine
Maywood, IL 60153
Tel: 708 216-8548 *Fax:* 708 216-4113
E-mail: gi_fellowship@lumc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 144-16-21-004

Park Ridge

Advocate Lutheran General Hospital Program

Sponsor: Advocate Lutheran General Hospital
Prgm Director: Kenneth O'Riordan, MD
1775 Dempster Street
Park Ridge, IL 60068
Tel: 847 723-6464 *Fax:* 847 723-5615
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 144-16-21-214

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: Lawrence Lumeng, MD
Department of Medicine, IB Bldg 327
975 W Walnut St
Indianapolis, IN 46202
Tel: 317 274-3505 *Fax:* 317 274-3106
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 144-17-21-155

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: Kyle E Brown, MD
Department of Medicine
Iowa City, IA 52242
Tel: 319 384-6579 *Fax:* 319 356-7918
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-18-21-095

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Prgm Director: Prateek Sharma, MD
Division of Gastroenterology
3901 Rainbow Boulevard
Kansas City, KS 66160
Tel: 913 588-6003 *Fax:* 913 588-3975
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-19-21-115

Kentucky**Lexington****University of Kentucky College of Medicine Program**

Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Veterans Affairs Medical Center (Lexington)
Prgm Director: Nicholas J Nickl, MD
MN649
800 Rose Street
Lexington, KY 40536
Tel: 859 323-5575 *Fax:* 859 257-8860
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-20-21-177

Louisville**University of Louisville Program**

Sponsor: University of Louisville School of Medicine
Jewish Hospital
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: Daniell B Hill, MD
Division of GI/HE
University of Louisville
Louisville, KY 40292
Tel: 502 852-6991 *Fax:* 502 852-0846
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 144-20-31-089

Louisiana**New Orleans****Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Memorial Medical Center
Prgm Director: Luis A Balart, MD
1542 Tulane Avenue
Campus Mailbox T6M-4
New Orleans, LA 70112
Tel: 504 899-8401 *Fax:* 504 899-8417
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-21-21-139

Ochsner Clinic Foundation Program

Sponsor: Ochsner Clinic Foundation
Prgm Director: Robert P Perrillo, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-4894
E-mail: dguidroz@ochsner.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-21-22-149

Tulane University Program

Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Roy C Orlando, MD
Section of Gastroenterology
1430 Tulane Avenue
New Orleans, LA 70112
Tel: 504 988-5763 *Fax:* 504 988-2188
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 144-21-21-108

Shreveport**Louisiana State University (Shreveport) Program**

Sponsor: LSU Health Sciences Center-University Hospital
Overton Brooks Veterans Affairs Medical Center
Prgm Director: Paul A Jordan, MD
1501 Kings Highway
PO Box 33932
Shreveport, LA 71130
Tel: 318 675-5947
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-21-13-226

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Francis M Giardiello, MD
1830 E Monument Street
Suite 431
Baltimore, MD 21205
Tel: 410 955-2635 *Fax:* 410 614-8337
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 144-23-11-075

Johns Hopkins University/Bayview Medical Center Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Prgm Director: Mack C Mitchell, MD
4940 Eastern Avenue
Baltimore, MD 21224
Tel: 410 650-0794 *Fax:* 410 650-7861
E-mail: mmitch15@jhmi.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 144-23-11-140

University of Maryland Program

Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Prgm Director: Bruce D Greenwald, MD
22 S Greene St
Room NSW62
Baltimore, MD 21201
Tel: 410 328-8731 *Fax:* 410 328-8315
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-23-21-042

Bethesda**National Capital Consortium (Bethesda) Program**

Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Prgm Director: Inku Hwang, MD*
8901 Wisconsin Avenue
Bethesda, MD 20889
Tel: 202 782-6765 *Fax:* 202 782-4416
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 144-23-11-156
US Armed Services Program

Massachusetts**Boston****Beth Israel Deaconess Medical Center Program**

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Ciaran P Kelly, MD
330 Brookline Avenue
Dana 601
Boston, MA 02215
Tel: 617 667-1272 *Fax:* 617 667-8144
E-mail: jerickso@bidmc.harvard.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-24-21-005

Boston University Medical Center Program

Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Prgm Director: Robert C Lowe, MD
650 Albany Street
Room 504
Boston, MA 02118
Tel: 617 638-8330 *Fax:* 617 638-7785
E-mail: robert.lowe@bmc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-24-21-157

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital
Prgm Director: Richard S Blumberg, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-6917 *Fax:* 617 264-5185
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 144-24-21-006

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: Andrea E Reid, MD*
GI Unit — Jackson 728
55 Fruit Street
Boston, MA 02114
Tel: 617 724-7563
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 144-24-11-068

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Caritas St Elizabeth's Medical Center of Boston
Prgm Director: Young-Mee Lee, MD
Department of Medicine
750 Washington Street, Box 002
Boston, MA 02111
Tel: 617 636-9140 *Fax:* 617 636-4207
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 144-24-21-007

Burlington**Lahey Clinic Program**

Sponsor: Lahey Clinic
Prgm Director: Kristen M Robson, MD*
41 Mall Road
Burlington, MA 01805
Tel: 781 744-8767 *Fax:* 781 744-5276
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-24-21-141

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
St Vincent Hospital
UMass Memorial Health Care (University Campus)
Prgm Director: Lawton Shick, MD*
55 Lake Avenue North, Room S6-737
Department of Medicine
Worcester, MA 01655
Tel: 508 856-8199 *Fax:* 508 856-3981
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-24-21-008

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: John M Inadomi, MD
3912 Taubman Center
Ann Arbor, MI 48109
Tel: 734 616-8468
E-mail: jinadomi@umich.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 144-25-21-077

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital
Prgm Director: Surinder K Batra, MD
2799 West Grand Boulevard
Detroit, MI 48202
Tel: 313 916-2404 *Fax:* 313 916-9487
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-25-11-142

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Harper-Hutzel Hospital
Veterans Affairs Medical Center (Detroit)
Prgm Director: Murray N Ehrinpreis, MD
3990 John R Street
6 Hudson
Detroit, MI 48201
Tel: 313 745-8601 *Fax:* 313 745-8843
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-25-21-049

Royal Oak

William Beaumont Hospital Program

Sponsor: William Beaumont Hospital
Prgm Director: Michael C Duffy, MD
3601 West 13 Mile Road
Royal Oak, MI 48073
Tel: 248 551-5134 *Fax:* 248 551-8800
E-mail: adavid@beaumont.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 144-25-12-180

Southfield

Providence Hospital and Medical Centers Program

Sponsor: Providence Hospital and Medical Centers
St Joseph Mercy Health System
Prgm Director: Michael Piper, MD
16001 West Nine Mile Road
PO Box 2043
Southfield, MI 48037
Tel: 248 849-8483 *Fax:* 248 849-5324
E-mail: jjohnson@providence-hospital.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-25-11-178

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Hennepin County Medical Center
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Roger L Gebhard, MD
Box 111D
One Veterans Drive
Minneapolis, MN 55417
Tel: 612 725-2000 *Fax:* 612 725-2248
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 144-26-21-117

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
St Mary's Hospital of Rochester
Prgm Director: Darrell S Pardi, MD
200 First St, SW
Rochester, MN 55905
Tel: 507 266-4066 *Fax:* 507 266-5205
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 144-26-21-058

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Prgm Director: Anil Minocha, MD
Division of Digestive Diseases
2500 N State St
Jackson, MS 39216
Tel: 601 984-4540 *Fax:* 601 984-4548
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-27-21-079

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prgm Director: John B Marshall, MD*
MA 429D Health Scientist Center, Div of Gastroenterology
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-1013 *Fax:* 573 884-4595
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-28-21-090

Kansas City

University of Missouri at Kansas City Program

Sponsor: University of Missouri-Kansas City School of Medicine
St Luke's Hospital
Truman Medical Center
Prgm Director: Abdul H Khan, MD, MB
Department of Medicine
2411 Holmes Street
Kansas City, MO 64108
Tel: 816 404-5036 *Fax:* 816 404-5014
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 144-28-31-118

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
St Louis University Hospital
St Mary's Health Center
Veterans Affairs Medical Center (St Louis)
Prgm Director: Bruce A Luxon, MD, PhD
3635 Vista Ave at Grand Blvd
PO Box 15250
St Louis, MO 63110
Tel: 314 577-8764 *Fax:* 314 577-8125
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 144-28-21-182

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Prgm Director: Nicholas O Davidson, MD
660 S Euclid Avenue, Box 8124
St Louis, MO 63110
Tel: 314 362-2027 *Fax:* 314 362-2033
E-mail: dhoward@im.wustl.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 144-28-21-158

Nebraska

Omaha

University of Nebraska Medical Center College of Medicine Program

Sponsor: University of Nebraska Medical Center College of Medicine
Veterans Affairs Medical Center (Omaha)
Prgm Director: Renee L Young, MD
Section of Gastroenterology/Hepatology
982000 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-4356 *Fax:* 402 559-9004
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-30-21-160

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Prgm Director: Stuart R Gordon, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-5000 *Fax:* 603 650-5225
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-32-21-150

New Jersey**Camden****UMDNJ-Robert Wood Johnson Medical School (Camden) Program**

Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Steven R Peikin, MD
 Cooper Health System
 401 Haddon Avenue
 Camden, NJ 08103
Tel: 856 757-7732 *Fax:* 856 968-9564
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-33-21-050

New Brunswick**UMDNJ-Robert Wood Johnson Medical School Program**

Sponsor: UMDNJ-Robert Wood Johnson Medical School
 Robert Wood Johnson University Hospital
 St Peter's University Hospital
 Veterans New Jersey Health Care System (Lyons)
Prgm Director: Kiron M Das, MD, PhD
 Division of Gastroenterology and Hepatology
 One Robert Wood Johnson Place, MEB 478
 New Brunswick, NJ 08903
Tel: 732 235-7784 *Fax:* 732 235-7792
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-33-21-026

Newark**UMDNJ-New Jersey Medical School Program**

Sponsor: UMDNJ-New Jersey Medical School
 UMDNJ-University Hospital
 Veterans Affairs New Jersey Health Care System
Prgm Director: Sita S Chokhavatia, MD
 185 South Orange Avenue
 MSB - H538
 Newark, NJ 07103
Tel: 973 972-5252 *Fax:* 973 972-3144
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-33-21-200

South Orange**Seton Hall University School of Graduate Medical Education Program**

Sponsor: Seton Hall University School of Graduate Medical Education
 St. Joseph's Regional Medical Center
 St. Michael's Medical Center (Cathedral Health Services Inc)
Prgm Director: Walid J Baddoura, MD
 703 Main Street
 Paterson, NJ 07503
Tel: 973 754-2390 *Fax:* 973 754-2382
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-33-21-051

New Mexico**Albuquerque****University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine
 University of New Mexico Health Sciences
 Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Monroe H Spector, MD
 Department of Medicine
 1 University of New Mexico MSC10-5550 ACC 5
 Albuquerque, NM 87131
Tel: 505 272-4753 *Fax:* 505 272-6839
E-mail: mspector@salud.unm.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-34-21-143

New York**Albany****Albany Medical Center Program**

Sponsor: Albany Medical Center
 Veterans Affairs Medical Center (Albany)
Prgm Director: Catherine R Bartholomew, MD
 Department of Medicine
 47 New Scotland Avenue, MC 48
 Albany, NY 12208
Tel: 518 262-5276 *Fax:* 518 262-6470
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-35-31-027

Bronx**Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Jacobi Medical Center
 Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: David A Greenwald, MD
 Division of Gastroenterology
 111 East 210th Street
 Bronx, NY 10467
Tel: 718 920-4846 *Fax:* 718 798-6408
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 144-35-21-102

Bronx-Lebanon Hospital Center Program

Sponsor: Bronx-Lebanon Hospital Center
Prgm Director: Prospere Remy, MD
 1650 Grand Concourse, 3rd Floor
 Bronx, NY 10457
Tel: 718 518-5550 *Fax:* 718 518-5111
E-mail: premy@bronxdeb.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 144-35-11-103

New York Medical College (Our Lady of Mercy) Program

Sponsor: New York Medical College
 Our Lady of Mercy Medical Center
Prgm Director: Hilary I Hertan, MD
 600 E 233rd St
 Bronx, NY 10466
Tel: 718 920-9692 *Fax:* 718 920-1588
E-mail: hhertan@aol.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 144-35-21-043

Brooklyn**Brooklyn Hospital Center Program**

Sponsor: Brooklyn Hospital Center
 New York Methodist Hospital
 Wyckoff Heights Medical Center
Prgm Director: Kiran K Bhat, MD*
 121 Dekalb Avenue
 Brooklyn, NY 11201
Tel: 718 250-6945 *Fax:* 718 250-6489
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-35-12-185

Long Island College Hospital Program

Sponsor: Long Island College Hospital
 Woodhull Medical and Mental Health Center
Prgm Director: Irwin M Grosman, MD*
 Department of Medicine
 339 Hicks Street
 Brooklyn, NY 11201
Tel: 718 780-1738 *Fax:* 718 780-1391
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-35-11-069

Maimonides Medical Center Program

Sponsor: Maimonides Medical Center
Prgm Director: Kadirawel Iswara, MD
 1025 48th Street
 Brooklyn, NY 11219
Tel: 718 283-7476 *Fax:* 718 635-7037
E-mail: kiswara@maimonidesmed.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-35-11-162

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
 Brookdale University Hospital and Medical Center
 Kings County Hospital Center
 St John's Episcopal Hospital-South Shore
 Staten Island University Hospital
 University Hospital-SUNY Health Science Center at Brooklyn
 Veterans Affairs Medical Center (Brooklyn)
Prgm Director: Scott Tenner, MD*
 Division of Digestive Diseases, Box 1196
 450 Clarkson Ave
 Brooklyn, NY 11203
Tel: 718 368-2960
E-mail: celyounis@downstate.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 144-35-21-011

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
 Erie County Medical Center
 Veterans Affairs Western New York Healthcare System
Prgm Director: Michael D Sitrin, MD
 3495 Bailey Ave
 Buffalo, NY 14215
Tel: 716 862-3163 *Fax:* 716 862-6777
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-35-31-009

East Meadow**Nassau University Medical Center Program**

Sponsor: Nassau University Medical Center
Prgm Director: Ali S Karakurum, MD
 2201 Hempstead Turnpike
 East Meadow, NY 11554
Tel: 516 572-4835 *Fax:* 516 572-5609
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 144-35-21-090

Flushing**New York Hospital Medical Center of Queens/Cornell University Medical College Program**

Sponsor: New York Hospital Medical Center of Queens
Prgm Director: Roger E Mendis, MD*
 56-45 Main Street
 Flushing, NY 11355
Tel: 718 670-2559 *Fax:* 718 670-2456
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 144-35-11-091

Manhasset**North Shore University Hospital/NYU School of Medicine Program**

Sponsor: North Shore University Hospital
Prgm Director: Gerard Mullin, MD
 Department of Medicine
 300 Community Drive
 Manhasset, NY 11030
Tel: 516 562-4281 *Fax:* 516 562-2683
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 144-35-21-170

Mineola

Winthrop-University Hospital Program

Sponsor: Winthrop-University Hospital
Prgm Director: James Grendell, MD
 222 Station Plaza N, #429
 Mineola, NY 11501
Tel: 516 663-2528 *Fax:* 516 663-4617
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-35-11-109

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program

Sponsor: Long Island Jewish Medical Center
Prgm Director: Simmy Bank, MD
 207-05 76th Avenue
 New Hyde Park, NY 11042
Tel: 718 470-4692 *Fax:* 718 343-0128
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-35-21-144

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program

Sponsor: Beth Israel Medical Center
Prgm Director: Henry C Bodenheimer, MD
 Department of Medicine
 First Avenue at 16th Street, 17 Baird Hall
 New York, NY 10003
Tel: 212 420-4015 *Fax:* 212 420-4373
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-35-11-010

Harlem Hospital Center Program

Sponsor: Harlem Hospital Center
Prgm Director: Lisa A Ozick, MD
 506 Lenox Ave at 135th Street
 New York, NY 10037
Tel: 212 939-1430 *Fax:* 212 939-1432
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 144-35-11-172

Lenox Hill Hospital Program

Sponsor: Lenox Hill Hospital
Prgm Director: Gregory B Haber, MD*
 100 East 77th Street
 3 Achells
 New York, NY 10021
Tel: 212 439-2140 *Fax:* 212 434-2446
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-35-11-194

Memorial Sloan-Kettering Cancer Center/New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: Memorial Sloan-Kettering Cancer Center
Prgm Director: Arnold J Markowitz, MD
 1275 York Avenue
 Memorial Sloan-Kettering Cancer Ctr
 New York, NY 10021
Tel: 212 639-8286
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-35-21-179

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
 Elmhurst Hospital Center-Mount Sinai Services
 Mount Sinai Medical Center
 Veterans Affairs Medical Center (Bronx)
Prgm Director: Steven H Itzkowitz, MD
 One Gustave L Levy Place
 Box 1069
 New York, NY 10029
Tel: 212 241-6749 *Fax:* 212 348-7428
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 144-35-31-163

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
 St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: James Robiloti, MD
 170 West 12th Street
 New York, NY 10011
Tel: 212 604-8300 *Fax:* 212 604-8446
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-35-11-029

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Reuben J Garcia-Carrasquillo, MD
 622 W 168th Street
 New York, NY 10032
Tel: 212 305-8156 *Fax:* 212 305-6443
E-mail: rjc3@columbia.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 144-35-11-070

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Robert A Schaefer, MD
 Department of Medicine
 525 East 68th Street, F231
 New York, NY 10021
Tel: 212 746-4400 *Fax:* 212 746-8447
E-mail: mhsu@med.cornell.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-35-21-171

New York University School of Medicine Program

Sponsor: New York University School of Medicine
 Bellevue Hospital Center
 Manhattan VA Harbor Health Care System
Prgm Director: Elizabeth H Weinschel, MD
 550 First Avenue
 New York, NY 10016
Tel: 212 686-7500 *Fax:* 212 951-3481
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-35-21-120

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
 Mount Sinai Medical Center
Prgm Director: Donald P Kotler, MD
 Gastroenterology, Service and Research 1301
 1111 Amsterdam Avenue
 New York, NY 10025
Tel: 212 523-3680 *Fax:* 212 523-3683
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-35-21-105

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Arthur J DeCross, MD
 601 Elmwood Ave
 PO Box 646
 Rochester, NY 14642
Tel: 585 275-1590 *Fax:* 585 506-1911
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-35-21-220

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
 Veterans Affairs Medical Center (Northport)
Prgm Director: Edward H Cheng, MD
 T-17, Room 060
 Stony Brook, NY 11794
Tel: 631 444-2119 *Fax:* 631 444-8886
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 144-35-21-012

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
 Veterans Affairs Medical Center (Syracuse)
Prgm Director: Ronald Szjtkowski, MD
 750 East Adams Street
 Syracuse, NY 13210
Tel: 315 464-5804 *Fax:* 315 464-8290
E-mail: bocians@upstate.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 144-35-21-106

Valhalla

New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College
 Metropolitan Hospital Center
 Sound Shore Medical Center of Westchester
 Westchester Medical Center
Prgm Director: Edward Lebovics, MD
 Department of Medicine
 Munger Pavilion, Suite 206
 Valhalla, NY 10595
Tel: 914 493-7337 *Fax:* 914 594-4317
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 144-35-11-013

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Nicholas J Shaheen, MD, MPH*
 1140 Bioinformatics Building
 130 Mason Farm Road
 Chapel Hill, NC 27599
Tel: 919 966-2514 *Fax:* 919 966-6842
E-mail: skennedy@med.unc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-36-21-145

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
 Veterans Affairs Medical Center (Durham)
Prgm Director: Jane E Onken, MD
 Gastroenterology Section, Box 3913
 Durham, NC 27710
Tel: 919 684-2819 *Fax:* 919 684-8857
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 144-36-21-146

Greenville

Pitt County Memorial Hospital/East Carolina University Program

Sponsor: Pitt County Memorial Hospital
Prgm Director: Dennis Sinar, MD
 PCMH-TA, Room 340
 Greenville, NC 27834
Tel: 252 744-4652 *Fax:* 252 744-8426
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-36-21-227

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Girish Mishra, MD
 Section of Gastroenterology
 Medical Center Blvd
 Winston-Salem, NC 27157
Tel: 336 716-6800 *Fax:* 336 716-6376
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-36-21-014

Ohio**Cincinnati****University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc
 Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Stephen D Zucker, MD
 Mail Location 595
 Cincinnati, OH 45267
Tel: 513 558-5244 *Fax:* 513 558-1744
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 144-38-21-081

Cleveland**Case Western Reserve University (MetroHealth) Program**

Sponsor: MetroHealth Medical Center
 Cleveland Clinic Foundation
Prgm Director: Kevin D Mullen, MD
 2500 MetroHealth Drive
 Cleveland, OH 44109
Tel: 216 778-5736 *Fax:* 216 778-4873
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-38-11-165

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
 Veterans Affairs Medical Center (Cleveland)
Prgm Director: Gregory S Cooper, MD
 11100 Euclid Avenue
 Wearn 247
 Cleveland, OH 44106
Tel: 216 844-5386 *Fax:* 216 983-0347
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-38-21-164

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Jean-Paul Achkar, MD
 9500 Euclid Avenue
 Desk A30
 Cleveland, OH 44195
Tel: 216 444-6513
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-38-12-166

Columbus**Ohio State University Hospital Program**

Sponsor: Ohio State University Hospital
Prgm Director: Sheryl A Pfeil, MD
 410 W 10th Avenue
 N214 Doan Hall
 Columbus, OH 43210
Tel: 614 293-8671
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-38-11-092

Dayton**Wright State University Program**

Sponsor: Wright State University School of Medicine
 Miami Valley Hospital
 Veterans Affairs Medical Center (Dayton)
Prgm Director: Christopher J Barde, MD
 Department of Medicine
 P O Box 927
 Dayton, OH 45401
Tel: 937 208-2010 *Fax:* 937 208-2621
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 144-38-21-099

Oklahoma**Oklahoma City****University of Oklahoma Health Sciences Center Program**

Sponsor: University of Oklahoma College of Medicine
 OU Medical Center
 Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: William M Tierney, MD
 P O Box 26901
 Oklahoma City, OK 73190
Tel: 405 271-5428 *Fax:* 405 271-5803
E-mail: helen-prince@ouhsc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-39-21-082

Oregon**Portland****Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital
 Kaiser Foundation Hospitals-Northwest Region
 Veterans Affairs Medical Center (Portland)
Prgm Director: Kandice L Knigge, MD
 3181 SW Sam Jackson Park Road
 PV-310
 Portland, OR 97239
Tel: 503 494-8577
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-40-31-167

Pennsylvania**Danville****Geisinger Health System Program**

Sponsor: Geisinger Health System
Prgm Director: Michael J Komar, MD
 Department of Gastroenterology
 100 N Academy Avenue
 Danville, PA 17822
Tel: 570 271-6856 *Fax:* 570 271-6852
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-41-21-211

Hershey**Penn State University/Milton S Hershey Medical Center Program**

Sponsor: Milton S Hershey Medical Center
Prgm Director: Thomas J McGarrity, MD
 University Hospital
 PO Box 850
 Hershey, PA 17033
Tel: 717 531-3834 *Fax:* 717 531-4598
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-41-11-015

Philadelphia**Albert Einstein Healthcare Network Program**

Sponsor: Albert Einstein Medical Center
Prgm Director: Philip O Katz, MD
 5401 Old York Road
 Klein Building, Suite 363
 Philadelphia, PA 19141
Tel: 215 456-7162 *Fax:* 215 455-1933
E-mail: walshp@einstein.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-41-31-218

Drexel University College of Medicine/Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
 Hahnemann University Hospital (Tenet Health System)
Prgm Director: James C Reynolds, MD
 245 North 15th Street, Mail Stop 913
 Philadelphia, PA 19102
Tel: 215 762-6070 *Fax:* 215 762-5034
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-41-21-122

Graduate Hospital Program

Sponsor: Graduate Hospital (Tenet Health System)
Prgm Director: Susan J Gordon, MD, JD
 1100 Pepper Pavilion
 1800 Lombard Street
 Philadelphia, PA 19146
Tel: 215 893-6170 *Fax:* 215 893-2472
E-mail: brian.bizub@tenethealth.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-41-11-187

Temple University Hospital Program

Sponsor: Temple University Hospital
Prgm Director: Robert S Fisher, MD
 3401 N Broad St
 Philadelphia, PA 19140
Tel: 215 707-3433 *Fax:* 215 707-2684
E-mail: robert.fisher@temple.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 144-41-21-033

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Anthony J DiMarino, MD
 Main Building, Suite 480
 132 S Tenth Street
 Philadelphia, PA 19107
Tel: 215 955-2728 *Fax:* 215 955-0872
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 144-41-21-034

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
 Presbyterian Medical Center (UPHS)
Prgm Director: Anil K Rustgi, MD
 Gastroenterology, 600A CRB
 415 Curie Boulevard
 Philadelphia, PA 19104
Tel: 215 898-0154 *Fax:* 215 812-1320
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 144-41-21-021

Pittsburgh**Allegheny General Hospital Program**

Sponsor: Allegheny General Hospital
Prgm Director: Rad M Agrawal, MD
 320 East North Avenue
 Pittsburgh, PA 15212
Tel: 412 359-3846 *Fax:* 412 359-8977
E-mail: pshoemak@wpahs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-41-11-045

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Arnold Wald, MD
Department of Medicine - Level C Wing
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 648-9241 *Fax:* 412 648-9378
Length: 3 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 144-41-21-060

Western Pennsylvania Hospital/Temple University Program

Sponsor: The Western Pennsylvania Hospital
Prgm Director: Peter J Molloy, MD
4800 Friendship Avenue
Department of Medicine
Pittsburgh, PA 15224
Tel: 412 578-5123 *Fax:* 412 578-6804
E-mail: rsantona@wpahs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 144-41-11-046

Wynnewood

Lankenau Hospital Program

Sponsor: Lankenau Hospital
Prgm Director: Giancarlo Mercogliano, MD, MBA
Department of Medicine
100 Lancaster Avenue
Wynnewood, PA 19096
Tel: 610 896-7360 *Fax:* 610 526-3731
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 144-41-11-032

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
University Hospital
Prgm Director: Esther A Torres, MD
Department of Medicine A-838
PO Box 365067
San Juan, PR 00936
Tel: 787 758-2525 *Fax:* 787 754-1739
E-mail: etorres@pol.net
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-42-21-124

Veterans Affairs Medical and Regional Office Center (San Juan) Program

Sponsor: Veterans Affairs Medical Center (San Juan)
University Hospital
Prgm Director: Doris H Toro, MD
Gastroenterology Section (111G-0PA)
10 Casia Street
San Juan, PR 00921
Tel: 787 641-9391 *Fax:* 787 641-9510
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-42-31-223

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
Veterans Affairs Medical Center (Providence)
Prgm Director: Jack Wands, MD
Rhode Island Hospital, 593 Eddy St, APC 406
Providence, RI 02903
Tel: 401 444-5031 *Fax:* 401 444-6194
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 144-43-11-125

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of
Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Ira R Willner, MD
96 Jonathan Lucas Street
Ste 210 - CSB
Charleston, SC 29425
Tel: 843 792-2301 *Fax:* 843 792-8395
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-45-21-107

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
Methodist Healthcare-Memphis Hospitals
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Prgm Director: Christopher R Marino, MD, MS
920 Madison Ave, Ste 240
Memphis, TN 38163
Tel: 901 448-5813 *Fax:* 901 448-7091
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 144-47-21-188

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
St Thomas Hospital
Veterans Affairs Medical Center (Nashville)
Prgm Director: Christopher Lind, MD
C2104 MCN
Nashville, TN 37232
Tel: 615 322-5200 *Fax:* 615 343-6228
E-mail: tammy.cagle@vanderbilt.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-47-31-016

Texas

Dallas

Baylor University Medical Center Program

Sponsor: Baylor University Medical Center
Prgm Director: Lawrence R Schiller, MD
3500 Gaston Avenue
Dallas, TX 75246
Tel: 214 820-2671 *Fax:* 214 818-8179
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-48-31-148

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical
School
Dallas County Hospital District-Parkland Memorial
Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Director: Stuart J Spechler, MD
5323 Harry Hines Boulevard
Dallas, TX 75235
Tel: 214 371-6441 *Fax:* 214 857-1571
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 144-48-21-100

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Karen A Szauter, MD
4.106 McCullough
301 University Blvd
Galveston, TX 77555
Tel: 409 772-1501 *Fax:* 409 772-4789
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-48-21-062

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General
Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Prgm Director: Mehnaz A Shafi, MD*
Michael E DeBakey VA Medical Center
2002 Holcombe, 111D, Room 3A-320
Houston, TX 77030
Tel: 713 793-7862 *Fax:* 713 790-6216
E-mail: mshafi@bcm.tmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 11
Program ID: 144-48-21-085

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
University of Texas M D Anderson Cancer Center
Prgm Director: Gene LeSage, MD
Department of Internal Medicine
6431 Fannin, MSB 4.234
Houston, TX 77030
Tel: 713 500-6677 *Fax:* 713 500-6699
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-48-31-017

Lackland AFB

San Antonio Uniformed Services Health Education Consortium (WHMC) Program

Sponsor: San Antonio Uniformed Services Health
Education Consortium
Wilford Hall Medical Center (AETC)
Prgm Director: Col Richard T Shaffer, MD
2200 Bergquist Drive, Suite 1
San Antonio, TX 78236
Tel: 210 916-1869 *Fax:* 210 916-3195
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 144-48-12-063
US Armed Services Program

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San
Antonio
Audie L. Murphy Memorial Veterans Hospital (San
Antonio)
University Health System
Prgm Director: Charles Brady, MD
7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-4876 *Fax:* 210 567-1976
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-48-21-072

Temple**Texas A&M College of Medicine-Scott and White Program**

Sponsor: Scott and White Memorial Hospital
 Central Texas Veterans Affairs Healthcare System
Prgm Director: Richard A Erickson, MD*
 2401 S 31st St
 Temple, TX 76508
Tel: 254 724-2237 *Fax:* 254 724-8276
E-mail: rericckson@swmail.sw.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-48-21-018

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
 Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Scott K Kuwada, MD
 50 North Medical Drive
 Salt Lake City, UT 84132
Tel: 801 581-7802
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 144-49-21-168

Vermont**Burlington****University of Vermont Program**

Sponsor: Fletcher Allen Health Care
Prgm Director: Nicholas Ferrentino, MD
 Gastroenterology Unit
 Burgess 414
 Burlington, VT 05401
Tel: 802 847-2554 *Fax:* 802 847-4928
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 144-50-21-169

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: Carl L Berg, MD
 Department of Internal Medicine
 PO Box 800708
 Charlottesville, VA 22908
Tel: 434 924-2626 *Fax:* 434 924-0491
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 144-51-21-019

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
 Hunter Holmes McGuire VA Medical Center (Richmond)
 Medical College of Virginia Hospitals
Prgm Director: Arun J Sanyal, MD
 1200 East Broad Street
 PO Box 980341
 Richmond, VA 23298
Tel: 804 828-6314 *Fax:* 804 828-2992
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-51-21-020

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
 University of Washington Medical Center
 University of Washington/Harborview Medical Centers
 VA Puget Sound Health Care System
Prgm Director: Sum P Lee, MD, PhD
 1959 NE Pacific Street
 Box 356424
 Seattle, WA 98195
Tel: 206 543-3183 *Fax:* 206 764-2147
E-mail: gifellowship@medicine.washington.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 144-54-21-086

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
 William S Middleton Veterans Hospital
Prgm Director: Eric A Gaumnitz, MD
 600 Highland Avenue
 Room H6/516 - 5124 CSC
 Madison, WI 53792
Tel: 608 263-4034 *Fax:* 608 265-5677
E-mail: dmr@medicine.wisc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 144-56-21-126

Milwaukee**Aurora Health Care Program**

Sponsor: Aurora Health Care
 Aurora Sinai Medical Center
Prgm Director: Aboud Affi, MD
 Aurora Sinai Medical Center
 945 N 12th St, PO Box 342
 Milwaukee, WI 53201
Tel: 414 219-7695
E-mail: rebecca.young@aurora.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 144-56-21-210

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
 Clement J Zablocki Veterans Affairs Medical Center
 Froedtert Memorial Lutheran Hospital
 St Joseph Regional Medical Center
Prgm Director: Kia Saelan, MD, MSc
 9200 W Wisconsin Ave
 GI Division
 Milwaukee, WI 53226
Tel: 414 456-6835 *Fax:* 414 456-6214
Length: 3 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 144-56-31-048

Geriatric Medicine (Family Medicine)**Arizona****Phoenix****St Joseph's Hospital and Medical Center Program**

Sponsor: St Joseph's Hospital and Medical Center
 Del E Webb Memorial Hospital
 Walter O Boswell Memorial Hospital
Prgm Director: Walter J Nieri, MD
 Boswell Memorial Hospital
 10515 W Santa Fe Drive
 Sun City, AZ 85351
Tel: 623 815-7661 *Fax:* 623 815-2981
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 125-09-21-029

California**Colton****Arrowhead Regional Medical Center Program**

Sponsor: Arrowhead Regional Medical Center
Prgm Director: J Frank Randolph, MD*
 Department of Family Medicine
 400 N Pepper Ave
 Colton, CA 92324
Tel: 909 580-6260 *Fax:* 909 580-1362
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 125-05-21-033

Los Angeles**Kaiser Permanente Southern California (Los Angeles) Program**

Sponsor: Kaiser Permanente Southern California
 Kaiser Foundation Hospital (Los Angeles)
Prgm Director: Kreighton L Chan, MD
 4950 Sunset Blvd
 Los Angeles, CA 90027
Tel: 323 783-5817 *Fax:* 323 783-4120
E-mail: kreighton.l.chan@kp.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 125-05-21-025

University of Southern California/California Medical Center (Los Angeles) Program

Sponsor: California Hospital Medical Center
 LAC-Rancho Los Amigos National Rehabilitation Center
 San Gabriel Valley Medical Center
 USC University Hospital
Prgm Director: Karen Josephson, MD
 1420 San Pablo Street
 #PMB-B205
 Los Angeles, CA 90033
Tel: 323 442-2115 *Fax:* 323 442-3070
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 125-05-18-047

District of Columbia

Washington

Providence Hospital/Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Providence Hospital

Prgm Director: Jay Siwek, MD

4151 Bladensburg Road

Colmar Manor, MD 20722

Tel: 301 699-7700 *Fax:* 301 779-9001

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 125-10-21-028

Florida

Orlando

Florida Hospital Program

Sponsor: Florida Hospital Medical Center

Prgm Director: John S Fleming, MD

2501 North Orange Avenue

Suite 235

Orlando, FL 32804

Tel: 407 303-2814 *Fax:* 407 303-2885

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 125-11-21-032

Illinois

Peoria

University of Illinois College of Medicine at Peoria Program

Sponsor: University of Illinois College of Medicine at Peoria

Methodist Medical Center of Illinois

Prgm Director: John J Coon, MD

815 Main, Suite C

Peoria, IL 61602

Tel: 309 672-5908 *Fax:* 309 672-4790

Length: 1 Yr

Program ID: 125-16-13-052

Indiana

Indianapolis

St Vincent Hospital and Health Care Center Program

Sponsor: St Vincent Hospital and Health Care Center

Prgm Director: Craig J Wilson, MD, MSc

Suite 102

8260 Naab Rd

Indianapolis, IN 46260

Tel: 317 338-7774 *Fax:* 317 338-7907

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 125-17-31-036

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics

Prgm Director: Gerald J Jogerst, MD

200 Hawkins Drive

Iowa City, IA 52242

Tel: 319 384-7704 *Fax:* 319 384-7822

E-mail: gretchen-schmuck@uiowa.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 125-18-21-034

Kentucky

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine

Jewish Hospital

Norton Healthcare - Norton Hospital

University of Louisville Hospital

Veterans Affairs Medical Center (Louisville)

Prgm Director: James G O'Brien, MD*

MedCenter One Suite 270

501 E Broadway

Louisville, KY 40202

Tel: 502 852-5498 *Fax:* 502 852-0651

E-mail: jim.obrien@louisville.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 125-20-21-035

Maine

Augusta

Maine-Dartmouth Family Practice Program

Sponsor: Maine-Dartmouth Family Practice Residency

Maine General Medical Center

Prgm Director: Karen Gershman, MD

15 E Chestnut Street

Augusta, ME 04330

Tel: 207 626-1894 *Fax:* 207 626-1902

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 125-22-11-051

Michigan

Lansing

Sparrow Hospital/Michigan State University Program

Sponsor: Sparrow Hospital

Michigan State University Clinical Center

Prgm Director: Larry Lawhorne, MD

B101 Clinical Center

East Lansing, MI 48824

Tel: 517 353-3544 *Fax:* 517 355-7700

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 125-25-12-055

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine

Harry S Truman Memorial Veterans Hospital

University Hospitals and Clinics

Prgm Director: David R Mehr, MD, MS

Dept of Family and Community Med

M226 Medical Sciences Building

Columbia, MO 65212

Tel: 573 882-1584 *Fax:* 573 884-6172

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 125-28-21-026

Kansas City

University of Missouri at Kansas City Program

Sponsor: University of Missouri-Kansas City School of Medicine

Truman Medical Center-Lakewood

Prgm Director: Jon F Dedon, MD

7900 Lee's Summit Road

Kansas City, MO 64139

Tel: 816 404-7751 *Fax:* 816 404-7756

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 125-28-31-027

New Jersey

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School

St Peter's University Hospital

Prgm Director: David F Howarth, MD, MPH

Department of Family Medicine

One Robert Wood Johnson Place CN 19

New Brunswick, NJ 08903

Tel: 732 235-7669 *Fax:* 732 235-6309

Length: 1 Yr *ACGME Approved/Offered Positions:* 4

Program ID: 125-33-21-009

New York

Johnson City

United Health Services Hospitals Program

Sponsor: United Health Services Hospitals

Binghamton General Hospital

Wilson Memorial Regional Medical Center (United Health Svcs)

Prgm Director: James Crosby, MD

40 Arch Street

Johnson City, NY 13790

Tel: 607 763-6334 *Fax:* 607 763-5414

E-mail: James_crosby@uhs.org

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 125-35-31-054

North Carolina

Greenville

Pitt County Memorial Hospital/East Carolina University Program

Sponsor: Pitt County Memorial Hospital

Prgm Director: Irene M Hamrick, MD*

Department of Family Medicine

4N-72 Brody Medical Sciences Bldg

Greenville, NC 27858

Tel: 252 744-2597 *Fax:* 252 744-3040

Length: 1 Yr *ACGME Approved/Offered Positions:* 4

Program ID: 125-36-11-011

Ohio**Cincinnati****Christ Hospital/University of Cincinnati College of Medicine Program**

Sponsor: Christ Hospital University Hospital Inc
Prgm Director: Gregg Warshaw, MD
 Department of Family Medicine
 231 Albert Sabin Way, PO Box 670504
 Cincinnati, OH 45267
Tel: 513 584-0650 *Fax:* 513 584-2809
E-mail: hardinsc@fammed.uc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 125-38-21-012

Cleveland**Case Western Reserve University (MetroHealth) Program**

Sponsor: MetroHealth Medical Center
Prgm Director: Mary V Corrigan, MD
 Department of Family Medicine/Geriatrics
 2500 MetroHealth Drive
 Cleveland, OH 44109
Tel: 216 778-5415 *Fax:* 216 778-2527
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 125-38-21-031

Columbus**Riverside Methodist Hospitals (OhioHealth) Program**

Sponsor: Riverside Methodist Hospitals (OhioHealth)
Prgm Director: James D Cassady, MD*
 3724 A Olentangy River Road
 Columbus, OH 43214
Tel: 614 566-5414 *Fax:* 614 566-6843
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 125-38-11-049

Pennsylvania**Allentown****Sacred Heart Hospital/Temple University (Allentown) Program**

Sponsor: Sacred Heart Hospital Moss Rehabilitation Hospital
Prgm Director: Richard T Martin, MD
 450 Chew Street
 Allentown, PA 18102
Tel: 610 776-5912 *Fax:* 610 776-4895
E-mail: tmartin@shh.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 125-41-12-048

Lancaster**Lancaster General Hospital Program**

Sponsor: Lancaster General Hospital
Prgm Director: J Kenneth Brubaker, MD
 2110 Harrisburg Pk
 PO Box 3200, Suite 300
 Lancaster, PA 17604
Tel: 717 544-3022 *Fax:* 717 544-3021
E-mail: kennethb@masonichomespa.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 125-41-12-042

Philadelphia**Thomas Jefferson University Program**

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Susan M Parks, MD
 1015 Walnut Street, #401
 Philadelphia, PA 19107
Tel: 215 955-6708 *Fax:* 215 955-0640
E-mail: Cassie.Mills@jefferson.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 125-41-21-015

Pittsburgh**University of Pittsburgh Medical Center Medical Education (St Margaret) Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 UPMC St Margaret
Prgm Director: Vincent M Balestrino, MD*
 Division of Gerontology
 815 Freeport Road
 Pittsburgh, PA 15215
Tel: 412 784-4261 *Fax:* 412 784-5274
E-mail: balestrinovm@upmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 125-41-12-016

Puerto Rico**San Juan****University of Puerto Rico Program**

Sponsor: University of Puerto Rico School of Medicine
 University of Puerto Rico Hospital at Carolina Veterans Affairs Medical Center (San Juan)
Prgm Director: Ismenio Millan, MD
 Carr 3 Km 8.3 Ave 65 de Infanteria
 Call Box 6021
 Carolina, PR 00984
Tel: 787 776-4420 *Fax:* 787 776-4421
E-mail: imillan@hospitalupr.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 125-42-21-017

Tennessee**Knoxville****University of Tennessee Medical Center at Knoxville Program**

Sponsor: University of Tennessee Graduate School of Medicine
 University of Tennessee Memorial Hospital
Prgm Director: Larry E Davis, MD
 1924 Alcoa Highway
 Box U-87
 Knoxville, TN 37920
Tel: 865 544-9352 *Fax:* 865 544-6532
E-mail: tmarmstr@mc.utmck.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 125-47-31-043

Texas**Amarillo****Texas Tech University (Amarillo) Program**

Sponsor: Texas Tech University Health Sciences Center at Amarillo
 Baptist-St Anthony's Health System
Prgm Director: Dennis P Zoller, MD
 1400 Wallace Boulevard
 Amarillo, TX 79106
Tel: 806 212-3550 *Fax:* 806 212-3554
E-mail: Dennis.Zoller@ttuhsc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 125-48-33-050

Fort Worth**John Peter Smith Hospital (Tarrant County Hospital District) Program**

Sponsor: John Peter Smith Hospital (Tarrant County Hospital District)
Prgm Director: Elizabeth Carter, MD
 1500 South Main Street
 Fort Worth, TX 76104
Tel: 817 927-1200 *Fax:* 817 927-1691
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 125-48-21-039

Houston**University of Texas at Houston Program**

Sponsor: University of Texas Medical School at Houston
 Lyndon B Johnson General Hospital Memorial Hermann Hospital System
Prgm Director: Robert S Tan, MD, MBA*
 6431 Fannin, Suite JLL324
 Houston, TX 77030
Tel: 713 500-7580 *Fax:* 713 500-7619
E-mail: dbrownfield@uth.tmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 125-48-12-045

Virginia**Roanoke****Carilion Health System Program**

Sponsor: Carilion Health System
 Carilion Medical Center-Roanoke Memorial Hospital
Prgm Director: Aubrey L Knight, MD
 1314 Peters Creek Road
 Roanoke, VA 24017
Tel: 540 562-5702 *Fax:* 540 562-4258
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 125-51-13-044

Washington**Seattle****Swedish Medical Center (First Hill) Program**

Sponsor: Swedish Medical Center-Seattle
 University of Washington Medical Center
Prgm Director: Patricia L Borman, MD
 1401 Madison Street, #100
 Seattle, WA 98104
Tel: 206 215-2602 *Fax:* 206 215-6027
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 125-54-31-040

Geriatric Medicine (Internal Medicine)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Richard V Sims, MD
219 CHSB-19th
933 South 18th Street
Birmingham, AL 35294
Tel: 205 934-3259 *Fax:* 205 558-7068
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 151-01-21-001

Arizona

Phoenix

Banner Good Samaritan Medical Center Program

Sponsor: Banner Good Samaritan Medical Center
Carl T Hayden Veterans Affairs Medical Center
(Phoenix)
Prgm Director: Gary H Salzman, MD
Geriatric Fellowship, WT-4
1111 E McDowell
Phoenix, AZ 85006
Tel: 602 239-6950 *Fax:* 602 239-5094
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-03-21-102

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Prgm Director: Mindy J Fain, MD
College of Medicine, Geriatrics
PO Box 245069
Tucson, AZ 85724
Tel: 520 626-6854 *Fax:* 520 626-8854
E-mail: mindy.fain@med.va.gov
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-03-21-122

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Cathy S Powers, MD
4301 W Markham Street #748
Little Rock, AR 72205
Tel: 501 526-6547 *Fax:* 501 603-1091
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Program ID: 151-04-21-003

California

Los Angeles

Charles R Drew University Program

Sponsor: Charles R Drew University of Medicine and
Science
LAC-King/Drew Medical Center
White Memorial Medical Center
Prgm Director: Arnel M Joaquin, MD
Division of Geriatrics
12021 S Wilmington Avenue
Los Angeles, CA 90059
Tel: 323 563-4822 *Fax:* 323 563-9393
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Program ID: 151-05-11-108

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Bruce A Ferrell, MD
10845 Le Conte Ave, Suite 2339
Los Angeles, CA 90095
Tel: 310 825-8253
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Program ID: 151-05-21-005

University of Southern California/ LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC
Medical Center
LAC+USC Medical Center
USC University Hospital
Prgm Director: Dohwa Kim, MD*
Division of Geriatric & General Internal Medicine
1200 N State Street, Room 8435
Los Angeles, CA 90033
Tel: 323 226-6571 *Fax:* 323 226-2718
E-mail: severa@usc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-05-21-114

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical
Center
VA Long Beach Healthcare System
Prgm Director: Solomon Liao, MD*
Bldg 200, Suite 835, Rte 81
101 The City Drive South
Orange, CA 92868
Tel: 714 456-5003 *Fax:* 714 456-7933
E-mail: ssliao@uci.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-05-21-086

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
VA Northern California Health Care System
Prgm Director: Calvin H Hirsch, MD
Div of Gen Med, UC Davis Med Ctr
4150 V Street, PSSB-2400
Sacramento, CA 95817
Tel: 916 734-7004 *Fax:* 916 734-2732
E-mail: chirsch@ucdavis.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-05-21-006

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical
Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: John W Daly, MD
Department of Medicine
200 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-3505 *Fax:* 619 543-3383
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-05-21-046

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School
of Medicine
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: C Bree Johnston, MD, MPH
VA Medical Center (181G)
4150 Clement Street
San Francisco, CA 94121
Tel: 415 750-6625 *Fax:* 415 750-6641
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Program ID: 151-05-31-007

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Veterans Affairs Palo Alto Health Care System
Prgm Director: Mary K Goldstein, MD, MS*
GRECC 182B
3801 Miranda Avenue
Palo Alto, CA 94304
Tel: 650 493-5000 *Fax:* 650 496-2505
E-mail: goldstein@stanford.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-05-21-053

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Veterans Affairs Medical Center (Denver)
Prgm Director: Laurence J Robbins, MD
Geriatrics Section (I11D)
1055 Clermont Street
Denver, CO 80220
Tel: 303 393-2322
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-07-21-073

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Hebrew Home and Hospital
St Francis Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey
Hospital
VA Connecticut-Newington
Prgm Director: Gail M Sullivan, MD, MPH
Center on Aging, MC-5215
263 Farmington Avenue
Farmington, CT 06030
Tel: 860 679-3956 *Fax:* 860 679-1307
E-mail: gsullivan@nsol1.uconn.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 151-08-31-008

New Haven**Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Prgm Director: Margaret M Driekamer, MD
Yale-New Haven Hospital
20 York Street, TMP 15
New Haven, CT 06504
Tel: 203 688-3344 *Fax:* 203 688-4209
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-08-21-054

District of Columbia**Washington****George Washington University Program**

Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Veterans Affairs Medical Center (Washington DC)
Prgm Director: Elizabeth L Cobbs, MD
Department of Medicine, 2-South
2150 Pennsylvania Avenue, NW
Washington, DC 20037
Tel: 202 741-2278 *Fax:* 202 741-2185
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 151-10-21-055

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: John R Meuleman, MD
GRECC
VA Medical Center, VA 182
Gainesville, FL 32608
Tel: 352 374-6077 *Fax:* 352 374-6142
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-11-21-009

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Prgm Director: Jorge G Ruiz, MD
Division of Gerontology and Geriatric Medicine
PO Box 016960 (D-503)
Miami, FL 33101
Tel: 305 575-3388 *Fax:* 305 575-3365
Length: 1 Yr *ACGME Approved/Offered Positions:* 10
Program ID: 151-11-21-010

Tampa**University of South Florida Program**

Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital
Veterans Affairs Medical Center (Bay Pines)
Prgm Director: Ronald S Schonwetter, MD
College of Medicine, Box 19
12901 Bruce B Downs Blvd
Tampa, FL 33612
Tel: 813 974-2460 *Fax:* 813 974-2580
E-mail: Claudia.Beghe@med.usf.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 151-11-21-011

Weston**Cleveland Clinic Hospital (Florida) Program**

Sponsor: Cleveland Clinic Florida
Cleveland Clinic Hospital
Health South Sunrise Rehabilitation Hospital
Prgm Director: Jerry O Ciocon, MD
2950 Cleveland Clinic Boulevard
Weston, FL 33331
Tel: 954 659-5353 *Fax:* 954 659-5354
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-11-21-144

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine
Veterans Affairs Medical Center (Atlanta)
Wesley Woods Geriatric Hospital
Prgm Director: Joseph G Ouslander, MD
Wesley Woods Geriatric Center
1841 Clifton Road, NE
Atlanta, GA 30329
Tel: 404 728-6295 *Fax:* 404 728-6425
Length: 1 Yr *ACGME Approved/Offered Positions:* 7
Program ID: 151-12-21-100

Hawaii**Honolulu****University of Hawaii Program**

Sponsor: University of Hawaii John A Burns School of Medicine
Kaiser Foundation Hospital (Moanalua)
Kuakini Medical Center
VA Regional Office-Outpatient Clinic (Honolulu)
Prgm Director: Kamal H Masaki, MD*
Kuakini Medical Center
347 North Kuakini Street, HPM9
Honolulu, HI 96817
Tel: 808 523-8461 *Fax:* 808 523-1897
E-mail: khmasaki@phrihawaii.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Program ID: 151-14-21-047

Illinois**Chicago****McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Prgm Director: Herbert C Sier, MD
Department of Medicine
676 N St Clair Street, Suite 200
Chicago, IL 60611
Tel: 312 695-1530 *Fax:* 312 695-0951
E-mail: e-dillard@northwestern.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-16-21-079

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Jack Olson, MD
1653 W Congress Parkway
Chicago, IL 60612
Tel: 312 942-5321 *Fax:* 312 942-8399
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-16-11-081

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Daniel J Brauner, MD
5841 S Maryland Avenue, MC6098
W737
Chicago, IL 60637
Tel: 773 702-6985 *Fax:* 773 702-3538
E-mail: dbrauner@medicine.bsd.uchicago.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-16-11-012

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Prgm Director: Felipe P Perez, MD*
Department of Medicine
840 South Wood Street M/C 717
Chicago, IL 60612
Tel: 312 569-7323 *Fax:* 312 569-7328
E-mail: ukhan2@uic.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 7
Program ID: 151-16-21-091

Maywood**Loyola University Program**

Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Ileana Soneru, MD
Department of Medicine (181)
Hines, IL 60141
Tel: 708 202-2592 *Fax:* 708 202-2163
Length: 1 Yr *ACGME Approved/Offered Positions:* 9
Program ID: 151-16-21-013

Park Ridge**Advocate Lutheran General Hospital Program**

Sponsor: Advocate Lutheran General Hospital
Prgm Director: William D Rhoades, DO
Department of Medicine
1775 West Dempster Street
Park Ridge, IL 60068
Tel: 847 723-4756 *Fax:* 847 696-3391
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-16-21-120

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: Glenda R Westmoreland, MD, MPH
1001 West 10th Street
OPW-M200
Indianapolis, IN 46202
Tel: 317 630-6398 *Fax:* 317 630-2667
E-mail: gwestmor@iupui.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 151-17-21-016

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Prgm Director: Daniel L Swagerty, MD, MPH
Div of General & Geriatric Medicine
Department of Medicine
Kansas City, KS 66160
Tel: 913 588-1940 *Fax:* 913 588-1201
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-19-21-056

Louisiana

New Orleans

Tulane University Program

Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Ochsner Clinic Foundation
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Prgm Director: David Grossman, MD
1601 Perdido Street
New Orleans, LA 70146
Tel: 504 589-5907 *Fax:* 504 584-4072
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 151-21-21-115

Maine

Portland

Maine Medical Center Program

Sponsor: Maine Medical Center
New England Rehabilitation Hospital
Prgm Director: David W Scotton, MD
22 Bramhall Street
Portland, ME 04102
Tel: 207 871-2651 *Fax:* 207 871-6788
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-22-21-146

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Prgm Director: Samuel C Durso, MD
5505 Hopkins Bayview Circle
Baltimore, MD 21224
Tel: 410 550-3268 *Fax:* 410 550-2116
E-mail: legibson@jhmi.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 10
Program ID: 151-23-11-018

University of Maryland Program

Sponsor: University of Maryland Medical System
Union Memorial Hospital
Veterans Affairs Medical Center (Baltimore)
Prgm Director: Conrad May, MD
Box 152
22 South Greene Street
Baltimore, MD 21201
Tel: 410 605-7000 *Fax:* 410 605-7913
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-23-21-104

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program

Sponsor: Beth Israel Deaconess Medical Center
Boston VA Healthcare System (Brockton-West Roxbury)
Cambridge Hospital/Cambridge Health Alliance
Edith Nourse Rogers Memorial Veterans Hospital
(Bedford)
Hebrew Rehabilitation Center for Aged
Youville Hospital & Rehabilitation Center
Prgm Director: Anne Fabiny, MD
Hebrew Rehabilitation Center for Aged
1200 Centre Street
Boston, MA 02131
Tel: 617 363-8293 *Fax:* 617 363-8929
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Program ID: 151-24-21-019

Boston University Medical Center Program

Sponsor: Boston Medical Center
Edith Nourse Rogers Memorial Veterans Hospital
(Bedford)
Prgm Director: Sharon Levine, MD
88 East Newton Street, Robinson 2
Boston, MA 02118
Tel: 617 638-6155 *Fax:* 617 638-8387
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 151-24-31-020

Springfield

Baystate Medical Center/Tufts University School of Medicine Program

Sponsor: Baystate Medical Center
Prgm Director: Sandra Bellantonio, MD
759 Chestnut Street
Springfield, MA 01199
Tel: 413 794-8121 *Fax:* 413 794-4054
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-24-21-128

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Robert V Hogikyan, MD, MPH
Room 1111, CCGCB
1500 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 761-7686 *Fax:* 734 761-7489
E-mail: hogikyan@umich.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Program ID: 151-25-21-024

Dearborn

Oakwood Hospital Program

Sponsor: Oakwood Hospital
Prgm Director: Raphael J Kiel, MD*
18101 Oakwood Boulevard
Medical Education/Geriatric Fellowship
Dearborn, MI 48123
Tel: 313 593-7119 *Fax:* 313 436-2071
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-25-13-143

Detroit

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Veterans Affairs Medical Center (Detroit)
Prgm Director: Joel Steinberg, MD
Dept of Medicine, 5C
4201 St Antoine Blvd
Detroit, MI 48201
Tel: 313 577-5030 *Fax:* 313 745-4710
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 151-25-21-111

Flint

Hurley Medical Center/Michigan State University Program

Sponsor: Hurley Medical Center
Prgm Director: Ghassan Bachuwa, MD
One Hurley Plaza, MOB Suite 212
Flint, MI 48503
Tel: 810 257-9682 *Fax:* 810 762-7245
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 151-25-31-141

Royal Oak

William Beaumont Hospital Program

Sponsor: William Beaumont Hospital
Prgm Director: Michael E Maddens, MD
3535 W 13 Mile Road
Suite 105
Royal Oak, MI 48073
Tel: 248 551-0622 *Fax:* 248 551-1244
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-25-31-117

Minnesota

Minneapolis

Hennepin County Medical Center Program

Sponsor: Hennepin County Medical Center
Prgm Director: Lawrence J Kerzner, MD
Geriatric Medicine Division
701 Park Avenue
Minneapolis, MN 55415
Tel: 612 873-7490 *Fax:* 612 904-4243
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-26-31-050

University of Minnesota Program

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Regions Hospital
Prgm Director: Michael T Spilane, MD
640 Jackson Street
St Paul, MN 55101
Tel: 651 254-3466 *Fax:* 651 254-3048
E-mail: michael.t.spilane@healthpartners.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-26-13-140

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prgm Director: Gregory J Hanson, MD
Mayo Clinic
200 First Street, SW
Rochester, MN 55905
Tel: 507 284-2511
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-26-21-085

Missouri**St Louis****St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine
St Louis University Hospital
Veterans Affairs Medical Center (St Louis)
Prgm Director: Joseph H Flaherty, MD
Department of Medicine
1402 S Grand Blvd, M238
St Louis, MO 63104
Tel: 314 577-8462 *Fax:* 314 771-8575
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 151-28-21-095

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Rehabilitation Institute of St Louis
Prgm Director: David B Carr, MD
4488 Forest Park Boulevard
St Louis, MO 63108
Tel: 314 286-2700 *Fax:* 314 286-2701
E-mail: jwilson@im.wustl.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-28-21-027

Nebraska**Omaha****University of Nebraska Medical Center College of Medicine Program**

Sponsor: University of Nebraska Medical Center College of Medicine
The Nebraska Medical Center
Prgm Director: Jane F Potter, MD
981320 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-7595 *Fax:* 402 559-3877
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-30-21-028

New Jersey**Neptune****Jersey Shore University Medical Center Program**

Sponsor: Jersey Shore University Medical Center
Prgm Director: Joshua R Shua-Haim, MD
1945 Route 33
Neptune, NJ 07754
Tel: 732 776-4420 *Fax:* 732 657-0111
E-mail: juanitasmith@meridianhealth.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-33-21-129

Newark**UMDNJ-New Jersey Medical School Program**

Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
Prgm Director: Knight Steel, MD
30 Prospect Avenue
Hackensack, NJ 07601
Tel: 201 966-2503 *Fax:* 201 883-0870
E-mail: ksteel@humed.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-33-21-103

New Mexico**Albuquerque****University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Suzanne Pinon, MD
Geriatric Division, MSC10 5550
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505 272-6082 *Fax:* 505 272-4435
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-34-21-093

New York**Albany****Albany Medical Center Program**

Sponsor: Albany Medical Center
Veterans Affairs Medical Center (Albany)
Prgm Director: Mollie Shulan, MD
Geriatric & Extended Care (GEC)
113 Holland Avenue
Albany, NY 12208
Tel: 518 626-6031 *Fax:* 518 626-6045
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-35-31-058

Bronx**Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Laurie G Jacobs, MD
111 East 210th Street
Bronx, NY 10467
Tel: 718 920-6722 *Fax:* 718 655-9672
E-mail: lajacobs@montefiore.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 151-35-21-083

New York Medical College (Our Lady of Mercy) Program

Sponsor: New York Medical College
Our Lady of Mercy Medical Center
Prgm Director: T S Dharmarajan, MD
4141 Carpenter Avenue
Bronx, NY 10466
Tel: 718 920-9041 *Fax:* 718 920-9043
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Program ID: 151-35-11-107

Brooklyn**Maimonides Medical Center Program**

Sponsor: Maimonides Medical Center
Prgm Director: Robert D Kennedy, MD, MBChB
4802 Tenth Avenue
Brooklyn, NY 11219
Tel: 718 283-8549 *Fax:* 718 283-8498
E-mail: rkennedy@maimonidesmed.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-35-11-126

New York Methodist Hospital Program

Sponsor: New York Methodist Hospital
Prgm Director: Thayyullathil Bharathan, MD
506 Sixth Street
Brooklyn, NY 11215
Tel: 718 780-5246 *Fax:* 718 780-3259
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-35-21-121

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
Kaleida Health System (Millard Fillmore Hospital)
Veterans Affairs Western New York Healthcare System
Prgm Director: Bruce J Naughton, MD
3 Gates Circle
Buffalo, NY 14209
Tel: 716 887-5235 *Fax:* 716 887-4437
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 151-35-31-030

Flushing**Flushing Hospital Medical Center Program**

Sponsor: Flushing Hospital Medical Center
Prgm Director: Anthony T Vela, MD
4500 Parsons Boulevard
Flushing, NY 11355
Tel: 718 670-3121 *Fax:* 718 670-4510
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-35-21-123

Jamaica**New York Medical College (Brooklyn-Queens) Program**

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Brooklyn-Queens)
Prgm Director: Dharamjit N Kumar, MD
88-25 153rd Street, Apt 4L
Jamaica, NY 11432
Tel: 718 558-7015 *Fax:* 718 558-2476
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-35-31-124

Manhasset**North Shore University Hospital/NYU School of Medicine Program**

Sponsor: North Shore University Hospital
Prgm Director: Howard J Guzik, MD
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-8005 *Fax:* 516 562-8064
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-35-21-084

Mineola**Winthrop-University Hospital Program**

Sponsor: Winthrop-University Hospital
United Presbyterian Residence
Prgm Director: Lucy O Macina, MD
222 Station Plaza N, Room 518
Mineola, NY 11501
Tel: 516 663-2588 *Fax:* 516 663-4644
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-35-21-088

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program

Sponsor: Long Island Jewish Medical Center
Parker Jewish Geriatric Institute
Prgm Director: Gisele P Wolf-Klein, MD*
271-11 76th Avenue
New Hyde Park, NY 11042
Tel: 718 289-2276 *Fax:* 718 289-2345
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Program ID: 151-35-21-031

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Helen M Fernandez, MD, MPH*
Box 1070
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-8910 *Fax:* 212 987-0793
Length: 1 Yr *ACGME Approved/Offered Positions:* 14
Program ID: 151-35-31-062

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: Caroline Vitale, MD
Geriatric Medicine, NR 12-21
153 W 11th Street
New York, NY 10011
Tel: 212 604-2191 *Fax:* 212 604-2128
E-mail: anclarke@saintvincentsnyc.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-35-21-090

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Barrie L Raik, MD
Division of Geriatrics and Gerontology
525 East 68th Street, Box 39
New York, NY 10021
Tel: 212 746-1729 *Fax:* 212 746-4888
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-35-12-127

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Goldwater Memorial Hospital
Prgm Director: Michael L Freedman, MD
First Avenue and 27th Street
Room 1 North 49
New York, NY 10016
Tel: 212 562-6380 *Fax:* 212 263-7035
Length: 1 Yr *ACGME Approved/Offered Positions:* 7
Program ID: 151-35-21-101

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
Beth Israel Medical Center
Prgm Director: Edward W Colt, MD
1111 Amsterdam Avenue
New York, NY 10025
Tel: 212 523-5727 *Fax:* 212 523-4823
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-35-31-132

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Highland Hospital of Rochester
Monroe Community Hospital
Prgm Director: Paul R Katz, MD
435 E Henrietta Road
Rochester, NY 14620
Tel: 716 760-6354 *Fax:* 716 760-6376
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 151-35-31-105

Staten Island

Staten Island University Hospital Program

Sponsor: Staten Island University Hospital
Prgm Director: Donna Seminara, MD*
475 Seaview Avenue
Staten Island, NY 10305
Tel: 718 226-4374 *Fax:* 718 226-1528
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-35-21-110

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Prgm Director: Suzanne D Fields, MD
Primary Care Center
205 N Belle Mead Rd
Setauket, NY 11733
Tel: 631 444-5273 *Fax:* 631 444-5295
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 151-35-22-109

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Sharon A Brangman, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-5167 *Fax:* 315 464-5771
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 151-35-21-097

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Jan Busby-Whitehead, MD
CB# 7550
141 MacNider Bldg
Chapel Hill, NC 27599
Tel: 919 966-5945 *Fax:* 919 962-9795
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-36-21-059

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Kenneth W Lyles, MD
Box 3881
Durham, NC 27710
Tel: 919 286-6932 *Fax:* 919 286-6823
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-36-21-033

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Hal H Atkinson, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 713-8548 *Fax:* 336 713-8588
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-36-21-034

Ohio

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Veterans Affairs Medical Center (Cleveland)
Prgm Director: Teresa Dolinar, MD
Geriatric Care Center/Fairhill Cntr
12200 Fairhill Road
Cleveland, OH 44120
Tel: 216 844-6370 *Fax:* 216 844-6492
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Program ID: 151-38-21-035

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Akron City Hospital (Summa Health System)
Prgm Director: Robert M Palmer, MD
9500 Euclid Avenue
Desk A91
Cleveland, OH 44195
Tel: 216 444-8091 *Fax:* 216 445-8762
E-mail: meded@ccf.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 151-38-12-037

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: David O Staats, MD
PO Box 26901, VAMC 11G
Oklahoma City, OK 73190
Tel: 405 271-8558 *Fax:* 405 271-3887
E-mail: david-staats@ouhsc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 151-39-21-112

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Eastmoreland Hospital
Veterans Affairs Medical Center (Portland)
Prgm Director: Carol L Joseph, MD
Medical Service (P3-GERI)
PO Box 1034
Portland, OR 97207
Tel: 503 273-5015 *Fax:* 503 721-7807
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 151-40-31-038

Pennsylvania**Abington****Abington Memorial Hospital Program**

Sponsor: Abington Memorial Hospital
Prgm Director: Mary T Hoffman, MD
 1200 Old York Road
 Abington, PA 19001
Tel: 215 481-4350 *Fax:* 215 481-4361
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-41-21-185

Philadelphia**Albert Einstein Healthcare Network Program**

Sponsor: Albert Einstein Medical Center
 Moss Rehabilitation Hospital
Prgm Director: Todd H Goldberg, MD
 5501 Old York Road
 Philadelphia, PA 19141
Tel: 215 456-8608 *Fax:* 215 456-7512
E-mail: goldbert@einstein.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-41-11-078

Temple University Hospital Program

Sponsor: Temple University Hospital
Prgm Director: Susan J Denman, MD
 3401 North Broad Street
 Philadelphia, PA 19140
Tel: 215 456-2943 *Fax:* 215 456-2883
E-mail: cglew@temple.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Program ID: 151-41-21-118

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
 Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Edna P Schwab, MD
 Division of Geriatric Medicine
 Ralston House — 3615 Chestnut Street
 Philadelphia, PA 19104
Tel: 215 662-4416 *Fax:* 215 573-9138
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 151-41-21-060

Pittsburgh**University of Pittsburgh Medical Center Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 UPMC Presbyterian/Shadyside
 Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Neil M Resnick, MD
 Division of Geriatric Medicine
 3471 Fifth Avenue, Suite 500
 Pittsburgh, PA 15213
Tel: 412 692-2364 *Fax:* 412 692-2380
E-mail: kinneyn@msx.dept-med.pitt.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Program ID: 151-41-21-077

Puerto Rico**San Juan****University of Puerto Rico Program**

Sponsor: University of Puerto Rico School of Medicine
 University Hospital
 University of Puerto Rico Hospital at Carolina
 Veterans Affairs Medical Center (San Juan)
Prgm Director: Ivonne Z Jimenez-Velazquez, MD
 Box 365067
 Medical Sciences Campus
 San Juan, PR 00936
Tel: 787 758-2525 *Fax:* 787 754-1739
E-mail: ijjv@prv.net
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-42-21-089

Rhode Island**Providence****Brown University Program**

Sponsor: Rhode Island Hospital-Lifespan
 Miriam Hospital-Lifespan
Prgm Director: John B Murphy, MD
 593 Eddy Street
 Providence, RI 02903
Tel: 401 444-5248 *Fax:* 401 444-3397
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-43-12-139

South Carolina**Columbia****Palmetto Health/University of South Carolina School of Medicine Program**

Sponsor: Palmetto Health
 Palmetto Health Richland
Prgm Director: G Paul Eleazer, MD
 15 Medical Park, Ste 211
 Columbia, SC 29203
Tel: 803 434-4390 *Fax:* 803 434-4334
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-45-21-119

Tennessee**Nashville****Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Prgm Director: James S Powers, MD
 Senior Care Service
 7155 Vanderbilt Medical Center East
 Nashville, TN 37232
Tel: 615 936-3274 *Fax:* 615 936-3156
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-47-21-125

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
 Dallas County Hospital District-Parkland Memorial Hospital
 Veterans Affairs Medical Center (Dallas)
Prgm Director: Vivienne M Roche, MD*
 5323 Harry Hines Boulevard
 Dallas, TX 75390
Tel: 214 648-9012 *Fax:* 214 648-2087
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 151-48-12-136

Galveston**University of Texas Medical Branch Hospitals Program**

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Anita C Mercado, MD
 Department of Medicine
 301 University Boulevard
 Galveston, TX 77555
Tel: 409 722-8333 *Fax:* 409 772-8931
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-48-21-106

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
 Harris County Hospital District-Ben Taub General Hospital
 Methodist Hospital
 Michael E DeBakey VA Medical Center - Houston
Prgm Director: George E Taffet, MD
 Houston Veterans Affairs Medical Center (110)
 2002 Holcombe Boulevard
 Houston, TX 77030
Tel: 713 794-7157 *Fax:* 713 794-7092
E-mail: gtaffet@bcm.tmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 151-48-31-040

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
 Audie L Murphy Memorial Veterans Hospital (San Antonio)
 University Health System
Prgm Director: Laura K Chiodo, MD, MPH
 Dept of Geriatrics Extended Care
 7400 Merton Minter Drive
 San Antonio, TX 78229
Tel: 210 617-5311 *Fax:* 210 617-5312
E-mail: chiodo@uthscsa.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 151-48-21-075

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
 Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Gerald Rothstein, MD
 Department of Medicine
 50 North Medical Drive
 Salt Lake City, UT 84132
Tel: 801 581-2628 *Fax:* 801 585-8884
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-49-21-052

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Evergreene Nursing Care Center
Mountainside Senior Living
Prgm Director: Jonathan M Evans, MD, MPH
PO Box 800901
Charlottesville, VA 22908
Tel: 434 243-9266 *Fax:* 434 243-9282
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-51-21-042

Norfolk

Eastern Virginia Medical School Program

Sponsor: Eastern Virginia Medical School
DePaul Medical Center
Veterans Affairs Medical Center (Hampton)
Prgm Director: Stefan Gravenstein, MD, MPH
825 Fairfax Avenue, Suite 201
Norfolk, VA 23507
Tel: 757 446-7040 *Fax:* 757 446-7049
E-mail: gravens@evms.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-51-31-137

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm Director: Angela Gentili, MD
Geriatrics Medicine Section (181)
1201 Broad Rock Blvd
Richmond, VA 23249
Tel: 804 675-5076 *Fax:* 804 675-5720
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 151-51-21-043

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
VA Puget Sound Health Care System
Prgm Director: Itamar B Abrass, MD
325 9th Avenue
Box 359755
Seattle, WA 98104
Tel: 206 744-9100 *Fax:* 206 744-9976
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-54-21-044

Tacoma

Madigan Army Medical Center Program

Sponsor: Madigan Army Medical Center
Veterans Affairs Medical Center (Tacoma)
Prgm Director: Sharon Falzgraf, MD
American Lake (A-182-GEC)
Tacoma, WA 98493
Tel: 253 583-2085 *Fax:* 253 589-4105
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-54-12-074
US Armed Services Program

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Prgm Director: Steven R Barcz, MD
GRECC
2500 Overlook Terrace
Madison, WI 53705
Tel: 608 280-7000
E-mail: llh@medicine.wisc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-56-21-049

Milwaukee

Aurora Health Care Program

Sponsor: Aurora Health Care
Aurora Sinai Medical Center
Prgm Director: Ashok Choithani, MD
Aurora Sinai Medical Center
945 N 12th St, PO Box 342
Milwaukee, WI 53201
Tel: 414 219-7058
E-mail: patricia.maloney@aurora.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 151-56-21-076

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Prgm Director: Edith A Burns, MD
5000 W National Ave (CC-G)
Milwaukee, WI 53295
Tel: 414 384-2000 *Fax:* 414 382-5376
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 151-56-31-048

Geriatric Psychiatry (Psychiatry)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Prgm Director: Terri S Steele, MD
1713 6th Avenue South, CPM 253
Birmingham, AL 35294
Tel: 205 934-6054 *Fax:* 205 975-7829
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 407-01-21-040

California

Los Angeles

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Neuropsychiatric Hospital
VA Greater Los Angeles Healthcare System
Prgm Director: David Sultzer, MD
Martie Banks
760 Westwood Plaza C8-852
Los Angeles, CA 90024
Tel: 310 825-0291
E-mail: mbanks@mednet.ucla.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 407-05-21-001

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Daniel D Sewell, MD*
Department of Psychiatry
9500 Gilman Drive (0603-V)
La Jolla, CA 92093
Tel: 619 543-3779 *Fax:* 858 552-7404
E-mail: skent@ucsd.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 407-05-31-002

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
UCSF Med Ctr-Langley Porter Psychiatric Hosp and Clinics
Veterans Affairs Medical Center (San Francisco)
Prgm Director: J Craig Nelson, MD
University of California San Francisco
401 Parnassus Avenue, Box 0984-F
San Francisco, CA 94143
Tel: 415 476-7405 *Fax:* 415 476-7320
E-mail: geriatric.psychiatry@lppi.ucsf.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 407-05-11-065

Stanford**Stanford University Program**

Sponsor: Stanford University Hospital
Veterans Affairs Palo Alto Health Care System
Prgm Director: Jared R Tinklenberg, MD
401 Quarry Road Room 2206
Stanford, CA 94305
Tel: 650 725-5591 *Fax:* 650 725-3762
E-mail: faesloss@stanford.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 407-05-11-003

Connecticut**New Haven****Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Prgm Director: Paul Kirwin, MD
950 Campbell Avenue
Psychiatry Dept 116A
West Haven, CT 06515
Tel: 203 932-5711 *Fax:* 203 937-3886
E-mail: carol.allen7@med.va.gov
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 407-08-21-052

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Michael J Tueth, MD
PO Box 100256
Gainesville, FL 32610
Tel: 352 374-6014 *Fax:* 352 379-4170
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 407-11-21-041

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
Miami Jewish Home and Hospital for the Aged
Mount Sinai Medical Center of Florida Inc
Veterans Affairs Medical Center (Miami)
Prgm Director: Elizabeth A Crocco, MD
1400 NW 10th Avenue, Suite 702
Miami, FL 33136
Tel: 305 674-2194 *Fax:* 305 532-5241
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 407-11-21-004

Tampa**University of South Florida Program**

Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Prgm Director: B Ashok Raj, MD
Dept of Psychiatry & Behavioral Med
3515 E Fletcher Avenue
Tampa, FL 33613
Tel: 813 974-8900 *Fax:* 813 974-3223
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 407-11-31-005

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine
Emory University Hospital
Wesley Woods Geriatric Hospital
Prgm Director: Larry E Tune, MD
1841 Clifton Road
Atlanta, GA 30329
Tel: 404 728-4969 *Fax:* 404 728-4963
E-mail: sdpfwb@emory.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 407-12-21-006

Hawaii**Honolulu****University of Hawaii Program**

Sponsor: University of Hawaii John A Burns School of Medicine
Queen's Medical Center
VA Regional Office-Outpatient Clinic (Honolulu)
Prgm Director: Junji Takeshita, MD*
1356 Lusitana Street, 4th Floor
Honolulu, HI 96813
Tel: 808 586-2900 *Fax:* 808 596-2940
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 407-14-21-007

Illinois**Chicago****McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Prgm Director: Deborah A Reed, MD*
446 E Ontario Ste 7-200
Chicago, IL 60611
Tel: 312 926-8058 *Fax:* 312 926-4837
E-mail: dareed@northwestern.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 407-16-21-008

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
Clarian Methodist Hospital of Indiana
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: Valerie Smith-Gamble, MD
111 W 10th Street, A212
Indianapolis, IN 46202
Tel: 317 278-3938 *Fax:* 317 274-1248
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 407-17-21-009

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Judith H Crossett, MD, PhD
200 Hawkins Drive
Dept of Psychiatry, 2880 JPP
Iowa City, IA 52242
Tel: 319 384-8211 *Fax:* 319 356-2687
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 407-18-21-057

Kansas**Wichita****University of Kansas (Wichita) Program**

Sponsor: University of Kansas School of Medicine (Wichita)
Via Christi Regional Medical Center-St Francis
Via Christi Regional Medical Center-St Joseph
Prgm Director: Connie Marsh, MD
1010 North Kansas
Wichita, KS 67214
Tel: 316 293-2647 *Fax:* 316 293-1874
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 407-19-21-010

Louisiana**New Orleans****Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine
Ochsner Clinic Foundation
Prgm Director: Kenneth M Sakauye, MD
1542 Tulane Avenue
#322
New Orleans, LA 70112
Tel: 504 568-2126 *Fax:* 504 568-6642
E-mail: kensakauye@cs.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 407-21-21-011

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Prgm Director: Peter V Rabins, MD
Meyer 279
600 North Wolfe Street
Baltimore, MD 21287
Tel: 410 955-6736 *Fax:* 410 614-1094
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 407-23-21-012

University of Maryland/Sheppard Pratt Program

Sponsor: University of Maryland/Bal System
Veterans Affairs Medical Center (Baltimore)
Prgm Director: Paul E Ruskin, MD
10 North Greene Street, 116A
Baltimore, MD 21201
Tel: 410 605-7354 *Fax:* 410 605-7771
E-mail: paul.ruskin@med.va.gov
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 407-23-31-013

Bethesda

National Capital Consortium Program

Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Prgm Director: Charles Milliken, MD
Psychiatry Consultation Liaison Service
6900 Georgia Avenue, NW
Washington, DC 20307
Tel: 202 782-6075 *Fax:* 202 782-8396
E-mail: GeriPsychNCC@yahoo.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 407-10-21-062
US Armed Services Program

Massachusetts

Belmont

McLean Hospital Program

Sponsor: McLean Hospital
Prgm Director: Sumer Verma, MD
115 Mill Street
Belmont, MA 02478
Tel: 617 855-3183 *Fax:* 617 855-3246
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 407-24-21-014

Boston

Boston University Medical Center Program

Sponsor: Boston Medical Center
Edith Nourse Rogers Memorial Veterans Hospital (Bedford)
Prgm Director: Gregory K Binus, MD
200 Springs Road
Psychiatry Service; Bldg 9, Rm 1029
Bedford, MA 01730
Tel: 781 687-2363 *Fax:* 781 687-2428
E-mail: Gregory.Binus2@med.va.gov
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 407-24-13-061

Cambridge

Cambridge Hospital/Cambridge Health Alliance Program

Sponsor: Cambridge Hospital/Cambridge Health Alliance
Somerville Hospital
Prgm Director: Stephen L Pinals, MD
26 Central Street
Somerville, MA 02143
Tel: 617 591-6413 *Fax:* 617 591-6405
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 407-24-31-058

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Alan M Mellow, MD, PhD
1500 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 930-5630 *Fax:* 734 930-5642
E-mail: amell@umich.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 407-25-21-015

Detroit

Wayne State University/Lafayette Clinic Program

Sponsor: Wayne State University/Detroit Medical Center
Walter P Reuther Psychiatric Hospital
Prgm Director: Shuja Haque, MD
UPC-Jefferson
2751 East Jefferson Avenue, Suite 400
Detroit, MI 48207
Tel: 313 577-5267 *Fax:* 313 577-2233
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 407-25-31-016

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: William B Orr, MD, PhD
VA Medical Center (116A)
One Veterans Drive
Minneapolis, MN 55417
Tel: 612 467-3535 *Fax:* 612 725-2292
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 407-26-21-017

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Prgm Director: Maria I Lapid, MD
200 First Street SW Mayo W-11A
Rochester, MN 55905
Tel: 507 284-5916 *Fax:* 507 284-4345
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 407-26-12-067

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine
Prgm Director: David Beck, MD
One Hospital Drive
DC067.00
Columbia, MO 65212
Tel: 573 882-8006 *Fax:* 573 884-5396
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 407-28-31-064

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
St Louis University Hospital
Prgm Director: Philip J LeFevre, MD
David P Wohl Sr Memorial Institute
1221 South Grand Boulevard
St Louis, MO 63104
Tel: 314 577-8728 *Fax:* 314 268-5186
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 407-28-21-018

Nebraska

Omaha

Creighton University/University of Nebraska Program

Sponsor: Creighton University School of Medicine
Alegent Health Immanuel Medical Center
Richard Young Center
The Nebraska Medical Center
Prgm Director: William H Roccaforte, MD
985582 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 354-6892 *Fax:* 402 354-6896
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 407-30-21-019

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital
New Hampshire Hospital
Veterans Affairs Medical Center (White River Junction)
Prgm Director: Thomas E Oxman, MD
1 Medical Center Drive
Lebanon, NH 03756
Tel: 603 653-3556 *Fax:* 603 650-5842
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 407-32-21-020

New Jersey

Piscataway

UMDNJ-Robert Wood Johnson Medical School Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School
UMDNJ-University Behavioral HealthCare
Medical Center at Princeton
Veterans New Jersey Health Care System (Lyons)
Prgm Director: Peter M Aupperle, MD, MPH
COPSA, Institute for Alzheimer's Disease
667 Hoes Lane, PO Box 1392
Piscataway, NJ 08855
Tel: 732 235-5840 *Fax:* 732 235-5630
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 407-33-21-021

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: William J Apfeldorf, MD, PhD
1 University of New Mexico, MSC09 5030
Family Practice Building/ 4th Floor
Albuquerque, NM 87131
Tel: 505 272-6093 *Fax:* 505 272-3497
E-mail: wapfeldorf@salud.unm.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 407-34-12-063

New York**Bronx****Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Gary J Kennedy, MD
 111 East 210th Street
 Bronx, NY 10467
 Tel: 718 920-4236 Fax: 718 920-4236
 E-mail: gikennedy@msn.com
 Length: 1 Yr ACGME Approved/Offered Positions: 5
 Program ID: 407-35-21-022

Brooklyn**SUNY Health Science Center at Brooklyn Program**

Sponsor: SUNY Health Science Center at Brooklyn Kingsboro Psychiatric Center
 Kingsbrook Jewish Medical Center
 University Hospital-SUNY Health Science Center at Brooklyn
 Veterans Affairs Medical Center (Brooklyn)
Prgm Director: Carl I Cohen, MD
 450 Clarkson Avenue
 Brooklyn, NY 11203
 Tel: 718 270-2907 Fax: 718 270-4104
 Length: 1 Yr ACGME Approved/Offered Positions: 4
 Program ID: 407-35-31-023

New Hyde Park**Albert Einstein College of Medicine at Long Island Jewish Medical Center Program**

Sponsor: Long Island Jewish Medical Center
 Hillside Hospital (Long Island Jewish Medical Center)
 Pilgrim Psychiatric Center
 St John's Episcopal Hospital-South Shore
Prgm Director: Blaine S Greenwald, MD
 Ambulatory Care Pavilion
 75-59 263rd Street
 Glen Oaks, NY 11004
 Tel: 718 470-8159 Fax: 718 962-7712
 Length: 1 Yr ACGME Approved/Offered Positions: 7
 Program ID: 407-35-11-024

New York**Albert Einstein College of Medicine at Beth Israel Medical Center Program**

Sponsor: Beth Israel Medical Center
Prgm Director: David M Roane, MD
 1st Avenue at 16th Street
 New York, NY 10003
 Tel: 212 420-3480 Fax: 212 420-3936
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 407-35-12-025

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
 Elmhurst Hospital Center-Mount Sinai Services
 Mount Sinai Medical Center
 Pilgrim Psychiatric Center
 Veterans Affairs Medical Center (Bronx)
Prgm Director: Judith Neugroschl, MD*
 One Gustave L Levy Place
 Box 1230
 New York, NY 10029
 Tel: 212 824-8949 Fax: 212 860-3945
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 407-35-13-026

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
 St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: David Gordon, MD
 153 West 11th Street
 New York, NY 10011
 Tel: 212 604-1525 Fax: 212 604-8197
 E-mail: dcordon@svcmcn.org
 Length: 1 Yr ACGME Approved/Offered Positions: 4
 Program ID: 407-35-23-028

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
 Binghamton Psychiatric Center
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: D Peter Birkett, MD
 Center for Geriatrics & Gerontology
 100 Haven Avenue, T3-30F
 New York, NY 10032
 Tel: 212 781-0600 Fax: 212 795-7696
 E-mail: jat4@columbia.edu
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 407-35-21-042

New York University School of Medicine Program

Sponsor: New York University School of Medicine
 Bellevue Hospital Center
 Manhattan Psychiatric Center
Prgm Director: Jeffrey R Foster, MD
 550 First Avenue
 New York, NY 10016
 Tel: 212 686-9668 Fax: 212 779-0341
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 407-35-22-027

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
 Rochester Psychiatric Center
Prgm Director: Jeffrey M Lyness, MD
 300 Crittenden Boulevard
 Box PSYCH
 Rochester, NY 14642
 Tel: 585 275-6741 Fax: 585 273-1082
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 407-35-32-029

Stony Brook**SUNY at Stony Brook Program**

Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: Steven Cole, MD, MA
 Department of Psychiatry and Behavioral Science
 HSC, T-10, Room 040
 Stony Brook, NY 11794
 Tel: 631 444-2861 Fax: 631 444-7534
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 407-35-13-066

White Plains**New York Presbyterian Hospital (Cornell Campus)/Westchester Program**

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Westchester Division)
Prgm Director: Sibel A Klimstra, MD
 21 Bloomingdale Road
 White Plains, NY 10605
 Tel: 914 997-5807 Fax: 914 997-6089
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 407-35-21-030

North Carolina**Durham****Duke University Hospital Program**

Sponsor: Duke University Hospital
 John Umstead Hospital
 Veterans Affairs Medical Center (Durham)
Prgm Director: David C Steffens, MD
 Duke University Medical Center
 Box 3903
 Durham, NC 27710
 Tel: 919 684-3746 Fax: 919 681-7668
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 407-36-21-047

Ohio**Cincinnati****University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc
Prgm Director: John Kasckow, MD, PhD
 231 Albert B Sabin Way, ML 0559
 PO Box 670559
 Cincinnati, OH 45267
 Tel: 513 558-5118 Fax: 513 558-0264
 E-mail: kathy.jones@uc.edu
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 407-38-21-038

Cleveland**Case Western Reserve University/University Hospitals of Cleveland Program**

Sponsor: University Hospitals of Cleveland
Prgm Director: John J Sanitato, MD*
 11100 Euclid Avenue
 Cleveland, OH 44106
 Tel: 216 844-3420 Fax: 216 844-5883
 E-mail: rhea.fortune@uhhs.com
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 407-38-21-045

Oregon**Portland****Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital
 Veterans Affairs Medical Center (Portland)
Prgm Director: Linda K Ganzini, MD, MPH
 Mental Health Division, p3mhd
 PO Box 1034
 Portland, OR 97207
 Tel: 603 220-8262 Fax: 503 220-3499
 E-mail: Linda.Ganzini@med.va.gov
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 407-40-21-031

Pennsylvania

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center

Prgm Director: Joseph A Barber, MD*

Penn State University

500 University Drive

Hershey, PA 17033

Tel: 717 531-8136 *Fax:* 717 531-6250

E-mail: jbarber2@psu.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 407-41-21-032

Philadelphia

Albert Einstein Healthcare Network Program

Sponsor: Albert Einstein Medical Center

Belmont Center for Comprehensive Treatment

Prgm Director: Marc H Zisselman, MD

5501 Old York Road

Philadelphia, PA 19141

Tel: 215 456-8091

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 407-41-21-044

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System

Prgm Director: Joel E Streim, MD

3535 Market Street, Room 3055

Philadelphia, PA 19104

Tel: 215 615-3086 *Fax:* 215 349-8389

Length: 1 Yr *ACGME Approved/Offered Positions:* 4

Program ID: 407-41-31-033

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program

UPMC Western Psychiatric Institute and Clinic

Veterans Affairs Medical Center (Pittsburgh)

Prgm Director: Jules Rosen, MD

3811 O'Hara Street, Room 827

Pittsburgh, PA 15213

Tel: 412 246-5900 *Fax:* 412 586-9300

Length: 1 Yr *ACGME Approved/Offered Positions:* 5

Program ID: 407-41-11-034

Rhode Island

Providence

Brown University Program

Sponsor: Butler Hospital

Eleanor Slater Hospital

Miriam Hospital-Lifespan

Veterans Affairs Medical Center (Providence)

Prgm Director: Robert Kohn, MD

345 Blackstone Boulevard

Providence, RI 02906

Tel: 401 455-6277

Length: 2 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 407-43-21-048

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine

Ralph H Johnson VA Medical Center (Charleston)

Prgm Director: Jacobo E Mintzer, MD

67 President Street

PO Box 250861

Charleston, SC 29425

Tel: 843 740-1592 *Fax:* 843 740-6113

E-mail: lambrigt@musc.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 407-45-21-035

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School

Dallas County Hospital District-Parkland Memorial Hospital

Prgm Director: Mustafa M Husain, MD

5323 Harry Hines Boulevard

Dallas, TX 75390

Tel: 214 648-2806 *Fax:* 214 648-8030

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 407-48-21-036

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio

Audie L. Murphy Memorial Veterans Hospital (San Antonio)

University Health System

Wilford Hall Medical Center (AETC)

Prgm Director: Jeffrey A Cordes, MD

7703 Floyd Curl Drive

San Antonio, TX 78229

Tel: 210 567-5430 *Fax:* 210 567-6941

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 407-48-21-060

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center

Prgm Director: Suzanne Holroyd, MD

PO Box 800623

Charlottesville, VA 22901

Tel: 434 924-2241 *Fax:* 434 924-5149

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 407-51-21-043

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System

Hunter Holmes McGuire VA Medical Center (Richmond)

Piedmont Geriatric Hospital

Prgm Director: James L Levenson, MD

West Hospital, 8th Floor

1200 East Broad Street

Richmond, VA 23298

Tel: 804 828-0763 *Fax:* 804 828-7675

E-mail: jlevenso@hsc.vcu.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 407-51-21-051

Roanoke

Carilion Health System/University of Virginia (Roanoke-Salem) Program

Sponsor: Carilion Health System

Catawba State Hospital

Veterans Affairs Medical Center (Salem)

Prgm Director: David Trinkle, MD

PO Box 13367

Roanoke, VA 24093

Tel: 540 981-7653 *Fax:* 540 981-7469

E-mail: dtrinkle@carilion.com

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 407-51-12-055

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine

University of Washington Medical Center

VA Puget Sound Health Care System

Prgm Director: Marcella Pascualy, MD

GRECC (182B)

1660 South Columbian Way

Seattle, WA 98108

Tel: 206 277-1843 *Fax:* 206 764-2573

E-mail: marcella.pascualy@med.va.gov

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 407-54-21-037

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics

Mendota Mental Health Institute

William S Middleton Veterans Hospital

Prgm Director: Timothy Howell, MD, MA

Mental Health Clinic 2A

2500 Overlook Terrace

Madison, WI 53705

Tel: 608 280-7084 *Fax:* 608 280-7204

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 407-56-21-039

Hand Surgery (General Surgery)

Florida

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
Shriners Hospitals for Children (Tampa)
Tampa General Hospital
Prgm Director: Robert Belsele, MD
4 Columbia Drive, #650
Tampa, FL 33606
Tel: 813 259-0857 *Fax:* 813 259-0885
E-mail: kshoemak@hsc.usf.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 443-11-31-004

Kentucky

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
Jewish Hospital
Prgm Director: Thomas W Wolff, MD*
225 Abraham Flexner Way
Suite 850
Louisville, KY 40202
Tel: 502 562-0312 *Fax:* 502 562-0326
E-mail: mstotts@cmki.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Program ID: 443-20-21-003

Hand Surgery (Orthopaedic Surgery)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Cooper Green Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Donald H Lee, MD
510 20th Street South, FOT 905
Birmingham, AL 35294
Tel: 205 934-2904 *Fax:* 205 975-9626
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 263-01-20-018

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Central Arkansas Veterans Health Center
Prgm Director: Randy R Bindra, MD
Department of Orthopaedic Surgery / Hand Surgery
4301 W Markham, Slot 531
Little Rock, AR 72205
Tel: 501 686-5595 *Fax:* 501 686-7824
E-mail: handfellowship@uams.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 263-04-21-064

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Arrowhead Regional Medical Center
Prgm Director: Kenneth Mudge, MBChB
Department of Orthopaedic Surgery
11406 Loma Linda Drive, Ste 214A
Loma Linda, CA 92354
Tel: 909 558-6444 *Fax:* 909 558-6118
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 263-05-21-006

Los Angeles

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
UCLA Medical Center
Prgm Director: Neil Ford Jones, MD
Box 956902 Room 76-143 CHS
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 794-7784 *Fax:* 310 206-0063
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 263-05-21-014

University of Southern California/ LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC
Medical Center
LAC+USC Medical Center
Prgm Director: Stephen B Schnall, MD
1520 San Pablo, Suite 2000
Los Angeles, CA 90033
Tel: 323 442-5800 *Fax:* 323 442-5954
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 263-05-21-039

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: Robert M Szabo, MD, MPH
Department of Orthopaedics
4860 Y Street, Suite 3800
Sacramento, CA 95817
Tel: 916 734-3678 *Fax:* 916 734-7904
E-mail: jep@ucdavis.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 263-05-21-023

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical
Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Reid A Abrams, MD
200 West Arbor Drive, 8804
San Diego, CA 92103
Tel: 619 543-5555 *Fax:* 619 543-2540
E-mail: twiggins@ucsd.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 263-05-31-024

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School
of Medicine
San Francisco General Hospital Medical Center
Shriners Hospitals for Children (Sacramento)
Prgm Director: Edward Diaio, MD
500 Parnassus Ave MU-320W
San Francisco, CA 94143
Tel: 415 476-1167 *Fax:* 415 476-1304
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 263-05-21-019

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Lucile Salter Packard Children's Hospital at Stanford
Veterans Affairs Palo Alto Health Care System
Prgm Director: Amy L Ladd, MD
770 Welch Road
Suite 400
Palo Alto, CA 94304
Tel: 650 723-6796 *Fax:* 650 723-6786
E-mail: pam.rawls@stanford.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 263-05-31-054

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Hartford Hospital
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: H Kirk Watson, MD
85 Seymour Street, Suite 816
Hartford, CT 06106
Tel: 860 527-7161 *Fax:* 860 728-3227
E-mail: hkWatson01@aol.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 263-08-21-030

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Prgm Director: Paul C Dell, MD
Box 112727, JHM Health Center
Gainesville, FL 32611
Tel: 352 273-7374 *Fax:* 352 273-7388
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 263-11-21-011

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Prgm Director: E Anne Ouellette, MD, MBA
Department of Orthopaedics (D-27)
1611 NW 12th Avenue, Suite 303
Miami, FL 33136
Tel: 305 326-6590 *Fax:* 305 326-6448
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 263-11-21-013

Illinois

Chicago

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Daniel P Mass, MD
5841 South Maryland, MC 3079
Chicago, IL 60637
Tel: 773 702-6306 *Fax:* 773 702-4378
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 263-16-21-035

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Indiana Hand Center
St Vincent Hospital and Health Care Center
Prgm Director: Jeffrey A Greenberg, MD*
8501 Harcourt Road
PO Box 80434
Indianapolis, IN 46280
Tel: 317 471-4328 *Fax:* 317 471-4315
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 263-17-21-041

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Brian D Adams, MD
Orthopedic Surgery
200 Hawkins Dr
Iowa City, IA 52242
Tel: 319 353-6222 *Fax:* 319 353-6754
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 263-18-21-009

Maryland

Baltimore

Union Memorial Hospital Program

Sponsor: Union Memorial Hospital
Prgm Director: Thomas J Graham, MD
The Curtis National Hand Center
3333 North Calvert Street
Baltimore, MD 21218
Tel: 410 554-6593 *Fax:* 410 554-4363
E-mail: tori.wilson@medstar.net
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 263-23-12-069

Bethesda

National Capital Consortium (Walter Reed) Program

Sponsor: National Capital Consortium
Union Memorial Hospital
Walter Reed Army Medical Center
Prgm Director: Gerald L Farber, MD
Department of Orthopaedics and Rehabilitation
Orthopaedic Surgery Service, 5A
Washington, DC 20307
Tel: 202 782-5852 *Fax:* 202 782-6845
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 263-10-21-056
US Armed Services Program

Massachusetts

Boston

Brigham and Women's Hospital/Harvard Medical School Program

Sponsor: Brigham and Women's Hospital
Boston VA Healthcare System (Brookton-West Roxbury)
Children's Hospital
Faulkner Hospital
Massachusetts General Hospital
Prgm Director: Barry P Simmons, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-8550 *Fax:* 617 732-6937
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 263-24-21-034

Massachusetts General Hospital/Harvard Medical School Program

Sponsor: Massachusetts General Hospital
Prgm Director: Sang-Gil Lee, MD*
55 Fruit Street
YAW 2100
Boston, MA 02114
Tel: 617 726-5100
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 263-24-21-057

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
New England Baptist Hospital
Newton-Wellesley Hospital
Prgm Director: Charles Cassidy, MD
Department of Orthopaedics, Box 26
750 Washington Street
Boston, MA 02111
Tel: 617 636-5150 *Fax:* 617 636-5178
E-mail: jdolph@tufts-nemc.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 263-24-21-029

Worcester

UMass Memorial Health Care Program

Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Hahnemann Campus)
Prgm Director: Lance G Warhold, MD
Hahnemann Campus
281 Lincoln Street
Worcester, MA 01605
Tel: 508 334-5936 *Fax:* 508 334-5151
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 263-24-31-065

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Methodist Hospital
Prgm Director: Matthew D Putnam, MD
420 Delaware Street, SE, MMC 492
Minneapolis, MN 55455
Tel: 612 273-1177 *Fax:* 612 273-7059
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 263-26-21-037

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prgm Director: Richard A Berger, MD, PhD
200 First Street, SW
Rochester, MN 55905
Tel: 507 284-3316 *Fax:* 507 284-5539
E-mail: Price.Natalie@mayo.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 263-26-21-007

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Prgm Director: William B Geissler, MD*
2500 N State Street
Jackson, MS 39216
Tel: 601 984-5153 *Fax:* 601 984-5151
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 263-27-21-032

Missouri**St Louis****Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Prgm Director: Martin I Boyer, MD
Campus Box 8233
660 South Euclid Avenue
St Louis, MO 63110
Tel: 314 747-2543 *Fax:* 314 747-3756
E-mail: orthosurg@msnotes.wustl.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 263-28-21-003

New Mexico**Albuquerque****University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Prgm Director: Moheb S Moneim, MD
MSC10 5600
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505 272-4107 *Fax:* 505 272-3581
E-mail: agibson@salud.unm.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 263-34-21-027

New York**Buffalo****University at Buffalo Program**

Sponsor: University at Buffalo
Kaleida Health System (Millard Fillmore Hospital)
Roswell Park Cancer Institute
Prgm Director: Owen J Moy, MD
Kaleida Health-Millard Fillmore
3 Gates Circle
Buffalo, NY 14209
Tel: 716 887-4040 *Fax:* 716 887-5090
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 263-35-21-012

New York**Albert Einstein College of Medicine at Beth Israel Medical Center Program**

Sponsor: Beth Israel Medical Center
St Luke's-Roosevelt Hospital Center
Prgm Director: Charles P Melone, MD
321 East 24th Street
New York, NY 10016
Tel: 212 340-0000 *Fax:* 212 340-0038
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 263-35-12-066

Hospital for Special Surgery/Cornell Medical Center Program

Sponsor: Hospital for Special Surgery
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Scott W Wolfe, MD
535 East 70th Street
New York, NY 10021
Tel: 212 606-1466 *Fax:* 212 606-1477
E-mail: academictraining@hss.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 263-35-21-017

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
NYU Hospitals Center
Prgm Director: Michael Hausman, MD
5 E 98th Street, Box 1188
Attn: Academic Coordinator/Sonia Asencio
New York, NY 10029
Tel: 212 241-1621 *Fax:* 212 241-9429
E-mail: sonia.asencio@msnyuhealth.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 263-35-22-068

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Melvin P Rosenwasser, MD
622 West 168th Street
11th Floor
New York, NY 10032
Tel: 212 305-8036
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 263-35-31-008

New York University School of Medicine/Hospital for Joint Diseases Orthopaedic Institute Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Elmhurst Hospital Center-Mount Sinai Services
Hospital for Joint Diseases Orthopaedic Institute
Jamaica Hospital Medical Center
Manhattan VA Harbor Health Care System
Prgm Director: Martin A Posner, MD
2 East 88th Street
New York, NY 10128
Tel: 212 348-6644 *Fax:* 212 369-4742
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 263-35-21-047

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
St Luke's-Roosevelt Hospital Center-Roosevelt Division
Prgm Director: Steven Z Glickel, MD
1000 Tenth Avenue
New York, NY 10019
Tel: 212 523-7590 *Fax:* 212 523-5579
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 263-35-21-055

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Matthew M Tomaino, MD
601 Elmwood Avenue, Box 665
Rochester, NY 14642
Tel: 585 273-3157 *Fax:* 585 273-3297
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 263-35-21-010

Stony Brook**SUNY at Stony Brook Program**

Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: Lawrence C Hurst, MD
SUNY Stony Brook HSC T18-080
Stony Brook, NY 11794
Tel: 631 444-3145
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 263-35-31-026

Syracuse**SUNY Upstate Medical University Program**

Sponsor: SUNY Upstate Medical University
Crouse Hospital
Texas Scottish Rite Hospital for Children
Prgm Director: Jon B Loftus, MD
550 Harrison Street
Syracuse, NY 13202
Tel: 315 464-8633 *Fax:* 315 464-5222
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 263-35-21-021

North Carolina**Durham****Duke University Hospital Program**

Sponsor: Duke University Hospital
Prgm Director: James R Urbaniak, MD
Box 2912, Orthopaedic Division
Durham, NC 27710
Tel: 919 684-3170 *Fax:* 919 681-7672
E-mail: long0030@mc.duke.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 263-36-21-022

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: L Andrew Koman, MD
Medical Center Boulevard, #1070
Winston-Salem, NC 27157
Tel: 336 716-2878
E-mail: hermanace@wfubmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 263-36-21-060

Ohio**Cincinnati****University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc
TriHealth-Bethesda Hospital
Prgm Director: Peter J Stern, MD
538 Oak Street
Suite 200
Cincinnati, OH 45219
Tel: 513 961-4263 *Fax:* 513 699-1435
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 263-38-21-015

Cleveland**Cleveland Combined Hand Fellowship Program**

Sponsor: Cleveland Clinic Foundation
MetroHealth Medical Center
Prgm Director: Peter J Evans, MD, PhD*
Department of Orthopaedic Surgery / A40
The Cleveland Clinic Foundation, 9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-7973 *Fax:* 216 445-3694
E-mail: evansp2@ccf.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 263-38-21-045

Oklahoma

Oklahoma City

Integrus Baptist Medical Center Program

Sponsor: Integrus Baptist Medical Center
OU Medical Center

Prgm Director: Ghazi M Rayan, MD
3300 NW Expressway, Room 100-4394
Oklahoma City, OK 73112

Tel: 405 945-4888 *Fax:* 405 945-4887

E-mail: ouhsgmr@aol.com

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 263-39-21-049

Pennsylvania

Philadelphia

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital

Prgm Director: A Lee Osterman, MD

834 Chestnut Street

Suite G-114

Philadelphia, PA 19107

Tel: 610 768-4467 *Fax:* 610 768-4460

E-mail: ALOsterman@HandCenters.com

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 263-41-21-001

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System

Presbyterian Medical Center (UPHS)

Veterans Affairs Medical Center (Philadelphia)

Prgm Director: David R Steinberg, MD

3400 Spruce Street, 2 Silverstein

Philadelphia, PA 19104

Tel: 215 662-3844 *Fax:* 215 349-5890

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 263-41-21-004

Pittsburgh

Allegheny General Hospital Program

Sponsor: Allegheny General Hospital

Prgm Director: Mark E Baratz, MD

320 East North Ave

Pittsburgh, PA 15212

Tel: 412 359-6501 *Fax:* 412 359-6265

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 263-41-21-031

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical

Education Program

Western Pennsylvania Hand & Trauma Center

Prgm Director: Joseph E Imbriglia, MD

6001 Stonewood Drive

2nd Floor

Wexford, PA 15090

Tel: 724 933-3850 *Fax:* 724 933-3861

E-mail: dbyuna@handupperex.com

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 263-41-21-051

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan

Prgm Director: Edward Akelman, MD

2 Dudley Street, Suite 200

Providence, RI 02905

Tel: 401 457-1512 *Fax:* 401 831-5874

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 263-43-21-023

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine

Campbell Clinic - University of Tennessee

Methodist Healthcare-Memphis Hospitals

Prgm Director: Phillip E Wright, MD

1211 Union Ave

Suite 510

Memphis, TN 38104

Tel: 901 759-3274 *Fax:* 901 759-3192

E-mail: dstearne@utm.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 263-47-21-046

Texas

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine

Harris County Hospital District-Ben Taub General

Hospital

Methodist Hospital

Michael E DeBakey VA Medical Center - Houston

Prgm Director: Evan D Collins, MD

Department of Orthopaedic Surgery

6550 Fannin, Suite 2501

Houston, TX 77030

Tel: 713 986-5830 *Fax:* 713 986-7391

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 263-48-31-002

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San

Antonio

Methodist Hospital

The Hand Center (San Antonio)

University of Texas Health Science Center

Prgm Director: William C Pederson, MD

9150 Huebner Road, Suite 290

San Antonio, TX 78240

Tel: 210 558-7025

E-mail: carlawaller@yahoo.com

Length: 1 Yr *ACGME Approved/Offered Positions:* 4

Program ID: 263-48-21-025

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center

Prgm Director: Douglas T Hutchinson, MD

590 Wakara Way

Salt Lake City, UT 84108

Tel: 801 581-7601 *Fax:* 801 581-6178

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 263-49-21-048

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine

University of Washington Medical Center

Prgm Director: Thomas E Trumble, MD

Box 356500

Seattle, WA 98195

Tel: 206 543-3690 *Fax:* 206 685-3139

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 263-54-21-033

Hand Surgery (Plastic Surgery)

California

Los Angeles

University of Southern California/ LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC

Medical Center

LAC+USC Medical Center

Southern California Orthopedic Institute

Prgm Director: Randolph Sherman, MD

1450 San Pablo Street, Suite 2000

Los Angeles, CA 90033

Tel: 323 442-6482 *Fax:* 323 442-6481

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 363-05-21-014

San Francisco

California Pacific Medical Center/ University of California (San Francisco) Program

Sponsor: California Pacific Medical Center (Davies

Campus)

Prgm Director: Gregory M Buncke, MD

45 Castro Street, 140 North

San Francisco, CA 94114

Tel: 415 565-6136 *Fax:* 415 864-1654

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 363-05-31-017

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital

Prgm Director: J Grant Thomson, MD

PO Box 208041

New Haven, CT 06520

Tel: 203 737-5130 *Fax:* 203 785-5714

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 363-08-31-027

Illinois

Springfield

Southern Illinois University Program

Sponsor: Southern Illinois University School of Medicine

Memorial Medical Center

St John's Hospital

Prgm Director: Bradon J Wilhelm, MD

PO Box 19653

Springfield, IL 62794

Tel: 217 545-7018 *Fax:* 217 545-2588

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 363-16-21-023

Massachusetts**Boston****Beth Israel Deaconess Medical Center/
Harvard Medical School Program**

Sponsor: Beth Israel Deaconess Medical Center
Cambridge Hospital/Cambridge Health Alliance
Prgm Director: Joseph Upton, MD
830 Boylston Street, Suite 212
Chestnut Hill, MA 02167
Tel: 617 739-1972 *Fax:* 617 739-6624
E-mail: upton-office@earthlink.net
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 363-24-31-012

**Massachusetts General Hospital/Harvard
Medical School Program**

Sponsor: Massachusetts General Hospital
Prgm Director: James W May, MD
White 425-A
55 Fruit St
Boston, MA 02114
Tel: 617 726-8220 *Fax:* 617 726-5365
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 363-24-21-001

Missouri**St Louis****Washington University/B-JH/SLCH
Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Prgm Director: Keith E Brandt, MD
660 South Euclid Avenue, Room 5401
Campus Box 8238
St Louis, MO 63110
Tel: 314 747-0541 *Fax:* 314 362-4536
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 363-28-21-005

New York**New York****New York University School of Medicine
Program**

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Mount Sinai Medical Center
Prgm Director: Robert W Beasley, MD
Institute of Reconstructive Plastic Surgery
550 First Avenue
New York, NY 10016
Tel: 212 263-8279 *Fax:* 212 263-3279
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 363-35-21-010

Oregon**Portland****Oregon Health & Science University
Program**

Sponsor: Oregon Health & Science University Hospital
Shriners Hospitals for Children (Portland)
Veterans Affairs Medical Center (Portland)
Prgm Director: Juliana E Hansen, MD
3181 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503 494-7824 *Fax:* 503 494-0441
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 363-40-21-018

Pennsylvania**Pittsburgh****University of Pittsburgh Medical Center
Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical
Education Program
UPMC Presbyterian/Shadyside
Prgm Director: W P Andrew Lee, MD
3550 Terrace Street
Scaife Hall, Suite 690
Pittsburgh, PA 15261
Tel: 412 383-8080 *Fax:* 412 383-9053
E-mail: beedlend@upmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 363-41-21-016

Texas**Dallas****University of Texas Southwestern
Medical School Program**

Sponsor: University of Texas Southwestern Medical
School
Dallas County Hospital District-Parkland Memorial
Hospital
Texas Scottish Rite Hospital for Children
Prgm Director: Harry H Orenstein, MD
Department of Plastic Surgery
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-7551 *Fax:* 214 648-6776
E-mail: Rod.Rohrich@UTSouthwestern.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 363-48-21-004

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General
Hospital
Michael E DeBakey VA Medical Center - Houston
St Luke's Episcopal Hospital
Texas Children's Hospital
Prgm Director: David T Netscher, MD
Division of Plastic Surgery Education Office
6560 Fannin Street, Suite 800
Houston, TX 77030
Tel: 713 798-6330 *Fax:* 713 798-3806
E-mail: plasticprograms@bcm.tmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 363-48-31-008

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: David B Drake, MD
Dept of Plastic Surgery
PO Box 800376
Charlottesville, VA 22908
Tel: 434 924-1234 *Fax:* 434 924-1333
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 363-51-21-013

Wisconsin**Milwaukee****Medical College of Wisconsin Affiliated
Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated
Hospitals Inc
Children's Hospital of Wisconsin
Froedtert Memorial Lutheran Hospital
Prgm Director: Hani S Matloub, MD
9200 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 805-5465 *Fax:* 414 259-0801
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 363-56-21-007

Hematology (Internal Medicine)

California

Los Angeles

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center

Kenneth Norris Jr Cancer Hospital and Research Institute

LAC+USC Medical Center

USC University Hospital

Prgm Director: Alexandra M Levine, MD

Norris Cancer Hospital

1441 Eastlake Avenue, Rm 3468

Los Angeles, CA 90033

Tel: 323 865-3913 *Fax:* 323 865-0060

Length: 2 Yrs *ACGME Approved/Offered Positions:* 7

Program ID: 145-05-21-046

Stanford

Stanford University Program

Sponsor: Stanford University Hospital

Prgm Director: Linda M Boxer, MD, PhD*

Department of Medicine/Division of Hematology

CCSR 1155, MC 5156

Stanford, CA 94305

Tel: 650 725-4036 *Fax:* 650 736-0974

Length: 2 Yrs *ACGME Approved/Offered Positions:* 8

Program ID: 145-05-21-020

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital

Prgm Director: Bernard G Forget, MD

Hematology Section, WWW 403

333 Cedar Street

New Haven, CT 06520

Tel: 203 785-4144 *Fax:* 203 785-7232

Length: 2 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 145-08-21-021

District of Columbia

Washington

Howard University Program

Sponsor: Howard University Hospital

Prgm Director: Oswaldo L Castro, MD*

2041 Georgia Avenue, NW

Washington, DC 20060

Tel: 202 865-7698 *Fax:* 202 865-6180

Length: 2 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 145-10-21-114

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine

Johns Hopkins Hospital

Prgm Director: Robert A Brodsky, MD*

Hem Div, Ross Bldg, Ste 1025

720 Rutland Avenue

Baltimore, MD 21205

Tel: 410 614-2809 *Fax:* 410 955-0185

E-mail: brodsro@jhmi.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 8

Program ID: 145-23-11-064

Bethesda

National Institutes of Health Clinical Center Program

Sponsor: Clinical Center at the National Institutes of Health

Prgm Director: Cynthia E Dunbar, MD

10 Center Drive

Building 10, Room 7C103

Bethesda, MD 20892

Tel: 301 496-1434 *Fax:* 301 496-8396

E-mail: moyers@nhlbi.nih.gov

Length: 2 Yrs *ACGME Approved/Offered Positions:* 8

Program ID: 145-23-21-177

US Armed Services Program

New York

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo

Erie County Medical Center

Roswell Park Cancer Institute

Prgm Director: Zale Bernstein, MD

Dept of Hematology

462 Grider Street

Buffalo, NY 14215

Tel: 716 898-3941 *Fax:* 716 898-3279

Length: 2 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 145-35-31-008

East Meadow

Nassau University Medical Center Program

Sponsor: Nassau University Medical Center

Prgm Director: Linda Carosino, MD

2201 Hempstead Meadow

East Meadow, NY 11554

Tel: 516 572-4713 *Fax:* 516 572-5609

Length: 2 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 145-35-21-084

New York

New York University School of Medicine Program

Sponsor: New York University School of Medicine

Bellevue Hospital Center

Manhattan VA Harbor Health Care System

Prgm Director: Simon Karpatkin, MD

Department of Medicine

550 First Avenue

New York, NY 10016

Tel: 212 263-5609 *Fax:* 212 263-0695

Length: 2 Yrs *ACGME Approved/Offered Positions:* 9

Program ID: 145-35-21-104

Puerto Rico

San Juan

San Juan City Hospital Program

Sponsor: San Juan City Hospital

I Gonzalez Martinez Oncologic Hospital

Veterans Affairs Medical Center (San Juan)

Prgm Director: Luis Baez, MD

Department of Medicine

PO Box 21405

Rio Piedras, PR 00928

Tel: 787 758-7348 *Fax:* 787 758-7348

Length: 2 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 145-42-11-086

Texas

Houston

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston

Memorial Hermann Hospital System

University of Texas M D Anderson Cancer Center

Prgm Director: Harinder S Juneja, MD

Internal Medicine, Division of Hematology

6431 Fannin, MSB 5.016

Houston, TX 77030

Tel: 713 500-6800 *Fax:* 713 500-6810

E-mail: Harinder.S.Juneja@uth.tmc.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 145-48-31-016

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine

University of Washington/Harborview Medical Centers

Prgm Director: Michael L Linenberger, MD*

1959 NE Pacific Street

Dept of Hematology, Box 357710

Seattle, WA 98195

Tel: 206 288-2038 *Fax:* 206 288-1130

Length: 2 Yrs *ACGME Approved/Offered Positions:* 8

Program ID: 145-54-21-077

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics

William S Middleton Veterans Hospital

Prgm Director: Eliot C Williams, MD, PhD

600 Highland Avenue

Room H4/534

Madison, WI 53792

Tel: 608 263-1836 *Fax:* 608 262-1982

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 145-56-21-109

Hematology (Pathology)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Prgm Director: Vishnu V Reddy, MD*
Kracke Building, Room 506
1922 7th Avenue South
Birmingham, AL 35233
Tel: 205 975-8880 *Fax:* 205 934-4418
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-01-21-056

Arizona

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
University Medical Center
Prgm Director: Catherine E Spier, MD
1501 N Campbell Avenue
Tucson, AZ 85724
Tel: 520 626-3100 *Fax:* 520 626-2521
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-03-32-098

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Steven A Schichman, MD, PhD
4301 West Markham
Mail Slot 517
Little Rock, AR 72205
Tel: 501 603-1508 *Fax:* 501 296-1184
E-mail: SASchichman@uams.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-04-21-038

California

Duarte

City of Hope National Medical Center Program

Sponsor: City of Hope National Medical Center
Prgm Director: Karl Gaal, MD
Department of Pathology
1500 East Duarte Road
Duarte, CA 91010
Tel: 626 359-8111 *Fax:* 626 301-8145
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-05-21-040

La Jolla

Scripps Clinic/Scripps Green Hospital Program

Sponsor: Scripps Clinic
Scripps Clinic/Scripps Green Hospital
Prgm Director: Kelly Bethel, MD
10666 N Torrey Pines Road
Mail Code 403C
La Jolla, CA 92037
Tel: 858 554-9733 *Fax:* 858 554-5452
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-05-21-088

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center
Prgm Director: Stephen Lee, MD
8700 Beverly Boulevard
Room 4533
Los Angeles, CA 90048
Tel: 310 423-5471
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-05-21-016

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Faramarz Naeim, MD
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 825-4275
E-mail: fnaeim@mednet.ucla.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-05-21-062

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
Prgm Director: Russell K Brynes, MD
USC-Keck School of Medicine
1200 N State Street Rm 2426
Los Angeles, CA 90033
Tel: 323 226-7067
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-05-21-017

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: Edward C Larkin, MD
Department of Medicine
4400 V Street, PATH Building, Suite 1118
Sacramento, CA 95817
Tel: 916 734-2370 *Fax:* 916 734-6468
E-mail: penny.young@ucdmc.ucdavis.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-05-21-009

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Prgm Director: Joan E Etzell, MD*
505 Parnassus Avenue
Room M524
San Francisco, CA 94143
Tel: 415 353-1750 *Fax:* 415 353-1106
E-mail: etzellj@labmed2.ucsf.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-05-21-053

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Prgm Director: Daniel A Arber, MD
300 Pasteur Drive, H1507 M/C 5627
Stanford, CA 94305
Tel: 650 725-5604
E-mail: darber@stanford.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-05-21-073

Connecticut

Hartford

Hartford Hospital Program

Sponsor: Hartford Hospital
Prgm Director: William R Rezuke, MD
80 Seymour Street
Hartford, CT 06102
Tel: 860 545-3510
E-mail: wrezuk@harthosp.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-08-11-021

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Prgm Director: Brian R Smith, MD
Departments of Laboratory Medicine and Pathology
20 York Street, Fitkin 617a; PO Box 208035
New Haven, CT 06520
Tel: 203 688-2286 *Fax:* 203 688-4111
E-mail: june.fisher@yale.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-08-13-085

District of Columbia

Washington

Armed Forces Institute of Pathology Program

Sponsor: Armed Forces Institute of Pathology
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Prgm Director: Susan L Abbondanzo, MD
14th and Alaska Avenue, NW
Building 54, Room G124A
Washington, DC 20306
Tel: 202 782-1740 *Fax:* 202 782-9157
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-10-21-080
US Armed Services Program

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Prgm Director: Metin Ozdemirli, MD, PhD
3900 Reservoir Road, NW
Room 143 Basic Science Building
Washington, DC 20007
Tel: 202 687-6205 *Fax:* 202 687-8935
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-10-21-079

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida

Prgm Director: Raul C Braylan, MD
PO Box 100275

Gainesville, FL 32610

Tel: 352 392-3477

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-11-21-051

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System

Prgm Director: Gerald E Byrne, MD
1611 NW 12th Avenue

Miami, FL 33136

Tel: 305 585-7242

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 311-11-31-083

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Emory University Hospital

Prgm Director: Jeannine T Holden, MD

1364 Clifton Road, NE

Atlanta, GA 30322

Tel: 404 712-7344 *Fax:* 404 727-2519

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-12-21-027

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University

Northwestern Memorial Hospital

Prgm Director: LoAnn C Peterson, MD

Department of Pathology, Feinberg Pavilion 7-205

251 E Huron Street

Chicago, IL 60611

Tel: 312 926-8504 *Fax:* 312 926-0560

E-mail: loannc@northwestern.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-16-21-058

University of Chicago Program

Sponsor: University of Chicago Hospitals

Prgm Director: James W Vardiman, MD

5841 South Maryland, MC0008

Chicago, IL 60637

Tel: 773 702-6196 *Fax:* 773 702-1200

E-mail: jvardima@uchospitals.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 311-16-21-637

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago

University of Illinois Hospital and Clinics

Prgm Director: Michele D Raible, MD

840 South Wood Street, M/C 750

Chicago, IL 60612

Tel: 312 996-7312 *Fax:* 312 996-7586

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 311-16-21-041

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center

Prgm Director: Serhan Alkan, MD

2160 South First Avenue

Maywood, IL 60153

Tel: 708 327-2610 *Fax:* 708 216-8225

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-16-21-018

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine

Clarian Indiana University Hospital

Clarian Riley Hospital for Children

Prgm Director: Attilio Orazi, MD

702 Barnhill Drive 0969

Indianapolis, IN 46202

Tel: 317 274-7250 *Fax:* 317 274-0149

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 311-17-21-045

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics

Prgm Director: Nancy S Rosenthal, MD

200 Hawkins Drive, 6223 RCP

Iowa City, IA 52242

Tel: 319 384-8751 *Fax:* 319 384-8051

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-18-21-023

Louisiana

New Orleans

Tulane University Program

Sponsor: Tulane University School of Medicine

Medical Center of Louisiana at New Orleans

Tulane University Hospital and Clinics

Prgm Director: John R Krause, MD

1430 Tulane Avenue

New Orleans, LA 70112

Tel: 504 588-5224 *Fax:* 504 582-7862

E-mail: sbrown4@tulane.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-21-31-076

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital

Prgm Director: Michael J Borowitz, MD, PhD

401 N Broadway

2335 Weinberg Building

Baltimore, MD 21231

Tel: 410 614-2889

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-23-21-072

Bethesda

National Institutes of Health Program

Sponsor: Clinical Center at the National Institutes of Health

Prgm Director: Elaine S Jaffe, MD

10 Center Drive, Building 10 Room 2N202

Bethesda, MD 20892

Tel: 301 496-0183 *Fax:* 301 402-2415

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-23-31-087

US Armed Services Program

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program

Sponsor: Beth Israel Deaconess Medical Center

Prgm Director: German A Pihan, MD

330 Brookline Avenue

Boston, MA 02215

Tel: 617 667-3603 *Fax:* 617 667-4533

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-24-21-036

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital

Prgm Director: Geraldine S Pinkus, MD

75 Francis Street

Boston, MA 02115

Tel: 617 732-7520 *Fax:* 617 713-3044

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 311-24-21-048

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital

Prgm Director: Robert P Hasserjian, MD

55 Fruit Street

Warren Building, Second Floor

Boston, MA 02114

Tel: 617 724-1445 *Fax:* 617 726-7474

E-mail: rhasserjian@partners.org

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-24-12-081

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School

Prgm Director: Liberto Pechet, MD

55 Lake Avenue North

Worcester, MA 01655

Tel: 508 334-0265

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 311-24-21-099

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers

Prgm Director: Bertram Schnitzer, MD

1300 Catherine

Ann Arbor, MI 48109

Tel: 734 936-1874

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-25-21-026

Detroit**Wayne State University/Detroit Medical Center Program**

Sponsor: Wayne State University/Detroit Medical Center Detroit Receiving Hospital and University Health Center Harper-Hutzel Hospital

Prgm Director: Margarita Patutke, MD

University Laboratories

4201 St Antoine Boulevard

Detroit, MI 48201

Tel: 313 993-0486

E-mail: rmpriest@med.wayne.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-25-21-082

Royal Oak**William Beaumont Hospital Program**

Sponsor: William Beaumont Hospital

Prgm Director: Joan C Mattson, MD

Department of Clinical Pathology

3601 West Thirteen Mile Road

Royal Oak, MI 48073

Tel: 248 551-2935 *Fax:* 248 551-3694

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-25-21-033

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School

Fairview-University Medical Center

Prgm Director: Vanessa Dayton, MD*

420 Delaware Street SE, MC 609

Minneapolis, MN 55455

Tel: 612 273-2166 *Fax:* 612 626-2696

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-26-11-092

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic

College of Medicine

Mayo Clinic (Rochester)

Prgm Director: William R Macon, MD

200 First Street, SW

Rochester, MN 55905

Tel: 507 284-1198 *Fax:* 507 284-1599

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-26-21-029

Missouri**St Louis****St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine

St Louis University Hospital

Prgm Director: Leonard E Grosso, MD, PhD

1402 South Grand Boulevard

St Louis, MO 63104

Tel: 314 577-8482 *Fax:* 314 268-5598

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 311-28-21-074

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium

Barnes-Jewish Hospital

Prgm Director: Richard Burack, MD, PhD

One Barnes Hospital Plaza

St Louis, MO 63110

Tel: 314 362-0101

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-28-21-050

Nebraska**Omaha****University of Nebraska Medical Center College of Medicine Program**

Sponsor: University of Nebraska Medical Center College of Medicine

The Nebraska Medical Center

Prgm Director: Dennis D Weisenburger, MD

Department of Pathology and Microbiology

983135 Nebraska Medical Center

Omaha, NE 68198

Tel: 402 559-7688 *Fax:* 402 559-6018

E-mail: dweisenb@unmc.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-30-21-010

New Jersey**New Brunswick****UMDNJ-Robert Wood Johnson Medical School Program**

Sponsor: UMDNJ-Robert Wood Johnson Medical School

Robert Wood Johnson University Hospital

Prgm Director: Lauri Goodell, MD

One Robert Wood Johnson Place

New Brunswick, NJ 08901

Tel: 732 235-8121 *Fax:* 732 235-8124

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 311-33-21-025

New Mexico**Albuquerque****University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine

University of New Mexico Health Sciences

Prgm Director: Kathy Foucar, MD

Hematopathology

1001 Woodward Place NE

Albuquerque, NM 87102

Tel: 505 938-8457 *Fax:* 505 938-8414

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 311-34-21-013

New York**Albany****Albany Medical Center Program**

Sponsor: Albany Medical Center

Prgm Director: Tipu Nazeer, MD

Dept Pathology/Hematopathology (Mail Code 81)

47 New Scotland Avenue

Albany, NY 12208

Tel: 518 262-5926 *Fax:* 518 262-5861

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 311-35-31-031

Bronx**Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva

University

Montefiore Medical Center-Henry and Lucy Moses

Division

Montefiore Medical Center-Weiler Hospital

Prgm Director: Howard Ratech, MD

111 East 210th Street

Bronx, NY 10467

Tel: 718 920-7782 *Fax:* 718 920-7611

E-mail: hratech@montefiore.org

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 311-35-31-068

New York**Albert Einstein College of Medicine at Beth Israel Medical Center Program**

Sponsor: Beth Israel Medical Center

Prgm Director: John R Protic, MD

First Avenue at 16th Street

New York, NY 10003

Tel: 212 420-4041 *Fax:* 212 420-3449

E-mail: jprotic@chpnet.org

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-35-21-006

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital

New York Presbyterian Hospital (Columbia Campus)

Prgm Director: Bachir Alobeid, MD

630 West 168th Street

Room VC 14-229

New York, NY 10032

Tel: 212 305-0545 *Fax:* 212 305-2301

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-35-21-084

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital

New York Presbyterian Hospital (Cornell Campus)

Prgm Director: Amy Chadburn, MD*

525 East 68th Street

New York, NY 10021

Tel: 212 746-6401 *Fax:* 212 746-8173

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-35-21-086

New York University School of Medicine Program

Sponsor: New York University School of Medicine

Bellevue Hospital Center

Prgm Director: Giorgio Inghirami, MD

560 First Avenue

New York, NY 10016

Tel: 212 263-7768 *Fax:* 212 263-7712

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 311-35-21-060

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Prgm Director: Robert E Hutchison, MD
 750 East Adams Street
 Syracuse, NY 13210
Tel: 315 464-6772
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-35-21-030

Valhalla

New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College Westchester Medical Center
Prgm Director: Umadevi S Katta, MD
 Basic Science Bldg - Room 413
 Valhalla, NY 10595
Tel: 914 594-4150 *Fax:* 914 594-4163
E-mail: elizabeth_ianucci@nycmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-35-12-091

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Cherie H Dunphy, MD
 Department of Pathology and Laboratory Medicine
 101 Manning Drive
 Chapel Hill, NC 27514
Tel: 919 843-0718 *Fax:* 919 843-0733
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-36-21-032

Charlotte

Carolinas Medical Center Program

Sponsor: Carolinas Medical Center
Prgm Director: Peter M Banks, MD
 1000 Blythe Boulevard
 Charlotte, NC 28203
Tel: 704 355-2251 *Fax:* 704 355-2156
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-36-21-066

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
 Veterans Affairs Medical Center (Durham)
Prgm Director: Patrick J Buckley, MD, PhD
 Department of Pathology, Erwin Road
 Box 3712
 Durham, NC 27710
Tel: 919 681-6578 *Fax:* 919 684-1856
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-36-21-055

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Michael W Beaty, MD
 Medical Center Boulevard
 Winston-Salem, NC 27157
Tel: 336 716-7014
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-36-31-100

Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
Prgm Director: Harold R Schumacher, MD
 231 Albert Sabin Way
 Cincinnati, OH 45267
Tel: 513 558-7108
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-38-21-042

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Howard Meyerson, MD
 11100 Euclid Avenue
 Cleveland, OH 44106
Tel: 216 844-1839
E-mail: hjm2@case.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-38-21-011

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Eric D Hsi, MD
 9500 Euclid Avenue - L11
 Cleveland, OH 44195
Tel: 216 444-5230 *Fax:* 216 444-4414
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-38-21-065

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Prgm Director: Amy S Gewirtz, MD
 E-310 Doan Hall
 410 West 10th Avenue
 Columbus, OH 43210
Tel: 614 293-9676 *Fax:* 614 293-2075
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-38-21-052

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Prgm Director: Rita M Braziel, MD
 3181 SW Sam Jackson Park Road
 Department of Pathology, L-113
 Portland, OR 97201
Tel: 503 494-2315 *Fax:* 503 494-8148
E-mail: braziel@ohsu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-40-21-090

Pennsylvania

Philadelphia

Drexel University College of Medicine/Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
 Hahnemann University Hospital (Tenet Health System)
Prgm Director: Manjula Balasubramanian, MD
 245 N 15th Street
 Philadelphia, PA 19102
Tel: 215 832-7074
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-41-11-093

Temple University Hospital Program

Sponsor: Temple University Hospital
Prgm Director: Henry Simpkins, MD, PhD
 3401 N Broad Street
 Philadelphia, PA 19140
Tel: 215 707-4353 *Fax:* 215 707-6864
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-41-21-063

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Roland Schwarting, MD
 111 South 11th Street
 Philadelphia, PA 19107
Tel: 215 955-6304
E-mail: roland@schwarting.net
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-41-21-078

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: Jay L Hess, MD, PhD
 413B Stellar-Chance Labs
 422 Curie Boulevard
 Philadelphia, PA 19104
Tel: 215 573-6530 *Fax:* 215 573-6523
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-41-21-069

Pittsburgh

Allegheny General Hospital Program

Sponsor: Allegheny General Hospital
Prgm Director: Karl R Fox, MD
 320 East North Avenue
 Pittsburgh, PA 15212
Tel: 412 359-3541
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-41-21-035

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 UPMC Presbyterian/Shadyside
Prgm Director: Steven H Swerdlow, MD
 UPMC-Presbyterian, Room C606.1
 200 Lothrop Street
 Pittsburgh, PA 15213
Tel: 412 647-5191 *Fax:* 412 647-4008
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-41-21-014

South Carolina**Charleston****Medical University of South Carolina Program**

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Prgm Director: John Lazarchick, MD
171 Ashley Avenue
Charleston, SC 29425
Tel: 803 792-2933
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-45-21-057

Tennessee**Nashville****Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Prgm Director: Thomas L McCurley, MD
4601 The Vanderbilt Clinic
Pierce & 22nd Ave
Nashville, TN 37232
Tel: 615 322-0146 *Fax:* 615 343-7961
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-47-21-070

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Prgm Director: Robert W McKenna, MD
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-4004 *Fax:* 214 648-4070
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-48-21-064

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Texas Children's Hospital
Prgm Director: Chung-Che Chang, MD, PhD
Department of Pathology
One Baylor Plaza
Houston, TX 77030
Tel: 713 798-4033 *Fax:* 713 798-3665
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-48-21-012

University of Texas M D Anderson Cancer Center Program

Sponsor: University of Texas M D Anderson Cancer Center
Prgm Director: Pei Lin, MD*
Dept of Hematopathology - Box 72
1515 Holcombe Boulevard
Houston, TX 77030
Tel: 713 794-5439 *Fax:* 713 792-7273
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 311-48-21-019

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Prgm Director: Marsha C Kinney, MD
7703 Floyd Curl Drive
Mail Code 7750
San Antonio, TX 78229
Tel: 210 567-6731 *Fax:* 210 567-2478
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-48-21-020

Temple**Texas A&M College of Medicine-Scott and White Program**

Sponsor: Scott and White Memorial Hospital
Central Texas Veterans Affairs Healthcare System
Prgm Director: William Koss, MD
2401 South 31st Street
Temple, TX 76508
Tel: 254 724-5801 *Fax:* 254 724-6329
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-48-21-044

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
Prgm Director: Sherrie L Perkins, MD, PhD
50 North Medical Drive
Salt Lake City, UT 84132
Tel: 801 581-5854
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-49-21-024

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: John B Cousar, MD
PO Box 800214
Charlottesville, VA 22908
Tel: 434 924-9752 *Fax:* 434 924-9492
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-51-21-097

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
Prgm Director: Jonathan Ben-Ezra, MD
PO Box 980662
Richmond, VA 23298
Tel: 804 828-0902 *Fax:* 804 828-2812
E-mail: jben Ezra@vcu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-51-13-096

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Prgm Director: Daniel E Sabath, MD, PhD
Box 357110
Seattle, WA 98195
Tel: 206 598-6833 *Fax:* 206 598-6189
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 311-54-21-067

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
Prgm Director: Catherine Leith, MD
600 Highland Avenue
Madison, WI 53792
Tel: 608 262-7158 *Fax:* 608 263-1568
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-56-21-061

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Froedtert Memorial Lutheran Hospital
Prgm Director: Louis J Novoa-Takara, MD*
9200 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 805-8448 *Fax:* 414 805-8444
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 311-56-21-071

Hematology and Oncology (Internal Medicine)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Prgm Director: James M Foran, MD
 1530 3rd Avenue South
 WTI 225
 Birmingham, AL 35294
 Tel: 205 934-2721 Fax: 205 934-9573
 Length: 3 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 155-01-21-001

Arizona

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
 University Medical Center
Prgm Director: Frederick R Ahmann, MD
 Arizona Cancer Center
 1515 N Campbell Avenue
 Tucson, AZ 85724
 Tel: 602 626-8096 Fax: 602 626-8095
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 155-03-21-003

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
 Central Arkansas Veterans Health Center
 University Hospital of Arkansas
Prgm Director: Laura F Hutchins, MD
 4301 West Markham, Mail Slot 508
 Division of Hematology/Oncology
 Little Rock, AR 72205
 Tel: 501 686-8511 Fax: 501 686-7861
 E-mail: raylinda@uams.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Program ID: 155-04-21-129

California

La Jolla

Scripps Clinic/Scripps Green Hospital Program

Sponsor: Scripps Clinic
 Scripps Clinic/Scripps Green Hospital
Prgm Director: Michael P Kosty, MD
 10666 North Torrey Pines Road, 403C
 La Jolla, CA 92037
 Tel: 858 554-9043 Fax: 858 554-3232
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 155-05-12-145

Los Angeles

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
 UCLA Medical Center
Prgm Director: Fairouz F Kabbinafar, MD
 Center for the Health Sciences
 2333 PVUB
 Los Angeles, CA 90025
 Tel: 310 206-5788 Fax: 310 267-0151
 Length: 3 Yrs ACGME Approved/Offered Positions: 18
 Program ID: 155-05-21-123

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
 VA Long Beach Healthcare System
Prgm Director: Jae C Chang, MD
 101 The City Drive South
 Rte 81, Building 23, Room 244
 Orange, CA 92868
 Tel: 714 456-5153 Fax: 714 456-2242
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 155-05-21-136

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
 University of California (Davis) Medical Center
Prgm Director: Theodore Wun, MD
 2315 Stockton Boulevard
 Sacramento, CA 95817
 Tel: 916 734-3772 Fax: 916 734-7946
 Length: 3 Yrs ACGME Approved/Offered Positions: 10
 Program ID: 155-05-31-005

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
 Veterans Affairs Medical Center (San Diego)
Prgm Director: Elaine A Muchmore, MD
 Mail Stop M 9111E
 3350 LaJolla Village Drive
 San Diego, CA 92161
 Tel: 858 642-3356 Fax: 858 552-7485
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Program ID: 155-05-12-007

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
 University of California (San Francisco) Medical Center
Prgm Director: Eric Small, MD*
 1600 Divisadero, 7th Floor, B714
 Box 1770
 San Francisco, CA 94143
 Tel: 415 353-7095 Fax: 415 353-7093
 E-mail: avery@medicine.ucsf.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 18
 Program ID: 155-05-21-113

Sylmar

UCLA-San Fernando Valley Program

Sponsor: Olive View/UCLA Medical Center
 Cedars-Sinai Medical Center
 VA Greater Los Angeles Healthcare System
Prgm Director: Nancy R Feldman, MD
 Olive View-UCLA Medical Center
 14445 Olive View Drive, Rm 2B-182
 Sylmar, CA 91342
 Tel: 818 364-3205 Fax: 818 364-4573
 E-mail: hemonc@uclasfvp.org
 Length: 3 Yrs ACGME Approved/Offered Positions: 8
 Program ID: 155-05-13-008

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program 1

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
 Kaiser Foundation Hospital (Baldwin Park)
 Kaiser Foundation Hospital (Bellflower)
Prgm Director: Rowan T Chlebowski, MD, PhD
 1000 W Carson Street, Bldg J-3
 Torrance, CA 90509
 Tel: 310 222-2217 Fax: 310 320-2564
 E-mail: vcooray@rei.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 5
 Program ID: 155-05-31-093

Los Angeles County-Harbor-UCLA Medical Center Program 2

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
 City of Hope National Medical Center
Prgm Director: Kouichi R Tanaka, MD
 1000 West Carson Street
 Torrance, CA 90509
 Tel: 310 222-3695 Fax: 310 328-1308
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 155-05-21-087

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
 Denver Health Medical Center
 Veterans Affairs Medical Center (Denver)
Prgm Director: Catherine E Klein, MD
 PO Box 6511, Mailstop 8117
 Aurora, CO 80045
 Tel: 303 399-8020 Fax: 303 393-5063
 Length: 3 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 155-07-21-096

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
 Hartford Hospital
 St Francis Hospital and Medical Center
 Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Robert D Bona, MD
 Department of Medicine, MC 1628
 263 Farmington Avenue
 Farmington, CT 06030
 Tel: 860 679-2255 Fax: 860 679-4451
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 155-08-21-009

District of Columbia**Washington****George Washington University Program**

Sponsor: George Washington University School of Medicine

George Washington University Hospital (UHS)
Veterans Affairs Medical Center (Washington DC)

Prgm Director: Imad A Tabbara, MD
Division of Hematology/Oncology, Suite 3-428
2150 Pennsylvania Avenue, NW
Washington, DC 20037

Tel: 202 741-2478 *Fax:* 202 741-2487

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 155-10-21-074

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital

Prgm Director: Said M Baidas, MD

3800 Reservoir Road, NW
Washington, DC 20007

Tel: 202 444-7036 *Fax:* 202 444-9429

Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 155-10-12-148

**Georgetown University Hospital/
Washington Hospital Center Program**

Sponsor: Washington Hospital Center

Prgm Director: Dennis A Priebe, MD

110 Irving Street, NW
Suite C-2151

Washington, DC 20010

Tel: 202 877-2505 *Fax:* 202 877-8910

Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 155-10-31-011

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine

North Florida/South Georgia Veterans Health System

Shands Hospital at the University of Florida

Prgm Director: James W Lynch, MD

Box J100277, JHMAC

Gainesville, FL 32610

Tel: 352 392-5110 *Fax:* 352 392-8530

Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 155-11-21-104

Jacksonville**Mayo School of Graduate Medical
Education (Jacksonville) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine

Mayo Clinic (Jacksonville)

St Luke's Hospital

Prgm Director: Gerardo Colon-Otero, MD

4500 San Pablo Road

Jacksonville, FL 32224

Tel: 904 953-2000 *Fax:* 904 953-0430

E-mail: hammer.linda@mayo.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 155-11-31-108

Miami**Jackson Memorial Hospital/Jackson
Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health
System

Prgm Director: Pasquale W Benedetto, MD

1475 NW 12th Ave-Ste #3310

PO Box 016960 (D8-4)

Miami, FL 33136

Tel: 305 243-6604 *Fax:* 305 243-4905

E-mail: pbenedet@med.miami.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 155-11-21-012

Tampa**University of South Florida Program**

Sponsor: University of South Florida College of Medicine

H Lee Moffitt Cancer Center

James A Haley Veterans Hospital

Tampa General Hospital

Prgm Director: Kenneth Zuckerman, MD

H Lee Moffitt Cancer Center

12902 Magnolia Drive, Suite 3157

Tampa, FL 33612

Tel: 813 745-2069 *Fax:* 813 745-8468

Length: 3 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 155-11-31-013

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine

Emory University Hospital

Grady Health System

Prgm Director: James R Eckman, MD

Department of Hematology/Oncology

49 Jesse Hill Jr Drive

Atlanta, GA 30303

Tel: 404 778-1351 *Fax:* 404 778-1353

E-mail: Teresa_Henderson@emoryhealthcare.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 155-12-21-014

Augusta**Medical College of Georgia Program**

Sponsor: Medical College of Georgia

Veterans Affairs Medical Center (Augusta)

Prgm Director: Abdullah Kutlar, MD

Department of Medicine

1120 15th Street, BAA 5407

Augusta, GA 30912

Tel: 706 721-2171 *Fax:* 706 721-7662

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 155-12-31-015

Illinois**Chicago****Cook County Hospital Program**

Sponsor: John H Stroger Hospital of Cook County

Rush University Medical Center

Prgm Director: Margaret C Telfer, MD

1901 W Harrison

Chicago, IL 60612

Tel: 312 864-7250 *Fax:* 312 864-9002

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 155-16-21-106

**McGaw Medical Center of Northwestern
University Program**

Sponsor: McGaw Medical Center of Northwestern
University

Northwestern Memorial Hospital

Veterans Affairs Chicago Health Care System

Prgm Director: William J Gradishar, MD

676 N St Clair Street

Suite 850

Chicago, IL 60611

Tel: 312 695-4541 *Fax:* 312 695-6189

Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 155-16-21-016

Rush University Medical Center Program

Sponsor: Rush University Medical Center

Prgm Director: Han Myint, MD

1725 W Harrison Street

Professional Building I, Suite 809

Chicago, IL 60612

Tel: 312 563-4502 *Fax:* 312 942-3192

E-mail: han_myint@rush.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 155-16-21-085

University of Chicago Program

Sponsor: University of Chicago Hospitals

Prgm Director: Olufunmilayo I Olopade, MD

5841 South Maryland Avenue

Mail Code 2115

Chicago, IL 60637

Tel: 773 702-6116 *Fax:* 773 702-0963

E-mail: Irodrigu@medicine.bsd.uchicago.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 155-16-21-079

**University of Illinois College of Medicine
at Chicago Program**

Sponsor: University of Illinois College of Medicine at
Chicago

University of Illinois Hospital and Clinics

Veterans Affairs West Side Medical Center

Prgm Director: David J Peace, MD

900 S Ashland, M/C 734

Chicago, IL 60607

Tel: 312 996-1581 *Fax:* 312 413-4131

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 155-16-31-017

Maywood**Loyola University Program**

Sponsor: Loyola University Medical Center

Edward Hines Jr Veterans Affairs Hospital

Prgm Director: Joseph I Clark, MD

Cardinal Bernardin Cancer Center

2160 S First Avenue

Maywood, IL 60153

Tel: 708 327-3236 *Fax:* 708 327-3218

Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 155-16-21-110

Indiana**Indianapolis****Indiana University School of Medicine
Program**

Sponsor: Indiana University School of Medicine

Clarian Indiana University Hospital

Richard L Roubesh Veterans Affairs Medical Center

William N Wishard Memorial Hospital

Prgm Director: Michael J Robertson, MD*

Indiana Cancer Pavilion

535 Barnhill Drive, Room 473

Indianapolis, IN 46202

Tel: 317 278-6942 *Fax:* 317 278-4190

Length: 3 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 155-17-21-020

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: Thomas H Carter, MD, PhD*
200 Hawkins Drive, C32-1 GH
Iowa City, IA 52242
Tel: 319 356-0489 *Fax:* 319 353-8383
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 155-18-21-021

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
Veterans Affairs Medical Center (Kansas City)
Prgm Director: Sarah A Taylor, MD
Division of Hematology/Oncology
3901 Rainbow Boulevard / Mail Stop #1044
Kansas City, KS 66160
Tel: 913 588-6029 *Fax:* 913 588-4085
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 155-19-12-133

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine
Veterans Affairs Medical Center (Lexington)
Prgm Director: Kevin McDonagh, MD*
Department of Medicine
J511 Kentucky Clinic
Lexington, KY 40536
Tel: 859 323-8043 *Fax:* 859 257-7715
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 155-20-21-103

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
James Graham Brown Medical Center
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: Damian A Laber, MD
James Graham Brown Cancer Center
529 South Jackson Street, Suite 205
Louisville, KY 40202
Tel: 502 562-4359 *Fax:* 502 562-4368
E-mail: sairama@ulh.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 155-20-21-022

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
Memorial Center of Louisiana at New Orleans
Memorial Medical Center
Prgm Director: Oliver Sartor, MD*
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 568-5148 *Fax:* 504 568-6888
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 155-21-23-143

Tulane University Program

Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Raja Mudad, MD
Department of Medicine, SL78
1430 Tulane Avenue
New Orleans, LA 70112
Tel: 504 988-5482 *Fax:* 504 988-5483
E-mail: swilson7@tulane.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 155-21-21-023

Shreveport

Louisiana State University (Shreveport) Program

Sponsor: LSU Health Sciences Center-University
Hospital
Prgm Director: Glenn M Mills, MD
1501 Kings Highway
Post Office Box 33932
Shreveport, LA 71130
Tel: 318 813-1057 *Fax:* 318 813-1055
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 155-21-31-024

Maryland

Baltimore

University of Maryland Program

Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Prgm Director: L Austin Doyle, MD
22 S Greene St, Room N3E10
Baltimore, MD 21201
Tel: 410 328-2587 *Fax:* 410 328-6896
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 155-23-21-025

Bethesda

National Capital Consortium (Bethesda) Program

Sponsor: National Capital Consortium
Clinical Center at the National Institutes of Health
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Prgm Director: Brian P Monahan, MD
Building 8, Room 4128
National Naval Medical Center
Bethesda, MD 20889
Tel: 301 435-5388 *Fax:* 301 295-0981
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 155-23-21-088
US Armed Services Program

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Reed E Drews, MD
330 Brookline Ave
Boston, MA 02215
Tel: 617 667-2131 *Fax:* 617 667-3915
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 155-24-21-026

Boston University Medical Center Program

Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Prgm Director: Kevan L Hartshorn, MD
Section of Hematology/Oncology, EBRC 4th Floor
650 Albany Street
Boston, MA 02118
Tel: 617 638-7521 *Fax:* 617 638-7530
E-mail: sandra.pollack@bmc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 155-24-31-027

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital
Dana-Farber Cancer Institute
Massachusetts General Hospital
Prgm Director: Robert J Mayer, MD
75 Francis Street
Boston, MA 02115
Tel: 617 632-3474 *Fax:* 617 632-2260
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Program ID: 155-24-21-073

Caritas St Elizabeth's Medical Center Program

Sponsor: Caritas St Elizabeth's Medical Center of
Boston
Prgm Director: Paul J Hesketh, MD
736 Cambridge Street
Boston, MA 02135
Tel: 617 789-2317 *Fax:* 617 789-2959
E-mail: sarah_francis@cchcs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 155-24-21-124

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: Donald P Lawrence, MD
750 Washington Street
NEMC #245
Boston, MA 02111
Tel: 617 636-5627 *Fax:* 617 636-2342
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 155-24-12-029

Springfield

Baystate Medical Center/Tufts University School of Medicine Program

Sponsor: Baystate Medical Center
Prgm Director: Grace Makari-Judson, MD
3490 Main St
Springfield, MA 01107
Tel: 413 794-4055 *Fax:* 413 794-3613
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 155-24-13-030

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Prgm Director: William V Walsh, MD
55 Lake Avenue, N
Worcester, MA 01605
Tel: 508 856-3903 *Fax:* 508 856-6715
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 155-24-21-075

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers

Prgm Director: Scott D Gitlin, MD
C363 Med Inn, 0848

1500 E Medical Center Drive
Ann Arbor, MI 48109

Tel: 734 615-1623 *Fax:* 734 615-2109

Length: 3 Yrs *ACGME Approved/Offered Positions:* 18

Program ID: 155-25-21-098

Detroit**Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital

Prgm Director: Ira S Wollner, MD
Department of Medicine

2799 West Grand Boulevard
Detroit, MI 48202

Tel: 313 916-1929 *Fax:* 313 916-7911

E-mail: iwollne1@hfhs.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 9

Program ID: 155-25-21-031

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Harper-Hutzel Hospital

Prgm Director: Charles A Schiffer, MD

4100 John R - 4 HWCRC
Detroit, MI 48201

Tel: 313 745-8910 *Fax:* 313 993-0559

E-mail: schiffer@karmanos.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12

Program ID: 155-25-13-142

Lansing**Michigan State University Program**

Sponsor: Michigan State University College of Human
Medicine

Ingham Regional Medical Center
Sparrow Hospital

Prgm Director: Kenneth A Schwartz, MD

Department of Medicine

B-203 Life Sciences Building

East Lansing, MI 48824

Tel: 517 353-3728 *Fax:* 517 432-1326

E-mail: schwart7@msu.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 155-25-21-126

Southfield**Providence Hospital and Medical Centers Program**

Sponsor: Providence Hospital and Medical Centers

University of Michigan Hospitals and Health Centers

Prgm Director: Howard Terebello, DO

16001 West Nine Mile Road, Box 2043

Southfield, MI 48037

Tel: 248 849-8483 *Fax:* 248 849-5324

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 155-25-12-140

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School

Fairview-University Medical Center

Prgm Director: Linda J Burns, MD

420 Delaware Street SE

Minneapolis, MN 55455

Tel: 612 624-8144 *Fax:* 612 625-9988

E-mail: burns019@umn.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 18

Program ID: 155-26-21-032

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic

College of Medicine

Mayo Clinic (Rochester)

Rochester Methodist Hospital

St Mary's Hospital of Rochester

Prgm Director: Martha Q Lacy, MD

200 First Street, SW

Siebens Building, 5th Floor

Rochester, MN 55905

Tel: 507 284-8430

E-mail: lacy.martha@mayo.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 24

Program ID: 155-26-31-033

Mississippi**Jackson****University of Mississippi Medical Center Program**

Sponsor: University of Mississippi School of Medicine

University Hospitals and Clinics

Veterans Affairs Medical Center (Jackson)

Prgm Director: Stephanie L Elkins, MD

2500 North State Street

Jackson, MS 39216

Tel: 601 984-5616 *Fax:* 601 984-5689

Length: 3 Yrs *ACGME Approved/Offered Positions:* 9

Program ID: 155-27-21-114

Missouri**Columbia****University of Missouri-Columbia Program**

Sponsor: University of Missouri-Columbia School of
Medicine

Ellis Fischel Cancer Center

Harry S Truman Memorial Veterans Hospital

University Hospitals and Clinics

Prgm Director: Michael C Perry, MD

Ellis Fischel Cancer Center

115 Business Loop 70 W, DC116.71

Columbia, MO 65203

Tel: 573 882-4979 *Fax:* 573 884-6050

Length: 3 Yrs *ACGME Approved/Offered Positions:* 8

Program ID: 155-28-21-083

Kansas City**University of Missouri at Kansas City Program**

Sponsor: University of Missouri-Kansas City School of
Medicine

St Luke's Hospital

Truman Medical Center

Prgm Director: Jill A Moormeier, MD

2411 Holmes

Kansas City, MO 64108

Tel: 816 235-1940 *Fax:* 816 404-4377

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 155-28-21-034

St Louis**St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine

St Louis University Hospital

Prgm Director: Paul J Petruska, MD

3655 Vista Avenue

3rd Floor - West Pavilion

St Louis, MO 63110

Tel: 314 577-8854 *Fax:* 314 773-1167

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 155-28-11-036

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium

Barnes-Jewish Hospital

Prgm Director: Stuart Kornfeld, MD

4989 Barnes Hospital Plaza

St Louis, MO 63110

Tel: 314 362-8803 *Fax:* 314 362-8826

Length: 3 Yrs *ACGME Approved/Offered Positions:* 15

Program ID: 155-28-31-035

Nebraska**Omaha****University of Nebraska Medical Center College of Medicine Program**

Sponsor: University of Nebraska Medical Center College
of Medicine

Veterans Affairs Medical Center (Omaha)

Prgm Director: Greg Bociek, MD

Department of Medicine

987680 Nebraska Medical Center

Omaha, NE 68198

Tel: 402 559-5520 *Fax:* 402 559-6520

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 155-30-21-037

New Hampshire**Lebanon****Dartmouth-Hitchcock Medical Center Program**

Sponsor: Mary Hitchcock Memorial Hospital

Prgm Director: Thomas H Davis, MD

One Medical Center Drive

Lebanon, NH 03756

Tel: 603 650-8626 *Fax:* 603 650-7791

E-mail: thomas.h.davis@hitchcock.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 9

Program ID: 155-32-21-038

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program

Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Alexander Hageboutros, MD
 Three Cooper Plaza, Suite 220
 Camden, NJ 08103
 Tel: 856 963-3572
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 155-33-21-039

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School
 Robert Wood Johnson University Hospital
Prgm Director: Parvin Saidi, MD
 Dept of Medicine, PO Box 19
 1 Robert Wood Johnson Plaza
 New Brunswick, NJ 08903
 Tel: 732 235-7679 Fax: 732 235-7115
 Length: 3 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 155-33-21-040

Newark

Newark Beth Israel Medical Center Program

Sponsor: Newark Beth Israel Medical Center
Prgm Director: Alice J Cohen, MD
 201 Lyons Avenue at Osborne Terrace
 Newark, NJ 07112
 Tel: 973 926-7230 Fax: 973 926-9568
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 155-33-31-132

South Orange

Seton Hall University School of Graduate Medical Education Program

Sponsor: Seton Hall University School of Graduate Medical Education
 St Joseph's Regional Medical Center
 St Michael's Medical Center (Cathedral Health Services Inc)
Prgm Director: Rajneesh Nath, MD
 400 South Orange Avenue
 South Orange, NJ 07079
 Tel: 973 754-4360 Fax: 973 754-3734
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 155-33-13-137

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
 University of New Mexico Health Sciences
Prgm Director: Ian Rabinowitz, MD
 Division of Hematology/Oncology
 900 Camino de Salud, NE, MSC 08-4630
 Albuquerque, NM 87131
 Tel: 505 272-5837 Fax: 505 272-2841
 Length: 3 Yrs ACGME Approved/Offered Positions: 4
 Program ID: 155-34-21-115

New York

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Montefiore Medical Center-Henry and Lucy Moses Division
 Montefiore Medical Center-Weiler Hospital
Prgm Director: Rasim A Gucaip, MD
 111 East 210th Street
 Department of Oncology
 Bronx, NY 10467
 Tel: 718 920-4826 Fax: 718 798-7474
 Length: 3 Yrs ACGME Approved/Offered Positions: 21
 Program ID: 155-35-21-127

New York Medical College (Our Lady of Mercy) Program

Sponsor: New York Medical College
 Our Lady of Mercy Medical Center
Prgm Director: Peter H Wiernik, MD
 600 East 233rd Street
 Bronx, NY 10466
 Tel: 718 920-1100 Fax: 718 920-1123
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 155-35-12-131

Brooklyn

Brookdale University Hospital and Medical Center Program

Sponsor: Brookdale University Hospital and Medical Center
Prgm Director: William Steier, MD
 1 Brookdale Plaza
 Brooklyn, NY 11212
 Tel: 718 240-5653 Fax: 718 240-6634
 Length: 3 Yrs ACGME Approved/Offered Positions: 5
 Program ID: 155-35-21-041

Brooklyn Hospital Center Program

Sponsor: Brooklyn Hospital Center
 Wyckoff Heights Medical Center
Prgm Director: Arunbhai G Patel, MD
 Department of Medicine
 121 DeKalb Avenue
 Brooklyn, NY 11201
 Tel: 718 250-6960 Fax: 718 250-6492
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 155-35-12-135

Maimonides Medical Center Program

Sponsor: Maimonides Medical Center
Prgm Director: Allan D Novetsky, MD
 953 49th Street, Room 503
 Brooklyn, NY 11219
 Tel: 718 283-8297 Fax: 718 635-7110
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 155-35-13-139

New York Methodist Hospital Program

Sponsor: New York Methodist Hospital
Prgm Director: Muthuswamy Krishnamurthy, MD
 506 Sixth Street
 Brooklyn, NY 11215
 Tel: 718 780-5246 Fax: 718 780-3259
 E-mail: had9003@nyp.org
 Length: 3 Yrs ACGME Approved/Offered Positions: 4
 Program ID: 155-35-21-138

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
 Kings County Hospital Center
 Long Island College Hospital
 University Hospital-SUNY Health Science Center at Brooklyn
 Veterans Affairs Medical Center (Brooklyn)
Prgm Director: William B Solomon, MD
 Department of Medicine, Box #50
 450 Clarkson Avenue
 Brooklyn, NY 11203
 Tel: 718 270-2785 Fax: 718 270-1578
 Length: 3 Yrs ACGME Approved/Offered Positions: 14
 Program ID: 155-35-11-043

Manhasset

North Shore University Hospital/NYU School of Medicine Program

Sponsor: North Shore University Hospital
Prgm Director: Thomas P Bradley, MD
 300 Community Drive
 Manhasset, NY 11030
 Tel: 516 562-8900 Fax: 516 562-8950
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Program ID: 155-35-31-116

Mineola

Winthrop-University Hospital Program

Sponsor: Winthrop-University Hospital
Prgm Director: Harry Staszewski, MD
 259 First Street
 Mineola, NY 11501
 Tel: 516 663-9500 Fax: 516 663-9543
 E-mail: afischer@winthrop.org
 Length: 3 Yrs ACGME Approved/Offered Positions: 4
 Program ID: 155-35-13-045

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program

Sponsor: Long Island Jewish Medical Center
Prgm Director: Dilip V Patel, MD
 207-05 76th Avenue
 New Hyde Park, NY 11040
 Tel: 718 470-8931 Fax: 718 470-0169
 Length: 3 Yrs ACGME Approved/Offered Positions: 7
 Program ID: 155-35-22-046

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program

Sponsor: Beth Israel Medical Center
Prgm Director: Ronald Blum, MD
 Department of Medicine
 First Avenue at 16th Street
 New York, NY 10003
 Tel: 212 844-8282 Fax: 212 420-4385
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 155-35-23-047

Lenox Hill Hospital Program

Sponsor: Lenox Hill Hospital
Prgm Director: Nathaniel M Wisch, MD
 100 East 77th Street
 New York, NY 10021
 Tel: 212 439-2155 Fax: 212 434-3413
 Length: 3 Yrs ACGME Approved/Offered Positions: 4
 Program ID: 155-35-33-049

Memorial Sloan-Kettering Cancer Center/New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: Memorial Sloan-Kettering Cancer Center
Prgm Director: Dean F Bajorin, MD
 1275 York Avenue
 Box # 8
 New York, NY 10021
Tel: 212 639-5809 *Fax:* 212 639-2283
Length: 3 Yrs *ACGME Approved/Offered Positions:* 45
Program ID: 155-35-21-084

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
 Elmhurst Hospital Center-Mount Sinai Services
 Mount Sinai Medical Center
Prgm Director: Jonathan D Schwartz, MD
 One Gustave L Levy Place
 Box 1079
 New York, NY 10029
Tel: 212 241-3984 *Fax:* 212 996-1029
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 155-35-21-050

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
 St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: Alan B Astrow, MD
 170 West 12th Street
 New York, NY 10011
Tel: 212 604-6014 *Fax:* 212 604-6038
E-mail: pflorencio@svmcmny.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 155-35-12-053

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Alfred I Neugut, MD, PhD
 622 W 168th Street
 New York, NY 10032
Tel: 212 305-9414 *Fax:* 212 305-9413
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 155-35-11-052

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Cornell Campus)
Prgm Director: John P Leonard, MD
 625 East 68th Street
 New York, NY 10021
Tel: 212 746-2060 *Fax:* 212 746-8866
E-mail: jpleonar@med.cornell.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 155-35-31-051

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
 St Luke's-Roosevelt Hospital Center-Roosevelt Division
 St Luke's-Roosevelt Hospital Center-St Luke's Division
Prgm Director: Mala Varma, MD
 1000 Tenth Avenue Suite 11C
 New York, NY 10019
Tel: 212 523-7281 *Fax:* 212 523-2004
E-mail: mvarma@chpnet.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 155-35-31-134

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Deepak Sahasrabudhe, MD
 601 Elmwood Avenue, Box 704
 Rochester, NY 14642
Tel: 585 275-4797 *Fax:* 585 273-1042
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 155-35-21-100

Staten Island**Staten Island University Hospital Program**

Sponsor: Staten Island University Hospital
Prgm Director: Frank J Forte, MD
 256 Mason Avenue Building C
 Staten Island, NY 10305
Tel: 718 226-6443 *Fax:* 718 226-6434
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 155-35-31-144

Stony Brook**SUNY at Stony Brook Program**

Sponsor: University Hospital-SUNY at Stony Brook
 Veterans Affairs Medical Center (Northport)
Prgm Director: Wadie F Bahou, MD
 Division of Hematology
 HSC, T-15-40
 Stony Brook, NY 11794
Tel: 631 444-2059 *Fax:* 631 444-7530
Length: 3 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 155-35-13-054

Syracuse**SUNY Upstate Medical University Program**

Sponsor: SUNY Upstate Medical University
 Veterans Affairs Medical Center (Syracuse)
Prgm Director: Leslie Howard, MD
 750 E Adams Street
 Syracuse, NY 13210
Tel: 315 464-4353 *Fax:* 315 464-8279
E-mail: leslie.howard@med.va.gov
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 155-35-31-086

Valhalla**New York Medical College at Westchester Medical Center Program**

Sponsor: New York Medical College
 Metropolitan Hospital Center
 St Vincent's Medical Center
 Westchester Medical Center
Prgm Director: Robert G Lerner, MD
 Department of Medicine
 Munger Pavilion
 Valhalla, NY 10595
Tel: 914 594-4415 *Fax:* 914 594-4432
E-mail: lernerr@wcmc.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 155-35-31-101

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
Prgm Director: Paul A Godley, MD, PhD
 3009 Old Clinic Building
 Chapel Hill, NC 27599
Tel: 919 966-4431 *Fax:* 919 966-6735
Length: 3 Yrs *ACGME Approved/Offered Positions:* 11
Program ID: 155-36-21-055

Durham**Duke University Hospital Program**

Sponsor: Duke University Hospital
Prgm Director: William H Kane, MD, PhD*
 Box 3841
 Durham, NC 27710
Tel: 919 684-5350 *Fax:* 919 681-6160
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 155-36-31-056

Greenville**Pitt County Memorial Hospital/East Carolina University Program**

Sponsor: Pitt County Memorial Hospital
Prgm Director: Darla K Liles, MD*
 Brody 3E-127, ECU SOM
 Greenville, NC 27858
Tel: 252 744-2560 *Fax:* 252 744-3418
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 155-36-11-141

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: John Owen, MD, MBA
 Wake Forest University Baptist Medical Center
 Medical Center Boulevard
 Winston-Salem, NC 27157
Tel: 336 716-6777 *Fax:* 336 716-5687
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 155-36-21-076

Ohio**Cincinnati****University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc
 Christ Hospital
 Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Abdul-Rahman Jazieh, MD
 231 Albert Sabin Way
 PO Box 870562
 Cincinnati, OH 45267
Tel: 513 584-3830 *Fax:* 513 584-0676
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 155-38-21-102

Cleveland**Case Western Reserve University/University Hospitals of Cleveland Program**

Sponsor: University Hospitals of Cleveland
 MetroHealth Medical Center
Prgm Director: Omer N Koc, MD*
 10900 Euclid Avenue
 WRB 2-128
 Cleveland, OH 44106
Tel: 216 368-1175 *Fax:* 216 368-1166
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 155-38-21-117

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: David E Weng, MD, PhD*
 Taussig Cancer Center
 9500 Euclid Avenue - Desk R35
 Cleveland, OH 44195
Tel: 216 445-8375 *Fax:* 216 444-9464
E-mail: meded@ccl.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 155-38-21-057

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Arthur G James Cancer Hospital and Research Institute
Prgm Director: Manisha Shah, MD*
Starling-Loving Hall
320 W Tenth Avenue
Columbus, OH 43210
Tel: 614 293-8858
Length: 3 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 155-38-31-058

Dayton

Wright State University Program

Sponsor: Wright State University School of Medicine
Good Samaritan Hospital and Health Center
Veterans Affairs Medical Center (Dayton)
Prgm Director: Michael A Baumann, MD
4100 W Third Street
Dayton, OH 45428
Tel: 937 268-6511 *Fax:* 937 267-5310
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 155-38-11-059

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
OU Medical Center
Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Howard Ozer, MD, PhD
920 Stanton L Young WP2020
Hematology-Oncology Section
Oklahoma City, OK 73104
Tel: 405 271-4022 *Fax:* 405 271-3020
E-mail: carol-tennyson@ouhsc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 155-39-21-060

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Prgm Director: Jody L Kujovich, MD
3181 SW Sam Jackson Park Road, 1-586
Portland, OR 97239
Tel: 503 494-6128 *Fax:* 503 494-3257
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 155-40-21-118

Pennsylvania

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
Lehigh Valley Hospital
Prgm Director: Harold A Harvey, MD
University Hospital
PO Box 850, 500 University Drive, H046
Hershey, PA 17033
Tel: 717 531-8677 *Fax:* 717 531-5076
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 155-41-21-061

Philadelphia

Drexel University College of Medicine/ Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP
Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Prgm Director: Michael J Styler, MD
Broad and Vine Streets, MS 412
Philadelphia, PA 19102
Tel: 215 762-7026 *Fax:* 215 762-8857
E-mail: fm25@drexel.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 155-41-31-062

Temple University Hospital Program

Sponsor: Temple University Hospital
Fox Chase Cancer Center
Prgm Director: Russell J Schilder, MD
Broad and Ontario Streets
Philadelphia, PA 19140
Tel: 215 728-3545 *Fax:* 215 728-3639
Length: 3 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 155-41-21-091

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Jay H Herman, MD
Department of Hematology/Medical Oncology
1015 Walnut Street - Room 705
Philadelphia, PA 19107
Tel: 215 955-5822 *Fax:* 215 955-2366
E-mail: jay.herman@jefferson.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 155-41-21-130

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: Dupont Guerry, MD
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 662-4137 *Fax:* 215 349-5866
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 155-41-21-081

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical
Education Program
UPMC Presbyterian/Shadyside
Prgm Director: Robert L Redner, MD
UPMC Cancer Center
5150 Centre Avenue, Room 458
Pittsburgh, PA 15232
Tel: 412 623-3257 *Fax:* 412 623-7768
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 155-41-21-122

Western Pennsylvania Hospital/Temple University Program

Sponsor: The Western Pennsylvania Hospital
Prgm Director: Richard K Shaddock, MD
4800 Friendship Avenue
Pittsburgh, PA 15224
Tel: 412 578-4355 *Fax:* 412 578-4391
E-mail: rsantona@wpahs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 155-41-31-092

Wynnewood

Lankenau Hospital Program

Sponsor: Lankenau Hospital
Prgm Director: Mary Denshaw-Burke, MD
100 Lancaster Avenue
Wynnewood, PA 19096
Tel: 610 645-2008 *Fax:* 610 645-8141
E-mail: Denshaw-BurkeM@MLHS.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 155-41-31-077

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
University Hospital
Prgm Director: Justiniano Castro, MD
Dept of Medicine, UPR School of Medicine
PO Box 365067
San Juan, PR 00936
Tel: 787 754-0101 *Fax:* 787 756-5866
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 155-42-21-080

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: Alan G Rosmarin, MD
164 Summit Avenue
Fain Building, 3rd Floor-Rear, Suite 300
Providence, RI 02906
Tel: 401 793-4648 *Fax:* 401 793-7132
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 155-43-31-128

Roger Williams Medical Center Program

Sponsor: Roger Williams Medical Center
Memorial Hospital of Rhode Island
Miriam Hospital-Lifespan
Rhode Island Hospital-Lifespan
Veterans Affairs Medical Center (Providence)
Prgm Director: Frank J Cummings, MD*
825 Chaikstone Avenue
Providence, RI 02908
Tel: 401 456-2070 *Fax:* 401 456-2016
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 155-43-21-120

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of
Medicine
MUSC Medical Center
Prgm Director: Lawrence B Afrin, MD
96 Jonathan Lucas Street
PO Box 250635, 903 CSB
Charleston, SC 29425
Tel: 843 792-4271 *Fax:* 843 792-0644
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 155-45-21-063

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
Methodist Healthcare-Memphis Hospitals
Prgm Director: Reed C Baskin, MD
Department of Medicine
1331 Union Avenue, Suite 800
Memphis, TN 38104
Tel: 901 722-0646 *Fax:* 901 722-0452
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 155-47-21-125

Nashville**Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Prgm Director: Kenneth R Hande, MD
Division of Medical Oncology
777 Preston Research Building
Nashville, TN 37232
Tel: 615 322-4967 *Fax:* 615 343-7602
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 155-47-31-065

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Zale-Lipsby University Hospital
Prgm Director: Sandra L Hofmann, MD, PhD
5323 Harry Hines Blvd
Mail Code 8852
Dallas, TX 75390
Tel: 214 648-4180 *Fax:* 214 648-1955
E-mail: Levia.Alford@utsouthwestern.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 155-48-21-066

Fort Sam Houston**San Antonio Uniformed Services Health Education Consortium (BAMC) Program**

Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (AETC)
Prgm Director: Michael B Osswald, MD
2200 Bergquist Drive, Suite 1
Suite 1
Lackland AFB, TX 78236
Tel: 210 292-3820 *Fax:* 210 292-7317
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 155-48-31-067
US Armed Services Program

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Prgm Director: Garrett R Lynch, MD
6550 Fannin Street, Suite 1057
Houston, TX 77030
Tel: 713 798-3755 *Fax:* 713 798-3342
Length: 3 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 155-48-21-146

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Prgm Director: Anand B Karnad, MD*
7703 Floyd Curl Drive, MSC 7884
San Antonio, TX 78229
Tel: 210 617-4545 *Fax:* 210 567-4822
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 155-48-21-099

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Martha Glenn, MD
50 North Medical Drive
Salt Lake City, UT 84132
Tel: 801 585-0255 *Fax:* 801 585-0159
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 155-49-21-082

Vermont**Burlington****University of Vermont Program**

Sponsor: Fletcher Allen Health Care
Prgm Director: Richard F Branda, MD
UHC Campus - St Joseph 3
1 South Prospect Street
Burlington, VT 05401
Tel: 802 847-5971 *Fax:* 802 847-5946
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 155-50-21-069

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: B Gail Macic, MD
PO Box 800716
Charlottesville, VA 22908
Tel: 434 924-0431 *Fax:* 434 982-4186
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 155-51-31-078

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm Director: Laurie J Lyckholm, MD
1101 E Marshall Street, Room 6-030
PO Box 980230
Richmond, VA 23298
Tel: 804 828-8723 *Fax:* 804 828-8079
E-mail: lyckholm@vcu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 155-51-21-070

West Virginia**Morgantown****West Virginia University Program**

Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: Edward B Crowell, MD
PO Box 9162
RCB-HSC
Morgantown, WV 26506
Tel: 304 293-4229 *Fax:* 304 293-2519
E-mail: ecrowell@wvu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 155-55-21-109

Wisconsin**Milwaukee****Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Prgm Director: Christopher R Chitambar, MD
Div of Neoplastic Diseases and Related Disorders
9200 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 805-4600 *Fax:* 414 805-4606
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 155-56-21-119

Infectious Disease (Internal Medicine)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Prgm Director: Edward W Hook, MD
University Station
Birmingham, AL 35294
Tel: 205 934-4204 *Fax:* 205 975-7764
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 146-01-21-121

Mobile

University of South Alabama Program

Sponsor: University of South Alabama Hospitals
University of South Alabama Medical Center
USA Children's and Women's Hospital
USA Knollwood Park Hospital
Prgm Director: John A Vande Waa, DO, PhD*
Department of Medicine, Mastin 400 G
2451 Fillingim Street
Mobile, AL 36617
Tel: 251 471-7895 *Fax:* 251 471-7898
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 146-01-11-089

Arizona

Tucson

University of Arizona College of Medicine Program

Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Prgm Director: Stephen A Klotz, MD
Section of Infectious Diseases
1501 N Campbell Avenue
Tucson, AZ 85724
Tel: 520 626-6887 *Fax:* 520 626-6183
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 146-03-13-201

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Robert W Bradsher, MD
4301 W Markham, Slot 639
Little Rock, AR 72205
Tel: 501 686-5585 *Fax:* 501 686-5549
E-mail: hinesvidav@uams.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-04-21-107

California

Los Angeles

Charles R Drew University Program

Sponsor: Charles R Drew University of Medicine and Science
LAC-King/Drew Medical Center
Prgm Director: Vinod K Dhawan, MD
12021 South Wilmington Avenue
Los Angeles, CA 90059
Tel: 310 668-3439 *Fax:* 310 763-8929
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 146-05-11-123

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: David A Pegues, MD
37-121 Center for Health Science
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 825-2465 *Fax:* 310 825-3632
E-mail: dpegues@mednet.ucla.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-05-11-124

UCLA-VA Greater Los Angeles Program

Sponsor: VA Greater Los Angeles Healthcare System
Cedars-Sinai Medical Center
Olive View/UCLA Medical Center
Prgm Director: Matthew B Goetz, MD
Infectious Disease Sect (111F)
11301 Wilshire Boulevard
Los Angeles, CA 90073
Tel: 310 268-3015 *Fax:* 310 268-4928
Length: 2 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 146-05-21-195

University of Southern California/ LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
USC University Hospital
Prgm Director: Paul D Holtom, MD
1200 N State St, Room 6620
Los Angeles, CA 90033
Tel: 323 226-6705 *Fax:* 323 226-3696
E-mail: lmendez@usc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 146-05-21-042

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Prgm Director: Geeta K Gupta, MD*
Bldg 53, Rm 215
101 The City Drive S
Orange, CA 92868
Tel: 714 456-7612 *Fax:* 714 456-7169
E-mail: swoolf@uci.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-05-21-141

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
VA Northern California Health Care System
Prgm Director: Stuart H Cohen, MD
4150 V Street, Suite 500
Sacramento, CA 95817
Tel: 916 734-3742 *Fax:* 916 734-7766
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-05-21-095

San Diego

Naval Medical Center (San Diego) Program

Sponsor: Naval Medical Center (San Diego)
Prgm Director: Braden R Hale, MD, MPH
Department of Medicine
34800 Bob Wilson Drive
San Diego, CA 92134
Tel: 619 532-7475 *Fax:* 619 532-7478
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-05-12-142
US Armed Services Program

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Joshua Fierer, MD
3350 La Jolla Village Drive
San Diego, CA 92161
Tel: 858 552-7446 *Fax:* 858 552-4398
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 146-05-21-163

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
Mount Zion Medical Center of the University of California
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Henry F Chambers, MD
521 Parnassus Avenue, Box 0654, Room C443
UCSF Medical Center
San Francisco, CA 94143
Tel: 415 206-5437 *Fax:* 415 648-8425
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 146-05-21-144

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Prgm Director: David Relman, MD
Department of Medicine
300 Pasteur Dr
Stanford, CA 94305
Tel: 650 852-3308 *Fax:* 650 498-7011
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 146-05-21-023

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: John E Edwards, MD
1000 W Carson Street
St John's Cardiovascular Research Center
Torrance, CA 90509
Tel: 310 222-3813 *Fax:* 310 782-2016
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-05-11-164

Colorado**Denver****University of Colorado Program**

Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
University of Colorado Hospital
Veterans Affairs Medical Center (Denver)
Prgm Director: Nancy E Madinger, MD
Division of Infectious Diseases
4200 E 9th Ave, B168
Denver, CO 80262
Tel: 303 315-7233 *Fax:* 303 315-8681
E-mail: Nancy.Madinger@uchsc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 146-07-21-050

Connecticut**Farmington****University of Connecticut Program**

Sponsor: University of Connecticut School of Medicine
Hartford Hospital
New Britain General Hospital
St Francis Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: John D Shanley, MD
Division of Infectious Diseases
263 Farmington Avenue
Farmington, CT 06030
Tel: 860 679-4700 *Fax:* 860 679-4701
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-08-31-001

New Haven**Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
Hospital of St Raphael
Prgm Director: Vincent J Quagliariello, MD
Internal Medicine, Infectious Diseases
P O Box 20822
New Haven, CT 06520
Tel: 203 785-7570 *Fax:* 203 785-3864
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 146-08-21-024

District of Columbia**Washington****George Washington University Program**

Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Veterans Affairs Medical Center (Washington DC)
Prgm Director: Gary L Simon, MD, PhD
Department of Medicine
2150 Pennsylvania Ave, NW, 5th floor
Washington, DC 20037
Tel: 202 741-2234 *Fax:* 202 741-2241
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 146-10-21-109

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Prgm Director: Princy N Kumar, MD
Department of Medicine
3800 Reservoir Road, NW
Washington, DC 20007
Tel: 202 687-8514 *Fax:* 202 687-6476
E-mail: ah@gunet.georgetown.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 146-10-21-090

Georgetown University Hospital/Washington Hospital Center Program

Sponsor: Washington Hospital Center
Prgm Director: Margo Smith, MD
110 Irving Street, NW
Washington, DC 20010
Tel: 202 877-7164 *Fax:* 202 877-0341
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-10-11-179

Howard University Program

Sponsor: Howard University Hospital
Prgm Director: John I McNeil, MD
2041 Georgia Avenue, NW
Division of Infectious Diseases
Washington, DC 20060
Tel: 202 745-6641 *Fax:* 202 865-4706
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 146-10-21-091

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Frederick S Southwick, MD
Box 100277
Gainesville, FL 32610
Tel: 352 392-4058 *Fax:* 352 392-6481
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-11-21-033

Jacksonville**University of Florida Health Science Center/Jacksonville Program**

Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Baptist Medical Center
Prgm Director: Michael Sands, MD, MPH*
Duval County Health Department
1833 Boulevard Suite 500
Jacksonville, FL 32206
Tel: 904 665-3076 *Fax:* 904 798-2784
E-mail: nancy.culpepper@jax.ufl.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 146-11-21-186

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
Mount Sinai Medical Center of Florida Inc
Veterans Affairs Medical Center (Miami)
Prgm Director: Gordon M Dickinson, MD
Miami VA Med Ctr, Medicine/Special Immunology
1201 NW 16 St/#B1239
Miami, FL 33125
Tel: 305 575-3267 *Fax:* 305 575-3139
E-mail: g Dickinson@med.miami.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 146-11-21-165

Tampa**University of South Florida Program**

Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
James A Haley Veterans Hospital
Tampa General Hospital
Prgm Director: John T Sinnott, MD
Tampa General Hospital
Davis Island
Tampa, FL 33606
Tel: 813 844-4187 *Fax:* 813 844-7605
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 146-11-21-034

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Prgm Director: Henry M Blumberg, MD
Emory University School of Medicine
69 Jesse Hill, Jr Drive SE
Atlanta, GA 30303
Tel: 404 616-3603 *Fax:* 404 880-9305
E-mail: henry.m.blumberg@emory.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 146-12-21-129

Augusta**Medical College of Georgia Program**

Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Prgm Director: John F Fisher, MD*
Department of Medicine
Room BA-5308
Augusta, GA 30912
Tel: 706 721-2236 *Fax:* 706 721-2000
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 146-12-21-003

Illinois**Chicago****McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Prgm Director: John P Flaherty, MD
676 North Saint Clair St
Suite 200
Chicago, IL 60611
Tel: 312 695-5085 *Fax:* 312 695-5088
E-mail: j-flaherty4@northwestern.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-16-21-059

Rush University Medical Center Program

Sponsor: Rush University Medical Center
John H Stroger Hospital of Cook County
Prgm Director: Gordon M Trenholme, MD
Section of Infectious Diseases
1750 West Harrison St, 140-143 AAC
Chicago, IL 60612
Tel: 312 942-5865 *Fax:* 312 942-2184
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 146-16-11-130

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Jean-Luc Benoit, MD
5841 S Maryland Avenue, MC5065
Chicago, IL 60637
Tel: 773 702-2710 *Fax:* 773 702-8998
E-mail: jbenoit@medicine.bsd.uchicago.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-16-21-202

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
University of Chicago Hospitals
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Prgm Director: Maximo O Brito, MD*
Section of Infectious Diseases, (M/C 735)
808 S Wood Street, Rm 888
Chicago, IL 60612
Tel: 312 569-7448 *Fax:* 312 569-8114
E-mail: mbrito@uic.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 146-16-21-131

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Joseph R Lentino, MD, PhD
Department of Medicine, Room 7604
2160 S First Ave - Bldg 54 - Room 149
Maywood, IL 60153
Tel: 708 216-3232 *Fax:* 708 202-2410
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-16-21-004

North Chicago

The Chicago Medical School at Rosalind Franklin University of Medicine and Science Program

Sponsor: Chicago Medical School/Rosalind Franklin Univ of Med & Sci
Mount Sinai Hospital Medical Center of Chicago
Veterans Affairs Medical Center (North Chicago)
Prgm Director: Walid F Khayr, MD
Department of Medicine-Division of Infectious Disease
3333 Green Bay Road
North Chicago, IL 60064
Tel: 847 688-1900 *Fax:* 847 578-8647
E-mail: anita.abron@rosalindfranklin.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 146-16-21-044

Springfield

Southern Illinois University Program

Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Prgm Director: Nancy Khardori, MD
PO Box 19636
Springfield, IL 62794
Tel: 217 545-9148 *Fax:* 217 788-5504
E-mail: nkhardori@siumed.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 146-16-21-180

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Prgm Director: Mitchell Goldman, MD
Wishard Memorial Hosp (Rm OPW-430)
1001 West 10th Street
Indianapolis, IN 46202
Tel: 317 630-6119 *Fax:* 317 630-7522
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 146-17-21-146

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Hala H Shamsuddin, MD*
Department of Medicine
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 384-6186 *Fax:* 319 384-7208
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-18-21-096

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
Research Medical Center
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Prgm Director: Daniel R Hinthorn, MD
Department of Internal Medicine
3901 Rainbow Boulevard
Kansas City, KS 66160
Tel: 913 588-6095 *Fax:* 913 588-6024
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 146-19-21-110

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine
Veterans Affairs Medical Center (Lexington)
Prgm Director: Martin E Evans, MD
Division of Infectious Diseases, Room MN672
800 Rose Street
Lexington, KY 40536
Tel: 859 323-8178 *Fax:* 859 323-8926
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 146-20-21-196

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: Julio A Ramirez, MD
512 South Hancock Street
Carmichael Bldg Room 208-D
Louisville, KY 40202
Tel: 502 852-5131 *Fax:* 502 852-1147
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-20-31-092

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Prgm Director: Julio E Figueroa, MD
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 568-5031 *Fax:* 504 568-6752
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 146-21-21-051

Ochsner Clinic Foundation Program

Sponsor: Ochsner Clinic Foundation
Prgm Director: Julia B Garcia-Diaz, MD*
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-4005 *Fax:* 504 842-3633
E-mail: dguidroz@ochsner.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 146-21-22-100

Tulane University Program

Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Prgm Director: David M Mushatt, MD, MPH
1430 Tulane Avenue
New Orleans, LA 70112
Tel: 504 988-7316 *Fax:* 504 988-3644
E-mail: infdis@tulane.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 146-21-21-105

Shreveport

Louisiana State University (Shreveport) Program

Sponsor: LSU Health Sciences Center-University Hospital
Overton Brooks Veterans Affairs Medical Center
Prgm Director: Robert L Penn, MD
1501 Kings Highway
Shreveport, LA 71130
Tel: 318 675-5900 *Fax:* 318 675-5907
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 146-21-21-052

Maine

Portland

Maine Medical Center Program

Sponsor: Maine Medical Center
Prgm Director: Robert P Smith, MD
22 Bramhall Street
Portland, ME 04102
Tel: 207 871-2099
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 146-22-21-182

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Cynthia L Sears, MD
Dept of Medicine, Ross 1167
720 Rutland Avenue
Baltimore, MD 21205
Tel: 410 502-2520 *Fax:* 410 614-9775
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 146-23-11-060

University of Maryland Program

Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Prgm Director: Bruce L Gilliam, MD
Division of Infectious Diseases
20 Penn Street, HSFII S403B
Baltimore, MD 21201
Tel: 410 706-7560 *Fax:* 410 706-8700
Length: 2 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 146-23-21-036

Bethesda

National Capital Consortium (Walter Reed) Program

Sponsor: National Capital Consortium
Walter Reed Army Institute of Research
Prgm Director: Glenn W Wortmann, MD*
Office of the Dean
4301 Jones Bridge Road
Bethesda, MD 20814
Tel: 202 782-6740 *Fax:* 202 782-3765
E-mail: glenn.wortmann@na.amedd.army.mil
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 146-10-11-127
US Armed Services Program

National Institutes of Health Clinical Center Program

Sponsor: Clinical Center at the National Institutes of Health
Prgm Director: John Bennett, MD
9000 Rockville Pike
Bethesda, MD 20892
Tel: 301 496-3461 *Fax:* 301 480-0050
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 146-23-21-184
US Armed Services Program

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Margaret J Koziel, MD*
Division of Infectious Diseases
110 Francis Street, Suite GB
Boston, MA 02215
Tel: 617 667-0938 *Fax:* 617 975-5235
E-mail: mkoziel@bidmc.harvard.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 146-24-21-132

Boston University Medical Center Program

Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Prgm Director: Brant Viner, MD
Dowling 3 North
One Boston Medical Center Place
Boston, MA 02118
Tel: 617 638-7909 *Fax:* 617 638-8070
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 146-24-21-148

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Brigham and Women's Hospital
Prgm Director: David C Hooper, MD
55 Fruit Street, J 504
Boston, MA 02114
Tel: 617 726-3812 *Fax:* 617 726-7416
E-mail: srogerscruz@partners.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 146-24-21-021

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Caritas St Elizabeth's Medical Center of Boston
Lahey Clinic
Lemuel Shattuck Hospital
Newton-Wellesley Hospital
Prgm Director: Debra D Poutsliaka, MD, PhD
750 Washington Street
Boston, MA 02111
Tel: 617 636-7001 *Fax:* 617 636-8525
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 146-24-21-006

Springfield

Baystate Medical Center/Tufts University School of Medicine Program

Sponsor: Baystate Medical Center
Prgm Director: Eric V Granowitz, MD
759 Chestnut Street
Springfield, MA 01199
Tel: 413 794-5376 *Fax:* 413 794-4199
E-mail: pauline.blair@bhs.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 146-24-11-061

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Memorial Campus)
UMass Memorial Health Care (University Campus)
Prgm Director: William L Marshall, MD*
55 Lake Avenue, North
Worcester, MA 01655
Tel: 508 856-7513 *Fax:* 508 856-7516
Length: 2 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 146-24-21-007

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: N Cary Engleberg, MD
3116 Taubman Health Center
1500 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-5205 *Fax:* 734 936-2737
E-mail: cmcampa@umich.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-25-21-062

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital
Prgm Director: Indira Brar, MD
Department of Medicine
2799 W Grand Boulevard
Detroit, MI 48202
Tel: 313 916-2573 *Fax:* 313 916-2993
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-25-11-133

St John Hospital and Medical Center Program

Sponsor: St John Hospital and Medical Center
Prgm Director: Riad Khatib, MD
22101 Moross Road
Detroit, MI 48236
Tel: 313 349-7837
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 146-25-21-191

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Harper-Hutzel Hospital
Prgm Director: Pranatharthi H Chandrasekar, MD
Division of Infectious Diseases
3990 John R, 5-Hudson, Room 5910
Detroit, MI 48201
Tel: 313 745-9649
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 146-25-21-040

Royal Oak

William Beaumont Hospital Program

Sponsor: William Beaumont Hospital
Prgm Director: Jeffrey D Band, MD
3601 W 13 Mile Road
Royal Oak, MI 48073
Tel: 248 551-4041 *Fax:* 248 551-1110
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-25-12-102

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: James R Johnson, MD, MPH
MMC 250
420 Delaware Street SE
Minneapolis, MN 55455
Tel: 612 624-9996 *Fax:* 612 625-4410
E-mail: iddiv@umn.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 146-26-21-112

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prgm Director: Abinash Virk, MD
Department of Medicine
200 First Street, SW
Rochester, MN 55905
Tel: 507 255-1980 *Fax:* 507 255-7767
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 146-26-21-045

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Prgm Director: Nancy J Dorman, MD, PhD*
Division of Infectious Diseases
2500 N State Street, N-502
Jackson, MS 39216
Tel: 601 984-5560 *Fax:* 601 815-4014
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-27-21-063

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prgm Director: William Salzer, MD*
MA423 Medical Science Bldg
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-3107 *Fax:* 573 884-5790
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 146-28-21-064

Kansas City

University of Missouri at Kansas City Program

Sponsor: University of Missouri-Kansas City School of Medicine
St Luke's Hospital
Truman Medical Center
Prgm Director: Alan R Salkind, MD
Department of Medicine
2411 Holmes Street, Green 4 Unit
Kansas City, MO 64108
Tel: 816 235-1935 *Fax:* 816 235-5538
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 146-28-31-113

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
St Louis University Hospital
Prgm Director: Donald J Kennedy, MD
1325 South Grand Blvd
St Louis, MO 63104
Tel: 314 577-8648 *Fax:* 314 771-3816
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-28-21-177

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Prgm Director: Nigar Kirmani, MD
660 South Euclid Avenue, Box 8051
St Louis, MO 63110
Tel: 314 454-8214 *Fax:* 314 454-8687
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 146-28-21-149

Nebraska

Omaha

Creighton University Program

Sponsor: Creighton University School of Medicine
Creighton University Medical Center (Tenet - SJH)
The Nebraska Medical Center
Veterans Affairs Medical Center (Omaha)
Prgm Director: Gary L Gorby, MD
c/o Omaha VA Medical Center
4101 Woolworth Avenue (111D)
Omaha, NE 68105
Tel: 402 449-0650 *Fax:* 402 977-5601
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-30-21-151

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: Jeffrey Parsonnet, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-8840 *Fax:* 603 650-6199
E-mail: jeffrey.parsonnet@hitchcock.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 146-32-21-187

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program

Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Daniel K Meyer, MD*
Education & Research Bldg, Rm 272
401 Haddon Avenue
Camden, NJ 08103
Tel: 856 757-7767 *Fax:* 856 757-7803
E-mail: conners-deanne@cooperhealth.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 146-33-21-173

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School
Jersey Shore University Medical Center
Robert Wood Johnson University Hospital
Prgm Director: Melvin P Weinstein, MD
Dept of Medicine, MEB 362
One Robert Wood Johnson Place
New Brunswick, NJ 08903
Tel: 732 235-7713 *Fax:* 732 235-7951
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-33-21-026

Newark

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Rajendra Kapila, MD*
185 South Orange Avenue MSB 1-613
University Heights
Newark, NJ 07103
Tel: 973 972-9834 *Fax:* 973 972-1141
E-mail: infectiousdiseases@umdnj.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 146-33-21-172

South Orange

Seton Hall University School of Graduate Medical Education Program

Sponsor: Seton Hall University School of Graduate Medical Education
St Michael's Medical Center (Cathedral Health Services Inc)
Prgm Director: Stephen M Smith, MD
268 Dr Martin Luther King Jr Boulevard
Newark, NJ 07102
Tel: 973 877-2586
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 146-33-11-152

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Corey Tancik, MD*
School of Medicine
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505 272-5666 *Fax:* 505 272-8441
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-34-21-134

New York

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Grace Y Minamoto, MD
111 East 210th Street
Bronx, NY 10467
Tel: 718 920-5438 *Fax:* 718 920-2746
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 146-35-21-101

Brooklyn

Maimonides Medical Center Program

Sponsor: Maimonides Medical Center
Coney Island Hospital
Long Island College Hospital
Prgm Director: Edward K Chapnick, MD
Department of Medicine
4802 Tenth Avenue
Brooklyn, NY 11219
Tel: 718 283-7492 *Fax:* 718 283-8813
E-mail: echapnick@maimonidesmed.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 146-35-11-171

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: William M McCormack, MD
450 Clarkson Ave
Box 56
Brooklyn, NY 11203
Tel: 718 270-1432 *Fax:* 718 270-4123
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 146-35-21-011

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
Erie County Medical Center
Veterans Affairs Western New York Healthcare System
Prgm Director: Charles S Berenson, MD
3495 Bailey Avenue
Buffalo, NY 14215
Tel: 716 862-6529 *Fax:* 716 862-6526
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-35-31-009

Flushing**New York Hospital Medical Center of Queens/Cornell University Medical College Program**

Sponsor: New York Hospital Medical Center of Queens
Prgm Director: James J Rahal, MD
56-45 Main Street
Flushing, NY 11355
Tel: 718 670-1525 *Fax:* 718 661-7899
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 146-35-21-178

Jamaica**New York Medical College (Brooklyn-Queens) Program**

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Brooklyn-Queens)
Prgm Director: Kenneth Roistacher, MD
88-25 153rd St
Suite 3-R
Jamaica, NY 11432
Tel: 718 558-7291 *Fax:* 718 558-6165
E-mail: kroistacher@svcmcnyc.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 146-35-22-041

Manhasset**North Shore University Hospital/NYU School of Medicine Program**

Sponsor: North Shore University Hospital
Prgm Director: Marcia E Epstein, MD
Department of Medicine
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-1528 *Fax:* 516 562-2626
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 146-35-21-160

Mineola**Winthrop-University Hospital Program**

Sponsor: Winthrop-University Hospital
Prgm Director: Burke A Cunha, MD
222 Station Plaza North
Suite 432
Mineola, NY 11501
Tel: 516 663-2505 *Fax:* 516 663-2753
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 146-35-11-065

New Hyde Park**Albert Einstein College of Medicine at Long Island Jewish Medical Center Program**

Sponsor: Long Island Jewish Medical Center
Prgm Director: Carol Singer, MD
270-05 76th Avenue
Staff House, Suite 226
New Hyde Park, NY 11040
Tel: 718 470-7290 *Fax:* 718 470-0637
E-mail: csinger@lij.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 146-35-21-135

New York**Albert Einstein College of Medicine at Beth Israel Medical Center Program**

Sponsor: Beth Israel Medical Center
Prgm Director: Jeffrey M Jacobson, MD
Division of Infectious Disease
First Avenue at 16th Street, 19BH14
New York, NY 10003
Tel: 212 844-1204 *Fax:* 212 420-4498
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-35-11-010

Harlem Hospital Center Program

Sponsor: Harlem Hospital Center
Prgm Director: Wafaa El-Sadr, MD, MPH
506 Lenox Ave
New York, NY 10037
Tel: 212 939-2936 *Fax:* 212 939-2968
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 146-35-11-162

Memorial Sloan-Kettering Cancer Center/New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: Memorial Sloan-Kettering Cancer Center
Prgm Director: Gianna Zuccotti, MD, MPH
1275 York Avenue
New York, NY 10021
Tel: 212 639-7809 *Fax:* 646 422-2135
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 146-35-21-167

Mount Sinai School of Medicine (Cabrini) Program

Sponsor: Mount Sinai School of Medicine
Cabrini Medical Center
Prgm Director: Michael P Mullen, MD, MS
227 East 19th Street
New York, NY 10003
Tel: 212 995-6871 *Fax:* 212 979-3484
E-mail: mmullen@cabriniiny.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-35-31-097

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Prgm Director: Mary Klotman, MD
Box 1090
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-2950
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 146-35-31-153

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: Glenn S Turett, MD
153 W 11th Street
New York, NY 10011
Tel: 212 604-8300 *Fax:* 212 604-3225
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 146-35-11-174

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Scott M Hammer, MD
622 W 168th Street
New York, NY 10032
Tel: 212 305-7185 *Fax:* 212 305-7290
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 146-35-11-054

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Linnie M Golightly, MD*
525 East 68th Street
Room A-421
New York, NY 10021
Tel: 212 746-6320 *Fax:* 212 746-8675
E-mail: glr2007@med.cornell.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 146-35-21-161

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
Prgm Director: Joel Ernst, MD
Department of Medicine
550 First Avenue
New York, NY 10016
Tel: 212 263-5182 *Fax:* 212 263-7360
E-mail: joel.ernst@med.nyu.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 146-35-21-114

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
Prgm Director: Bruce Polsky, MD
1111 Amsterdam Avenue
New York, NY 10025
Tel: 212 523-2525 *Fax:* 212 523-3931
E-mail: bpolsky@chpnet.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 146-35-21-103

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Paul S Graman, MD
601 Elmwood Avenue
Box 689
Rochester, NY 14642
Tel: 585 275-5871 *Fax:* 585 442-9328
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 146-35-11-170

Stony Brook**SUNY at Stony Brook Program**

Sponsor: University Hospital-SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Prgm Director: Victor Jimenez, MD
Division of Infectious Disease
HSC T15, 080
Stony Brook, NY 11794
Tel: 631 444-3490 *Fax:* 631 444-7518
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 146-35-21-012

Syracuse**SUNY Upstate Medical University Program**

Sponsor: SUNY Upstate Medical University
Crouse Hospital
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Donald C Blair, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-5533 *Fax:* 315 464-5579
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 146-35-21-140

Valhalla

New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College
Metropolitan Hospital Center
Westchester Medical Center
Prgm Director: Gary P Wormser, MD
Division of Infectious Diseases
Munger Pavilion, Room 245
Valhalla, NY 10595
Tel: 914 493-8865 *Fax:* 914 584-4673
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 146-35-11-013

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Carolinas Medical Center
Durham County Health Department
Prgm Director: Andrew H Kaplan, MD*
CB# 7030, 130 Bioinformatics Building
Division of Infectious Diseases
Chapel Hill, NC 27599
Tel: 919 843-0692 *Fax:* 919 966-6714
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 146-36-21-136

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Gary M Cox, MD
Box 3887
Durham, NC 27710
Tel: 919 684-2660 *Fax:* 919 684-8902
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 146-36-21-137

Greenville

Pitt County Memorial Hospital/East Carolina University Program

Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Prgm Director: Paul P Cook, MD
600 Moye Blvd
Brody Bldg 3E-113
Greenville, NC 27858
Tel: 252 744-2550 *Fax:* 252 744-3472
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 146-36-21-100

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Kevin P High, MD, MS
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-4584 *Fax:* 336 716-3825
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 146-36-21-014

Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Amy B Kressel, MD
PO Box 670560
Cincinnati, OH 45267
Tel: 513 558-4704 *Fax:* 513 558-2089
E-mail: bucharj@uc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-38-21-066

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Veterans Affairs Medical Center (Cleveland)
Prgm Director: Robert A Salata, MD
Division of Infectious Diseases
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3287 *Fax:* 216 844-1632
E-mail: ras7@case.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 146-38-21-154

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Carlos M Isada, MD
Desk S-32
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-2762 *Fax:* 216 445-9446
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 146-38-12-156

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Prgm Director: Susan L Koletar, MD
Department of Medicine
410 W 10th Avenue
Columbus, OH 43210
Tel: 614 293-8732 *Fax:* 614 293-4556
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-38-11-094

Dayton

Wright State University Program

Sponsor: Wright State University School of Medicine
Good Samaritan Hospital and Health Center
Miami Valley Hospital
Veterans Affairs Medical Center (Dayton)
Prgm Director: Jack M Bernstein, MD
4100 W Third Street
Dayton, OH 45428
Tel: 937 262-3393
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 146-38-31-189

Toledo

Medical College of Ohio Program

Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
St Vincent Mercy Medical Center
Prgm Director: M A Julie Westerink, MD*
3120 Glendale Ave
Toledo, OH 43614
Tel: 419 383-4328 *Fax:* 419 383-2847
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-38-21-015

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
OU Medical Center
Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Douglas A Drevets, MD
P O Box 26901
Oklahoma City, OK 73190
Tel: 405 270-0501 *Fax:* 405 297-5934
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 146-39-21-067

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Prgm Director: Thomas T Ward, MD
Infectious Diseases, L457
3181 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503 494-7736 *Fax:* 503 494-4264
E-mail: wardt@ohsu.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-40-31-157

Pennsylvania

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
Prgm Director: John N Goldman, MD
University Hospital
PO Box 850
Hershey, PA 17033
Tel: 717 531-8881 *Fax:* 717 531-4633
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-41-11-016

Philadelphia

Drexel University College of Medicine/Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Abington Memorial Hospital
Hahnemann University Hospital (Tenet Health System)
Prgm Director: Judith A O'Donnell, MD
Division of Infectious Diseases
245 North 15th Street, Room 6306 NCB, MS# 461
Philadelphia, PA 19102
Tel: 215 762-6555 *Fax:* 215 762-3031
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 146-41-21-046

Temple University Hospital Program

Sponsor: Temple University Hospital
Prgm Director: Bennett Lorber, MD, ScD
3401 N Broad St
Philadelphia, PA 19140
Tel: 215 707-3807 *Fax:* 215 707-4414
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-41-21-029

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Lankenau Hospital
Prgm Director: Joseph A DeSimone, MD
Division of Infectious Diseases
125 South 9th Street, Suite 403
Philadelphia, PA 19107
Tel: 215 955-7785 *Fax:* 215 955-9362
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-41-21-056

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: Emily Blumberg, MD
3400 Spruce St
Infectious Disease - 3 Silverstein - Suite E
Philadelphia, PA 19104
Tel: 215 662-7066 *Fax:* 215 662-7971
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 146-41-21-022

Pittsburgh**University of Pittsburgh Medical Center Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Prgm Director: Emanuel N Vergis, MD, MPH
Infectious Disease, Suite 3A Falk Med Bldg
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 648-6401 *Fax:* 412 648-6399
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 146-41-21-037

Puerto Rico**San Juan****University of Puerto Rico Program**

Sponsor: University of Puerto Rico School of Medicine
University Hospital
Veterans Affairs Medical Center (San Juan)
Prgm Director: Jorge Bertran, MD*
Department of Medicine UPR School of Medicine
PO Box 365067
San Juan, PR 00936
Tel: 787 758-2525 *Fax:* 787 754-1739
E-mail: jbertran@prtc.net
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-42-21-118

Veterans Affairs Medical and Regional Office Center Program

Sponsor: Veterans Affairs Medical Center (San Juan)
University Hospital
Prgm Director: Glenda M Gonzalez-Claudio, MD*
10 Casia Street (111)
San Juan, PR 00921
Tel: 787 641-7582 *Fax:* 787 641-4561
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-42-31-117

Rhode Island**Providence****Brown University Program**

Sponsor: Rhode Island Hospital-Lifespan
Memorial Hospital of Rhode Island
Miriam Hospital-Lifespan
Prgm Director: Staci A Fischer, MD
Rhode Island Hospital
593 Eddy Street
Providence, RI 02903
Tel: 401 444-8130 *Fax:* 401 444-8154
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 146-43-21-197

Roger Williams Medical Center Program

Sponsor: Roger Williams Medical Center
Rhode Island Hospital-Lifespan
Prgm Director: Gail Skowron, MD
825 Chalkstone Avenue
Providence, RI 02908
Tel: 401 456-2437 *Fax:* 401 456-6839
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 146-43-31-038

South Carolina**Charleston****Medical University of South Carolina Program**

Sponsor: Medical University of South Carolina College of Medicine
Charleston Memorial Hospital
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: L W Preston Church, MD
Infectious Diseases
100 Doughty St, #210 10P South
Charleston, SC 29425
Tel: 843 792-4542 *Fax:* 843 792-6680
E-mail: brushln@musc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 146-45-21-104

Tennessee**Johnson City****East Tennessee State University Program**

Sponsor: James H Quillen College of Medicine
Johnson City Medical Center Hospital
Veterans Affairs Medical Center (Mountain Home)
Prgm Director: Jonathan P Moorman, MD
Department of Internal Medicine
Box 70622
Johnson City, TN 37614
Tel: 423 439-6380 *Fax:* 423 439-7010
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 146-47-21-047

Memphis**University of Tennessee Program**

Sponsor: University of Tennessee College of Medicine
Methodist Healthcare-Memphis Hospitals
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Prgm Director: James M Fleckenstein, MD
Department of Medicine
956 Court Street
Memphis, TN 38163
Tel: 901 448-5770 *Fax:* 901 448-5940
E-mail: jflecke1@tennessee.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-47-21-138

Nashville**Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Prgm Director: Ban Mishu Allos, MD
A-4102 Medical Center North
1161 21st Avenue South
Nashville, TN 37232
Tel: 615 322-8972 *Fax:* 615 343-6160
E-mail: robbie.loupe@vanderbilt.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 146-47-31-017

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Director: Daniel J Skiest, MD
Department of Medicine
5323 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-9914 *Fax:* 214 648-2741
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 146-48-21-098

Galveston**University of Texas Medical Branch Hospitals Program**

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: C Glen Mayhall, MD
Div of Infectious Disease, 0435
301 University Boulevard
Galveston, TX 77555
Tel: 409 747-0229 *Fax:* 409 772-6527
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 146-48-21-048

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
Prgm Director: Ashley L Drews, MD
6565 Fannin, MS 910
Houston, TX 77030
Tel: 713 790-2507 *Fax:* 713 790-5277
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 146-48-21-070

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
University of Texas M D Anderson Cancer Center
Prgm Director: Pablo C Okhuysen, MD
6431 Fannin
JFB 1.728
Houston, TX 77030
Tel: 713 500-6765 *Fax:* 713 500-5495
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 146-48-31-018

Lackland AFB**San Antonio Uniformed Services Health Education Consortium (WHMC) Program**

Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilford Hall Medical Center (AETC)
Brooke Army Medical Center
Prgm Director: (Col) David P Dooley, MD
759 MDOS/MMH
2200 Bergquist Drive, Ste 1
Lackland AFB, TX 78236
Tel: 210 670-7444 *Fax:* 210 292-3740
E-mail: david.dooley@amedd.army.mil
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 146-48-12-049
US Armed Services Program

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio

Audie L Murphy Memorial Veterans Hospital (San Antonio)

University Health System

Prgm Director: Thomas F Patterson, MD
Medicine/Infectious Diseases, MSC: 7881

7703 Floyd Curl Drive

San Antonio, TX 78229

Tel: 210 567-4823 *Fax:* 210 567-4670

Length: 2 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 146-48-21-057

Temple

Texas A&M College of Medicine-Scott and White Program

Sponsor: Scott and White Memorial Hospital

Prgm Director: John L Carpenter, MD

2401 S 31st Street

Temple, TX 76508

Tel: 254 724-7633 *Fax:* 254 724-9280

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 146-48-21-198

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
LDS Hospital

Prgm Director: Harry Rosado Santos, MD

30 North 1900 East, Room 4B319

Salt Lake City, UT 84132

Tel: 801 581-8812 *Fax:* 801 585-3377

E-mail: harry.rosado@hsc.utah.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 146-49-21-158

Vermont

Burlington

University of Vermont Program

Sponsor: Fletcher Allen Health Care

Prgm Director: Christopher J Grace, MD

Burgess 308

Burlington, VT 05401

Tel: 802 847-4836 *Fax:* 802 847-5322

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 146-50-21-194

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center

Prgm Director: William A Petri, MD, PhD

Department of Internal Medicine

PO Box 801340

Charlottesville, VA 22908

Tel: 434 243-9552 *Fax:* 434 924-0075

E-mail: emd8a@virginia.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 146-51-21-019

Norfolk

Eastern Virginia Medical School Program

Sponsor: Eastern Virginia Medical School

Sentara Norfolk General Hospital

Prgm Director: Edward C Oldfield, MD

825 Fairfax Avenue, Hofheimer Hall

Norfolk, VA 23507

Tel: 757 446-8910 *Fax:* 757 446-5242

E-mail: oldfiecc@evms.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 146-51-12-199

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System

Hunter Holmes McGuire VA Medical Center (Richmond)

Medical College of Virginia Hospitals

Prgm Director: Sara G Monroe, MD

Box 663, MCV Station

Richmond, VA 23298

Tel: 804 828-9711 *Fax:* 804 828-3097

Length: 2 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 146-51-21-020

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine

University of Washington Medical Center

Prgm Director: Wesley C Van Voorhis, MD, PhD

Allergy & Infectious Disease Dept - Box #355330

1959 N E Pacific Street

Seattle, WA 98195

Tel: 206 543-0821 *Fax:* 206 685-8681

E-mail: dgoodwin@u.washington.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 20

Program ID: 146-54-21-071

West Virginia

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine

West Virginia University Hospitals

Prgm Director: Rashida Khakoo, MD

Medical Center Drive

Morgantown, WV 26506

Tel: 304 293-3306 *Fax:* 304 293-8677

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 146-55-21-188

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics

William S Middleton Veterans Hospital

Prgm Director: Dennis G Maki, MD

Room H4/574

600 Highland Avenue

Madison, WI 53792

Tel: 608 263-1546 *Fax:* 608 263-4464

Length: 2 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 146-56-21-120

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc

Clement J Zablocki Veterans Affairs Medical Center

Froedtert Memorial Lutheran Hospital

St Joseph Regional Medical Center

Prgm Director: Mary Beth Graham, MD

Infectious Disease Division

8701 Watertown Plank Road

Milwaukee, WI 53226

Tel: 414 456-7000 *Fax:* 414 456-6206

E-mail: mbgraham@mail.mcw.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 146-56-31-039

Internal Medicine

Alabama

Birmingham

Baptist Health System Program

Sponsor: Baptist Health System Inc
Baptist Medical Center-Montclair
University of Alabama Hospital
Prgm Director: Elizabeth D Ennis, MD
840 Montclair Road
Suite 317
Birmingham, AL 35213
Tel: 205 592-5135 *Fax:* 205 592-5694
Length: 3 Yrs *ACGME Approved/Offered Positions:* 34
Program ID: 140-01-21-020

Carraway Methodist Medical Center Program

Sponsor: Carraway Methodist Medical Center
Prgm Director: Dennis G Delgado, MD
Academic Affairs Department
1600 Carraway Blvd
Birmingham, AL 35234
Tel: 205 502-6387 *Fax:* 205 502-5613
E-mail: imres@carraway.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 140-01-31-021

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Cooper Green Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Gustavo R Heudebert, MD
1530 3rd Avenue South
Boshell Diabetes Building 327
Birmingham, AL 35294
Tel: 205 934-2490 *Fax:* 205 975-6424
Length: 3 Yrs *ACGME Approved/Offered Positions:* 130
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-01-21-022

Mobile

University of South Alabama Program

Sponsor: University of South Alabama Hospitals
University of South Alabama Medical Center
Prgm Director: John B Bass, MD
2451 Fillingim Street
Mastin 400-L
Mobile, AL 36617
Tel: 251 471-7891 *Fax:* 251 471-1291
E-mail: pgreen@usouthal.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 46
Subspecialties: CD, GE, ID, PUD
Program ID: 140-01-11-024

Montgomery

University of Alabama Medical Center (Montgomery) Program

Sponsor: University of Alabama Hospital
Baptist Medical Center South
Prgm Director: W J Many, MD
4371 Narrow Lane Road
Suite 200
Montgomery, AL 36116
Tel: 334 284-5211 *Fax:* 334 284-9020
E-mail: hope@uabmontgomery.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 140-01-21-447

Arizona

Phoenix

Banner Good Samaritan Medical Center Program

Sponsor: Banner Good Samaritan Medical Center
Carl T Hayden Veterans Affairs Medical Center
(Phoenix)
Prgm Director: Alan I Leibowitz, MD
Department of Medicine
1111 E McDowell Road, LL-2
Phoenix, AZ 85006
Tel: 602 239-2296 *Fax:* 602 239-2084
Length: 3 Yrs *ACGME Approved/Offered Positions:* 72
Subspecialties: CD, END, GE, IC, IMG, PCC
Program ID: 140-03-21-025

Maricopa Medical Center Program

Sponsor: Maricopa Medical Center
Prgm Director: David Wisinger, MD
Department of Medicine
2601 E Roosevelt, #0D10
Phoenix, AZ 85008
Tel: 602 344-5768 *Fax:* 602 344-1488
Length: 3 Yrs *ACGME Approved/Offered Positions:* 54
Program ID: 140-03-11-026

St Joseph's Hospital and Medical Center Program

Sponsor: St Joseph's Hospital and Medical Center
Prgm Director: Richard Blinkhorn, MD*
Department of Medicine
350 West Thomas Road
Phoenix, AZ 85013
Tel: 602 406-3375 *Fax:* 602 406-4974
E-mail: intmed@chw.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 35
Program ID: 140-03-11-027

Scottsdale

Mayo School of Graduate Medical Education (Scottsdale) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Scottsdale)
Mayo Clinic Hospital
Prgm Director: Keith J Cannon, MD
Department of Medicine
13400 E Shea Boulevard
Scottsdale, AZ 85259
Tel: 480 301-9824 *Fax:* 480 301-4869
E-mail: bell.lois@mayo.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: CD, GE
Program ID: 140-03-21-512

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
Tucson Medical Center
University Medical Center
Prgm Director: Richard M Mandel, MD
Department of Medicine-Medicine Education Office
1501 N Campbell Avenue - Box 245040 - Rm 6336
Tucson, AZ 85724
Tel: 520 626-7000 *Fax:* 520 626-6020
E-mail: rmandel@email.arizona.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 78
Subspecialties: CD, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-03-21-029

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Robert W Bradsher, MD
4301 W Markham Street
Internal Medicine Residency Office, #634
Little Rock, AR 72205
Tel: 501 686-7592 *Fax:* 501 686-8188
E-mail: imresident@uams.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 75
Subspecialties: CD, END, GE, HO, IC, ID, IMG, NEP, PCC, RHU
Program ID: 140-04-21-030

California

Bakersfield

Kern Medical Center Program

Sponsor: Kern Medical Center
Prgm Director: Jose A Perez, MD
Department of Medicine
1830 Flower Street
Bakersfield, CA 93305
Tel: 661 326-2202 *Fax:* 661 862-7612
E-mail: greers@kernmedctr.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 140-05-31-031

Fresno

University of California (San Francisco)/Fresno Program

Sponsor: UCSF-Fresno Medical Education Program
Community Medical Centers-University Medical Center
VA Central California Health Care System
Prgm Director: Michael W Peterson, MD
Department of Medicine
445 S Cedar Avenue
Fresno, CA 93702
Tel: 559 459-4390 *Fax:* 559 459-6119
E-mail: eloise.thompson@ucsfresno.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 51
Program ID: 140-05-31-033

La Jolla

Scripps Clinic/Scripps Green Hospital Program

Sponsor: Scripps Clinic
Scripps Clinic/Scripps Green Hospital
Prgm Director: Joel C Diamant, MD
Dept of Grad Med Ed, Suite 403C
10666 N Torrey Pines Road
La Jolla, CA 92037
Tel: 858 554-3200 *Fax:* 858 554-3232
Length: 3 Yrs *ACGME Approved/Offered Positions:* 22
Subspecialties: CD, END, GE, HO, IC, RHU
Program ID: 140-05-21-490

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Jerry L Pettis Memorial Veterans Hospital
Riverside County Regional Medical Center
Prgm Director: Terence D Lewis, MB, BS
11234 Anderson Street, Room 1503
PO Box 2000
Loma Linda, CA 92354
Tel: 909 558-4636 *Fax:* 909 558-0427
Length: 3 Yrs *ACGME Approved/Offered Positions:* 94
Subspecialties: CD, PCC, RHU
Program ID: 140-05-21-038

Long Beach

St Mary Medical Center Program

Sponsor: St Mary Medical Center
 Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Chester Choi, MD
 Department of Medical Education
 1050 Linden Avenue
 Long Beach, CA 90813
Tel: 562 491-9350 *Fax:* 562 491-9146
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 140-05-31-039

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center
Prgm Director: Mark S Noah, MD
 Department of Medicine
 8700 Beverly Blvd, Suite B-115
 Los Angeles, CA 90048
Tel: 310 423-5161 *Fax:* 310 423-0436
Length: 3 Yrs *ACGME Approved/Offered Positions:* 97
Subspecialties: CCM, CD, END, IC, ICE, NEP, PCC, RHU
Program ID: 140-05-11-040

Charles R Drew University Program

Sponsor: Charles R Drew University of Medicine and Science
 LAC-King/Drew Medical Center
Prgm Director: Cesar Aranguri, MD
 12021 S Wilmington Avenue
 Los Angeles, CA 90059
Tel: 310 668-4574 *Fax:* 310 763-8929
Length: 3 Yrs *ACGME Approved/Offered Positions:* 47
Subspecialties: END, GE, ID, IMG
Program ID: 140-05-11-045

Kaiser Permanente Southern California (Los Angeles) Program

Sponsor: Kaiser Permanente Southern California
 Kaiser Foundation Hospital (Los Angeles)
Prgm Director: Thomas Y Tom, MD
 Department of Medicine
 4950 Sunset Blvd
 Los Angeles, CA 90027
Tel: 323 783-4892 *Fax:* 323 783-1187
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Subspecialties: CD, GE, IC, NEP
Program ID: 140-05-12-042

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
 UCLA Medical Center
Prgm Director: Jodi L Friedman, MD*
 10833 Le Conte Avenue
 Los Angeles, CA 90095
Tel: 310 825-7375 *Fax:* 310 825-3537
Length: 3 Yrs *ACGME Approved/Offered Positions:* 100
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-05-11-046

UCLA-VA Greater Los Angeles Program

Sponsor: VA Greater Los Angeles Healthcare System
Prgm Director: Neil Paige, MD
 Wadsworth Division, 691/111 A
 11391 Wilshire Blvd
 Los Angeles, CA 90073
Tel: 310 268-3034 *Fax:* 310 268-4818
Length: 3 Yrs *ACGME Approved/Offered Positions:* 76
Subspecialties: CD, END, ICE, ID
Program ID: 140-05-31-048

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
 LAC+USC Medical Center
Prgm Director: Ron Ben-Ari, MD
 2020 Zonal Avenue
 IRD, Rm 620
 Los Angeles, CA 90038
Tel: 323 226-7556 *Fax:* 323 226-2657
Length: 3 Yrs *ACGME Approved/Offered Positions:* 177
Subspecialties: CD, END, GE, HEM, IC, ID, IMG, NEP, ON, PCC, RHU
Program ID: 140-05-21-044

White Memorial Medical Center Program

Sponsor: White Memorial Medical Center
Prgm Director: Shaw Chen, MD
 Department of Medicine
 1720 Cesar E Chavez Avenue
 Los Angeles, CA 90033
Tel: 323 268-5000 *Fax:* 323 881-8702
Length: 3 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 140-05-11-049

Oakland

Alameda County Medical Center Program

Sponsor: Alameda County Medical Center
Prgm Director: Theodore G Rose, MD
 Department of Medicine
 1411 E 31st Street
 Oakland, CA 94602
Tel: 510 437-4172 *Fax:* 510 536-2270
Length: 3 Yrs *ACGME Approved/Offered Positions:* 50
Program ID: 140-05-31-051

Kaiser Permanente Medical Group (Northern California/Oakland) Program

Sponsor: Kaiser Permanente Medical Group (Northern California)
 Kaiser Permanente Medical Center (Oakland)
Prgm Director: Michael J Clement, MD
 Medical Education Department
 280 West MacArthur Boulevard
 Oakland, CA 94611
Tel: 510 752-7867 *Fax:* 510 752-1571
E-mail: medicine.oakmeded@kp.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 37
Program ID: 140-05-12-052

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
 Long Beach Memorial Medical Center
 VA Long Beach Healthcare System
Prgm Director: Lloyd Rucker, MD
 Medical Center
 101 The City Drive S, Bldg 200, Suite 720, Rte 1
 Orange, CA 92668
Tel: 714 456-5691 *Fax:* 714 456-8874
E-mail: nhardgro@uci.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 92
Subspecialties: CD, END, GE, HO, IC, ID, IMG, NEP, PCC, RHU
Program ID: 140-05-21-036

Pasadena

Huntington Memorial Hospital Program

Sponsor: Huntington Memorial Hospital
Prgm Director: Anthony G Koerner, MD
 Graduate Medical Education
 100 California Boulevard
 Pasadena, CA 91105
Tel: 626 397-5160 *Fax:* 626 397-2914
Length: 3 Yrs *ACGME Approved/Offered Positions:* 23
Program ID: 140-05-11-056

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
 Kaiser Foundation Hospital (Sacramento)
 University of California (Davis) Medical Center
Prgm Director: Mark C Henderson, MD
 Department of Medicine
 4150 V Street #3116
 Sacramento, CA 95817
Tel: 916 734-7080 *Fax:* 916 734-1150
Length: 3 Yrs *ACGME Approved/Offered Positions:* 93
Subspecialties: CD, END, GE, HO, ID, IMG, NEP, PCC, RHU
Program ID: 140-05-21-032

San Diego

Naval Medical Center (San Diego) Program

Sponsor: Naval Medical Center (San Diego)
Prgm Director: Patricia V Pepper, MD, MSC*
 Department of Internal Medicine, Suite 300
 34730 Bob Wilson Drive
 San Diego, CA 92134
Tel: 619 532-7504 *Fax:* 619 532-7508
Length: 3 Yrs *ACGME Approved/Offered Positions:* 44
Subspecialties: CD, GE, ID, PCC
Program ID: 140-05-12-012
US Armed Services Program

Scripps Mercy Hospital Program

Sponsor: Scripps Mercy Hospital
Prgm Director: Stanley A Amundson, MD
 Dept of Medical Education
 4077 5th Avenue, MER 35
 San Diego, CA 92103
Tel: 619 260-7215 *Fax:* 619 260-7305
E-mail: Amundson.Stan@scrippshealth.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 140-05-11-057

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
 Veterans Affairs Medical Center (San Diego)
Prgm Director: Robert B Schoene, MD*
 200 West Arbor Drive
 Residency Training Program 8425
 San Diego, CA 92103
Tel: 619 543-6287 *Fax:* 619 543-6529
E-mail: cmurillo@ucsd.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 99
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-05-21-058

San Francisco

California Pacific Medical Center Program

Sponsor: California Pacific Medical Center
Prgm Director: Paul Aronowitz, MD
 2351 Clay Street, Suite S-360
 Pacific Campus
 San Francisco, CA 94115
Tel: 415 600-1133 *Fax:* 415 775-7437
Length: 3 Yrs *ACGME Approved/Offered Positions:* 59
Subspecialties: CD, GE, PUD
Program ID: 140-05-12-062

Kaiser Permanente Medical Group (Northern California)/San Francisco Program

Sponsor: Kaiser Permanente Medical Group (Northern California)
Kaiser Permanente Medical Center (San Francisco)
Prgm Director: Darrel Robbins, MD
2425 Geary Boulevard, Room M-160
San Francisco, CA 94115
Tel: 415 833-3034
E-mail: Margo.B.Sims@kp.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 38
Program ID: 140-05-12-060

St Mary's Hospital and Medical Center Program

Sponsor: St Mary's Hospital and Medical Center
Prgm Director: Mark Sockell, MD
Department of Medicine
450 Stanyan Street
San Francisco, CA 94117
Tel: 415 750-5781 *Fax:* 415 750-8149
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Program ID: 140-05-22-063

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Harry Hollander, MD
Department of Medicine
997 Moffitt-Box 0120
San Francisco, CA 94143
Tel: 415 476-1528 *Fax:* 415 502-1976
Length: 3 Yrs *ACGME Approved/Offered Positions:* 175
Subspecialties: CCM, CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-05-21-064

San Jose

Santa Clara Valley Medical Center Program

Sponsor: Santa Clara Valley Medical Center
Prgm Director: Thomas G Kelsey, MD
Department of Medicine
751 S Bascom Avenue
San Jose, CA 95128
Tel: 408 885-6300 *Fax:* 408 885-6324
Length: 3 Yrs *ACGME Approved/Offered Positions:* 60
Program ID: 140-05-31-065

Santa Barbara

Santa Barbara Cottage Hospital Program

Sponsor: Santa Barbara Cottage Hospital
Prgm Director: Andrew S Gersoff, MD
Medical Education Office
Box 689
Santa Barbara, CA 93102
Tel: 805 569-7315 *Fax:* 805 569-8358
Length: 3 Yrs *ACGME Approved/Offered Positions:* 25
Program ID: 140-05-22-066

Santa Clara

Kaiser Permanente Medical Group (Northern California)/Santa Clara Program

Sponsor: Kaiser Permanente Medical Group (Northern California)
Kaiser Permanente Medical Center (Santa Clara)
Prgm Director: Danny Sam, MD*
Graduate Medical Education Office
900 Kiely Blvd, Building J, Suite 2
Santa Clara, CA 95051
Tel: 408 236-4921 *Fax:* 408 236-5185
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Program ID: 140-05-21-067

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Veterans Affairs Palo Alto Health Care System
Prgm Director: Kelley M Skeff, MD, PhD
300 Pasteur Drive, S101
Stanford, CA 94305
Tel: 650 723-5334 *Fax:* 650 498-6205
Length: 3 Yrs *ACGME Approved/Offered Positions:* 92
Subspecialties: CCM, CD, END, GE, HEM, IC, ICE, ID, IMG, NEP, ON, PCC, RHU
Program ID: 140-05-21-068

Stockton

San Joaquin General Hospital Program

Sponsor: San Joaquin General Hospital
Prgm Director: Sheela S Kapre, MD
Department of Medicine
Box 1020, 500 W Hospital Road
French Camp, CA 95203
Tel: 209 468-6624 *Fax:* 209 468-6246
E-mail: skapre@sjgh.hs.co.san-joaquin.ca.us
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 140-05-12-069

Sylmar

UCLA-San Fernando Valley Program

Sponsor: Olive View/UCLA Medical Center
Cedars-Sinai Medical Center
Prgm Director: Soma Wali, MD
UCLA/San Fernando Valley Program (2B-182)
14445 Olive View Drive
Sylmar, CA 91342
Tel: 818 364-3205 *Fax:* 818 364-4573
E-mail: soma.wali@uclasfvp.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 76
Subspecialties: HO, NEP, RHU
Program ID: 140-05-21-047

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Darryl Y Sue, MD
1000 W Carson Street, Box 400
Torrance, CA 90509
Tel: 310 222-2409 *Fax:* 310 320-9688
Length: 3 Yrs *ACGME Approved/Offered Positions:* 56
Subspecialties: CD, END, HO, IC, ICE, ID, NEP, PCC
Program ID: 140-05-11-070

Travis AFB

David Grant Medical Center Program

Sponsor: David Grant Medical Center
University of California (Davis) Medical Center
Prgm Director: Loretta M O'Brien, MD*
Department of Medicine, 60MDG/SGOM
101 Bodin Circle
Travis AFB, CA 94535
Tel: 707 423-5057 *Fax:* 707 423-5058
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 140-05-21-465
US Armed Services Program

Colorado

Denver

Exempla St Joseph Hospital Program

Sponsor: Exempla Saint Joseph Hospital
Prgm Director: Robert B Gibbons, MD
Department of Medicine
1835 Franklin Street
Denver, CO 80218
Tel: 303 837-7836 *Fax:* 303 866-8044
Length: 3 Yrs *ACGME Approved/Offered Positions:* 37
Program ID: 140-07-31-072

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
University of Colorado Hospital
Veterans Affairs Medical Center (Denver)
Prgm Director: William D Kaehny, MD
Medicine Housestaff B177
4200 E 9th Avenue
Denver, CO 80262
Tel: 303 315-7768 *Fax:* 303 315-7653
Length: 3 Yrs *ACGME Approved/Offered Positions:* 152
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-07-21-073

Connecticut

Bridgeport

Bridgeport Hospital/Yale University Program

Sponsor: Bridgeport Hospital
Prgm Director: Constantine A Manthous, MD
287 Grant Street
PO Box 5000
Bridgeport, CT 06610
Tel: 203 384-3792 *Fax:* 203 384-4294
E-mail: bericc@bpthosp.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: CD, GE, IC, PUD
Program ID: 140-08-11-074

St Vincent's Medical Center Program

Sponsor: St Vincent's Medical Center
Prgm Director: Ingram M Roberts, MD*
Department of Medicine
2800 Main Street
Bridgeport, CT 06606
Tel: 203 576-5576 *Fax:* 203 576-5022
E-mail: mededucation@svhs-ct.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 140-08-11-075

Danbury

Danbury Hospital Program

Sponsor: Danbury Hospital
Prgm Director: Paul Iannini, MD
Department of Medicine
24 Hospital Avenue
Danbury, CT 06810
Tel: 203 797-7985 *Fax:* 203 830-2047
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Program ID: 140-08-11-076

Derby

Griffin Hospital Program

Sponsor: Griffin Hospital
Prgm Director: Ramin Ahmadi, MD, MPH
Department of Internal Medicine
130 Division Street
Derby, CT 06418
Tel: 203 732-7374 *Fax:* 203 732-7185
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 140-08-31-077

Farmington

University of Connecticut (New Britain) Program

Sponsor: University of Connecticut School of Medicine
New Britain General Hospital
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Scott R Allen, MD
Primary Care Internal Medicine Residency Program
263 Farmington Avenue
Farmington, CT 06030
Tel: 860 679-4017 *Fax:* 860 679-1621
Length: 3 Yrs *ACGME Approved/Offered Positions:* 52
Program ID: 140-08-21-499

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Hartford Hospital
St Francis Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Jacqueline S Nissen, MD
263 Farmington Avenue
Dept of Medicine, Room L2104
Farmington, CT 06030
Tel: 860 679-2437 *Fax:* 860 679-4613
Length: 3 Yrs *ACGME Approved/Offered Positions:* 118
Subspecialties: CD, END, GE, HO, IC, ID, IMG, NEP, PCC, RHU
Program ID: 140-08-31-078

Greenwich

Greenwich Hospital Association Program

Sponsor: Greenwich Hospital
Prgm Director: Charles B Seelig, MD, MS
Room S 117
Five Perryridge Road
Greenwich, CT 06830
Tel: 203 863-3913 *Fax:* 203 863-3924
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 140-08-21-079

New Haven

Hospital of St Raphael Program

Sponsor: Hospital of St Raphael
Prgm Director: Robert J Nardino, MD
Department of Medicine
1450 Chapel Street
New Haven, CT 06511
Tel: 203 789-3358 *Fax:* 203 789-3222
Length: 3 Yrs *ACGME Approved/Offered Positions:* 61
Subspecialties: CD, NEP
Program ID: 140-08-31-084

Yale-New Haven Medical Center (Waterbury) Program

Sponsor: Yale-New Haven Hospital
St Mary's Hospital
Waterbury Hospital Health Center
Prgm Director: Stephen J Huot, MD, PhD
Department of Medicine
20 York Street
New Haven, CT 06504
Tel: 203 785-5644 *Fax:* 203 785-7258
E-mail: stephen.huot@yale.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 74
Program ID: 140-08-21-496

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Prgm Director: Cyrus R Kapadia, MD
1074 LMP
20 York Street
New Haven, CT 06504
Tel: 203 785-7113 *Fax:* 203 785-7030
Length: 3 Yrs *ACGME Approved/Offered Positions:* 103
Subspecialties: CD, END, GE, HEM, IC, ICE, ID, IMG, NEP, ON, PCC, RHU
Program ID: 140-08-21-085

Norwalk

Norwalk Hospital Program

Sponsor: Norwalk Hospital
Prgm Director: Pamela Charney, MD
Department of Medicine
Maple Street
Norwalk, CT 06856
Tel: 203 899-5071 *Fax:* 203 855-3589
E-mail: pamela.charney@norwalkhealth.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 44
Subspecialties: GE, PUD
Program ID: 140-08-31-086

Stamford

Stamford Hospital/Columbia University College of Physicians and Surgeons Program

Sponsor: Stamford Hospital
Prgm Director: Noel I Robin, MD
PO Box 9317
Shelburne & W Broad Street
Stamford, CT 06904
Tel: 203 276-7485 *Fax:* 203 276-7368
Length: 3 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 140-08-11-087

Waterbury

St Mary's Hospital (Waterbury) Program

Sponsor: St Mary's Hospital
Prgm Director: Caroline Kim, MD
56 Franklin Street
Waterbury, CT 06706
Tel: 203 709-3579 *Fax:* 203 709-3518
Length: 3 Yrs *ACGME Approved/Offered Positions:* 34
Program ID: 140-08-13-530

Delaware

Wilmington

Christiana Care Health Services Program

Sponsor: Christiana Care Health Services Inc
Prgm Director: Virginia U Collier, MD
Department of Medicine
PO Box 6001
Newark, DE 19718
Tel: 302 733-6344 *Fax:* 302 733-6386
E-mail: medicine.residency@christianacare.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 58
Program ID: 140-09-11-090

District of Columbia

Washington

George Washington University Program

Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Veterans Affairs Medical Center (Washington DC)
Prgm Director: Jehan El-Bayoumi, MD
Department of Medicine
2150 Pennsylvania Avenue, NW, 5-411
Washington, DC 20037
Tel: 202 741-2235 *Fax:* 202 741-2241
E-mail: tbass@mfa.gwu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 97
Subspecialties: CCM, CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-10-21-093

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Prgm Director: Michael Adams, MD
Department of Medicine
3800 Reservoir Road, NW
Washington, DC 20007
Tel: 202 444-2895 *Fax:* 202 444-7797
Length: 3 Yrs *ACGME Approved/Offered Positions:* 105
Subspecialties: END, GE, HO, ID, NEP, PCC, RHU
Program ID: 140-10-21-091

Georgetown University Hospital/Washington Hospital Center Program

Sponsor: Washington Hospital Center
Prgm Director: J John Hong, MD
Department of Medicine
110 Irving Street, NW
Washington, DC 20010
Tel: 202 877-6749 *Fax:* 202 877-6292
E-mail: Gaitri.Tiwari@medstar.net
Length: 3 Yrs *ACGME Approved/Offered Positions:* 71
Subspecialties: CD, GE, HO, IC, ICE, ID, NEP, RHU
Program ID: 140-10-11-097

Howard University Program

Sponsor: Howard University Hospital
Prgm Director: Peter L Sealy, MD
Department of Medicine
2041 Georgia Ave, N W
Washington, DC 20060
Tel: 202 865-1920 *Fax:* 202 865-7199
E-mail: psealy@howard.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 81
Subspecialties: CD, END, GE, HEM, ID, ON, PUD
Program ID: 140-10-21-461

Providence Hospital Program

Sponsor: Providence Hospital
Prgm Director: Junette C Gibbons, MD
1150 Varnum Street, NE
Washington, DC 20017
Tel: 202 269-7747 *Fax:* 202 269-7892
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 140-10-21-095

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: N Lawrence Edwards, MD
Box 100277
1600 SW Archer Rd
Gainesville, FL 32610
Tel: 352 265-0239 *Fax:* 352 338-9879
Length: 3 Yrs *ACGME Approved/Offered Positions:* 77
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-11-21-098

Jacksonville**Mayo School of Graduate Medical Education (Jacksonville) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
 Mayo Clinic (Jacksonville)
 St Luke's Hospital
Prgm Director: Marc D Cohen, MD
 Education Services
 4500 San Pablo Road
 Jacksonville, FL 32224
Tel: 904 953-0428 *Fax:* 904 953-0430
E-mail: msgm.jack.fl.internalmed@mayo.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: END, GE, HO, PUD
Program ID: 140-11-21-509

University of Florida Health Science Center/Jacksonville Program

Sponsor: University of Florida College of Medicine at Jacksonville
 Shands Jacksonville Medical Center
Prgm Director: N S Nahman, MD*
 Department of Medicine
 653-1 West 8th St, LRC 2nd Fl
 Jacksonville, FL 32209
Tel: 904 244-3094
E-mail: Internalmed.gme@jax.ufl.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 44
Subspecialties: CD, GE, IC, ID, ON
Program ID: 140-11-21-099

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
 Veterans Affairs Medical Center (Miami)
Prgm Director: Daniel M Lichtstein, MD*
 Department of Medicine
 PO Box 016960 (R-60)
 Miami, FL 33101
Tel: 305 585-5215 *Fax:* 305 585-8137
Length: 3 Yrs *ACGME Approved/Offered Positions:* 138
Subspecialties: CCM, CD, END, GE, HO, IC, ICE, ID, IMG, PCC, RHU
Program ID: 140-11-21-100

Miami Beach**Mount Sinai Medical Center of Florida Program**

Sponsor: Mount Sinai Medical Center of Florida Inc
Prgm Director: Gloria B Weinberg, MD
 4300 Alton Road
 Miami Beach, FL 33140
Tel: 305 674-2053 *Fax:* 305 674-2057
Length: 3 Yrs *ACGME Approved/Offered Positions:* 37
Subspecialties: CD, IC
Program ID: 140-11-12-101

Orlando**Orlando Regional Healthcare Program**

Sponsor: Orlando Regional Healthcare
 Orlando Regional Medical Center
Prgm Director: Brian B Kiss, MD*
 Department of Medicine
 86 W Underwood Street, Suite 102
 Orlando, FL 32806
Tel: 407 841-5145 *Fax:* 407 841-5101
E-mail: immpp@orhs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 140-11-31-102

Tampa**University of South Florida Program**

Sponsor: University of South Florida College of Medicine
 James A Haley Veterans Hospital
 Tampa General Hospital
Prgm Director: Michael T Flannery, MD*
 4 Columbia Drive, Suite 630
 Tampa, FL 33606
Tel: 813 259-0670 *Fax:* 813 259-0679
E-mail: jwaterma@hsc.usf.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 77
Subspecialties: CD, END, GE, HO, ID, IMG, NEP, PCC, RHU
Program ID: 140-11-21-104

Weston**Cleveland Clinic Hospital (Florida) Program**

Sponsor: Cleveland Clinic Florida
 Cleveland Clinic Hospital
Prgm Director: Jose Muniz, MD
 2950 Cleveland Clinic Boulevard
 Weston, FL 33331
Tel: 954 659-5881 *Fax:* 954 659-5515
E-mail: imprg@ccf.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: CD, GE, IMG, NEP
Program ID: 140-11-21-528

Georgia**Atlanta****Atlanta Medical Center Program**

Sponsor: Atlanta Medical Center
Prgm Director: Miriam Parker, MD
 Department of Medicine
 303 Parkway Drive, NE, Box 423
 Atlanta, GA 30312
Tel: 404 265-4919 *Fax:* 404 265-4989
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 140-12-12-106

Emory University Program

Sponsor: Emory University School of Medicine
 Crawford Long Hospital of Emory University
 Emory University Hospital
 Grady Health System
 Veterans Affairs Medical Center (Atlanta)
Prgm Director: Joyce P Doyle, MD
 69 Jesse Hill Jr Dr SE
 Department of Medicine
 Atlanta, GA 30303
Tel: 404 616-7024 *Fax:* 404 625-2957
E-mail: jdoyle@emory.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 177
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-12-21-105

Morehouse School of Medicine Program

Sponsor: Morehouse School of Medicine
 Grady Health System
Prgm Director: Myra E Rose, MD
 Department of Medicine
 720 Westview Drive, SW
 Atlanta, GA 30310
Tel: 404 756-1325 *Fax:* 404 756-1398
Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Program ID: 140-12-21-502

Augusta**Medical College of Georgia Program**

Sponsor: Medical College of Georgia
 Veterans Affairs Medical Center (Augusta)
Prgm Director: David R Haburchak, MD
 Department of Medicine
 1120 15th Street, B I - 5070
 Augusta, GA 30912
Tel: 706 721-2423 *Fax:* 706 721-6918
Length: 3 Yrs *ACGME Approved/Offered Positions:* 63
Subspecialties: CD, END, GE, HO, ID, NEP, PCC, RHU
Program ID: 140-12-21-107

Fort Gordon**Dwight David Eisenhower Army Medical Center Program**

Sponsor: Dwight David Eisenhower Army Medical Center
Prgm Director: Peter J Skidmore, MD
 Army Medical Center
 Department of Medicine
 Fort Gordon, GA 30905
Tel: 706 787-6462 *Fax:* 706 787-0005
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 140-12-22-458
 US Armed Services Program

Macon**Mercer University School of Medicine Program**

Sponsor: Medical Center of Central Georgia
Prgm Director: R Jonathan Dean, MD
 Department of Medicine
 707 Pine St
 Macon, GA 31207
Tel: 478 301-5820 *Fax:* 478 301-5825
E-mail: mccgintmed@mercer.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 140-12-21-191

Savannah**Mercer University School of Medicine (Savannah) Program**

Sponsor: Memorial Health-University Medical Center
Prgm Director: Kaveh Ehsanipoor, MD
 PO Box 23089
 Savannah, GA 31403
Tel: 912 350-8350 *Fax:* 912 350-7270
Length: 3 Yrs *ACGME Approved/Offered Positions:* 29
Program ID: 140-12-12-108

Hawaii**Honolulu****Tripler Army Medical Center Program**

Sponsor: Tripler Army Medical Center
Prgm Director: Stephen M Salerno, MD, MPH*
 1 Jarrett White Road
 Tripler AMC, HI 96859
Tel: 808 433-4049 *Fax:* 808 433-1555
E-mail: smsalerno@mindspring.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 140-14-11-007
 US Armed Services Program

University of Hawaii Program

Sponsor: University of Hawaii John A Burns School of Medicine
 Queen's Medical Center
Prgm Director: Erlaine F Bello, MD*
 1356 Lusitana Street, 7th Floor
 Honolulu, HI 96813
Tel: 808 586-2910 *Fax:* 808 586-7486
Length: 3 Yrs *ACGME Approved/Offered Positions:* 72
Subspecialties: IMG
Program ID: 140-14-21-109

Illinois**Chicago****Advocate Illinois Masonic Medical Center/North Side Health Network Program**

Sponsor: Advocate Illinois Masonic Medical Center
Prgm Director: Teresa Ramos, MD*
 North Side Health Network Program
 836 W Wellington Avenue
 Chicago, IL 60657
Tel: 773 296-7046 *Fax:* 773 296-7486
E-mail: Teresa.Ramos-MD@advocatehealth.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 52
Subspecialties: CD, ICE
Program ID: 140-16-11-114

Cook County Hospital Program

Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Maurice R Lemon, MD
 Department of Medicine
 1900 W Polk St - 15th Floor
 Chicago, IL 60612
Tel: 312 864-7229 *Fax:* 312 864-9725
E-mail: mlemon@rush.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 152
Subspecialties: CD, GE, HO, PCC
Program ID: 140-16-12-113

Louis A Weiss Memorial Hospital/University of Chicago Program

Sponsor: Louis A Weiss Memorial Hospital
Prgm Director: Shehzad Ali, MD*
 4646 N Marine Drive
 Chicago, IL 60640
Tel: 773 564-5225 *Fax:* 773 564-5226
Length: 3 Yrs *ACGME Approved/Offered Positions:* 34
Program ID: 140-16-11-115

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
 Northwestern Memorial Hospital
 Veterans Affairs Chicago Health Care System
Prgm Director: Diane B Wayne, MD
 251 East Huron St
 Galter Pavillion Suite 3-150
 Chicago, IL 60611
Tel: 312 926-2252 *Fax:* 312 926-6905
Length: 3 Yrs *ACGME Approved/Offered Positions:* 128
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-16-21-119

Mercy Hospital and Medical Center Program

Sponsor: Mercy Hospital and Medical Center
Prgm Director: Steven R Potts, DO
 2525 South Michigan Avenue
 Chicago, IL 60616
Tel: 312 567-2053 *Fax:* 312 567-2695
Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Program ID: 140-16-11-116

Michael Reese Hospital/University of Illinois College of Medicine at Chicago Program

Sponsor: Michael Reese Hospital and Medical Center
Prgm Director: Dennis J Levinson, MD
 Department of Medicine
 2829 South Ellis
 Chicago, IL 60616
Tel: 312 791-2670 *Fax:* 312 791-8006
Length: 3 Yrs *ACGME Approved/Offered Positions:* 71
Subspecialties: CD
Program ID: 140-16-11-117

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Alan A Harris, MD
 1653 W Congress Parkway
 Chicago, IL 60612
Tel: 312 942-5352 *Fax:* 312 942-5271
Length: 3 Yrs *ACGME Approved/Offered Positions:* 132
Subspecialties: CCM, CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-16-11-121

St Joseph Hospital Program

Sponsor: St Joseph Hospital
Prgm Director: Joel B Spear, MD
 Department of Medicine
 2900 Lake Shore Drive
 Chicago, IL 60657
Tel: 773 665-3022 *Fax:* 773 665-3384
Length: 3 Yrs *ACGME Approved/Offered Positions:* 72
Program ID: 140-16-11-122

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: James N Woodruff, MD
 Medicine, AMB A-710/MC 7082
 5841 S Maryland Avenue
 Chicago, IL 60637
Tel: 773 702-1455 *Fax:* 773 834-0464
E-mail: imr@medicine.bsd.uchicago.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 104
Subspecialties: CCM, CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-16-11-123

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
 University of Illinois Hospital and Clinics
 Veterans Affairs West Side Medical Center
Prgm Director: Fred A Zar, MD
 Department of Medicine
 840 S Wood Street, 440 CSN, M/C 718
 Chicago, IL 60612
Tel: 312 996-5014 *Fax:* 312 413-1343
E-mail: fazar@uic.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 120
Subspecialties: CD, END, GE, HO, IC, ID, IMG, NEP, PCC, RHU
Program ID: 140-16-21-124

Evanston**McGaw Medical Center of Northwestern University (Evanston) Program**

Sponsor: McGaw Medical Center of Northwestern University
 Evanston Hospital
Prgm Director: Ruric C Anderson, MD, MBA*
 Department of Medicine
 2650 Ridge Avenue
 Evanston, IL 60201
Tel: 847 570-2376 *Fax:* 847 570-2905
E-mail: tpatricio@enh.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 66
Program ID: 140-16-31-125

St Francis Hospital of Evanston Program

Sponsor: St Francis Hospital
Prgm Director: Harvey J Friedman, MD
 Department of Medicine
 355 Ridge Avenue
 Evanston, IL 60202
Tel: 847 316-3109 *Fax:* 847 316-3307
Length: 3 Yrs *ACGME Approved/Offered Positions:* 54
Program ID: 140-16-11-126

Maywood**Loyola University Program**

Sponsor: Loyola University Medical Center
 Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Kevin P Simpson, MD
 Room 7609, Building 102
 2160 S First Avenue
 Maywood, IL 60153
Tel: 708 216-5368 *Fax:* 708 216-9456
Length: 3 Yrs *ACGME Approved/Offered Positions:* 115
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-16-21-128

Melrose Park**Resurrection Medical Center (Westlake) Program**

Sponsor: Resurrection Medical Center
 Westlake Community Hospital
Prgm Director: Vijay V Yeldandi, MD*
 1225 Lake Street
 Melrose Park, IL 60160
Tel: 708 938-7350 *Fax:* 708 938-7098
E-mail: ResurrectionWestlake@reshealthcare.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Program ID: 140-16-11-454

North Chicago**The Chicago Medical School at Rosalind Franklin University of Medicine and Science Program**

Sponsor: Chicago Medical School/Rosalind Franklin Univ of Med & Sci
 Mount Sinai Hospital Medical Center of Chicago
 Veterans Affairs Medical Center (North Chicago)
Prgm Director: Preston B Cannady, MD
 Chicago Medical School
 3333 Green Bay Road
 North Chicago, IL 60064
Tel: 847 578-3227 *Fax:* 847 578-8647
E-mail: abrona@finchoms.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 63
Subspecialties: CCM, END, ID, PUD
Program ID: 140-16-21-111

Oak Lawn**University of Illinois College of Medicine at Chicago/Advocate Christ Medical Center Program**

Sponsor: University of Illinois College of Medicine at Chicago
 Advocate Christ Medical Center
Prgm Director: John E Tulley, MD
 Department of Medicine
 4440 West 95th Street
 Oak Lawn, IL 60453
Tel: 708 346-5673 *Fax:* 708 346-2500
E-mail: john.tulley@advocatehealth.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 72
Program ID: 140-16-21-129

Oak Park**West Suburban Medical Center Program**

Sponsor: West Suburban Medical Center
Prgm Director: Max L Harris, MD
 3 Erie Court, Room L-700
 Oak Park, IL 60302
Tel: 708 763-6608 *Fax:* 708 763-6655
E-mail: sherri.sachs@wshmc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 140-16-21-467

Park Ridge**Advocate Lutheran General Hospital Program**

Sponsor: Advocate Lutheran General Hospital
Prgm Director: Glen D Solomon, MD
 Department of Medicine
 1775 Dempster Street
 Park Ridge, IL 60068
 Tel: 847 723-7194 Fax: 847 696-3391
 Length: 3 Yrs ACGME Approved/Offered Positions: 67
 Subspecialties: CD, GE, IMG
 Program ID: 140-16-21-130

Peoria**University of Illinois College of Medicine at Peoria Program**

Sponsor: University of Illinois College of Medicine at Peoria
 OSF St Francis Medical Center
Prgm Director: Lannie J Cation, MD
 Department of Internal Medicine
 530 NE Glen Oak Ave
 Peoria, IL 61637
 Tel: 309 655-2730 Fax: 309 655-7732
 E-mail: uicompim@yahoo.com
 Length: 3 Yrs ACGME Approved/Offered Positions: 50
 Program ID: 140-16-31-131

Springfield**Southern Illinois University Program**

Sponsor: Southern Illinois University School of Medicine
 Memorial Medical Center
Prgm Director: Andrew J Varney, MD
 PO Box 19636
 Springfield, IL 62794
 Tel: 217 545-0193 Fax: 217 545-8156
 Length: 3 Yrs ACGME Approved/Offered Positions: 57
 Subspecialties: END, ID, PUD
 Program ID: 140-16-21-132

Urbana**University of Illinois College of Medicine at Urbana Program**

Sponsor: University of Illinois College of Medicine at Urbana
 Carle Foundation Hospital
 Provena Covenant Medical Center
 Veterans Affairs Medical Center (Danville)
Prgm Director: Robert M Healy, MD
 611 W Park
 Urbana, IL 61801
 Tel: 217 383-3110 Fax: 217 244-0621
 E-mail: imrp@uiuc.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 54
 Program ID: 140-16-21-456

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
 Clarian Indiana University Hospital
 Clarian Methodist Hospital of Indiana
 Clarian Riley Hospital for Children
 Richard L Roudebush Veterans Affairs Medical Center
 William N Wishard Memorial Hospital
Prgm Director: Lia S Logio, MD*
 WD OPW M200
 1001 West 10th Street
 Indianapolis, IN 46202
 Tel: 317 656-4260 Fax: 317 630-2667
 Length: 3 Yrs ACGME Approved/Offered Positions: 145
 Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
 Program ID: 140-17-21-133

St Vincent Hospital and Health Care Center Program

Sponsor: St Vincent Hospital and Health Care Center
Prgm Director: Robert M Lubitz, MD, MPH
 2001 W 86th Street
 Indianapolis, IN 46260
 Tel: 317 338-2172 Fax: 317 338-6359
 Length: 3 Yrs ACGME Approved/Offered Positions: 54
 Subspecialties: CD, IC, ICE
 Program ID: 140-17-11-135

Muncie**Ball Memorial Hospital Program**

Sponsor: Ball Memorial Hospital
Prgm Director: J Matthew Neal, MD
 Medical Education
 2401 University Avenue
 Muncie, IN 47303
 Tel: 765 747-3367 Fax: 765 751-1451
 Length: 3 Yrs ACGME Approved/Offered Positions: 18
 Subspecialties: ISM
 Program ID: 140-17-11-136

Iowa**Des Moines****University of Iowa (Des Moines) Program**

Sponsor: Central Iowa Health System (Iowa Methodist/Iowa Lutheran)
 Veterans Affairs Central Iowa Health Care System
Prgm Director: Steven R Craig, MD
 Internal Medicine Residency Program
 1415 Woodland Avenue, Suite 140
 Des Moines, IA 50309
 Tel: 515 241-6636 Fax: 515 241-6576
 Length: 3 Yrs ACGME Approved/Offered Positions: 26
 Subspecialties: TY
 Program ID: 140-18-31-137

Iowa City**University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
 Veterans Affairs Medical Center (Iowa City)
Prgm Director: Scott A Vogelgesang, MD
 Department of Internal Medicine, E323 GH
 200 Hawkins Drive
 Iowa City, IA 52242
 Tel: 319 356-7725 Fax: 319 384-8955
 E-mail: intmedres@uiowa.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 77
 Subspecialties: CD, END, GE, HO, IC, ICE, ID, NEP, PCC, RHU
 Program ID: 140-18-21-138

Kansas**Kansas City****University of Kansas Medical Center Program**

Sponsor: University of Kansas School of Medicine
 University of Kansas Medical Center
 Veterans Affairs Medical Center (Kansas City)
Prgm Director: Steven W Stites, MD
 39th Street and Rainbow Boulevard
 4017 Delp
 Kansas City, KS 66160
 Tel: 913 588-6050 Fax: 913 588-3995
 Length: 3 Yrs ACGME Approved/Offered Positions: 103
 Subspecialties: CD, GE, HO, ID, IMG, NEP, PCC, RHU
 Program ID: 140-19-21-139

Wichita**University of Kansas (Wichita) Program**

Sponsor: University of Kansas School of Medicine (Wichita)
 Veterans Affairs Medical Center (Wichita)
 Via Christi Regional Medical Center-St Francis
 Wesley Medical Center
Prgm Director: Garold O Minns, MD
 Department of Internal Medicine
 1010 N Kansas
 Wichita, KS 67214
 Tel: 316 293-2650 Fax: 316 293-1878
 Length: 3 Yrs ACGME Approved/Offered Positions: 40
 Program ID: 140-19-21-140

Kentucky**Lexington****University of Kentucky College of Medicine Program**

Sponsor: University of Kentucky College of Medicine
 University of Kentucky Hospital
 Veterans Affairs Medical Center (Lexington)
Prgm Director: Steven A Haist, MD
 Department of Medicine
 3511 Kentucky Clinic, 740 S Limestone St
 Lexington, KY 40536
 Tel: 859 323-9918 Fax: 859 323-1197
 Length: 3 Yrs ACGME Approved/Offered Positions: 72
 Subspecialties: CD, GE, HO, IC, ID, NEP, PCC
 Program ID: 140-20-21-141

Louisville**University of Louisville Program**

Sponsor: University of Louisville School of Medicine
 University of Louisville Hospital
 Veterans Affairs Medical Center (Louisville)
Prgm Director: Barbara Roberts Casper, MD
 3rd Floor
 Ambulatory Care Building
 Louisville, KY 40292
 Tel: 502 852-7040 Fax: 502 852-0936
 Length: 3 Yrs ACGME Approved/Offered Positions: 88
 Subspecialties: CD, END, GE, HO, IC, ICE, ID, NEP, PCC
 Program ID: 140-20-31-142

Louisiana**Baton Rouge****Louisiana State University (Baton Rouge) Program**

Sponsor: Earl K Long Medical Center
Prgm Director: George H Karam, MD
 Department of Medicine
 5825 Airline Highway
 Baton Rouge, LA 70805
 Tel: 225 358-1065 Fax: 225 358-1076
 Length: 3 Yrs ACGME Approved/Offered Positions: 36
 Program ID: 140-21-21-507

Lafayette**Louisiana State University (Lafayette) Program**

Sponsor: University Medical Center (Lafayette)
Prgm Director: Leela Lakshmi Prasad, MD
 PO Box 69300
 2390 W Congress Street
 Lafayette, LA 70596
 Tel: 337 261-6789 Fax: 337 261-6791
 Length: 3 Yrs ACGME Approved/Offered Positions: 26
 Program ID: 140-21-11-144

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
 Medical Center of Louisiana at New Orleans
Prgm Director: Dayton W Daberkow, MD
 Department of Medicine
 1542 Tulane Avenue
 New Orleans, LA 70112
Tel: 504 568-4600 *Fax:* 504 568-7885
Length: 3 Yrs *ACGME Approved/Offered Positions:* 73
Subspecialties: CD, END, GE, HO, IC, ID, NEP, PCC, RHU
Program ID: 140-21-21-143

Ochsner Clinic Foundation Program

Sponsor: Ochsner Clinic Foundation
Prgm Director: William Davis, MD*
 Department of Medicine
 1514 Jefferson Highway
 New Orleans, LA 70121
Tel: 504 842-4096 *Fax:* 504 842-3327
Length: 3 Yrs *ACGME Approved/Offered Positions:* 56
Subspecialties: CD, END, GE, IC, ID, ON, RHU
Program ID: 140-21-22-146

Tulane University Program

Sponsor: Tulane University School of Medicine
 Medical Center of Louisiana at New Orleans
 Tulane University Hospital and Clinics
 Veterans Affairs Medical Center (New Orleans)
Prgm Director: Jeffrey G Wiese, MD
 Department of Medicine
 1430 Tulane Avenue, SL-50
 New Orleans, LA 70112
Tel: 504 988-7809 *Fax:* 504 988-3971
E-mail: imres@tulane.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 88
Subspecialties: CD, END, GE, HO, ID, IMG, NEP, PCC
Program ID: 140-21-21-147

Shreveport

Louisiana State University (Shreveport) Program

Sponsor: LSU Health Sciences Center-University Hospital
 Overton Brooks Veterans Affairs Medical Center
Prgm Director: Larry E Slay, MD
 1501 Kings Highway
 Shreveport, LA 71130
Tel: 318 675-5857 *Fax:* 318 675-5948
Length: 3 Yrs *ACGME Approved/Offered Positions:* 67
Subspecialties: CCM, CD, END, GE, HO, ID, NEP, PCC, RHU
Program ID: 140-21-21-148

Maine

Portland

Maine Medical Center Program

Sponsor: Maine Medical Center
Prgm Director: David Gannon, MD
 Department of Medicine
 22 Bramhall Street
 Portland, ME 04102
Tel: 207 871-2651 *Fax:* 207 871-6788
Length: 3 Yrs *ACGME Approved/Offered Positions:* 50
Subspecialties: CD, ID, IMG, NEP, PCC
Program ID: 140-22-11-149

Maryland

Baltimore

Franklin Square Hospital Center Program

Sponsor: Franklin Square Hospital Center
Prgm Director: Frederick K Williams II, MD
 Department of Medicine
 9000 Franklin Square Drive
 Baltimore, MD 21237
Tel: 443 777-7146 *Fax:* 443 777-8340
Length: 3 Yrs *ACGME Approved/Offered Positions:* 35
Program ID: 140-23-12-151

Good Samaritan Hospital of Maryland Program

Sponsor: Good Samaritan Hospital of Maryland
 Johns Hopkins Hospital
Prgm Director: Cordelia T Grimm, MD, MPH*
 5601 Loch Raven Boulevard
 RMB 502
 Baltimore, MD 21239
Tel: 410 532-4863 *Fax:* 410 532-4997
Length: 3 Yrs *ACGME Approved/Offered Positions:* 40
Program ID: 140-23-21-489

Greater Baltimore Medical Center Program

Sponsor: Greater Baltimore Medical Center
Prgm Director: Thomas F Lansdale, MD*
 6565 North Charles Street
 Pavilion East, Suite 203
 Baltimore, MD 21204
Tel: 443 849-2682 *Fax:* 443 849-8030
E-mail: medres@gbmc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 140-23-31-152

Harbor Hospital Center Program

Sponsor: Harbor Hospital Center
Prgm Director: Richard B Williams, MD
 Department of Medicine
 3001 S Hanover Street
 Baltimore, MD 21225
Tel: 410 350-3565 *Fax:* 410 354-0186
E-mail: terry.kus@medstar.net
Length: 3 Yrs *ACGME Approved/Offered Positions:* 34
Program ID: 140-23-31-158

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Hospital
Prgm Director: Charles Wiener, MD
 Department of Medicine, 9th Floor
 1830 E Monument Street
 Baltimore, MD 21287
Tel: 410 955-7910 *Fax:* 410 614-8510
Length: 3 Yrs *ACGME Approved/Offered Positions:* 110
Subspecialties: CD, END, GE, HEM, IC, ICE, ID, IMG, NEP, ON, PCC, RHU
Program ID: 140-23-11-153

Johns Hopkins University/Bayview Medical Center Program

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Bayview Medical Center
Prgm Director: Roy C Ziegelstein, MD
 4940 Eastern Ave
 A-1-W Room 102
 Baltimore, MD 21224
Tel: 410 550-0523 *Fax:* 410 550-1094
Length: 3 Yrs *ACGME Approved/Offered Positions:* 46
Subspecialties: GE, NEP
Program ID: 140-23-11-150

Johns Hopkins University/Sinai Hospital of Baltimore Program

Sponsor: Johns Hopkins University School of Medicine
 Sinai Hospital of Baltimore
Prgm Director: Steven R Gambert, MD
 2401 W Belvedere Avenue
 Baltimore, MD 21215
Tel: 410 601-6256 *Fax:* 410 601-5638
Length: 3 Yrs *ACGME Approved/Offered Positions:* 57
Program ID: 140-23-12-157

Maryland General Hospital Program

Sponsor: Maryland General Hospital
Prgm Director: William C Anthony, MD
 Department of Medicine, Suite 3B
 827 Linden Avenue
 Baltimore, MD 21201
Tel: 410 225-8790 *Fax:* 410 225-8910
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 140-23-11-154

St Agnes HealthCare Program

Sponsor: St Agnes Hospital
Prgm Director: Norman M Dy, MD*
 City of Baltimore
 900 Caton Avenue
 Baltimore, MD 21229
Tel: 410 368-3120 *Fax:* 410 368-3525
Length: 3 Yrs *ACGME Approved/Offered Positions:* 40
Program ID: 140-23-12-156

Union Memorial Hospital Program

Sponsor: Union Memorial Hospital
Prgm Director: Wayne N Campbell, MD
 Department of Medicine
 201 E University Parkway
 Baltimore, MD 21218
Tel: 410 554-2284 *Fax:* 410 554-2184
Length: 3 Yrs *ACGME Approved/Offered Positions:* 29
Program ID: 140-23-12-159

University of Maryland Program

Sponsor: University of Maryland Medical System
 Veterans Affairs Medical Center (Baltimore)
Prgm Director: Susan D Wolfsthal, MD
 Department of Medicine - University Center
 22 S Greene St, Room N3E09
 Baltimore, MD 21201
Tel: 410 328-2388 *Fax:* 410 328-0267
Length: 3 Yrs *ACGME Approved/Offered Positions:* 124
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-23-21-160

Bethesda

National Capital Consortium (Bethesda) Program

Sponsor: National Capital Consortium
 National Naval Medical Center (Bethesda)
Prgm Director: Terrence X Dwyer, MD
 Office of Program Director for Internal Medicine
 8901 Wisconsin Avenue, Bldg 7 - Room 6329
 Bethesda, MD 20889
Tel: 301 319-4377 *Fax:* 301 295-1340
Length: 3 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: END, GE, HO
Program ID: 140-23-11-013
 US Armed Services Program

National Capital Consortium (Walter Reed) Program

Sponsor: National Capital Consortium
 Walter Reed Army Medical Center
Prgm Director: Gregory J Argyros, MD
 Department of Medicine
 6825 16th Street, NW
 Washington, DC 20307
Tel: 202 782-6205 *Fax:* 202 782-6507
Length: 3 Yrs *ACGME Approved/Offered Positions:* 53
Subspecialties: CCM, CD, ID, NEP, PCC, RHU
Program ID: 140-10-11-006
 US Armed Services Program

Cheverly**Prince George's Hospital Center Program**

Sponsor: Prince George's Hospital Center
Prgm Director: Linda D Green, MD
 3001 Hospital Drive
 Department of Medicine 5th Floor
 Cheverly, MD 20785
Tel: 301 618-3776 *Fax:* 301 618-2986
E-mail: lm.pghc@dimensionshealth.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Program ID: 140-23-21-161

Massachusetts**Boston****Beth Israel Deaconess Medical Center Program**

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Eileen E Reynolds, MD
 330 Brookline Avenue; Yamins 403A
 Boston, MA 02215
Tel: 617 667-1709 *Fax:* 617 975-5529
Length: 3 Yrs *ACGME Approved/Offered Positions:* 158
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-24-21-162

Boston University Medical Center Program

Sponsor: Boston Medical Center
 Veterans Affairs Medical Center (Boston)
Prgm Director: David L Battinelli, MD
 University Hospital
 80 E Concord Street, Evans 124
 Boston, MA 02118
Tel: 617 638-6500 *Fax:* 617 638-6501
Length: 3 Yrs *ACGME Approved/Offered Positions:* 147
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-24-31-164

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital
 Boston VA Healthcare System (Brockton-West Roxbury)
 Faulkner Hospital
Prgm Director: Joel T Katz, MD
 Department of Medicine
 75 Francis Street
 Boston, MA 02115
Tel: 617 732-5775 *Fax:* 617 582-6199
Length: 3 Yrs *ACGME Approved/Offered Positions:* 174
Subspecialties: CD, END, GE, HO, IC, ICE, NEP, RHU
Program ID: 140-24-21-172

Caritas Carney Hospital Program

Sponsor: Caritas Carney Hospital
Prgm Director: Michael Barza, MD
 Department of Medicine
 2100 Dorchester Avenue
 Boston, MA 02124
Tel: 617 296-4000 *Fax:* 617 288-1547
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 140-24-11-166

Caritas St Elizabeth's Medical Center Program

Sponsor: Caritas St Elizabeth's Medical Center of Boston
Prgm Director: Scott K Epstein, MD*
 Department of Medicine
 736 Cambridge Street
 Boston, MA 02135
Tel: 617 562-7502 *Fax:* 617 562-7797
E-mail: judy_rufo@cchcs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 56
Subspecialties: CD, HO, PCC
Program ID: 140-24-21-173

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: Hasan Bazzari, MD
 Medical Services, Bigelow 740
 55 Fruit Street
 Boston, MA 02114
Tel: 617 726-2862 *Fax:* 617 724-7441
E-mail: mghimresidency@partners.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 162
Subspecialties: CD, END, GE, IC, ICE, ID, PCC, RHU
Program ID: 140-24-11-169

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: Richard I Kopelman, MD
 Department of Medicine
 750 Washington Street, Box 21
 Boston, MA 02111
Tel: 617 636-5246 *Fax:* 617 636-7119
Length: 3 Yrs *ACGME Approved/Offered Positions:* 72
Subspecialties: CD, END, GE, HO, IC, ICE, ID, NEP, PCC, RHU
Program ID: 140-24-21-171

Burlington**Lahey Clinic Program**

Sponsor: Lahey Clinic
Prgm Director: Gerry Orfanos, MD
 Department of Medicine
 41 Mall Road
 Burlington, MA 01805
Tel: 781 744-5700 *Fax:* 781 744-5358
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Subspecialties: CD, END, GE, IC, ICE, PCC
Program ID: 140-24-21-511

Cambridge**Cambridge Hospital/Cambridge Health Alliance Program**

Sponsor: Cambridge Hospital/Cambridge Health Alliance
Prgm Director: Richard J Pels, MD
 1493 Cambridge Street
 Cambridge, MA 02139
Tel: 617 665-1019 *Fax:* 617 665-1671
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 140-24-11-175

Mount Auburn Hospital Program

Sponsor: Mount Auburn Hospital
Prgm Director: Eric Flint, MD
 Department of Medicine
 330 Mount Auburn Street
 Cambridge, MA 02138
Tel: 617 499-5160 *Fax:* 617 499-5593
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Program ID: 140-24-11-176

Framingham**MetroWest Medical Center Program**

Sponsor: MetroWest Medical Center-Framingham Union Hospital
Prgm Director: Thomas L Treadwell, MD
 115 Lincoln Street
 Framingham, MA 01702
Tel: 508 383-1572 *Fax:* 508 872-4794
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 140-24-21-177

Newton**Newton-Wellesley Hospital Program**

Sponsor: Newton-Wellesley Hospital
 Brockton Hospital
Prgm Director: Joseph J Rhatigan, MD
 Department of Medicine
 2014 Washington Street
 Newton Lower Falls, MA 02162
Tel: 617 243-6467 *Fax:* 617 243-6701
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 140-24-11-178

Pittsfield**Berkshire Medical Center Program**

Sponsor: Berkshire Medical Center
Prgm Director: A Gray Ellrodt, MD
 Department of Medicine
 725 North Street
 Pittsfield, MA 01201
Tel: 413 447-2849 *Fax:* 413 447-2088
Length: 3 Yrs *ACGME Approved/Offered Positions:* 34
Program ID: 140-24-11-179

Salem**Salem Hospital Program**

Sponsor: Salem Hospital
Prgm Director: Wayne M Trebbin, MD
 Department of Medicine
 81 Highland Avenue
 Salem, MA 01970
Tel: 978 825-6490 *Fax:* 978 825-6312
Length: 3 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 140-24-12-180

Springfield**Baystate Medical Center/Tufts University School of Medicine Program**

Sponsor: Baystate Medical Center
Prgm Director: Kevin T Hinchey, MD
 Department of Medicine
 750 Chestnut Street-S2570
 Springfield, MA 01189
Tel: 413 794-4143 *Fax:* 413 794-8075
Length: 3 Yrs *ACGME Approved/Offered Positions:* 72
Subspecialties: CD, END, HO, IC, ICE, ID, IMG
Program ID: 140-24-11-181

Worcester**St Vincent Hospital Program**

Sponsor: St Vincent Hospital
Prgm Director: Joel H Popkin, MD
 Worcester Medical Center
 20 Worcester Center Blvd
 Worcester, MA 01608
Tel: 508 363-6208 *Fax:* 508 363-9798
E-mail: joel.popkin@tenethealth.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 62
Subspecialties: CD, IC
Program ID: 140-24-11-183

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
 UMass Memorial Health Care (Memorial Campus)
 UMass Memorial Health Care (University Campus)
Prgm Director: Richard M Forster, MD
 University Campus, Department of Medicine Residency Office
 55 Lake Avenue, North
 Worcester, MA 01655
Tel: 508 856-2173 *Fax:* 508 856-6781
Length: 3 Yrs *ACGME Approved/Offered Positions:* 95
Subspecialties: CCM, CD, END, GE, HO, IC, ICE, ID, NEP, PUD, RHU
Program ID: 140-24-21-184

Michigan

Ann Arbor

St Joseph Mercy Hospital Program

Sponsor: St Joseph Mercy Health System
Prgm Director: Theresa E Vettese, MD
 5333 McAuley Dr Reichert Health Building #3009
 PO Box 995
 Ann Arbor, MI 48106
Tel: 734 712-3935 *Fax:* 734 712-5583
Length: 3 Yrs *ACGME Approved/Offered Positions:* 49
Program ID: 140-25-12-186

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
 Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: John Del Valle, MD
 3116G Taubman Center, Box 0368
 1500 E Medical Center Drive
 Ann Arbor, MI 48109
Tel: 734 936-4385 *Fax:* 734 936-3654
Length: 3 Yrs *ACGME Approved/Offered Positions:* 142
Subspecialties: CD, END, GE, HO, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-25-21-187

Dearborn

Oakwood Hospital Program

Sponsor: Oakwood Hospital
Prgm Director: Jonathan Zimmerman, MD, MBA
 18101 Oakwood Boulevard
 Dearborn, MI 48124
Tel: 313 593-7796 *Fax:* 313 436-2071
E-mail: medres@oakwood.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: IMG
Program ID: 140-25-31-188

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital
Prgm Director: Eric J Scher, MD
 Department of Medicine CFP-1
 2799 W Grand Blvd
 Detroit, MI 48202
Tel: 313 916-3829 *Fax:* 313 916-1394
Length: 3 Yrs *ACGME Approved/Offered Positions:* 116
Subspecialties: CD, END, GE, HO, IC, ICE, ID, NEP, PCC
Program ID: 140-25-11-189

St John Hospital and Medical Center Program

Sponsor: St John Hospital and Medical Center
Prgm Director: Louis D Saravolatz, MD
 22101 Moross Road
 Detroit, MI 48236
Tel: 313 343-3362 *Fax:* 313 343-7784
Length: 3 Yrs *ACGME Approved/Offered Positions:* 46
Subspecialties: CD, IC, ID, NEP
Program ID: 140-25-11-191

Wayne State University/Detroit Medical Center (Grace Hospital) Program

Sponsor: Wayne State University/Detroit Medical Center
 Detroit Receiving Hospital and University Health Center
 Sinai-Grace Hospital (Grace Campus)
Prgm Director: Mohamed S Siddique, MD
 Department of Medicine
 6071 West Outer Drive
 Detroit, MI 48235
Tel: 313 966-4970 *Fax:* 313 966-1738
Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Program ID: 140-25-21-506

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Prgm Director: Wilhelmine Wiese-Rometsch, MD
 Detroit Medical Center
 4201 St Antoine, UHC Suite 2E
 Detroit, MI 48201
Tel: 313 745-7999 *Fax:* 313 993-0645
Length: 3 Yrs *ACGME Approved/Offered Positions:* 114
Subspecialties: CD, END, GE, HO, IC, ID, IMG, NEP, PCC, RHU
Program ID: 140-25-21-194

Flint

Hurley Medical Center/Michigan State University Program

Sponsor: Hurley Medical Center
Prgm Director: Hemant P Thawani, MD*
 Department of Medicine
 One Hurley Plaza
 Flint, MI 48502
Tel: 810 257-0682 *Fax:* 810 762-7245
Length: 3 Yrs *ACGME Approved/Offered Positions:* 38
Subspecialties: IMG
Program ID: 140-25-31-196

McLaren Regional Medical Center/Michigan State University Program

Sponsor: McLaren Regional Medical Center
Prgm Director: Susan J Smith, MD
 Department of Medicine
 401 S Ballenger Highway
 Flint, MI 48532
Tel: 810 342-2063 *Fax:* 810 342-4976
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 140-25-21-471

Grand Rapids

Grand Rapids Medical Education and Research Center/Michigan State University Program

Sponsor: Grand Rapids Medical Education and Research Center
 Spectrum Health-Blodgett Campus
 Spectrum Health-Butterworth Campus
 St Mary's Medical Center
Prgm Director: John B O'Donnell, MD, MS
 21 Michigan, NE, Suite 525
 Grand Rapids, MI 49503
Tel: 616 391-3775 *Fax:* 616 391-3130
Length: 3 Yrs *ACGME Approved/Offered Positions:* 56
Program ID: 140-25-31-198

Kalamazoo

Kalamazoo Center for Medical Studies/Michigan State University Program

Sponsor: Michigan State Univ-Kalamazoo Center for Medical Studies
 Borgess Medical Center
 Bronson Methodist Hospital
Prgm Director: Mark E Loehrke, MD
 Kalamazoo Center for Medical Studies
 1000 Oakland Drive
 Kalamazoo, MI 49008
Tel: 269 337-6353 *Fax:* 269 337-4234
E-mail: loehrke@kcms.msu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 37
Program ID: 140-25-21-199

Lansing

Michigan State University Program

Sponsor: Michigan State University College of Human Medicine
 Ingham Regional Medical Center
 Sparrow Hospital
Prgm Director: Davoren A Chick, MD
 B-301 Clinical Center - MSU
 138 Service Rd
 East Lansing, MI 48824
Tel: 517 353-5100 *Fax:* 517 432-2759
E-mail: imed.res@ht.msu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: CD, HO, IC
Program ID: 140-25-21-195

Pontiac

St Joseph Mercy-Oakland Program

Sponsor: St Joseph Mercy-Oakland
Prgm Director: Mark A Bustamante, MD
 Department of Medicine
 44405 Woodward Avenue
 Pontiac, MI 48341
Tel: 248 858-6233 *Fax:* 248 858-3244
Length: 3 Yrs *ACGME Approved/Offered Positions:* 50
Program ID: 140-25-11-200

Royal Oak

William Beaumont Hospital Program

Sponsor: William Beaumont Hospital
Prgm Director: Leslie L Rocher, MD
 Department of Medicine
 3601 W 13 Mile Road
 Royal Oak, MI 48073
Tel: 248 551-0406 *Fax:* 248 551-5426
Length: 3 Yrs *ACGME Approved/Offered Positions:* 72
Subspecialties: CD, GE, IC, ID, IMG, ON
Program ID: 140-25-12-201

Saginaw

Synergy Medical Education Alliance Program

Sponsor: Synergy Medical Education Alliance
 Covenant HealthCare System-Cooper Campus
 Covenant HealthCare System-Harrison Campus
 St Mary's Medical Center
Prgm Director: Subhasini Gudipati, MD
 Department of Internal Medicine
 1000 Houghton Avenue
 Saginaw, MI 48602
Tel: 989 583-6826 *Fax:* 989 583-6840
E-mail: sduby@synergymedical.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 140-25-31-202

Southfield

Providence Hospital and Medical Centers Program

Sponsor: Providence Hospital and Medical Centers
Prgm Director: Neil A Basmaji, MD
 16001 West Nine Mile Road
 Southfield, MI 48075
Tel: 248 849-3151 *Fax:* 248 849-3230
E-mail: im@providence-hospital.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 33
Subspecialties: CD, GE, HO, IC
Program ID: 140-25-11-203

Minnesota

Minneapolis

Abbott-Northwestern Hospital Program

Sponsor: Abbott-Northwestern Hospital/Allina Health System

Prgm Director: Terry K Rosborough, MD

Medical Education-11135

800 E 28th Street

Minneapolis, MN 55407

Tel: 612 863-6766

Length: 3 Yrs *ACGME Approved/Offered Positions:* 30

Program ID: 140-26-31-204

Hennepin County Medical Center Program

Sponsor: Hennepin County Medical Center

Prgm Director: Anne G Pereira, MD, MPH*

Department of Medicine

701 Park Avenue South, Med Ed R7

Minneapolis, MN 55415

Tel: 612 873-4733 *Fax:* 612 904-4577

Length: 3 Yrs *ACGME Approved/Offered Positions:* 60

Subspecialties: CCM, IMG

Program ID: 140-26-31-207

University of Minnesota Program

Sponsor: University of Minnesota Medical School

Fairview-University Medical Center

Regions Hospital

Veterans Affairs Medical Center (Minneapolis)

Prgm Director: Peter G Duane, MD*

MMC 284

420 Delaware Street, SE

Minneapolis, MN 55455

Tel: 612 626-5031 *Fax:* 612 625-3238

Length: 3 Yrs *ACGME Approved/Offered Positions:* 106

Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU

Program ID: 140-26-21-205

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic

College of Medicine

Mayo Clinic (Rochester)

St Mary's Hospital of Rochester

Prgm Director: Joseph C Kolars, MD

Department of Medicine

200 First Street, SW

Rochester, MN 55905

Tel: 507 284-2630 *Fax:* 507 284-1249

E-mail: res-im@mayo.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 169

Subspecialties: CCM, CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU

Program ID: 140-26-21-208

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University of Mississippi School of Medicine

University Hospitals and Clinics

Veterans Affairs Medical Center (Jackson)

Prgm Director: Michael R McMullan, MD

Department of Medicine

2500 N State Street

Jackson, MS 39216

Tel: 601 984-2250 *Fax:* 601 984-6665

Length: 3 Yrs *ACGME Approved/Offered Positions:* 75

Subspecialties: CD, END, GE, HO, ID, NEP, PCC, RHU

Program ID: 140-27-21-209

Keesler AFB

Keesler Medical Center Program

Sponsor: Keesler Medical Center

Prgm Director: Deborah N Burgess, MD*

81 MDG/SGOM, Bldg 0468

301 Fisher St

Keesler AFB, MS 39534

Tel: 228 377-6075 *Fax:* 228 377-6427

Length: 3 Yrs *ACGME Approved/Offered Positions:* 30

Program ID: 140-27-12-001

US Armed Services Program

Missouri

Chesterfield

St Luke's Hospital Program

Sponsor: St Luke's Hospital

St Louis ConnectCare

Prgm Director: Leon R Robison, MD

222 S Woods Mill Road

Suite 760 North

St Louis, MO 63017

Tel: 314 205-6050 *Fax:* 314 434-5930

Length: 3 Yrs *ACGME Approved/Offered Positions:* 40

Program ID: 140-28-21-219

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine

Harry S Truman Memorial Veterans Hospital

University Hospitals and Clinics

Prgm Director: Charles S Brooks, MD

MA 406 Internal Medicine

One Hospital Drive

Columbia, MO 65212

Tel: 573 882-6198 *Fax:* 573 884-5690

Length: 3 Yrs *ACGME Approved/Offered Positions:* 60

Subspecialties: CD, END, GE, HO, ID, NEP, PCC, RHU

Program ID: 140-28-21-210

Kansas City

University of Missouri at Kansas City Program

Sponsor: University of Missouri-Kansas City School of Medicine

St Luke's Hospital

Truman Medical Center

Prgm Director: David M Bamberger, MD

Internal Medicine Residency

2411 Holmes

Kansas City, MO 64108

Tel: 816 404-0950 *Fax:* 816 404-0950

Length: 3 Yrs *ACGME Approved/Offered Positions:* 64

Subspecialties: CD, GE, HO, IC, ICE, ID, PCC

Program ID: 140-28-31-214

St Louis

Forest Park Hospital Program

Sponsor: Forest Park Hospital

Prgm Director: M R Hill, MD

Department of Medicine

6150 Oakland Avenue

St Louis, MO 63139

Tel: 314 768-3006 *Fax:* 314 768-5632

E-mail: www.bob.hill@tenethealth.com

Length: 3 Yrs *ACGME Approved/Offered Positions:* 28

Program ID: 140-28-11-216

St John's Mercy Medical Center Program

Sponsor: St John's Mercy Medical Center

Prgm Director: Bernard J McGuire, MD

Department of Medicine

615 S New Ballas Road

St Louis, MO 63141

Tel: 314 251-5834 *Fax:* 314 251-6272

E-mail: aulga@stlo.mercy.net

Length: 3 Yrs *ACGME Approved/Offered Positions:* 21

Program ID: 140-28-31-217

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine

St Louis University Hospital

Veterans Affairs Medical Center (St Louis)

Prgm Director: Paul G Schmitz, MD

Department of Medicine

1402 S Grand Boulevard

St Louis, MO 63104

Tel: 314 577-8762 *Fax:* 314 268-5108

Length: 3 Yrs *ACGME Approved/Offered Positions:* 87

Subspecialties: CCM, CD, END, GE, HO, IC, ID, IMG, NEP, PCC, RHU

Program ID: 140-28-21-218

St Mary's Health Center Program

Sponsor: St Mary's Health Center

Prgm Director: Morey Gardner, MD

Department of Medicine

6420 Clayton Road

St Louis, MO 63117

Tel: 314 768-8887 *Fax:* 314 768-7101

E-mail: marilyn_martin@ssmhc.com

Length: 3 Yrs *ACGME Approved/Offered Positions:* 28

Program ID: 140-28-11-220

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium

Barnes-Jewish Hospital

Prgm Director: Daniel M Goodenberger, MD

660 Euclid Avenue

Box 8121

St Louis, MO 63110

Tel: 314 362-8065 *Fax:* 314 747-1080

Length: 3 Yrs *ACGME Approved/Offered Positions:* 162

Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU

Program ID: 140-28-21-215

Nebraska

Omaha

Creighton University Program

Sponsor: Creighton University School of Medicine

Creighton University Medical Center (Tenet - SJH)

Veterans Affairs Medical Center (Omaha)

Prgm Director: Robert W Dunlay, MD

Department of Medicine

601 N 30th St, Suite 5850

Omaha, NE 68131

Tel: 402 280-4392 *Fax:* 402 280-4158

E-mail: resapp@creighton.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 61

Subspecialties: CD, IC, ID, PCC

Program ID: 140-30-21-222

**University of Nebraska Medical Center
College of Medicine Program**

Sponsor: University of Nebraska Medical Center College of Medicine
Veterans Affairs Medical Center (Omaha)
Prgm Director: James R O'Dell, MD
Department of Internal Medicine
982055 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-6488 *Fax:* 402 559-6114
E-mail: tjackel@unmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 50
Subspecialties: CD, END, GE, HO, IC, ICE, IMG, PCC
Program ID: 140-30-21-224

Nevada

Las Vegas

**University of Nevada (Las Vegas)
Program**

Sponsor: University of Nevada School of Medicine
University Medical Center of Southern Nevada
Prgm Director: George B Kaiser, MD
2040 West Charleston Boulevard
Suite 300
Las Vegas, NV 89102
Tel: 702 671-2345 *Fax:* 702 671-2376
Length: 3 Yrs *ACGME Approved/Offered Positions:* 46
Program ID: 140-31-21-497

Reno

University of Nevada (Reno) Program

Sponsor: University of Nevada School of Medicine
Ioannis A Lougaris Veterans Affairs Medical Center
Washoe Medical Center
Prgm Director: Beverly Parker, MD
Department of Medicine
1000 Locust Street (111)
Reno, NV 89502
Tel: 775 328-1429 *Fax:* 775 337-2271
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 140-31-21-483

New Hampshire

Lebanon

**Dartmouth-Hitchcock Medical Center
Program**

Sponsor: Mary Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Prgm Director: Harley P Friedman, MD
Department of Medicine
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-7684 *Fax:* 603 650-6122
Length: 3 Yrs *ACGME Approved/Offered Positions:* 67
Subspecialties: CCM, CD, GE, HO, IC, ICE, ID, PCC, RHU
Program ID: 140-32-21-225

New Jersey

Atlantic City

Atlantic City Medical Center Program

Sponsor: Atlantic City Medical Center
Prgm Director: Zia Salam, MD
Office of Medical Education
1925 Pacific Avenue
Atlantic City, NJ 08401
Tel: 609 441-8074 *Fax:* 609 441-2137
Length: 3 Yrs *ACGME Approved/Offered Positions:* 34
Program ID: 140-33-31-226

Camden

**UMDNJ-Robert Wood Johnson Medical
School (Camden) Program**

Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Vijay Rajput, MD*
401 Haddon Ave
Room 242
Camden, NJ 08103
Tel: 856 757-7967 *Fax:* 856 968-9587
E-mail: cooper-med-residency@umdnj.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: CCM, CD, GE, HO, IC, ICE, ID, NEP, PCC,
RHU
Program ID: 140-33-21-227

Englewood

**Mount Sinai School of Medicine
(Englewood) Program**

Sponsor: Mount Sinai School of Medicine
Englewood Hospital and Medical Center
Prgm Director: Lawrence R Krakoff, MD
Department of Medicine
350 Engle Street
Englewood, NJ 07631
Tel: 201 894-3664
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Program ID: 140-33-21-228

Jersey City

**Mount Sinai School of Medicine (Jersey
City) Program**

Sponsor: Mount Sinai School of Medicine
Jersey City Medical Center
Prgm Director: Todd L Simon, MD, MEd*
Department of Medicine
355 Grand Street
Jersey City, NJ 07302
Tel: 201 915-2431 *Fax:* 201 915-2219
E-mail: tsimon@libertyhcs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 45
Program ID: 140-33-21-232

Livingston

St Barnabas Medical Center Program

Sponsor: St Barnabas Medical Center
Prgm Director: Richard S Panush, MD
Department of Medicine
94 Old Short Hills Road
Livingston, NJ 07039
Tel: 973 322-5645 *Fax:* 973 322-8215
Length: 3 Yrs *ACGME Approved/Offered Positions:* 34
Program ID: 140-33-12-457

Long Branch

Monmouth Medical Center Program

Sponsor: Monmouth Medical Center
Prgm Director: Sara Wallach, MD
300 Second Avenue
Long Branch, NJ 07740
Tel: 732 923-6540 *Fax:* 732 923-6536
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Program ID: 140-33-11-233

Montclair

**Atlantic Health System (Mountainside)
Program**

Sponsor: Atlantic Health System
Mountainside Hospital
Prgm Director: Ruth Wong-Liang, MD
One Bay Avenue
Department of Medicine
Montclair, NJ 07042
Tel: 973 429-6195 *Fax:* 973 429-6575
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 140-33-11-234

Morristown

**Atlantic Health System (Morristown)
Program**

Sponsor: Atlantic Health System
Morristown Memorial Hospital
Prgm Director: Donna J Astiz, MD
Department of Medicine
100 Madison Avenue
Morristown, NJ 07960
Tel: 973 971-5912 *Fax:* 973 290-8325
Length: 3 Yrs *ACGME Approved/Offered Positions:* 40
Program ID: 140-33-11-235

Neptune

**Jersey Shore University Medical Center
Program**

Sponsor: Jersey Shore University Medical Center
Prgm Director: Elliot Frank, MD
Department of Medicine
1945 State, Route 33
Neptune, NJ 07754
Tel: 732 776-4420 *Fax:* 732 776-3795
Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: IMG
Program ID: 140-33-12-236

New Brunswick

St Peters University Hospital Program

Sponsor: St Peter's University Hospital
Prgm Director: Nayan K Kothari, MD
254 Easton Avenue
New Brunswick, NJ 08901
Tel: 732 745-8585 *Fax:* 732 745-3847
Length: 3 Yrs *ACGME Approved/Offered Positions:* 45
Program ID: 140-33-21-531

**UMDNJ-Robert Wood Johnson Medical
School Program**

Sponsor: UMDNJ-Robert Wood Johnson Medical School
Medical Center at Princeton
Robert Wood Johnson University Hospital
St Peter's University Hospital
Prgm Director: Nayan K Kothari, MD
Department of Medicine
One Robert Wood Johnson P1 PO Box 19
New Brunswick, NJ 08903
Tel: 732 235-7745 *Fax:* 732 235-7427
Length: 3 Yrs *ACGME Approved/Offered Positions:* 109
Subspecialties: CD, END, GE, HO, ID, NEP, PCC, RHU
Program ID: 140-33-21-243

Newark

**Newark Beth Israel Medical Center
Program**

Sponsor: Newark Beth Israel Medical Center
Prgm Director: Ellen Cohen, MD
Department of Medicine
201 Lyons Avenue
Newark, NJ 07112
Tel: 973 926-7425 *Fax:* 973 926-5340
Length: 3 Yrs *ACGME Approved/Offered Positions:* 58
Subspecialties: CD, HO, NEP, PCC
Program ID: 140-33-21-518

**UMDNJ-New Jersey Medical School
Program**

Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Jo-Ann Reteguz, MD
150 Bergen Street
Level I, Room 248
Newark, NJ 07103
Tel: 973 972-6055 *Fax:* 973 972-3129
E-mail: birthwma@umdnj.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 115
Subspecialties: CD, END, GE, ID, IMG, NEP, PCC
Program ID: 140-33-21-237

Paterson**Mount Sinai School of Medicine (St Joseph's Regional Medical Center) Program**

Sponsor: Mount Sinai School of Medicine
St Joseph's Regional Medical Center
Prgm Director: M Anees Khan, MD
703 Main Street
Paterson, NJ 07503
Tel: 973 754-2431 *Fax:* 973 754-3376
Length: 3 Yrs *ACGME Approved/Offered Positions:* 45
Program ID: 140-33-21-522

Perth Amboy**Raritan Bay Medical Center Program**

Sponsor: Raritan Bay Medical Center-Perth Amboy Division
Prgm Director: Constante Gil, MD
Internal Medicine Residency Department
530 New Brunswick Avenue
Perth Amboy, NJ 08861
Tel: 732 324-5080 *Fax:* 732 324-4669
E-mail: ovargas@rbmc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 140-33-21-466

Plainfield**Muhlenberg Regional Medical Center Program**

Sponsor: Muhlenberg Regional Medical Center
Prgm Director: Francis L Griffin, MD
Department of Medicine
Park Avenue & Randolph Road
Plainfield, NJ 07061
Tel: 908 668-3053 *Fax:* 908 224-4543
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 140-33-11-244

South Orange**Seton Hall University School of Graduate Medical Education (St Francis) Program**

Sponsor: Seton Hall University School of Graduate Medical Education
St Francis Medical Center
Prgm Director: Dennis J Cleri, MD
601 Hamilton Avenue
Department of Medicine/Surgery - Room B 158
Trenton, NJ 08629
Tel: 609 599-6291 *Fax:* 609 599-6232
Length: 3 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 140-33-13-523

Seton Hall University School of Graduate Medical Education Program

Sponsor: Seton Hall University School of Graduate Medical Education
St Michael's Medical Center (Cathedral Health Services Inc)
Trinitas Hospital-Williamson Street Campus
Prgm Director: Ernest E Federici, MD
Department of Medicine
400 S Orange Avenue
South Orange, NJ 07079
Tel: 908 994-5257 *Fax:* 908 351-7930
E-mail: intmed@trinitas.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 85
Subspecialties: CCM, CD, GE, HO, IC, ID, PUD
Program ID: 140-33-21-498

Summit**Atlantic Health System (Overlook) Program**

Sponsor: Atlantic Health System
Overlook Hospital
Prgm Director: Douglas Ratner, MD
99 Beauvoir Avenue at Sylvan Road
Summit, NJ 07902
Tel: 908 522-2968 *Fax:* 908 522-0804
Length: 3 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 140-33-11-245

Trenton**Capital Health System-Fuld Campus Program**

Sponsor: Capital Health System-Fuld Campus
Prgm Director: Martin J Glynn, MD, MBA
Department of Medicine
750 Brunswick Avenue
Trenton, NJ 08638
Tel: 609 394-6031 *Fax:* 609 394-6028
Length: 3 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 140-33-21-246

New Mexico**Albuquerque****University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Ann Gateley, MD
Department of Medicine
2211 Lomas, NE, MSC10 5550
Albuquerque, NM 87131
Tel: 505 272-6331 *Fax:* 505 272-4628
Length: 3 Yrs *ACGME Approved/Offered Positions:* 74
Subspecialties: CCM, CD, END, GE, HO, ID, IMG, NEP, PCC, RHU
Program ID: 140-34-21-247

New York**Albany****Albany Medical Center Program**

Sponsor: Albany Medical Center
Veterans Affairs Medical Center (Albany)
Prgm Director: Alwin F Steinmann, MD
Medical Education Office (MC-17)
47 New Scotland Avenue
Albany, NY 12208
Tel: 518 262-5377 *Fax:* 518 262-6873
Length: 3 Yrs *ACGME Approved/Offered Positions:* 74
Subspecialties: CD, END, GE, IC, IMG, PCC, RHU
Program ID: 140-35-31-248

Bronx**Albert Einstein College of Medicine (Jacobi) Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Prgm Director: Steven C Martin, MD
Department of Medicine - 3N21
1400 Pelham Parkway South
Bronx, NY 10461
Tel: 718 918-5640 *Fax:* 718 918-7460
E-mail: smartin@aecom.yu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 98
Program ID: 140-35-31-521

Albert Einstein College of Medicine (Montefiore) Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Prgm Director: Sharon Silbiger, MD
Department of Medicine
111 East 210th Street
Bronx, NY 10467
Tel: 718 920-6098 *Fax:* 718 515-6103
Length: 3 Yrs *ACGME Approved/Offered Positions:* 161
Subspecialties: CCM, CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-35-21-287

Bronx-Lebanon Hospital Center Program

Sponsor: Bronx-Lebanon Hospital Center
Prgm Director: Sridhar S Chilimuri, MD
Department of Medicine
1650 Selwyn Ave
Bronx, NY 10457
Tel: 718 960-1026 *Fax:* 718 960-2055
Length: 3 Yrs *ACGME Approved/Offered Positions:* 90
Subspecialties: GE, PUD
Program ID: 140-35-11-263

Lincoln Medical and Mental Health Center Program

Sponsor: Lincoln Medical and Mental Health Center
Prgm Director: Anita Soni, MD
234 East 149th Street
Bronx, NY 10451
Tel: 718 579-5000 *Fax:* 718 579-4836
Length: 3 Yrs *ACGME Approved/Offered Positions:* 84
Program ID: 140-35-21-470

Mount Sinai School of Medicine (Bronx) Program

Sponsor: Mount Sinai School of Medicine
Veterans Affairs Medical Center (Bronx)
North Central Bronx Hospital
Prgm Director: Mark A Korsten, MD
130 W Kingsbridge Road
Bronx, NY 10468
Tel: 718 584-9000 *Fax:* 718 741-4233
Length: 3 Yrs *ACGME Approved/Offered Positions:* 55
Program ID: 140-35-31-517

New York Medical College (Our Lady of Mercy) Program

Sponsor: New York Medical College
Our Lady of Mercy Medical Center
Prgm Director: Barry J Fombergstein, MD
600 E 233rd St
Bronx, NY 10466
Tel: 718 920-9168 *Fax:* 718 920-9036
Length: 3 Yrs *ACGME Approved/Offered Positions:* 71
Subspecialties: GE, HO, IMG
Program ID: 140-35-21-285

St Barnabas Hospital Program

Sponsor: St Barnabas Hospital
Prgm Director: James G Helleman, MD
Department of Medicine - Room 717
Third Avenue and 183rd St
Bronx, NY 10457
Tel: 718 960-6202 *Fax:* 718 960-3486
E-mail: jhelleman@pol.net
Length: 3 Yrs *ACGME Approved/Offered Positions:* 102
Program ID: 140-35-21-485

Brooklyn

Brookdale University Hospital and Medical Center Program

Sponsor: Brookdale University Hospital and Medical Center

Prgm Director: Mohan Sharma, MD
One Brookdale Plaza
Brooklyn, NY 11212

Tel: 718 240-6205 *Fax:* 718 240-6634
E-mail: msharma@brookdale.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 73
Subspecialties: HO, NEP

Program ID: 140-35-11-264

Brooklyn Hospital Center Program

Sponsor: Brooklyn Hospital Center
Prgm Director: Ramesh Gulrajani, MD*

Department of Medicine
121 DeKalb Avenue
Brooklyn, NY 11201

Tel: 718 250-6125 *Fax:* 718 250-8120

Length: 3 Yrs *ACGME Approved/Offered Positions:* 93
Subspecialties: GE, HO, PUD

Program ID: 140-35-12-265

Coney Island Hospital Program

Sponsor: Coney Island Hospital
Prgm Director: Selvanayagam Niranjan, MD

2601 Ocean Parkway
Department of Medicine, Suite 4N98
Brooklyn, NY 11235

Tel: 718 616-3779 *Fax:* 718 616-3797

E-mail: walders@nychhc.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 63
Subspecialties: PUD

Program ID: 140-35-11-269

Interfaith Medical Center Program

Sponsor: Interfaith Medical Center
Prgm Director: Eric A Jaffe, MD

Department of Medicine
1545 Atlantic Avenue, Room S120
Brooklyn, NY 11213

Tel: 718 613-4063 *Fax:* 718 613-4893

E-mail: dmedicine@interfaithmedical.com

Length: 3 Yrs *ACGME Approved/Offered Positions:* 75
Subspecialties: PUD

Program ID: 140-35-21-276

Kingsbrook Jewish Medical Center - Program

Sponsor: Kingsbrook Jewish Medical Center
Prgm Director: Mohammad Zahir, MD

Department of Medicine
585 Schenectady Ave
Brooklyn, NY 11203

Tel: 718 604-5401 *Fax:* 718 604-5450

Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Program ID: 140-35-11-277

Long Island College Hospital Program

Sponsor: Long Island College Hospital
Prgm Director: Frank DiPillo, MD

339 Hicks Street
Brooklyn, NY 11201

Tel: 718 780-1881 *Fax:* 718 780-1300

Length: 3 Yrs *ACGME Approved/Offered Positions:* 78
Subspecialties: GE, NEP

Program ID: 140-35-11-280

Lutheran Medical Center Program

Sponsor: Lutheran Medical Center
Prgm Director: Daniel J Giaccio, MD*

Department of Medicine
150 55th St
Brooklyn, NY 11220

Tel: 718 630-7350 *Fax:* 718 630-6322

Length: 3 Yrs *ACGME Approved/Offered Positions:* 66
Program ID: 140-35-11-282

Maimonides Medical Center Program

Sponsor: Maimonides Medical Center
Prgm Director: Malcolm R Rose, MD

Department of Medicine
4802 10th Avenue
Brooklyn, NY 11219

Tel: 718 283-8343 *Fax:* 718 283-8498

Length: 3 Yrs *ACGME Approved/Offered Positions:* 85
Subspecialties: CCM, CD, GE, HO, IC, ID, IMG, PUD

Program ID: 140-35-11-283

New York Methodist Hospital (Wyckoff Heights) Program

Sponsor: New York Methodist Hospital
Wyckoff Heights Medical Center

Prgm Director: Mark K Adler, MD
Department of Medicine
374 Stockholm Street
Brooklyn, NY 11237

Tel: 718 963-7586 *Fax:* 718 486-4270

E-mail: Nan9001@NYP.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 54
Program ID: 140-35-21-520

New York Methodist Hospital Program

Sponsor: New York Methodist Hospital
Prgm Director: Harvey Dosik, MD

Department of Medicine
506 Sixth Street
Brooklyn, NY 11215

Tel: 718 780-5240 *Fax:* 718 780-3259

E-mail: had9003@nyp.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 99
Subspecialties: HO, IMG, PUD

Program ID: 140-35-11-284

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center

University Hospital-SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)

Prgm Director: Jeanne Macrae, MD
450 Clarkson Avenue, Box 50
Brooklyn, NY 11203

Tel: 718 270-6707 *Fax:* 718 270-4488

E-mail: Resmed@Downstate.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 144
Subspecialties: CCM, CD, END, GE, HO, IC, ICE, ID,

NEP, PUD, RHU

Program ID: 140-35-21-305

Woodhull Medical and Mental Health Center Program

Sponsor: Woodhull Medical and Mental Health Center
Prgm Director: Mohana Karlekar, MD*

760 Broadway
Brooklyn, NY 11206

Tel: 718 963-5808 *Fax:* 718 963-8753

E-mail: yolanda.dawson@woodhullhc.nychhc.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 57
Program ID: 140-35-21-487

Buffalo

University at Buffalo (Mercy Hospital) Program

Sponsor: University at Buffalo
Mercy Hospital of Buffalo

Prgm Director: Khalid J Qazi, MD*
Department of Medicine
565 Abbott Road

Buffalo, NY 14220

Tel: 716 828-2575 *Fax:* 716 828-2744

Length: 3 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 140-35-31-249

University at Buffalo (Sisters of Charity) Program

Sponsor: University at Buffalo
Sisters of Charity Hospital

Prgm Director: Khalid J Qazi, MD
Department of Medicine
2157 Main St

Buffalo, NY 14214

Tel: 716 862-1420 *Fax:* 716 862-1867

Length: 3 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 140-35-21-251

University at Buffalo Program

Sponsor: University at Buffalo
Erie County Medical Center

Kaleida Health System (Buffalo General Hospital)
Veterans Affairs Western New York Healthcare System

Prgm Director: Ellen P Rich, MD*

Department of Medicine

462 Grider Street

Buffalo, NY 14215

Tel: 716 898-3941 *Fax:* 716 898-3279

E-mail: richsnitz@adelphia.net

Length: 3 Yrs *ACGME Approved/Offered Positions:* 135
Subspecialties: CD, END, GE, HEM, ID, IMG, NEP, ON,

PCC, RHU

Program ID: 140-35-31-252

Cooperstown

Bassett Healthcare Program

Sponsor: Bassett Healthcare
Mary Imogene Bassett Hospital

Prgm Director: Henry Weil, MD
One Atwell Road
Cooperstown, NY 13326

Tel: 607 547-6522 *Fax:* 607 547-6612

E-mail: charlotte.hoag@bassett.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 31
Program ID: 140-35-11-253

East Meadow

Nassau University Medical Center Program

Sponsor: Nassau University Medical Center
Prgm Director: Jacob D Sokol, MD, PhD*

Department of Medicine
2201 Hempstead Turnpike
East Meadow, NY 11554

Tel: 516 572-6501 *Fax:* 516 572-5609

Length: 3 Yrs *ACGME Approved/Offered Positions:* 68
Subspecialties: END, GE, HEM, NEP, ON

Program ID: 140-35-21-254

Elmhurst

Mount Sinai School of Medicine (Elmhurst) Program

Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services

Prgm Director: Rand David, MD
79-01 Broadway
Suite D1-24

Elmhurst, NY 11373

Tel: 718 334-2490 *Fax:* 718 334-5845

Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Program ID: 140-35-11-268

Far Rockaway**St John's Episcopal Hospital-South Shore Program**

Sponsor: St John's Episcopal Hospital-South Shore
SUNY Health Science Center at Brooklyn
Prgm Director: Sheldon Markowitz, MD
Department of Medicine
327 Beach 19th St
Far Rockaway, NY 11691
Tel: 718 869-7672 *Fax:* 718 869-8530
E-mail: splasket@ehs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 51
Program ID: 140-35-21-486

Flushing**Flushing Hospital Medical Center Program**

Sponsor: Flushing Hospital Medical Center
Prgm Director: Steven F Reichert, MD*
4500 Parsons Boulevard
Flushing, NY 11355
Tel: 718 670-5218 *Fax:* 718 670-4510
Length: 3 Yrs *ACGME Approved/Offered Positions:* 56
Subspecialties: IMG
Program ID: 140-35-11-272

New York Hospital Medical Center of Queens/Cornell University Medical College Program

Sponsor: New York Hospital Medical Center of Queens
Prgm Director: Terence M Brady, MD
56-45 Main St
Flushing, NY 11355
Tel: 718 670-1347 *Fax:* 718 670-2456
E-mail: tmbrady@nyp.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 72
Subspecialties: CD, GE, ID, NEP, PUD
Program ID: 140-35-11-262

Forest Hills**North Shore University Hospital at Forest Hills Program**

Sponsor: North Shore University Hospital at Forest Hills
Prgm Director: Neeta Shah, MD
102-01 66th Road
Department of Medicine
Forest Hills, NY 11375
Tel: 718 830-1018 *Fax:* 718 830-1015
E-mail: nmshah@pol.net
Length: 3 Yrs *ACGME Approved/Offered Positions:* 38
Program ID: 140-35-21-468

Jamaica**Jamaica Hospital Medical Center Program**

Sponsor: Jamaica Hospital Medical Center
Prgm Director: Richard W Pinsker, MD
8900 Van Wyck Expwy
Jamaica, NY 11418
Tel: 718 206-6768 *Fax:* 718 206-6651
Length: 3 Yrs *ACGME Approved/Offered Positions:* 51
Program ID: 140-35-12-275

Mount Sinai School of Medicine (Queens Hospital Center) Program

Sponsor: Mount Sinai School of Medicine
Queens Hospital Center
Prgm Director: Debra J Brennessel, MD
Department of Medicine
82-68 164th Street
Jamaica, NY 11432
Tel: 718 883-4847 *Fax:* 718 883-6197
Length: 3 Yrs *ACGME Approved/Offered Positions:* 51
Program ID: 140-35-21-510

New York Medical College (Brooklyn-Queens) Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Brooklyn-Queens)
Prgm Director: Frantz Duffoo, MD
Department of Medicine, Suite 3N
88-25 153rd St
Jamaica, NY 11432
Tel: 718 558-7150 *Fax:* 718 558-7156
Length: 3 Yrs *ACGME Approved/Offered Positions:* 72
Subspecialties: ID, IMG, PUD
Program ID: 140-35-22-267

Johnson City**United Health Services Hospitals Program**

Sponsor: United Health Services Hospitals
Binghamton General Hospital
Wilson Memorial Regional Medical Center (United Health Svcs)
Prgm Director: James R Jewell, MD
Wilson Memorial Regional Medical Center
33-57 Harrison Street
Johnson City, NY 13790
Tel: 607 763-6674 *Fax:* 607 798-1629
E-mail: James_Jewell@uhs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 26
Subspecialties: TY
Program ID: 140-35-31-255

Manhasset**North Shore University Hospital/NYU School of Medicine Program**

Sponsor: North Shore University Hospital
Prgm Director: JoAnne Gottridge, MD
Department of Medicine
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-2587 *Fax:* 516 562-3555
Length: 3 Yrs *ACGME Approved/Offered Positions:* 95
Subspecialties: CD, GE, HO, IC, ID, IMG, NEP, PCC, RHU
Program ID: 140-35-21-271

Mineola**Winthrop-University Hospital Program**

Sponsor: Winthrop-University Hospital
Prgm Director: Mark J Corapi, MD
Department of Medicine
259 First Street
Mineola, NY 11501
Tel: 516 663-2781 *Fax:* 516 663-8706
Length: 3 Yrs *ACGME Approved/Offered Positions:* 81
Subspecialties: CD, END, GE, HO, IC, ID, IMG, NEP, PCC, RHU
Program ID: 140-35-11-256

Mount Vernon**Mount Vernon Hospital Program**

Sponsor: Mount Vernon Hospital
Prgm Director: Zev Carrey, MD
Department of Medicine
12 North 7th Avenue - Room 501
Mount Vernon, NY 10550
Tel: 914 664-8000 *Fax:* 914 664-2416
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 140-35-21-482

New Hyde Park**Albert Einstein College of Medicine at Long Island Jewish Medical Center Program**

Sponsor: Long Island Jewish Medical Center
Prgm Director: Harry Steinberg, MD
Department of Medicine
270-05 76th Avenue
New Hyde Park, NY 11042
Tel: 718 470-7270 *Fax:* 718 470-0827
Length: 3 Yrs *ACGME Approved/Offered Positions:* 72
Subspecialties: CD, END, GE, HO, IC, ID, IMG, NEP, PCC
Program ID: 140-35-21-281

New Rochelle**New York Medical College (Sound Shore) Program**

Sponsor: New York Medical College
Sound Shore Medical Center of Westchester
Prgm Director: Jeffrey M Brensilver, MD
16 Guion Place
New Rochelle, NY 10802
Tel: 914 637-1681 *Fax:* 914 637-1171
E-mail: Medicine@SSMC.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 41
Program ID: 140-35-11-258

New York**Albert Einstein College of Medicine at Beth Israel Medical Center Program**

Sponsor: Beth Israel Medical Center
Prgm Director: Adrienne M Fleckman, MD
Department of Medicine
First Avenue at 16th Street
New York, NY 10003
Tel: 212 420-4012 *Fax:* 212 420-2012
Length: 3 Yrs *ACGME Approved/Offered Positions:* 119
Subspecialties: CD, END, GE, HO, IC, ID, NEP, PCC
Program ID: 140-35-11-261

Harlem Hospital Center Program

Sponsor: Harlem Hospital Center
Prgm Director: Linnea Capps, MD
Department of Medicine
506 Lenox Avenue at 135th Street
New York, NY 10037
Tel: 212 939-1423 *Fax:* 212 939-1403
Length: 3 Yrs *ACGME Approved/Offered Positions:* 75
Subspecialties: GE, ID, NEP, PUD
Program ID: 140-35-11-273

Lenox Hill Hospital Program

Sponsor: Lenox Hill Hospital
Prgm Director: Robin Dibner, MD
 Department of Medicine
 100 E 77th Street
 New York, NY 10021
Tel: 212 434-2140 *Fax:* 212 434-2446
Length: 3 Yrs *ACGME Approved/Offered Positions:* 94
Subspecialties: CD, GE, HO, IC, NEP, PUD
Program ID: 140-35-11-278

Mount Sinai School of Medicine (Cabrini) Program

Sponsor: Mount Sinai School of Medicine
 Cabrini Medical Center
Prgm Director: Wilfredo Talavera, MD
 Department of Medicine
 227 E 19th St/D-301
 New York, NY 10003
Tel: 212 995-6629 *Fax:* 212 979-3425
Length: 3 Yrs *ACGME Approved/Offered Positions:* 68
Subspecialties: ID, PUD, RHU
Program ID: 140-35-31-266

Mount Sinai School of Medicine (North General) Program

Sponsor: Mount Sinai School of Medicine
 North General Hospital
Prgm Director: Linda P Williams, MD
 1879 Madison Avenue
 New York, NY 10035
Tel: 212 423-4482 *Fax:* 212 423-4399
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 140-35-11-274

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
 Elmhurst Hospital Center-Mount Sinai Services
 Mount Sinai Medical Center
 Veterans Affairs Medical Center (Bronx)
Prgm Director: Mark W Babyatsky, MD
 Department of Medicine
 One Gustave L Levy Place, Box 1118
 New York, NY 10029
Tel: 212 241-8140 *Fax:* 212 241-8445
Length: 3 Yrs *ACGME Approved/Offered Positions:* 132
Subspecialties: CCM, CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-35-31-288

New York Medical College (Metropolitan) Program

Sponsor: New York Medical College
 Metropolitan Hospital Center
Prgm Director: Shobhana A Chaudhari, MD
 Department of Medicine
 1901 First Avenue
 New York, NY 10029
Tel: 212 423-6771 *Fax:* 212 423-8099
Length: 3 Yrs *ACGME Approved/Offered Positions:* 60
Subspecialties: NEP
Program ID: 140-35-31-290

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
 St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: Margaret D Smith, MD
 153 W 11st Street
 New York, NY 10011
Tel: 212 604-8300 *Fax:* 212 604-3225
Length: 3 Yrs *ACGME Approved/Offered Positions:* 80
Subspecialties: CCM, CD, END, GE, HO, IC, ID, IMG, NEP, PCC, RHU
Program ID: 140-35-11-302

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Nicholas H Fiebach, MD
 622 W 168th Street
 New York, NY 10032
Tel: 212 305-3382 *Fax:* 212 305-8466
Length: 3 Yrs *ACGME Approved/Offered Positions:* 141
Subspecialties: CD, END, GE, HO, IC, ICE, ID, NEP, PCC
Program ID: 140-35-11-297

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
 Memorial Sloan-Kettering Cancer Center
 New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Mark S Pecker, MD
 Department of Medicine, Box 130
 1300 York Avenue, Rm M-528
 New York, NY 10021
Tel: 212 746-4749 *Fax:* 212 746-6602
Length: 3 Yrs *ACGME Approved/Offered Positions:* 133
Subspecialties: CCM, CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, PUD, RHU
Program ID: 140-35-21-270

New York University School of Medicine Program

Sponsor: New York University School of Medicine
 Bellevue Hospital Center
 Manhattan VA Harbor Health Care System
Prgm Director: Mitchell H Charap, MD
 550 First Avenue
 New York, NY 10016
Tel: 212 263-6398 *Fax:* 212 263-2913
Length: 3 Yrs *ACGME Approved/Offered Positions:* 162
Subspecialties: CD, END, GE, HEM, IC, ICE, ID, IMG, NEP, ON, PCC, RHU
Program ID: 140-35-21-292

NYU Downtown Hospital Program

Sponsor: NYU Downtown Hospital
Prgm Director: Warren B Licht, MD
 Department of Medicine
 170 William Street
 New York, NY 10038
Tel: 212 312-5760 *Fax:* 212 312-5028
E-mail: imrtp@popmail.med.nyu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 51
Program ID: 140-35-31-289

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
Prgm Director: Ethan D Fried, MD, MS
 Department of Medicine
 1000 Tenth Ave
 New York, NY 10019
Tel: 212 523-3314 *Fax:* 212 523-3948
Length: 3 Yrs *ACGME Approved/Offered Positions:* 158
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC
Program ID: 140-35-21-301

Rochester

Rochester General Hospital Program

Sponsor: Rochester General Hospital
Prgm Director: Paul L Bernstein, MD
 1425 Portland Avenue
 box 240
 Rochester, NY 14621
Tel: 585 922-4365 *Fax:* 585 922-4440
E-mail: paul.bernstein@viahealth.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 71
Program ID: 140-35-31-314

Unity Health System (Rochester) Program

Sponsor: St Mary's Hospital (Unity Health System)
 Park Ridge Hospital (Unity Health System)
Prgm Director: Michael DiSalle, MD
 Department of Medicine
 1555 Long Pond Road
 Rochester, NY 14626
Tel: 585 723-7775 *Fax:* 585 723-7834
E-mail: respro@unityhealth.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 37
Program ID: 140-35-31-527

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
 Highland Hospital of Rochester
Prgm Director: Donald R Bordley, MD
 Department of Medicine
 601 Elmwood Avenue, Box MED
 Rochester, NY 14642
Tel: 585 275-2874 *Fax:* 585 756-5111
Length: 3 Yrs *ACGME Approved/Offered Positions:* 97
Subspecialties: CCM, CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-35-11-313

Staten Island

New York Medical College (Richmond) Program

Sponsor: New York Medical College
 St Vincent Catholic Medical Centers (Staten Island)
Prgm Director: Susan D Grossman, MD
 335 Bard Avenue
 Staten Island, NY 10310
Tel: 718 818-4355 *Fax:* 718 818-3225
Length: 3 Yrs *ACGME Approved/Offered Positions:* 58
Program ID: 140-35-11-303

Staten Island University Hospital Program

Sponsor: Staten Island University Hospital
Prgm Director: Robert V Wetz, MD*
 475 Seaview Avenue
 Staten Island, NY 10305
Tel: 718 226-6905 *Fax:* 718 226-9271
Length: 3 Yrs *ACGME Approved/Offered Positions:* 91
Subspecialties: HO, IMG
Program ID: 140-35-11-304

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
 Veterans Affairs Medical Center (Northport)
Prgm Director: William Wertheim, MD
 Department of Medicine
 T-16, Room 020
 Stony Brook, NY 11794
Tel: 631 444-2065 *Fax:* 631 444-2493
Length: 3 Yrs *ACGME Approved/Offered Positions:* 97
Subspecialties: CD, END, GE, HO, IC, ID, IMG, NEP, PCC, RHU
Program ID: 140-35-21-315

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Prgm Director: Vincent E Frechette, MD
 750 E Adams Street
 Syracuse, NY 13210
Tel: 315 464-4506 *Fax:* 315 464-4484
E-mail: imedinfo@upstate.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 73
Subspecialties: CD, END, GE, HO, ID, IMG, NEP, PCC, RHU
Program ID: 140-35-21-316

Valhalla**New York Medical College at Westchester Medical Center Program**

Sponsor: New York Medical College
Westchester Medical Center
Prgm Director: Stephen J Peterson, MD
Department of Medicine
Munger Pavillion, Room 256
Valhalla, NY 10595
Tel: 914 493-8373 *Fax:* 914 594-4434
Length: 3 Yrs *ACGME Approved/Offered Positions:* 56
Subspecialties: CD, END, GE, HO, IC, ID, NEP, PCC, RHU
Program ID: 140-35-11-317

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
Prgm Director: Lee R Berkowitz, MD
3018 Old Clinic Bldg
CB# 7005
Chapel Hill, NC 27599
Tel: 919 843-8075 *Fax:* 919 843-2356
Length: 3 Yrs *ACGME Approved/Offered Positions:* 87
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-36-21-318

Charlotte**Carolinas Medical Center Program**

Sponsor: Carolinas Medical Center
Prgm Director: Beth E Susi, MD
Department of Medicine
PO Box 32861
Charlotte, NC 28232
Tel: 704 355-3165 *Fax:* 704 355-7626
E-mail: intmed@carolinashalthcare.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 140-36-11-319

Durham**Duke University Hospital Program**

Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Diana B McNeill, MD
Department of Medicine
Box 3182
Durham, NC 27710
Tel: 919 681-2383 *Fax:* 919 681-6448
E-mail: steffani.webb@duke.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 158
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-36-21-320

Greensboro**Moses H Cone Memorial Hospital Program**

Sponsor: Moses H Cone Memorial Hospital
Prgm Director: Sam Cykert, MD
Department of Internal Medicine
1200 N Elm Street
Greensboro, NC 27401
Tel: 336 832-8062 *Fax:* 336 832-8026
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 140-36-11-321

Greenville**Pitt County Memorial Hospital/East Carolina University Program**

Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Prgm Director: Suzanne Kraemer, MD, MS*
Brody School of Medicine
PCMH-TA, Room 340
Greenville, NC 27858
Tel: 252 744-3682 *Fax:* 252 744-2280
Length: 3 Yrs *ACGME Approved/Offered Positions:* 64
Subspecialties: CD, GE, HO, IC, ID, NEP, PUD
Program ID: 140-36-11-323

Wilmington**New Hanover Regional Medical Center Program**

Sponsor: New Hanover Regional Medical Center
Prgm Director: Charles J Schleupner, MS, MD
Coastal AHEC Internal Medicine
2131 South 17th Street - PO Box 9025
Wilmington, NC 28402
Tel: 910 343-2516 *Fax:* 910 762-6800
Length: 3 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 140-36-11-324

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Peter R Lichstein, MD
Medical Center Blvd
Winston-Salem, NC 27157
Tel: 336 716-4490 *Fax:* 336 716-2273
E-mail: plichste@wfubmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 85
Subspecialties: CCM, CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-36-21-325

North Dakota**Fargo****University of North Dakota Program**

Sponsor: Univ of North Dakota School of Medicine and Health Sciences
Veterans Affairs Medical and Regional Office Center (Fargo)
MeritCare Health System
Prgm Director: David J Theige, MD*
1819 North Elm Street
Fargo, ND 58102
Tel: 701 234-6853 *Fax:* 701 234-7230
Length: 3 Yrs *ACGME Approved/Offered Positions:* 25
Program ID: 140-37-21-326

Ohio**Akron****Akron General Medical Center/NEOUCOM Program**

Sponsor: Akron General Medical Center
Prgm Director: Patricia A Mullen, MD*
Department of Medicine
400 Wabash Avenue
Akron, OH 44307
Tel: 330 344-6140 *Fax:* 330 535-9270
E-mail: kstith@agmc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 34
Program ID: 140-38-11-328

Summa Health System/NEOUCOM Program

Sponsor: Summa Health System
Akron City Hospital (Summa Health System)
Prgm Director: David B Sweet, MD*
Department of Med Education
525 E Market Street
Akron, OH 44304
Tel: 330 375-3742 *Fax:* 330 375-4799
E-mail: yanikm@summa-health.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 56
Program ID: 140-38-11-327

Canton**Canton Medical Education Foundation/NEOUCOM Program**

Sponsor: Canton Medical Education Foundation
Aultman Hospital
Mercy Medical Center (Canton)
Prgm Director: John F McGreevey, MD*
2600 6th Street, SW
Canton, OH 44710
Tel: 330 363-6293 *Fax:* 330 588-2605
Length: 3 Yrs *ACGME Approved/Offered Positions:* 37
Program ID: 140-38-21-330

Cincinnati**Christ Hospital Program**

Sponsor: Christ Hospital
Prgm Director: Frank A Toebbe, MD
Department of Medicine
2139 Auburn Avenue
Cincinnati, OH 45219
Tel: 513 585-2258 *Fax:* 513 585-2673
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Program ID: 140-38-11-331

Jewish Hospital of Cincinnati Program

Sponsor: Jewish Hospital of Cincinnati
Prgm Director: Stephen J Goldberg, MD, MBA
Department of Internal Medicine
4777 E Galbraith Road
Cincinnati, OH 45236
Tel: 513 686-5446 *Fax:* 513 686-5443
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 140-38-11-333

TriHealth (Good Samaritan Hospital) Program

Sponsor: TriHealth
TriHealth-Good Samaritan Hospital
Prgm Director: Helen K Koselka, MD
Department of Medicine
375 Dixmyth Avenue
Cincinnati, OH 45220
Tel: 513 872-3229 *Fax:* 513 221-5865
E-mail: Candice_Larkins@trihealth.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 140-38-31-332

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Gregory W Rouan, MD
Department of Medicine
PO Box 670557
Cincinnati, OH 45267
Tel: 513 558-2590 *Fax:* 513 558-3878
E-mail: ucintmed@uc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 98
Subspecialties: CD, END, GE, HO, IC, ID, NEP, PCC, RHU
Program ID: 140-38-21-334

Cleveland

Case Western Reserve University (MetroHealth) Program

Sponsor: MetroHealth Medical Center
Prgm Director: Michael J McFarlane, MD
 Office of Academic Programs (G573)
 2500 MetroHealth Drive
 Cleveland, OH 44109
Tel: 216 778-3592 *Fax:* 216 778-5823
E-mail: medres@metrohealth.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 88
Subspecialties: CD, GE, ICE, PCC, RHU
Program ID: 140-38-11-336

Case Western Reserve University (St Vincent Charity/St Luke's) Program

Sponsor: St Vincent Charity Hospital/St Luke's Medical Center
Prgm Director: Richard E Christie, MD
 2351 E 22nd Street
 Cleveland, OH 44115
Tel: 216 363-2543 *Fax:* 216 363-2721
Length: 3 Yrs *ACGME Approved/Offered Positions:* 44
Program ID: 140-38-11-338

Case Western Reserve University/ University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland Veterans Affairs Medical Center (Cleveland)
Prgm Director: Keith B Armitage, MD
 Department of Medicine
 11100 Euclid Avenue
 Cleveland, OH 44106
Tel: 216 844-3833 *Fax:* 216 844-8216
Length: 3 Yrs *ACGME Approved/Offered Positions:* 98
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-38-21-335

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Craig Nielsen, MD*
 Division of Medicine IM Residency Office, NA-21
 9500 Euclid Avenue
 Cleveland, OH 44195
Tel: 216 444-2336 *Fax:* 216 445-6290
E-mail: imed@ccl.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 120
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-38-12-339

Fairview Hospital Program

Sponsor: Fairview Hospital
Prgm Director: KV Gopalakrishna, MD
 Internal Medicine Residency Program
 18101 Lorain Avenue
 Cleveland, OH 44111
Tel: 216 476-7369 *Fax:* 216 476-2944
Length: 3 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 140-38-21-340

Huron Hospital Program

Sponsor: Huron Hospital Hillcrest Hospital
Prgm Director: Keyvan Ravakhah, MD
 Department of Medicine
 13951 Terrace Road
 East Cleveland, OH 44112
Tel: 216 761-2820 *Fax:* 216 761-7579
Length: 3 Yrs *ACGME Approved/Offered Positions:* 50
Program ID: 140-38-21-476

Columbus

Mount Carmel Program

Sponsor: Mount Carmel
Prgm Director: G Patrick Ecklar, MD
 Department of Medicine
 793 W State Street
 Columbus, OH 43222
Tel: 614 234-5279 *Fax:* 614 234-2772
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 140-38-12-341

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Prgm Director: Catherine R Lucey, MD
 207 Means Hall
 1654 Upham Drive
 Columbus, OH 43210
Tel: 614 293-3989 *Fax:* 614 293-9789
Length: 3 Yrs *ACGME Approved/Offered Positions:* 90
Subspecialties: CD, END, GE, HO, IC, ICE, ID, NEP, PCC, RHU
Program ID: 140-38-11-342

Riverside Methodist Hospitals (OhioHealth) Program

Sponsor: Riverside Methodist Hospitals (OhioHealth)
Prgm Director: Thomas J Boes, MD*
 3535 Olentangy River Road
 Columbus, OH 43214
Tel: 614 566-5468 *Fax:* 614 566-6852
Length: 3 Yrs *ACGME Approved/Offered Positions:* 54
Program ID: 140-38-12-343

Dayton

Wright State University Program

Sponsor: Wright State University School of Medicine
 Good Samaritan Hospital and Health Center
 Miami Valley Hospital
 Veterans Affairs Medical Center (Dayton)
 Wright-Patterson Medical Center
Prgm Director: Virginia C Wood, MD
 PO Box 927
 Dayton, OH 45401
Tel: 937 208-2867 *Fax:* 937 208-2621
Length: 3 Yrs *ACGME Approved/Offered Positions:* 92
Subspecialties: CD, GE, HO, ID
Program ID: 140-38-21-345

Kettering

Kettering Medical Center Program

Sponsor: Kettering Medical Center
Prgm Director: Stephen D McDonald, MD
 Internal Medicine Residency
 3535 Southern Blvd
 Kettering, OH 45429
Tel: 937 305-8693 *Fax:* 937 395-8399
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 140-38-21-347

Toledo

Medical College of Ohio Program

Sponsor: Medical College of Ohio
 Medical College of Ohio Hospital
 St Vincent Mercy Medical Center
Prgm Director: Douglas J Federman, MD
 3090 Arlington Avenue, Room 4143
 Toledo, OH 43614
Tel: 419 383-3687 *Fax:* 419 383-6180
Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: CD, IC, ID, NEP, PCC
Program ID: 140-38-21-348

Youngstown

St Elizabeth Health Center/NEOUCOM Program

Sponsor: St Elizabeth Health Center
Prgm Director: Nadine C Bruce, MD
 Internal Medicine Residency Program
 1044 Belmont Ave
 Youngstown, OH 44501
Tel: 330 480-3344 *Fax:* 330 480-3777
E-mail: gwendolyn_brown@hmis.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 140-38-11-349

Western Reserve Care System/NEOUCOM Program

Sponsor: Forum Health/Western Reserve Care System (Youngstown)
 Northside Medical Center
Prgm Director: John Politis, MD
 500 Gypsy Lane
 Youngstown, OH 44501
Tel: 330 884-3267 *Fax:* 330 884-5727
Length: 3 Yrs *ACGME Approved/Offered Positions:* 35
Program ID: 140-38-31-350

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
 OU Medical Center
 Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Brent R Brown, MD
 Department of Medicine, Room WP-1130
 PO Box 26901
 Oklahoma City, OK 73190
Tel: 405 271-5963 *Fax:* 405 271-7186
E-mail: patti-levin@ouhsc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 68
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-39-21-351

Tulsa

University of Oklahoma College of Medicine-Tulsa Program

Sponsor: University of Oklahoma College of Medicine-Tulsa
 St John Medical Center
Prgm Director: Michael A Weisz, MD, EdD
 Suite 3-C-22
 4502 East 41st
 Tulsa, OK 74135
Tel: 918 744-2548 *Fax:* 918 744-2531
Length: 3 Yrs *ACGME Approved/Offered Positions:* 55
Program ID: 140-39-21-352

Oregon

Portland

Legacy Emanuel Hospital and Health Center Program

Sponsor: Legacy Emanuel Hospital and Medical Center
 Legacy Good Samaritan Hospital and Medical Center
Prgm Director: Stephen R Jones, MD
 1015 NW 22nd Avenue, R-200
 Portland, OR 97210
Tel: 503 413-8258 *Fax:* 503 413-7361
Length: 3 Yrs *ACGME Approved/Offered Positions:* 44
Program ID: 140-40-11-353

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Prgm Director: Thomas G Cooney, MD
 Department of Medicine, OP-30
 3181 SW Sam Jackson Park Road
 Portland, OR 97239
Tel: 503 494-8530 *Fax:* 503 494-5636
Length: 3 Yrs *ACGME Approved/Offered Positions:* 88
Subspecialties: CCM, CD, END, GE, HO, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-40-31-357

Providence Medical Center Program

Sponsor: Providence Portland Medical Center
Prgm Director: Mark R Rosenberg, MD
 Department of Medical Education
 5050 NE Hoyt St - Suite 540
 Portland, OR 97213
Tel: 503 215-6089 *Fax:* 503 215-6857
E-mail: imresprog@providence.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 140-40-31-355

Providence St Vincent Hospital and Medical Center Program

Sponsor: St Vincent Hospital and Medical Center
Prgm Director: Steven D Freer, MD
 Department of Medicine
 9205 SW Barnes Road - Suite 20
 Portland, OR 97225
Tel: 503 216-2229 *Fax:* 503 216-4041
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 140-40-31-356

Pennsylvania

Abington

Abington Memorial Hospital Program

Sponsor: Abington Memorial Hospital
Prgm Director: David G Smith, MD
 Department of Medicine
 1200 Old York Road, Suite 2B
 Abington, PA 19001
Tel: 215 481-4105 *Fax:* 215 481-4361
E-mail: amh-imresidents@amh.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 62
Subspecialties: IMG
Program ID: 140-41-12-358

Allentown

Lehigh Valley Hospital/Pennsylvania State University Program

Sponsor: Lehigh Valley Hospital
Prgm Director: William F Iobst, MD
 CC & I-78, PO Box 689
 Department of Medicine
 Allentown, PA 18105
Tel: 610 402-5200 *Fax:* 610 402-1675
Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Program ID: 140-41-21-359

Bethlehem

St Luke's Hospital Program

Sponsor: St Luke's Hospital
Prgm Director: Gloria Fioravanti, DO
 Department of Medicine
 801 Ostrum Street
 Bethlehem, PA 18015
Tel: 610 954-4644 *Fax:* 610 954-4920
E-mail: imresidency@slhn.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 140-41-31-360

Danville

Geisinger Health System Program

Sponsor: Geisinger Health System
Prgm Director: Mary E O'Keefe, MD
 Department of Medicine - MC 01-39
 100 North Academy Avenue
 Danville, PA 17822
Tel: 570 271-6787 *Fax:* 570 271-5734
Length: 3 Yrs *ACGME Approved/Offered Positions:* 55
Subspecialties: CD, GE, IC, RHU
Program ID: 140-41-11-362

Easton

Easton Hospital Program

Sponsor: Easton Hospital (Northampton Hospital Corporation)
Prgm Director: David G Kemp, MD
 Department of Medicine
 250 South 21st Street
 Easton, PA 18042
Tel: 610 250-4517 *Fax:* 610 250-4833
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 140-41-11-363

Harrisburg

PinnacleHealth Hospitals Program

Sponsor: PinnacleHealth Hospitals
Prgm Director: Nirmal Joshi, MD
 Department of Medicine
 PO Box 8700
 Harrisburg, PA 17105
Tel: 717 231-8508 *Fax:* 717 231-8535
E-mail: jbeck@pinnaclehealth.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 38
Program ID: 140-41-11-365

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
 Veterans Affairs Medical Center (Lebanon)
Prgm Director: Edward R Bollard, MD, DDS
 Internal Medicine Residency Training Program-H039
 PO Box 850/500 University Drive
 Hershey, PA 17033
Tel: 717 531-8390 *Fax:* 717 531-5831
E-mail: ebollard@psu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 78
Subspecialties: CD, END, GE, HO, IC, ICE, ID, NEP, PCC
Program ID: 140-41-11-366

Johnstown

Temple University/Conemaugh Valley Memorial Hospital Program

Sponsor: Conemaugh Valley Memorial Hospital
Prgm Director: Herman Chmel, MD
 Department of Medicine
 1086 Franklin Street, E-3
 Johnstown, PA 15905
Tel: 814 534-9408 *Fax:* 814 534-3290
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 140-41-31-367

McKeesport

University of Pittsburgh Medical Center Medical Education (McKeesport Hospital) Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 McKeesport Hospital/UPMC
Prgm Director: Usman Ahmad, MD
 Department of Medicine
 1500 5th Avenue
 Mc Keesport, PA 15132
Tel: 412 664-2167 *Fax:* 412 664-2164
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 140-41-21-368

Philadelphia

Albert Einstein Healthcare Network Program

Sponsor: Albert Einstein Medical Center
Prgm Director: Glenn Eiger, MD
 5401 Old York Road
 Klein 363
 Philadelphia, PA 19141
Tel: 215 456-6940 *Fax:* 215 456-7926
Length: 3 Yrs *ACGME Approved/Offered Positions:* 82
Subspecialties: CD, GE, IC, IMG, NEP, PCC, RHU
Program ID: 140-41-11-369

Drexel University College of Medicine/Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
 Hahnemann University Hospital (Tenet Health System)
Prgm Director: Eric W Vogel, MD
 245 N 15th Street
 Mail Stop 427
 Philadelphia, PA 19102
Tel: 215 762-7916 *Fax:* 215 762-7765
E-mail: Charlotte.Rosenthal@drexel.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 160
Subspecialties: CD, GE, HO, IC, ICE, ID, NEP, PCC, RHU
Program ID: 140-41-21-374

Graduate Hospital Program

Sponsor: Graduate Hospital (Tenet Health System)
Prgm Director: Lawrence J Leventhal, MD
 Suite 1005, Pepper Pavilion
 1800 Lombard Street
 Philadelphia, PA 19146
Tel: 215 893-7565 *Fax:* 215 893-6222
E-mail: john.dempsey@tenethealth.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 57
Subspecialties: GE, PUD
Program ID: 140-41-11-371

Mercy Catholic Medical Center Program

Sponsor: Mercy Catholic Medical Center Inc
 Mercy Hospital of Philadelphia
 Mercy Fitzgerald Hospital
Prgm Director: Arnold R Eiser, MD
 1500 Lansdowne Avenue
 Darby, PA 19023
Tel: 610 237-4553 *Fax:* 610 237-5022
E-mail: mlewis@mercyhealth.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 62
Program ID: 140-41-11-375

Pennsylvania Hospital of the University of Pennsylvania Health System Program

Sponsor: Pennsylvania Hospital (UPHS)
 J Edwin Wood Clinic
Prgm Director: Dennis C Policastro, MD
 Department of Medicine
 800 Spruce Street, 1 Pine West
 Philadelphia, PA 19107
Tel: 215 829-5410 *Fax:* 215 829-7132
Length: 3 Yrs *ACGME Approved/Offered Positions:* 44
Subspecialties: ISM
Program ID: 140-41-11-376

Temple University Hospital Program

Sponsor: Temple University Hospital
Prgm Director: Richard S Eisenstaedt, MD
 Temple University Hospital
 3401 North Broad Street
 Philadelphia, PA 19140
Tel: 215 707-4085 *Fax:* 215 707-4756
E-mail: mcruz@astro.temple.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 96
Subspecialties: CD, END, GE, HO, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-41-21-378

Temple University/Samaritan Hospital Program

Sponsor: Temple University Hospital
Prgm Director: Ellen N Riccobene, MD
 Fox Chase Cancer Center, Room 202
 3401 N Broad Street
 Philadelphia, PA 19140
Tel: 215 707-2969 *Fax:* 215 707-2521
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 140-41-11-370

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
 Veterans Affairs Medical Center (Wilmington)
Prgm Director: Gregory C Kane, MD
 1025 Walnut Street
 Room 805
 Philadelphia, PA 19107
Tel: 215 955-3892 *Fax:* 215 955-3890
Length: 3 Yrs *ACGME Approved/Offered Positions:* 125
Subspecialties: CD, END, GE, HO, IC, ICE, ID, NEP, PCC, RHU
Program ID: 140-41-21-379

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
 Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Lisa M Bellini, MD
 100 Centrex
 3400 Spruce Street
 Philadelphia, PA 19104
Tel: 215 662-3924 *Fax:* 215 662-7919
Length: 3 Yrs *ACGME Approved/Offered Positions:* 170
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-41-21-380

Pittsburgh

Allegheny General Hospital Program

Sponsor: Allegheny General Hospital
Prgm Director: Scott Miller, MD, MA
 320 East North Avenue
 Pittsburgh, PA 15212
Tel: 412 359-4971 *Fax:* 412 359-4983
Length: 3 Yrs *ACGME Approved/Offered Positions:* 57
Subspecialties: CD, GE, IC, NEP, PUD
Program ID: 140-41-11-381

Mercy Hospital of Pittsburgh Program

Sponsor: Mercy Hospital of Pittsburgh
Prgm Director: Kimball Mohn, MD
 1400 Locust Street
 Pittsburgh, PA 15219
Tel: 412 232-8080 *Fax:* 412 232-5689
Length: 3 Yrs *ACGME Approved/Offered Positions:* 51
Program ID: 140-41-11-385

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 UPMC Presbyterian/Shadyside
 Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Frank J Kroboth, MD
 UPMC Montefiore, N713
 200 Lothrop Street
 Pittsburgh, PA 15213
Tel: 412 692-4941 *Fax:* 412 692-4944
Length: 3 Yrs *ACGME Approved/Offered Positions:* 187
Subspecialties: CCM, CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-41-21-504

Western Pennsylvania Hospital/Temple University Program

Sponsor: The Western Pennsylvania Hospital
Prgm Director: Kofi Clarke, MD
 Department of Medicine
 4800 Friendship Avenue
 Pittsburgh, PA 15224
Tel: 412 578-5123 *Fax:* 412 578-6804
E-mail: intermedwph@yahoo.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 45
Subspecialties: CD, GE, HO, IC, PUD
Program ID: 140-41-11-387

Sayre

Guthrie/Robert Packer Hospital Program

Sponsor: Robert Packer Hospital
Prgm Director: Felix J Desio, MD
 Internal Medicine Residency Program
 Guthrie Square
 Sayre, PA 18840
Tel: 570 882-4559 *Fax:* 570 882-5352
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 140-41-12-389

Scranton

Scranton-Temple Residency Program

Sponsor: Scranton-Temple Residency Program Inc
 Mercy Hospital
 Moses Taylor Hospital
Prgm Director: Robert E Wright, MD
 Department of Medicine
 746 Jefferson Avenue
 Scranton, PA 18510
Tel: 570 343-2383 *Fax:* 570 963-6133
E-mail: strp@mhs-nepa.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 140-41-21-390

Upland

Crozer-Chester Medical Center Program

Sponsor: Crozer-Chester Medical Center
Prgm Director: Susan L Williams, MD
 One Medical Center Blvd
 Department of Medicine, 3 East
 Upland, PA 19013
Tel: 610 874-6114 *Fax:* 610 447-6373
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 140-41-31-514

West Reading

Reading Hospital and Medical Center Program

Sponsor: Reading Hospital and Medical Center
Prgm Director: David L George, MD, MBA*
 Department of Medicine
 Sixth Avenue and Spruce Streets
 West Reading, PA 19611
Tel: 610 988-8133 *Fax:* 610 988-9003
Length: 3 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 140-41-21-388

Wilkes-Barre

Northeastern Pennsylvania Hospitals Program

Sponsor: Veterans Affairs Medical Center (Wilkes-Barre)
 Community Medical Center
Prgm Director: Ramesh M Shah, MD
 Department of Medicine
 1111 East End Boulevard
 Wilkes-Barre, PA 18711
Tel: 570 824-3521 *Fax:* 570 821-7255
Length: 3 Yrs *ACGME Approved/Offered Positions:* 54
Program ID: 140-41-31-391

Wynnewood

Lankenau Hospital Program

Sponsor: Lankenau Hospital
Prgm Director: Cynthia D Smith, MD
 100 Lancaster Avenue
 Suite 114
 Wynnewood, PA 19096
Tel: 610 645-3305 *Fax:* 610 645-8141
E-mail: direso@gmlhs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 52
Subspecialties: CD, GE, HO, IC, ICE, NEP
Program ID: 140-41-11-373

York

York Hospital Program

Sponsor: York Hospital
Prgm Director: J Wolfe Blotzer, MD
 Department of Medicine
 1001 S George Street
 York, PA 17405
Tel: 717 851-2164 *Fax:* 717 851-2843
Length: 3 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 140-41-11-392

Puerto Rico

Bayamon

Universidad Central del Caribe Program

Sponsor: Universidad Central del Caribe School of Medicine
 Hospital Universitario Dr Ramon Ruiz Arnau
Prgm Director: Luis M Reyes-Ortiz, MD
 Dept of Medicine PO Box 60327
 Ave Laurel Santa Juanita
 Bayamon, PR 00956
Tel: 787 740-4295 *Fax:* 787 269-0050
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 140-42-12-452

Mayaguez

Ramon Betances Hospital-Mayaguez Medical Center/Ponce School of Medicine Consortium Program

Sponsor: Dr Ramon E Betances Hospital-Mayaguez Medical Center
 Advanced Cardiology Center Corp/Ponce SOM Consortium
 University Hospital
Prgm Director: Milton D Carrero, MD
 Hostos 410
 Mayaguez, PR 00681
Tel: 787 834-8688 *Fax:* 787 833-7102
E-mail: MiltonDCarrero@aol.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 140-42-31-525

Ponce**Damas Hospital-Ponce School of Medicine Educational Consortium Program**

Sponsor: Hospital de Damas
Prgm Director: Miguel Perez-Arzola, MD
 Medical Education, Edif Parra
 2225 Ponce By Pass, Suite 407
 Ponce, PR 00717
 Tel: 787 840-8686 Fax: 787 984-2986
 Length: 3 Yrs ACGME Approved/Offered Positions: 18
 Program ID: 140-42-11-453

Hospital Episcopal San Lucas/Ponce School of Medicine Program

Sponsor: Hospital Episcopal San Lucas
 Playa Medical Center
Prgm Director: Orlando L Vazquez-Torres, MD
 Department of Medicine
 PO Box 336810
 Ponce, PR 00733
 Tel: 787 844-1271 Fax: 787 844-1271
 Length: 3 Yrs ACGME Approved/Offered Positions: 18
 Program ID: 140-42-11-395

San German**Hospital de la Concepcion Program**

Sponsor: Hospital de la Concepcion
Prgm Director: Francisco Jaume, MD
 Oficina Educacion Medica
 PO Box 235
 San German, PR 00683
 Tel: 787 892-1860 Fax: 787 264-7916
 Length: 3 Yrs ACGME Approved/Offered Positions: 15
 Program ID: 140-42-21-488

San Juan**San Juan City Hospital Program**

Sponsor: San Juan City Hospital
Prgm Director: Maria de Lourdes Miranda, MD
 PMB #79
 PO Box 70344
 San Juan, PR 00936
 Tel: 787 766-2222 Fax: 787 765-5147
 Length: 3 Yrs ACGME Approved/Offered Positions: 30
 Subspecialties: HEM, ON, TY
 Program ID: 140-42-11-396

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
 University Hospital
 University of Puerto Rico Hospital at Carolina
Prgm Director: Carlos A Gonzalez-Oppenheimer, MD
 Department of Medicine
 Box 365067
 San Juan, PR 00936
 Tel: 787 759-8252 Fax: 787 754-1739
 E-mail: gonzcarl@coqui.net
 Length: 3 Yrs ACGME Approved/Offered Positions: 45
 Subspecialties: CD, END, GE, HO, ID, IMG, NEP, PUD, RHU
 Program ID: 140-42-21-397

Veterans Affairs Medical and Regional Office Center (San Juan) Program

Sponsor: Veterans Affairs Medical Center (San Juan)
Prgm Director: Jose J Gutierrez-Nunez, MD*
 Medical Service (111)
 10 Casia Street
 San Juan, PR 00921
 Tel: 787 641-3669 Fax: 787 641-4561
 Length: 3 Yrs ACGME Approved/Offered Positions: 62
 Subspecialties: CD, GE, ID, NEP, PCC
 Program ID: 140-42-31-398

Rhode Island**Pawtucket****Memorial Hospital of Rhode Island/Brown University Program**

Sponsor: Memorial Hospital of Rhode Island
Prgm Director: Eleanor Summerhill, MD
 Department of Medicine
 111 Brewster Street
 Pawtucket, RI 02860
 Tel: 401 729-2221 Fax: 401 729-2202
 E-mail: im@mhri.org
 Length: 3 Yrs ACGME Approved/Offered Positions: 30
 Program ID: 140-43-21-473

Providence**Brown University Program**

Sponsor: Rhode Island Hospital-Lifespan
 Miriam Hospital-Lifespan
Prgm Director: Edward J Wing, MD
 Department of Medicine
 593 Eddy Street
 Providence, RI 02902
 Tel: 401 444-5677 Fax: 401 444-5492
 Length: 3 Yrs ACGME Approved/Offered Positions: 140
 Subspecialties: CCM, CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC
 Program ID: 140-43-11-400

Roger Williams Medical Center Program

Sponsor: Roger Williams Medical Center
Prgm Director: Alan B Weitberg, MD
 Department of Medicine
 825 Chalkstone Avenue
 Providence, RI 02908
 Tel: 401 456-2070 Fax: 401 456-2016
 Length: 3 Yrs ACGME Approved/Offered Positions: 40
 Subspecialties: HO, ID, PUD, RHU
 Program ID: 140-43-31-401

South Carolina**Charleston****Medical University of South Carolina Program**

Sponsor: Medical University of South Carolina College of Medicine
 MUSC Medical Center
 Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: E Benjamin Clyburn, MD
 Department of Internal Medicine
 96 Jonathan Lucas Street PO Box 250623
 Charleston, SC 29425
 Tel: 843 792-4074 Fax: 843 792-1728
 Length: 3 Yrs ACGME Approved/Offered Positions: 79
 Subspecialties: CD, END, GE, HO, IC, ICE, ID, NEP, PCC, RHU
 Program ID: 140-45-21-403

Columbia**Palmetto Health/University of South Carolina School of Medicine Program**

Sponsor: Palmetto Health
 Palmetto Health Richland
 William Jennings Bryan Dorn Veterans Hospital
Prgm Director: Michael S Stinson, MD
 USC School of Medicine
 Two Medical Park, Suite 502
 Columbia, SC 29203
 Tel: 803 540-1090 Fax: 803 540-1050
 Length: 3 Yrs ACGME Approved/Offered Positions: 38
 Subspecialties: END, IMG
 Program ID: 140-45-21-404

Greenville**Greenville Hospital System Program**

Sponsor: Greenville Hospital System
Prgm Director: Scott L Arnold, MD
 Department of Medicine
 701 Grove Road
 Greenville, SC 29605
 Tel: 864 455-7882 Fax: 864 455-5008
 Length: 3 Yrs ACGME Approved/Offered Positions: 40
 Program ID: 140-45-11-405

South Dakota**Sioux Falls****University of South Dakota Program**

Sponsor: University of South Dakota School of Medicine
 Avera McKennan Hospital and University Health Center
 Royal C Johnson Veterans Affairs Medical Center
 Sioux Valley Hospital and University of SD Medical Center
Prgm Director: Robert C Talley, MD*
 Department of Medicine
 1400 W 22nd Street
 Sioux Falls, SD 57105
 Tel: 605 357-1558 Fax: 605 357-1365
 Length: 3 Yrs ACGME Approved/Offered Positions: 24
 Program ID: 140-46-21-406

Tennessee**Chattanooga****University of Tennessee College of Medicine at Chattanooga Program**

Sponsor: University of Tennessee College of Medicine-Chattanooga
 Erlanger Medical Center
Prgm Director: Roger C Jones, MD
 975 East Third Street
 Box 94
 Chattanooga, TN 37403
 Tel: 423 778-2998 Fax: 423 778-2611
 Length: 3 Yrs ACGME Approved/Offered Positions: 30
 Program ID: 140-47-11-407

Johnson City**East Tennessee State University Program**

Sponsor: James H Quillen College of Medicine
 Johnson City Medical Center Hospital
 Veterans Affairs Medical Center (Mountain Home)
 Wellmont Health System-Holston Valley
Prgm Director: Richard Jordan, MD
 Internal Medicine
 Box 70622
 Johnson City, TN 37614
 Tel: 423 439-6283 Fax: 423 439-6386
 E-mail: intmed@etsu.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 73
 Subspecialties: CD, ID, ON, PCC
 Program ID: 140-47-21-408

Knoxville**University of Tennessee Medical Center at Knoxville Program**

Sponsor: University of Tennessee Graduate School of Medicine
 University of Tennessee Memorial Hospital
Prgm Director: Calvin M Bard, MD
 1924 Alcoa Highway
 Knoxville, TN 37920
 Tel: 865 544-9340 Fax: 865 544-6849
 E-mail: sensor@mc.utmc.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 27
 Program ID: 140-47-11-409

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
Baptist Memorial Hospital
Methodist Healthcare-Memphis Hospitals
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Prgm Director: James B Lewis, MD
Department of Medicine
842 Jefferson Avenue, Room A601
Memphis, TN 38103
Tel: 901 448-5814 *Fax:* 901 448-7836
Length: 3 Yrs *ACGME Approved/Offered Positions:* 124
Subspecialties: CD, END, GE, HO, ID, NEP, PCC, RHU
Program ID: 140-47-21-412

Nashville

Meharry Medical College Program

Sponsor: Meharry Medical College School of Medicine
Alvin C York Veterans Affairs Medical Center
Metropolitan Nashville General Hospital
Prgm Director: Clinton L Cummings, MD
Department of Medicine
1005 Dr D B Todd, Jr, Blvd
Nashville, TN 37208
Tel: 615 327-6611 *Fax:* 615 327-6417
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 140-47-11-413

University of Tennessee (Nashville) Program

Sponsor: University of Tennessee College of Medicine
Baptist Hospital
Prgm Director: Cheryl A Fassler, MD
Department of Medicine, Box 94
2000 Church Street
Nashville, TN 37236
Tel: 615 284-5663 *Fax:* 615 284-5984
Length: 3 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 140-47-21-478

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
St Thomas Hospital
Veterans Affairs Medical Center (Nashville)
Prgm Director: John S Sergent, MD
D-3100 Medical Center N
21st and Garland Streets
Nashville, TN 37232
Tel: 615 322-2036 *Fax:* 615 343-7550
Length: 3 Yrs *ACGME Approved/Offered Positions:* 115
Subspecialties: CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-47-31-414

Texas

Amarillo

Texas Tech University (Amarillo) Program

Sponsor: Texas Tech University Health Sciences Center at Amarillo
Northwest Texas Health Care System
Veterans Affairs Medical Center (Amarillo)
Prgm Director: W R Davis, MD
1400 Coulter
Amarillo, TX 79106
Tel: 806 354-5485 *Fax:* 806 354-5765
E-mail: Bharat.Khandheria@ttuhsc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 37
Program ID: 140-48-21-477

Austin

Austin Medical Education Programs of Seton Healthcare Network Program

Sponsor: Austin Medical Education Program of Seton Healthcare Network
Brackenridge Hospital
Prgm Director: Beth W Miller, MD
Department of Internal Medicine
Brackenridge Annex - 601 E 15th Street
Austin, TX 78701
Tel: 512 324-7868 *Fax:* 512 477-8933
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Program ID: 140-48-12-415

Dallas

Baylor University Medical Center Program

Sponsor: Baylor University Medical Center
Prgm Director: Michael Emmett, MD
Department of Medicine
3500 Gaston Avenue, H-102
Dallas, TX 75246
Tel: 214 820-6202 *Fax:* 214 820-6385
E-mail: bumcimre@baylorhealth.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: CD, GE, IC, ICE, ON
Program ID: 140-48-31-416

Methodist Hospitals of Dallas Program

Sponsor: Methodist Hospitals of Dallas
Prgm Director: Leigh K Hunter, MD
Department of Medicine
PO Box 655989
Dallas, TX 75265
Tel: 214 947-2306 *Fax:* 214 947-2358
E-mail: juanitaporter@mhd.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 140-48-12-417

Presbyterian Hospital of Dallas Program

Sponsor: Presbyterian Hospital of Dallas
Prgm Director: Mark Feldman, MD
Department of Medicine
8200 Walnut Hill Lane
Dallas, TX 75231
Tel: 214 345-7881 *Fax:* 214 345-5167
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 140-48-11-420

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Director: L David Hillis, MD
Department of Medicine
5323 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-3483 *Fax:* 214 648-7550
E-mail: IMResidency@utsouthwestern.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 161
Subspecialties: CD, END, GE, HO, ICE, ID, IMG, NEP, PCC, RHU
Program ID: 140-48-21-419

University of Texas Southwestern Medical School/St Paul Medical Center Program

Sponsor: University of Texas Southwestern Medical School
St Paul University Hospital
Prgm Director: Randall L Rosenblatt, MD
Department of Medicine
5909 Harry Hines Blvd
Dallas, TX 75235
Tel: 214 879-3788 *Fax:* 214 879-3069
E-mail: randall.rosenblatt@swmcdallas.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 140-48-11-418

El Paso

Texas Tech University (El Paso) Program

Sponsor: Texas Tech University Health Sciences Center at El Paso
R E Thomason General Hospital
Prgm Director: Armando D Meza, MD
4800 Alberta Avenue
El Paso, TX 79905
Tel: 915 545-6629 *Fax:* 915 545-0934
Length: 3 Yrs *ACGME Approved/Offered Positions:* 33
Program ID: 140-48-11-424

William Beaumont Army Medical Center Program

Sponsor: William Beaumont Army Medical Center
Prgm Director: Lisa L Zacher, MD
Department of Medicine
5005 N Piedras Street
El Paso, TX 79920
Tel: 915 569-2225 *Fax:* 915 569-2226
E-mail: lisa.zacher1@amedd.army.mil
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 140-48-12-008
US Armed Services Program

Fort Sam Houston

San Antonio Uniformed Services Health Education Consortium (BAMC) Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Prgm Director: Maureen K Koops, MD
Department of Medicine (MCHE-MDX)
3851 Roger Brooke Drive
Fort Sam Houston, TX 78234
Tel: 210 916-5020 *Fax:* 210 916-4721
E-mail: Carmen.Vargas@AMEDD.Army.Mil
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Subspecialties: CD, HO, PCC
Program ID: 140-48-12-009
US Armed Services Program

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Thomas Blackwell, MD
Department of Medicine
301 University Blvd
Galveston, TX 77550
Tel: 409 772-2653 *Fax:* 409 772-5462
Length: 3 Yrs *ACGME Approved/Offered Positions:* 100
Subspecialties: CD, END, GE, IC, ID, IMG, NEP, ON, PCC, RHU
Program ID: 140-48-21-421

Harlingen

University of Texas Health Science Center at San Antonio Lower Rio Grande Valley RAHC Program

Sponsor: University of Texas Medical School at San Antonio
Valley Baptist Medical Center
Prgm Director: James F Hanley, MD
Rio Grande Valley Regional Academic Health Center
2102 Treasure Hills Blvd
Harlingen, TX 78550
Tel: 956 365-8807 *Fax:* 956 365-8806
E-mail: RAHCResidency@uthsca.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 140-48-21-524

Houston**Baylor College of Medicine Program***Sponsor:* Baylor College of Medicine*Prgm Director:* Amir Halevy, MD

Department of Medicine - B-501

6565 Fannin St
Houston, TX 77030*Tel:* 713 441-3215 *Fax:* 713 793-1522*Length:* 3 Yrs *ACGME Approved/Offered Positions:* 166*Subspecialties:* CCM, CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU**Program ID:** 140-48-21-422**University of Texas at Houston Program***Sponsor:* University of Texas Medical School at Houston

Lyndon B Johnson General Hospital

Memorial Hermann Hospital System

Prgm Director: Mark A Farnie, MD

Department of Medicine

6431 Fannin #1.150

Houston, TX 77030

Tel: 713 500-6500 *Fax:* 713 500-6497*E-mail:* vera.s.jones@uth.tmc.edu*Length:* 3 Yrs *ACGME Approved/Offered Positions:* 137*Subspecialties:* CD, END, GE, HEM, IC, ICE, ID, NEP, ON, PCC, RHU, TY**Program ID:** 140-48-31-423**Lackland AFB****San Antonio Uniformed Services Health Education Consortium (WHMC) Program***Sponsor:* San Antonio Uniformed Services Health Education Consortium

Wilford Hall Medical Center (AETC)

Prgm Director: Thomas C Grau, MD*

59th Medical Wing/MMIMR

2200 Bergquist Drive, Suite 1

San Antonio, TX 78236

Tel: 210 292-7667 *Fax:* 210 292-6896*Length:* 3 Yrs *ACGME Approved/Offered Positions:* 57*Subspecialties:* END, GE, ID, RHU**Program ID:** 140-48-12-003

US Armed Services Program

Lubbock**Texas Tech University (Lubbock) Program***Sponsor:* Texas Tech University Health Sciences Center

at Lubbock

University Medical Center

Prgm Director: Kenneth M Nugent, MD

Department of Medicine

3601 Fourth Street

Lubbock, TX 79430

Tel: 806 743-3155 *Fax:* 806 743-3148*Length:* 3 Yrs *ACGME Approved/Offered Positions:* 28*Subspecialties:* CD, NEP**Program ID:** 140-48-21-459**Odessa****Texas Tech University (Odessa) Program***Sponsor:* Texas Tech University Health Sciences Center at Odessa

Medical Center Hospital

Memorial Hospital and Medical Center

Prgm Director: James K Burks, MD

701 W 5th Street

Odessa, TX 79763

Tel: 432 335-5250 *Fax:* 432 335-5262*E-mail:* james.burks@ttuhsc.edu*Length:* 3 Yrs *ACGME Approved/Offered Positions:* 27**Program ID:** 140-48-21-519**San Antonio****University of Texas Health Science Center at San Antonio Program***Sponsor:* University of Texas Medical School at San Antonio

Audie L Murphy Memorial Veterans Hospital (San Antonio)

University Health System

Prgm Director: Debra K Hunt, MD, MSPH

Department of Medicine

7703 Floyd Curl Drive MC 7871

San Antonio, TX 78229

Tel: 210 567-4820 *Fax:* 210 567-4856*Length:* 3 Yrs *ACGME Approved/Offered Positions:* 98*Subspecialties:* CD, END, GE, HO, IC, ID, IMG, NEP, PCC, RHU**Program ID:** 140-48-21-425**Temple****Texas A&M College of Medicine-Scott and White Program***Sponsor:* Scott and White Memorial Hospital*Prgm Director:* Jeana D O'Brien, MD

Department of Medicine

2401 S 31st Street

Temple, TX 76508

Tel: 254 774-2364 *Fax:* 254 724-4079*Length:* 3 Yrs *ACGME Approved/Offered Positions:* 46*Subspecialties:* CD, GE, IC, ID, NEP, ON, PCC**Program ID:** 140-48-21-426**Utah****Salt Lake City****University of Utah Program***Sponsor:* University of Utah Medical Center

LDS Hospital

Veterans Affairs Medical Center (Salt Lake City)

Prgm Director: Merle A Sande, MD

Department of Medicine, 4C104

30 N 1900 E

Salt Lake City, UT 84132

Tel: 801 581-2258 *Fax:* 801 585-0418*Length:* 3 Yrs *ACGME Approved/Offered Positions:* 108*Subspecialties:* CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU**Program ID:** 140-49-21-427**Vermont****Burlington****University of Vermont Program***Sponsor:* Fletcher Allen Health Care*Prgm Director:* Mark Levine, MD

Department of Medicine

111 Colchester Ave - Burgess 106

Burlington, VT 05401

Tel: 802 847-4959 *Fax:* 802 847-5927*Length:* 3 Yrs *ACGME Approved/Offered Positions:* 44*Subspecialties:* CD, END, GE, HO, IC, ICE, ID, NEP, PCC, RHU**Program ID:** 140-50-21-429**Virginia****Charlottesville****University of Virginia Program***Sponsor:* University of Virginia Medical Center*Prgm Director:* Gerald R Donowitz, MD

PO Box 801343

Charlottesville, VA 22908

Tel: 434 924-1918 *Fax:* 434 924-2885*Length:* 3 Yrs *ACGME Approved/Offered Positions:* 101*Subspecialties:* CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU**Program ID:** 140-51-21-430**Norfolk****Eastern Virginia Medical School Program***Sponsor:* Eastern Virginia Medical School

DePaul Medical Center

Sentara Norfolk General Hospital

Veterans Affairs Medical Center (Hampton)

Prgm Director: Richard H Snyder, MD, MA

Hofheimer Hall

825 Fairfax Avenue

Norfolk, VA 23507

Tel: 757 446-8910 *Fax:* 757 446-7921*Length:* 3 Yrs *ACGME Approved/Offered Positions:* 56*Subspecialties:* END, ID, IMG**Program ID:** 140-51-21-432**Portsmouth****Naval Medical Center (Portsmouth) Program***Sponsor:* Naval Medical Center (Portsmouth)*Prgm Director:* Lisa S Inouye, MD, MPH

Charette Health Care Center

620 John Paul Jones Circle

Portsmouth, VA 23708

Tel: 757 953-2268 *Fax:* 757 953-9666*E-mail:* lsinouye@mar.med.navy.mil*Length:* 3 Yrs *ACGME Approved/Offered Positions:* 40**Program ID:** 140-51-11-014

US Armed Services Program

Richmond**Virginia Commonwealth University Health System Program***Sponsor:* Virginia Commonwealth University Health System

Hunter Holmes McGuire VA Medical Center (Richmond)

Medical College of Virginia Hospitals

Prgm Director: Stephanie A Call, MD, MPH*

West Hospital, Room 618 - 1200 East Broad Street

PO Box 980509

Richmond, VA 23298

Tel: 804 828-9726 *Fax:* 804 828-4926*E-mail:* imea@hsc.vcu.edu*Length:* 3 Yrs *ACGME Approved/Offered Positions:* 120*Subspecialties:* CD, END, GE, HO, IC, ICE, ID, IMG, NEP, PCC, RHU**Program ID:** 140-51-21-433**Roanoke****Carilion Health System/University of Virginia (Roanoke-Salem) Program***Sponsor:* Carilion Health System

Carilion Medical Center-Roanoke Memorial Hospital

Veterans Affairs Medical Center (Salem)

Prgm Director: W Hal Cragun, MD

Department of Medical Education

PO Box 13367

Roanoke, VA 24033

Tel: 540 981-7120*E-mail:* imresidency@carilion.com*Length:* 3 Yrs *ACGME Approved/Offered Positions:* 41**Program ID:** 140-51-31-431

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
University of Washington Medical Center
VA Puget Sound Health Care System
Veterans Affairs Medical Center (Boise)
Prgm Director: James F Wallace, MD
Department of Medicine
Box 356421
Seattle, WA 98195
Tel: 206 543-3605 *Fax:* 206 685-8652
Length: 3 Yrs *ACGME Approved/Offered Positions:* 174
Subspecialties: CCM, CD, END, GE, HEM, IC, ICE, ID, IMG, NEP, ON, PCC, RHU
Program ID: 140-54-21-434

Virginia Mason Medical Center Program

Sponsor: Virginia Mason Medical Center
Prgm Director: Roger W Bush, MD
925 Seneca Street, Mailstop H8-GME
PO Box 1930
Seattle, WA 98101
Tel: 206 583-6079 *Fax:* 206 583-2307
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Program ID: 140-54-12-435

Spokane

Spokane Medical Centers/University of Washington School of Medicine Program

Sponsor: Inland Empire Hospital Services Association
Deaconess Medical Center
Sacred Heart Medical Center
Prgm Director: Judy A Benson, MD
West 101-8th Avenue
PO Box 2555
Spokane, WA 99220
Tel: 509 474-3022 *Fax:* 509 474-5316
Length: 3 Yrs *ACGME Approved/Offered Positions:* 22
Program ID: 140-54-31-436

Tacoma

Madigan Army Medical Center Program

Sponsor: Madigan Army Medical Center
Prgm Director: Cecily K Peterson, MD
Department of Medicine
9040 Reid St
Tacoma, WA 98431
Tel: 253 968-0208 *Fax:* 253 968-1168
Length: 3 Yrs *ACGME Approved/Offered Positions:* 33
Subspecialties: IMG
Program ID: 140-54-12-010
US Armed Services Program

West Virginia

Charleston

Charleston Area Medical Center/West Virginia University (Charleston Division) Program

Sponsor: Charleston Area Medical Center/West Virginia University
Prgm Director: Amer Malas, MD*
3110 Mac Corkle Avenue
Charleston, WV 25304
Tel: 304 347-1393
Length: 3 Yrs *ACGME Approved/Offered Positions:* 38
Program ID: 140-55-11-438

Huntington

Marshall University School of Medicine Program

Sponsor: Marshall University School of Medicine
Cabell Huntington Hospital
St Mary's Hospital
Veterans Affairs Medical Center (Huntington)
Prgm Director: Todd W Gress, MD, MPH
Department of Medicine
1600 Medical Center Dr, Suite G500
Huntington, WV 25701
Tel: 304 691-1086 *Fax:* 304 691-1693
E-mail: gress@marshall.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: CD, END, PUD
Program ID: 140-55-21-439

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: Michelle A Nuss, MD
HSC North, Room 4093A
PO Box 9168
Morgantown, WV 26506
Tel: 304 293-4239 *Fax:* 304 293-3651
Length: 3 Yrs *ACGME Approved/Offered Positions:* 57
Subspecialties: CD, HO, IC, ID, NEP, PCC
Program ID: 140-55-11-440

Wisconsin

La Crosse

Gundersen Lutheran Medical Foundation Program

Sponsor: Gundersen Lutheran Medical Foundation
Gundersen Clinic
Lutheran Hospital-La Crosse
Prgm Director: Steven B Pearson, MD
Lutheran Hospital-LaCrosse
1836 South Avenue/C01-005
La Crosse, WI 54601
Tel: 608 775-2923 *Fax:* 608 775-4457
Length: 3 Yrs *ACGME Approved/Offered Positions:* 22
Program ID: 140-56-12-442

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Prgm Director: Bennett Vogelmann, MD
J5/237 CSC-2454
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-7352 *Fax:* 608 262-6743
E-mail: bsv@medicine.wisc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 85
Subspecialties: CD, END, GE, HEM, IC, ID, IMG, NEP, ON, PCC, RHU
Program ID: 140-56-21-443

Marshfield

Marshfield Clinic-St Joseph's Hospital Program

Sponsor: Marshfield Clinic-St Joseph's Hospital
Prgm Director: Mark R Hennick, MD
Department of Medicine
1000 N Oak Ave
Marshfield, WI 54449
Tel: 715 387-5436 *Fax:* 715 387-5163
E-mail: hennick.mark@mflclin.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 22
Program ID: 140-56-31-444

Milwaukee

Aurora Health Care Program

Sponsor: Aurora Health Care
Aurora Sinai Medical Center
Prgm Director: Mark A Gennis, MD
Aurora Sinai Medical Center
945 N 12th St, PO Box 342
Milwaukee, WI 53201
Tel: 414 219-7635 *Fax:* 414 219-4539
E-mail: rebecca.young@aurora.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Subspecialties: CD, GE, IC, ICE, IMG
Program ID: 140-56-21-446

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Prgm Director: Michael O Frank, MD*
Department of Medicine
9200 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 456-6992 *Fax:* 414 456-6213
E-mail: immcw@mcw.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 98
Subspecialties: CD, END, GE, HO, ID, IMG, NEP, PCC, RHU
Program ID: 140-56-31-445

Interventional Cardiology (Internal Medicine)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Prgm Director: William B Hillegass, MD, MPH
1808 7th Avenue South, BDB 383
Birmingham, AL 35294
Tel: 205 934-7898 *Fax:* 205 934-0973
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 152-01-21-135

Arizona

Phoenix

Banner Good Samaritan Medical Center Program

Sponsor: Banner Good Samaritan Medical Center
Prgm Director: Nathan Laufer, MD
1111 East McDowell Road, WT-4
Phoenix, AZ 85006
Tel: 602 239-6743 *Fax:* 602 239-5094
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 152-03-21-095

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
St Joseph's Hospital and Medical Center
University Medical Center
Prgm Director: Samuel M Butman, MD
1501 N Campbell Avenue, Room 5149
PO Box 245037
Tucson, AZ 85724
Tel: 520 626-6221 *Fax:* 520 626-0967
E-mail: pabrms@email.arizona.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 152-03-12-131

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Luis Garza, MD*
4301 W Markham, #532
Little Rock, AR 72205
Tel: 501 686-7882 *Fax:* 501 686-8319
E-mail: jrbowman@uams.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-04-22-124

California

La Jolla

Scripps Clinic/Scripps Green Hospital Program

Sponsor: Scripps Clinic
Scripps Clinic/Scripps Green Hospital
Prgm Director: Paul S Teirstein, MD
10666 N Torrey Pines Rd, S 1056
La Jolla, CA 92037
Tel: 858 554-8905 *Fax:* 858 554-6883
E-mail: gme@scripps.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-05-21-109

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center
Prgm Director: Neil Eigler, MD
8631 W 3rd Street, # 41SE
Los Angeles, CA 90045
Tel: 310 423-3977 *Fax:* 310 423-0106
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-05-21-137

Kaiser Permanente Southern California (Los Angeles) Program

Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Prgm Director: Vicken J Aharonian, MD
1526 N Edgemont Annex, Building J
Los Angeles, CA 90027
Tel: 323 783-4079 *Fax:* 323 783-7819
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-05-31-002

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
Bakersfield Memorial Hospital
Prgm Director: Jesse W Currier, MD
47-123 Center for the Health Sciences
650 Charles E Young Drive, South
Los Angeles, CA 90095
Tel: 310 825-5280 *Fax:* 310 206-9133
E-mail: DGWhang@mednet.ucla.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 152-05-21-004

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC
Medical Center
LAC+USC Medical Center
USC University Hospital
Prgm Director: Anilkumar O Mehra, MD
1520 San Pablo St
HCC II - 320
Los Angeles, CA 90033
Tel: 323 442-6132 *Fax:* 323 442-6133
E-mail: USCheart@usc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-05-12-003

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical
Center
Long Beach Memorial Medical Center
Prgm Director: Rex J Winters, MD
101 The City Drive
BLD53, RT181, Room 100
Orange, CA 92868
Tel: 714 456-7945 *Fax:* 714 456-8895
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 152-05-13-136

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical
Center
Prgm Director: Ehtisham Mahmud, MD
200 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-5990 *Fax:* 619 543-5445
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 152-05-13-121

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School
of Medicine
Prgm Director: Thomas A Ports, MD
Moffitt Hospital, Room M-1180
505 Parnassus Avenue
San Francisco, CA 94143
Tel: 415 476-4315 *Fax:* 415 476-1020
E-mail: ports@medicine.ucsf.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-05-31-086

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Prgm Director: David P Lee, MD*
300 Pasteur Drive, Room H2103
Stanford, CA 94305
Tel: 650 723-0180 *Fax:* 650 725-6766
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-05-13-005

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical
Center
Hospital of the Good Samaritan
Prgm Director: Roy V Matthews, MD
1225 Wilshire Blvd
Los Angeles, CA 90017
Tel: 213 977-2239 *Fax:* 213 977-2209
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 152-05-21-105

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
University of Colorado Hospital
Prgm Director: John C Messenger, MD
4200 E Ninth Avenue, Box B-132
Denver, CO 80262
Tel: 303 372-6633 *Fax:* 303 372-6644
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-07-21-101

Connecticut

Bridgeport

Bridgeport Hospital/Yale University Program

Sponsor: Bridgeport Hospital
Prgm Director: Robert F Fishman, MD
 287 Grant Street
 Bridgeport, CT 06610
Tel: 203 384-3844 *Fax:* 203 384-3664
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 152-08-21-099

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
 Hartford Hospital
Prgm Director: Francis J Kiernan, MD
 Cardiac Laboratory
 80 Seymour Street, Suite 285
 Hartford, CT 06102
Tel: 860 545-2977 *Fax:* 860 545-3557
E-mail: lpoulin@harthosp.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 152-08-21-081

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Prgm Director: Joseph J Brennan, MD
 PO Box 208017
 New Haven, CT 06520
Tel: 203 785-4129 *Fax:* 203 737-2437
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 152-08-13-117

District of Columbia

Washington

George Washington University Program

Sponsor: George Washington University School of Medicine
 George Washington University Hospital (UHS)
Prgm Director: Jonathan S Reiner, MD
 2150 Pennsylvania Avenue, NW
 Suite 4-414
 Washington, DC 20037
Tel: 202 741-2323 *Fax:* 202 741-2324
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 152-10-21-006

Georgetown University Hospital/Washington Hospital Center Program

Sponsor: Washington Hospital Center
Prgm Director: Augusto D Pichard, MD
 110 Irving Street, NW #4B-1
 Washington, DC 20010
Tel: 202 877-5975 *Fax:* 202 877-3339
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 152-10-11-127

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
 North Florida/South Georgia Veterans Health System
 Shands Hospital at the University of Florida
Prgm Director: Karen M Smith, MD
 1600 SW Archer Road
 PO Box 100277
 Gainesville, FL 32610
Tel: 352 392-0092 *Fax:* 352 846-0814
E-mail: hutchem@medicine.ufl.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 152-11-13-108

Jacksonville

University of Florida Health Science Center/Jacksonville Program

Sponsor: University of Florida College of Medicine at Jacksonville
 Shands Jacksonville Medical Center
Prgm Director: Theodore A Bass, MD
 Department of Cardiology
 665 West 8th St; ACC 5th Fl
 Jacksonville, FL 32209
Tel: 904 244-2655 *Fax:* 904 244-5813
E-mail: Interventcard.gme@jax.ufl.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-11-31-098

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
 Veterans Affairs Medical Center (Miami)
Prgm Director: Eduardo de Marchena, MD
 PO Box 016860 (Locator D-39)
 Miami, FL 33101
Tel: 305 585-5535 *Fax:* 305 585-8103
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-11-21-008

Miami Beach

Mount Sinai Medical Center of Florida Program

Sponsor: Mount Sinai Medical Center of Florida Inc
Prgm Director: Paul A Vignola, MD
 Cardiac Cath Office
 4300 Alton Road
 Miami Beach, FL 33140
Tel: 305 674-2533 *Fax:* 305 674-2165
E-mail: fellowship@msmcinterventional.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-11-12-133

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
 Crawford Long Hospital of Emory University
 Emory University Hospital
Prgm Director: Ziyad MB Ghazzal, MD
 1364 Clifton Road, NE
 Suite F606
 Atlanta, GA 30322
Tel: 404 712-7424 *Fax:* 404 712-5622
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 152-12-31-009

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
 Northwestern Memorial Hospital
Prgm Director: Charles J Davidson, MD
 251 E Huron #8-526
 Chicago, IL 60611
Tel: 312 926-5421 *Fax:* 312 926-6137
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-16-21-011

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: R Jeffrey Snell, MD
 1653 W Congress Parkway
 Chicago, IL 60612
Tel: 312 942-6569 *Fax:* 312 942-5829
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-16-31-012

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: John J Lopez, MD
 5841 South Maryland Avenue
 MC5076
 Chicago, IL 60637
Tel: 773 702-1372 *Fax:* 773 702-0241
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-16-21-014

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
 Advocate Christ Medical Center
Prgm Director: Paul T Vaitkus, MD*
 840 S Wood
 M/C 715, Suite 929 CSB
 Chicago, IL 60612
Tel: 312 996-6730 *Fax:* 312 413-2948
E-mail: pvaikus@uic.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-16-31-115

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
 Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Ferdinand S Leya, MD
 2160 S First Avenue
 Building 107, Room 1858
 Maywood, IL 60153
Tel: 708 216-4225 *Fax:* 708 216-8795
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 152-16-23-013

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
 Clarian Methodist Hospital of Indiana
 Richard L Roudebush Veterans Affairs Medical Center
Prgm Director: Jeffrey A Breall, MD, PhD
 1800 N Capitol Ave, Suite E400
 Indianapolis, IN 46202
Tel: 317 962-0095 *Fax:* 317 962-0113
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-17-23-015

St Vincent Hospital and Health Care Center Program

Sponsor: St Vincent Hospital and Health Care Center
Prgm Director: James B Hermiller, MD
 8333 Naab Road
 Indianapolis, IN 46260
 Tel: 317 338-6666 Fax: 317 583-6046
 E-mail: jhermil@thecaregroup.com
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 152-17-31-112

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
 Veterans Affairs Medical Center (Iowa City)
Prgm Director: James D Rossen, MD
 Department of Medicine
 200 Hawkins Drive
 Iowa City, IA 52242
 Tel: 319 356-3413 Fax: 319 356-4552
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 152-18-31-089

Kentucky**Lexington****University of Kentucky College of Medicine Program**

Sponsor: University of Kentucky College of Medicine
 University of Kentucky Hospital
 Veterans Affairs Medical Center (Lexington)
Prgm Director: John C Gurley, MD
 L-543 Kentucky Clinic
 740 S Limestone St
 Lexington, KY 40536
 Tel: 859 323-5630 Fax: 859 257-1902
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 152-20-21-016

Louisville**University of Louisville Program**

Sponsor: University of Louisville School of Medicine
 Jewish Hospital
 University of Louisville Hospital
Prgm Director: Massoud A Leesar, MD
 530 South Jackson Street
 ACB, Third Floor
 Louisville, KY 40202
 Tel: 502 852-7959 Fax: 502 852-7147
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 152-20-31-017

Louisiana**New Orleans****Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine
 Medical Center of Louisiana at New Orleans
Prgm Director: Suresh P Jain, MD*
 2025 Gravier Street - Suite 606
 New Orleans, LA 70112
 Tel: 504 568-7867 Fax: 504 568-7866
 E-mail: sjain1@lsuhsc.edu
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 152-21-21-018

Ochsner Clinic Foundation Program

Sponsor: Ochsner Clinic Foundation
Prgm Director: Stephen Ramee, MD
 1514 Jefferson Highway
 New Orleans, LA 70121
 Tel: 504 842-6281 Fax: 504 842-5960
 E-mail: ptdesco@ochsner.org
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 152-21-31-020

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Hospital
Prgm Director: Jon R Resar, MD
 Blalock 524
 600 N Wolfe Street
 Baltimore, MD 21287
 Tel: 410 614-1132 Fax: 410 955-0223
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 152-23-21-022

University of Maryland Program

Sponsor: University of Maryland Medical System
Prgm Director: James L Stafford, MD
 22 S Greene Street
 Room G3K18
 Baltimore, MD 21201
 Tel: 410 328-8706 Fax: 410 328-3530
 E-mail: mbileck@medicine.umaryland.edu
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 152-23-12-023

Massachusetts**Boston****Beth Israel Deaconess Medical Center Program**

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Joseph P Carrozza, MD*
 Interventional Cardiology
 One Deaconess Road - Baker 4
 Boston, MA 02215
 Tel: 617 632-7455 Fax: 617 632-7460
 E-mail: slacroix@bidmc.harvard.edu
 Length: 1 Yr ACGME Approved/Offered Positions: 5
 Program ID: 152-24-21-024

Boston University Medical Center Program

Sponsor: Boston Medical Center
Prgm Director: Alice K Jacobs, MD
 88 East Newton Street
 Boston, MA 02118
 Tel: 617 638-8707 Fax: 617 638-8719
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 152-24-12-026

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital
 Boston VA Healthcare System (Brockton-West Roxbury)
Prgm Director: Jeffrey Popma, MD
 75 Francis Street
 Cath Lab Administration Office Tower 3A
 Boston, MA 02115
 Tel: 617 732-7133 Fax: 617 732-7122
 Length: 1 Yr ACGME Approved/Offered Positions: 5
 Program ID: 152-24-12-028

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: Igor Palacios, MD
 GRB800
 55 Fruit Street
 Boston, MA 02114
 Tel: 617 726-8424 Fax: 617 726-6800
 Length: 1 Yr ACGME Approved/Offered Positions: 5
 Program ID: 152-24-21-029

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: Carey D Kimmelstiel, MD, PhD
 750 Washington Street, Box 264
 Boston, MA 02111
 Tel: 617 636-5914 Fax: 617 636-1118
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 152-24-23-025

Burlington**Lahey Clinic Program**

Sponsor: Lahey Clinic
Prgm Director: Thomas C Piemonte, MD
 41 Mall Road
 Burlington, MA 01805
 Tel: 781 744-8254 Fax: 781 744-3510
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 152-24-31-030

Springfield**Baystate Medical Center/Tufts University School of Medicine Program**

Sponsor: Baystate Medical Center
Prgm Director: Marc J Schweiger, MD
 759 Chestnut Street
 c/o Nikki Burnett RM S4666
 Springfield, MA 01199
 Tel: 413 794-4490 Fax: 413 794-0198
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 152-24-23-031

Worcester**St Vincent Hospital Program**

Sponsor: St Vincent Hospital
Prgm Director: Eddison Ramsaran, MD
 Worcester Medical Center
 20 Worc Ctr Blvd, Suite 290
 Worcester, MA 01608
 Tel: 508 363-6162 Fax: 508 363-6225
 E-mail: eddison.ramsaran@tenethealth.com
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 152-24-13-104

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
 UMass Memorial Health Care (University Campus)
Prgm Director: Mark I Furman, MD
 Division of Cardiology
 55 Lake Avenue North
 Worcester, MA 01655
 Tel: 508 856-3064 Fax: 508 856-4571
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 152-24-21-032

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers

Veterans Affairs Medical Center (Ann Arbor)

Prgm Director: Mark R Starling, MD

1500 E Medical Center Drive

Taubman Center, B1 226

Ann Arbor, MI 48109

Tel: 734 761-7499 *Fax:* 734 214-0691

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 152-25-21-033

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital

Prgm Director: Sanjaya Khanal, MD

2799 West Grand Boulevard

K-14

Detroit, MI 48202

Tel: 313 916-2871 *Fax:* 313 916-4513

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 152-25-12-034

St John Hospital and Medical Center Program

Sponsor: St John Hospital and Medical Center

Prgm Director: Thomas A LaLonde, MD

22101 Moross Road

PBI Suite #126

Detroit, MI 48236

Tel: 313 343-4612 *Fax:* 313 343-4120

Length: 1 Yr *ACGME Approved/Offered Positions:* 4

Program ID: 152-25-13-088

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center

Harper-Hutzel Hospital

Prgm Director: J Richard Spears, MD

Division of Cardiology

3990 John R Street

Detroit, MI 48201

Tel: 313 745-2637 *Fax:* 313 745-8643

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 152-25-31-035

Lansing

Michigan State University Program

Sponsor: Michigan State University College of Human Medicine

Borgess Medical Center

Prgm Director: Tim A Fischell, MD

Borgess Medical Center

1521 Gull Road

Kalamazoo, MI 49048

Tel: 269 226-6943 *Fax:* 269 226-8349

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 152-25-33-130

Royal Oak

William Beaumont Hospital Program

Sponsor: William Beaumont Hospital

Prgm Director: Cindy L Grines, MD

Division of Cardiology

3601 W 13 Mile Road

Royal Oak, MI 48073

Tel: 248 898-4176 *Fax:* 248 898-7239

E-mail: THaggerty@beaumont.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 152-25-12-037

Southfield

Providence Hospital and Medical Centers Program

Sponsor: Providence Hospital and Medical Centers

Prgm Director: Marcel E Zughuib, MD

16001 West Nine Mile Road

Box 2043

Southfield, MI 48037

Tel: 248 849-8483 *Fax:* 248 849-5324

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 152-25-21-125

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School

Abbott-Northwestern Hospital/Allina Health System

Fairview-University Medical Center

Veterans Affairs Medical Center (Minneapolis)

Prgm Director: Robert F Wilson, MD

Dept of Med/Cardiovascular Div

420 Delaware Street, SE, MMC 508

Minneapolis, MN 55455

Tel: 612 626-2451 *Fax:* 612 626-4411

E-mail: cvfellow@umn.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 4

Program ID: 152-26-21-038

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic

College of Medicine

St Mary's Hospital of Rochester

Prgm Director: Gregory Barsness, MD

200 First Street SW

Rochester, MN 55905

Tel: 507 284-3304 *Fax:* 507 266-9142

Length: 1 Yr *ACGME Approved/Offered Positions:* 4

Program ID: 152-26-12-039

Missouri

Kansas City

University of Missouri at Kansas City Program

Sponsor: University of Missouri-Kansas City School of Medicine

College of Medicine

St Luke's Hospital

Prgm Director: Steven B Laster, MD

4401 Wornall Road

MAHI-5, CV Fellowship Coordinator

Kansas City, MO 64111

Tel: 816 932-5475 *Fax:* 816 932-5613

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 152-28-21-040

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine

St Louis University Hospital

Veterans Affairs Medical Center (St Louis)

Prgm Director: Morton J Kern, MD

3635 Vista Avenue at Grand

St Louis, MO 63110

Tel: 314 577-8860 *Fax:* 314 577-8861

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 152-28-23-042

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital

Veterans Affairs Medical Center (St Louis)

Prgm Director: John M Lasala, MD, PhD

Campus Box 8086

660 S Euclid Ave

St Louis, MO 63110

Tel: 314 362-3729 *Fax:* 314 747-1417

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 152-28-12-041

Nebraska

Omaha

Creighton University Program

Sponsor: Creighton University School of Medicine

Creighton University Medical Center (Tenet - SJH)

Prgm Director: Michael G Del Core, MD

3006 Webster

Omaha, NE 68131

Tel: 402 282-4626 *Fax:* 402 280-5182

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 152-30-31-141

University of Nebraska Medical Center College of Medicine Program

Sponsor: University of Nebraska Medical Center College of Medicine

Veterans Affairs Medical Center (Omaha)

Prgm Director: Edward L O'Leary, MD

982265 Nebraska Medical Center

Omaha, NE 68198

Tel: 402 559-5151 *Fax:* 402 559-8355

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 152-30-13-106

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital

Prgm Director: John E Jayne, MD*

One Medical Center Drive

Lebanon, NH 03756

Tel: 603 650-3538 *Fax:* 603 650-6164

E-mail: John.E.Jayne@hitchcock.org

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 152-32-31-118

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program

Sponsor: Cooper Hospital-University Medical Center

Prgm Director: Janah I Aji, MD

1 Cooper Plaza

Camden, NJ 08103

Tel: 856 342-2057 *Fax:* 856 541-7416

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 152-33-13-100

South Orange**Seton Hall University School of Graduate Medical Education Program**

Sponsor: Seton Hall University School of Graduate Medical Education
 St Joseph's Regional Medical Center
 St Michael's Medical Center (Cathedral Health Services Inc)
Prgm Director: Faye Shamoon, MD
 268 Dr ML King, Jr Boulevard
 Newark, NJ 07102
 Tel: 973 877-5163 Fax: 973 877-5124
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 152-33-12-080

New York**Albany****Albany Medical Center Program**

Sponsor: Albany Medical Center
Prgm Director: Augustin Delago, MD
 Mail Code #44
 47 New Scotland Avenue
 Albany, NY 12208
 Tel: 518 262-5076 Fax: 518 262-5082
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 152-35-12-113

Bronx**Albert Einstein College of Medicine (Montefiore) Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Montefiore Medical Center-Henry and Lucy Moses Division
 Montefiore Medical Center-Weiler Hospital
Prgm Director: E Scott Monrad, MD
 1825 Eastchester Road
 Bronx, NY 10461
 Tel: 718 904-2573 Fax: 718 918-1084
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 152-35-12-103

Brooklyn**Maimonides Medical Center Program**

Sponsor: Maimonides Medical Center
Prgm Director: Jacob Shani, MD
 4802 Tenth Avenue
 Brooklyn, NY 11219
 Tel: 718 283-7480 Fax: 718 283-8546
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 152-35-12-119

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
Prgm Director: Jonathan Marmur, MD
 450 Clarkson Avenue, Box 1257
 Brooklyn, NY 11203
 Tel: 718 270-3273 Fax: 718 270-4503
 Length: 1 Yr ACGME Approved/Offered Positions: 4
 Program ID: 152-35-21-043

Manhasset**North Shore University Hospital/NYU School of Medicine Program**

Sponsor: North Shore University Hospital
 Long Island Jewish Medical Center
Prgm Director: Lawrence Ong, MD
 300 Community Drive
 Manhasset, NY 11030
 Tel: 516 562-1617 Fax: 516 562-2352
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 152-35-12-082

Mineola**Winthrop-University Hospital Program**

Sponsor: Winthrop-University Hospital
Prgm Director: Kevin Marzo, MD
 120 Mineola Boulevard, Suite 500
 Mineola, NY 11501
 Tel: 516 663-2396 Fax: 516 663-9535
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 152-35-31-138

New York**Albert Einstein College of Medicine at Beth Israel Medical Center Program**

Sponsor: Beth Israel Medical Center
Prgm Director: David Brown, MD
 11 Dazian
 16th Street First Avenue
 New York, NY 10003
 Tel: 212 420-4109 Fax: 212 420-2406
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 152-35-13-122

Lenox Hill Hospital Program

Sponsor: Lenox Hill Hospital
 Jamaica Hospital Medical Center
Prgm Director: Gary S Roubin, MD, PhD*
 100 East 77th Street
 New York, NY 10021
 Tel: 212 434-2606 Fax: 212 434-2205
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 152-35-21-090

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
 Mount Sinai Medical Center
Prgm Director: Samin K Sharma, MD
 One Gustave L Levy Place, Box 1030
 New York, NY 10029
 Tel: 212 241-4021 Fax: 212 534-3845
 Length: 1 Yr ACGME Approved/Offered Positions: 5
 Program ID: 152-35-21-107

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
 St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: John T Coppola, MD
 153 West 11th Street
 New York, NY 10011
 Tel: 212 604-2231 Fax: 212 604-3225
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 152-35-32-046

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: George Dangas, MD, PhD*
 630 West 168th Street
 New York, NY 10032
 Tel: 212 342-3604 Fax: 212 342-3660
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 152-35-12-045

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Manish Parikh, MD
 520 E 70th Street
 New York, NY 10021
 Tel: 212 746-2157 Fax: 212 746-8092
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 152-35-12-110

New York University School of Medicine Program

Sponsor: New York University School of Medicine
 Manhattan VA Harbor Health Care System
Prgm Director: Frederick Feit, MD
 560 First Avenue
 New York, NY 10016
 Tel: 212 263-5656 Fax: 212 263-0730
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 152-35-11-123

St Luke's Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
Prgm Director: James Wilentz, MD
 1111 Amsterdam Avenue
 New York, NY 10025
 Tel: 212 523-4008 Fax: 212 523-3915
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 152-35-31-120

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Frederick S Ling, MD
 Strong Memorial Hospital
 601 Elmwood Avenue, Box 879
 Rochester, NY 14642
 Tel: 585 273-3229 Fax: 585 271-7667
 Length: 1 Yr ACGME Approved/Offered Positions: 3
 Program ID: 152-35-21-048

Stony Brook**SUNY at Stony Brook Program**

Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: William E Lawson, MD
 Division of Cardiology
 HSC 17 - 020
 Stony Brook, NY 11794
 Tel: 516 444-8258 Fax: 516 444-1054
 E-mail: Stephanie.Russo@SUNYSB.edu
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 152-35-23-049

Valhalla**New York Medical College at Westchester Medical Center Program**

Sponsor: New York Medical College
 Westchester Medical Center
Prgm Director: Melvin B Weiss, MD
 Division of Cardiology
 Macy 1 W
 Valhalla, NY 10595
 Tel: 914 493-7199 Fax: 914 493-1854
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 152-35-13-084

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
Prgm Director: George A Stouffer, MD
 Division of Cardiology
 CB 7075
 Chapel Hill, NC 27599
 Tel: 919 966-5141 Fax: 919 966-6955
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 152-36-21-050

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Michael H Sketch, MD
Box 3157
Durham, NC 27710
Tel: 919 681-2704 *Fax:* 919 681-7223
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 152-36-12-051

Greenville

Pitt County Memorial Hospital/East Carolina University Program

Sponsor: Pitt County Memorial Hospital
Prgm Director: Michael J Miller, MD
ECU Cardiology PCMH - Room 378 T/A
Greenville, NC 27834
Tel: 252 744-5964 *Fax:* 252 744-3443
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-36-31-128

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Michael A Kutcher, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-2960 *Fax:* 336 716-9188
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 152-36-23-052

Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
Prgm Director: Jerry J Lierl, MD
Division of Cardiology
231 Albert Sabin Way
Cincinnati, OH 45267
Tel: 513 558-6890 *Fax:* 513 558-6899
E-mail: jinkscr@ucmail.uc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-38-21-053

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Veterans Affairs Medical Center (Cleveland)
Prgm Director: Vincent J Pompili, MD
1100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3843 *Fax:* 216 844-8954
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-38-31-134

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Deepak L Bhatt, MD
9500 Euclid Avenue, Desk F-25
Cleveland, OH 44195
Tel: 216 445-4042 *Fax:* 216 445-8531
E-mail: meded@ccl.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 152-38-21-085

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Prgm Director: Raymond D Magorien, MD
473 W 12th Avenue, 200 HLRI
Columbus, OH 43210
Tel: 614 293-4146 *Fax:* 614 293-5614
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-38-12-054

Toledo

Medical College of Ohio Program

Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
Prgm Director: William J Thomas, MD
3000 Arlington Avenue, Suite 1192
Toledo, OH 43614
Tel: 419 383-3697 *Fax:* 419 383-3041
E-mail: tdiehl@mco.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 152-38-22-129

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
OU Medical Center-Presbyterian Tower
Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Eliot Schechter, MD
VA Medical Center
921 NE 13th Street
Oklahoma City, OK 73104
Tel: 405 270-0501 *Fax:* 405 270-1576
E-mail: eliot-schechter@ouhsc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-39-21-055

Pennsylvania

Danville

Geisinger Health System Program

Sponsor: Geisinger Health System
Prgm Director: John H Chapman, MD
Department of Cardiology, 21-60
100 North Academy Drive
Danville, PA 17822
Tel: 570 271-6423 *Fax:* 570 271-8056
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 152-41-21-056

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
Prgm Director: Steven M Ettinger, MD
500 University Drive
Hershey, PA 17033
Tel: 717 531-8407 *Fax:* 717 531-7969
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-41-23-058

Philadelphia

Albert Einstein Healthcare Network Program

Sponsor: Albert Einstein Medical Center
Prgm Director: Shahriar Yazdanfar, MD
5401 Old York Road
Klein Building, Suite 363
Philadelphia, PA 19141
Tel: 215 456-7929 *Fax:* 215 456-7926
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-41-21-059

Drexel University College of Medicine/Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Prgm Director: Peter B Kurnik, MD*
245 N 15th Street, MS 470
Philadelphia, PA 19102
Tel: 215 762-8790 *Fax:* 215 246-5322
E-mail: pbk23@drexel.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-41-23-060

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Michael P Savage, MD
JHI, 925 Chestnut Street, 1st Floor
Philadelphia, PA 19107
Tel: 215 955-6478 *Fax:* 215 503-9843
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-41-13-091

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Presbyterian Medical Center (UPHS)
Prgm Director: John W Hirschfeld, MD
9 Founders Pavilion
3490 Spruce Street
Philadelphia, PA 19104
Tel: 215 662-2181 *Fax:* 215 349-5894
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 152-41-12-057

Pittsburgh

Allegheny General Hospital Program

Sponsor: Allegheny General Hospital
Prgm Director: David M Lasorda, DO
Division of Interventional Cardiology
320 East North Avenue
Pittsburgh, PA 15212
Tel: 412 359-8706 *Fax:* 412 359-8864
E-mail: estewart@wpahs.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 152-41-12-061

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Prgm Director: William D Anderson, MD
F392/PUH
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 647-6136 *Fax:* 412 647-8117
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 152-41-21-116

Western Pennsylvania Hospital/Temple University Program

Sponsor: The Western Pennsylvania Hospital
Prgm Director: Venkatraman Srinivasan, MD
4800 Friendship Avenue
Suite 3411 North Tower
Pittsburgh, PA 15224
Tel: 412 578-6934 *Fax:* 412 578-4471
E-mail: rsantona@wpahs.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-41-21-062

Wynnewood**Lankenau Hospital Program**

Sponsor: Lankenau Hospital
Prgm Director: Timothy Shapiro, MD*
 558 Lankenau MOB East
 100 Lancaster Avenue
 Wynnewood, PA 19096
Tel: 610 645-2682 *Fax:* 610 896-0643
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-41-31-096

Rhode Island**Providence****Brown University Program**

Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: David O Williams, MD
 Division of Cardiology, APC 814
 593 Eddy Street
 Providence, RI 02903
Tel: 401 444-4581 *Fax:* 401 444-8158
E-mail: dowilliams@lifespan.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-43-12-064

Brown University Program A

Sponsor: Rhode Island Hospital-Lifespan
 Miriam Hospital-Lifespan
Prgm Director: Paul C Gordon, MD*
 164 Summit Avenue
 Providence, RI 02906
Tel: 401 793-4107 *Fax:* 401 793-4049
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-43-21-063

South Carolina**Charleston****Medical University of South Carolina Program**

Sponsor: Medical University of South Carolina College of Medicine
 MUSC Medical Center
 Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Christopher D Nielsen, MD
 135 Rutledge Avenue
 Suite 1201
 Charleston, SC 29425
Tel: 843 792-0680 *Fax:* 843 792-7771
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-45-21-087

Tennessee**Nashville****Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
 Veterans Affairs Medical Center (Nashville)
Prgm Director: Robert N Piana, MD, BA
 2220 Pierce Avenue
 MRB11, Rm 358
 Nashville, TN 37232
Tel: 615 322-2318 *Fax:* 615 936-2954
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 152-47-21-065

Texas**Dallas****Baylor University Medical Center Program**

Sponsor: Baylor University Medical Center
Prgm Director: Ravi C Vallabhan, MD
 3500 Gaston Ave 3rd Roberts H-393
 Dallas, TX 75226
Tel: 214 820-3192 *Fax:* 214 820-6010
E-mail: rhondaj@baylorhealth.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 152-48-31-132

Galveston**University of Texas Medical Branch Hospitals Program**

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Barry F Uretsky, MD
 5-106 John Sealy Annex
 301 University Blvd
 Galveston, TX 77555
Tel: 409 772-4885 *Fax:* 409 772-3188
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-48-21-097

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
 Methodist Hospital
 Michael E DeBakey VA Medical Center - Houston
Prgm Director: Neal S Kleiman, MD
 The Methodist Hospital
 6565 Fannin Street, F-1090
 Houston, TX 77030
Tel: 713 790-4952 *Fax:* 713 793-1352
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 152-48-21-068

Baylor College of Medicine/St Luke's Episcopal Hospital Program

Sponsor: Baylor College of Medicine
 St Luke's Episcopal Hospital
Prgm Director: Richard D Fish, MD
 St Luke's Episcopal Hospital
 6720 Bertner (MC 1-133)
 Houston, TX 77030
Tel: 832 355-6676 *Fax:* 832 355-8374
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 152-48-23-067

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
 Memorial Hermann Hospital System
Prgm Director: Richard W Smalling, MD, PhD
 Division of Cardiovascular Medicine
 6431 Fannin, MSB 1.246
 Houston, TX 77030
Tel: 713 500-6577
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 152-48-12-069

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
 Audie L Murphy Memorial Veterans Hospital (San Antonio)
 University Health System
Prgm Director: Steven R Bailey, MD
 Department of Medicine, MC 7872
 7703 Floyd Curl Drive
 San Antonio, TX 78229
Tel: 210 567-4601 *Fax:* 210 567-6960
E-mail: bakerd0@uthscsa.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-48-21-070

Temple**Texas A&M College of Medicine-Scott and White Program**

Sponsor: Scott and White Memorial Hospital
Prgm Director: D Scott Gantt, DO
 2401 S 31st Street
 Temple, TX 76708
Tel: 254 724-0108 *Fax:* 254 724-9220
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-48-12-071

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
 LDS Hospital
Prgm Director: Joseph B Muhlestein, MD
 LDS Hospital
 8th Avenue and C Street
 Salt Lake City, UT 84143
Tel: 801 408-5300 *Fax:* 801 408-5104
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-49-12-094

Vermont**Burlington****University of Vermont Program**

Sponsor: Fletcher Allen Health Care
Prgm Director: Matthew W Watkins, MD
 McClure 1, Cardiology Unit
 111 Colchester Avenue
 Burlington, VT 05401
Tel: 802 847-2005 *Fax:* 802 847-4016
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-50-21-073

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: Michael Ragosta, MD
 Box 800662
 Charlottesville, VA 22908
Tel: 434 924-2420 *Fax:* 434 982-0901
E-mail: cardifellows@virginia.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 152-51-13-093

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
Prgm Director: George W Vetrovec, MD
 PO Box 980036
 1200 E Broad Street
 Richmond, VA 23298
Tel: 804 828-1215 *Fax:* 804 828-8321
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-51-21-074

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
Prgm Director: Douglas K Stewart, MD
Box 356115, Room NN243
Heart Cath Lab
Seattle, WA 98195
Tel: 206 598-4077 *Fax:* 206 598-6180
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-54-22-126

West Virginia

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: Abnash C Jain, MD*
PO Box 9157
Morgantown, WV 26506
Tel: 304 293-4096 *Fax:* 304 293-7828
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-55-21-092

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
Prgm Director: Matthew R Wolff, MD
600 Highland Avenue
Room G7/339 CSC
Madison, WI 53792
Tel: 608 262-4913 *Fax:* 608 263-0405
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-56-21-077

Milwaukee

Aurora Health Care Program

Sponsor: Aurora Health Care
Aurora Sinai Medical Center
Prgm Director: Tanvir Bajwa, MD
945 N 12th St, PO Box 342
Milwaukee, WI 53201
Tel: 414 219-7190 *Fax:* 414 219-7676
E-mail: jruffin@hrctcare.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 152-56-13-114

Medical Genetics

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
University of Alabama School of Medicine
Prgm Director: Nathaniel H Robin, MD
720 20th Street South, Kaul 230
Department of Genetics
Birmingham, AL 35249
Tel: 205 934-9423 *Fax:* 205 934-9488
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Subspecialties: MGP
Program ID: 130-01-13-056

California

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center
Los Angeles County-Harbor-UCLA Medical Center
UCLA Medical Center
Prgm Director: David L Rimoim, MD, PhD
8700 Beverly Boulevard
Suite 4221
Los Angeles, CA 90048
Tel: 310 423-4461
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 130-05-21-010

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
Prgm Director: Maureen Bocian, MD, MS
101 The City Drive, South
Zot Code 4482
Orange, CA 92868
Tel: 714 456-8520 *Fax:* 714 456-5330
E-mail: mebcian@uci.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 130-05-21-042

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Prgm Director: Marilyn C Jones, MD
3020 Children's Way, MC 5031
San Diego, CA 92123
Tel: 858 966-5840 *Fax:* 858 966-8550
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 130-05-31-019

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
University of California (San Francisco) Medical Center
Prgm Director: H E Hoyme, MD
Department of Pediatrics, H-315
Stanford University School of Medicine
Stanford, CA 94305
Tel: 650 723-8858 *Fax:* 650 498-4555
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 130-05-31-039

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Prgm Director: Janet A Thomas, MD
Box B300, The Children's Hospital
1056 East 19th Avenue
Denver, CO 80218
Tel: 303 861-6395 *Fax:* 303 861-3921
E-mail: thomas.janet@tchden.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 130-07-21-027

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Connecticut Children's Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Robert M Greenstein, MD
Division of Human Genetics
65 Kane St, 1st Floor
Hartford, CT 06119
Tel: 860 523-6464 *Fax:* 860 523-6465
E-mail: greenstein@nsol.uchc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 130-08-21-041

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Prgm Director: James M McGrath, MD, PhD
Department of Genetics
PO Box 208005
New Haven, CT 06520
Tel: 203 785-2686 *Fax:* 203 785-3404
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 130-08-21-021

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
Prgm Director: Roberto T Zori, MD
PO Box 100296
Gainesville, FL 32610
Tel: 352 392-4104
Length: 2 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 130-11-31-071

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Miami Children's Hospital
Prgm Director: Louis J Elsas, MD
Dept of Pediatrics/Div of Medical Genetics
PO Box 016820 (D-820)
Miami, FL 33136
Tel: 305 243-7105 *Fax:* 305 243-7254
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 130-11-21-049

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Prgm Director: Paul M Fernhoff, MD
2165 North Decatur Road
Decatur, GA 30033
Tel: 404 778-8528 *Fax:* 404 778-8562
E-mail: pfernhoff@genetics.emory.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Subspecialties: MGP
Program ID: 130-12-21-048

Illinois

Chicago

University of Chicago/Northwestern University Program

Sponsor: University of Chicago Hospitals
Children's Memorial Hospital
McGaw Medical Center of Northwestern University
Prgm Director: Darrel J Waggoner, MD
5841 S Maryland Ave
MC 0077, Rm L-161
Chicago, IL 60637
Tel: 773 834-0555 *Fax:* 773 834-0556
E-mail: youtlaw@genetics.bsd.uchicago.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 130-16-21-057

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Prgm Director: Allen L Horwitz, MD, PhD
840 South Wood Street, M/C 856
Chicago, IL 60612
Tel: 312 355-0732
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 130-16-21-017

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Prgm Director: Gail H Vance, MD
975 West Walnut Street, 1B 130
Indianapolis, IN 46202
Tel: 317 274-2241 *Fax:* 317 278-1616
E-mail: ghvance@iupui.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 130-17-21-015

Louisiana

New Orleans

Tulane University Program

Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Prgm Director: Hans C Andersson, MD
Hayward Genetics Center
1430 Tulane Avenue, SL#31
New Orleans, LA 70112
Tel: 504 588-5229 *Fax:* 504 584-1763
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 130-21-21-025

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Garry R Cutting, MD
Institute of Genetic Medicine
600 North Wolfe Street, Blalock 1010 - A
Baltimore, MD 21287
Tel: 410 955-1773 *Fax:* 410 614-0213
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 130-23-21-043

Bethesda

National Institutes of Health Clinical Center Program

Sponsor: Clinical Center at the National Institutes of Health
Prgm Director: Maximilian Muenke, MD
National Institutes of Health
NIH Bldg 35, Room 1B-203
Bethesda, MD 20892
Tel: 301 402-8167 *Fax:* 301 480-7876
Length: 2 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 130-23-21-022
US Armed Services Program

Massachusetts

Boston

Harvard Medical School Program

Sponsor: Children's Hospital
Beth Israel Deaconess Medical Center
Prgm Director: Mira Irons, MD
Genetics-Fegan 10
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-4697 *Fax:* 617 730-0466
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 130-24-21-024

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: Laurie A Demmer, MD, MA*
750 Washington Street, #394
Boston, MA 02111
Tel: 617 636-1468 *Fax:* 617 636-1469
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 130-24-21-052

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Jeffrey W Innis, MD, PhD
D5210 Medical Professional Building
1500 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 763-6767 *Fax:* 734 763-6561
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 130-25-21-030

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital
Prgm Director: Jacquelyn R Roberson, MD
2709 West Grand Boulevard
Clara Ford Pavilion- 4th Floor
Detroit, MI 48202
Tel: 313 916-3115 *Fax:* 313 916-1730
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 130-25-21-001

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Prgm Director: Gerald L Feldman, MD, PhD
Center for Molecular Medicine and Genetics
540 E Canfield, 3216 Scott Hall
Detroit, MI 48201
Tel: 313 577-6298 *Fax:* 313 577-9137
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 130-25-21-047

Minnesota

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prgm Director: Jay W Ellison, MD, PhD
200 First Street, SW
Rochester, MN 55905
Tel: 507 266-2967 *Fax:* 507 284-1067
E-mail: ellison.jay@mayo.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Subspecialties: MGP
Program ID: 130-26-21-011

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine
Prgm Director: Judith H Miles, MD, PhD
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-6991 *Fax:* 573 884-3543
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 130-28-31-053

St Louis

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Shriners Hospitals for Children (St Louis)
St Louis Children's Hospital
Prgm Director: Rick A Martin, MD, MS
WU Medical Center, Campus Box 8116
One Children's Place
St Louis, MO 63110
Tel: 314 454-6093 *Fax:* 314 454-7025
E-mail: martin_r@kids.wustl.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 130-28-22-070

New Jersey

Newark

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
UMDNJ-Robert Wood Johnson Medical School
Prgm Director: Franklin Desposito, MD
Department of Pediatrics, MSB F-Level
185 South Orange Avenue
Newark, NJ 07103
Tel: 973 972-0673 *Fax:* 973 972-0795
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 130-33-21-037

New York

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Prgm Director: Susan J Gross, MD
1695 Eastchester Road, Suite 301
Division of Reproductive Genetics
Bronx, NY 10461
Tel: 718 405-8150 *Fax:* 718 405-8154
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 130-35-31-008

New York

Memorial Sloan-Kettering Cancer Center Program

Sponsor: Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Jessica Davis, MD
525 East 68th Street
Room HT-150
New York, NY 10021
Tel: 212 746-1496 *Fax:* 212 746-8893
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 130-35-13-051

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Margaret M McGovern, MD, PhD
5th Avenue at 100th Street
Box 1497
New York, NY 10029
Tel: 212 241-9234 *Fax:* 212 860-3316
Length: 4 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 130-35-21-006

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Kwame Anyane-Yeboah, MD
BHN6-601A
622W 168th Street
New York, NY 10032
Tel: 212 305-6731 *Fax:* 212 305-9058
E-mail: ka8@columbia.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 130-35-21-050

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Cynthia M Powell, MD
CB# 7487 - UNC Campus
Chapel Hill, NC 27599
Tel: 919 966-4202 *Fax:* 919 966-3025
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 130-36-21-031

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Prgm Director: Marie T McDonald, MD
Division of Medical Genetics
Box 3528
Durham, NC 27710
Tel: 919 684-2036
E-mail: mcdon035@mc.duke.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 130-36-21-018

Ohio

Cincinnati

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program

Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Howard M Saal, MD
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 636-4760 *Fax:* 513 636-7297
E-mail: howard.saal@cchmc.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 130-38-21-013

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Prgm Director: Georgia L Wiesner, MD, MS*
Center for Human Genetics
11100 Euclid Ave - Lakeside 1500
Cleveland, OH 44106
Tel: 216 844-7236 *Fax:* 216 844-7497
E-mail: delores.dargon@uhhs.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 130-38-21-007

Columbus

Children's Hospital/Ohio State University Program

Sponsor: Children's Hospital (Columbus)
Prgm Director: Dennis W Bartholomew, MD
700 Children's Drive
Columbus, OH 43205
Tel: 614 722-3535 *Fax:* 614 722-3535
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 130-38-12-072

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Shriners Hospitals for Children (Portland)
Prgm Director: Jone E Sampson, MD
3181 SW Sam Jackson Park Road
Mail Code L103
Portland, OR 97239
Tel: 503 494-7210 *Fax:* 503 494-6886
E-mail: sampsojo@ohsu.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 130-40-21-009

Pennsylvania

Philadelphia

Children's Hospital of Philadelphia Program

Sponsor: Children's Hospital of Philadelphia
University of Pennsylvania Health System
Prgm Director: Haig H Kazazian, MD
Div Human Genetics, Rm 1002ARC
3615 Civic Center Boulevard
Philadelphia, PA 19104
Tel: 215 590-3856 *Fax:* 215 590-3764
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 130-41-21-002

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Magee-Women's Hospital
Prgm Director: William A Hogge, MD
Dept Genet, Magee-Womens Hospital
300 Halket St
Pittsburgh, PA 15213
Tel: 412 641-4164 *Fax:* 412 641-1032
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Subspecialties: MGP
Program ID: 130-41-21-045

South Carolina

Greenwood

Greenwood Genetic Center Program

Sponsor: Greenwood Genetic Center,
Self Regional Healthcare
Prgm Director: Robert A Saul, MD
1 Gregor Mendel Circle
Greenwood, SC 29646
Tel: 864 941-8100 *Fax:* 864 941-8114
E-mail: rsaul@ggc.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 130-45-21-005

Tennessee

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Prgm Director: George E Tiller, MD, PhD
DD-2205 Medical Center North
Nashville, TN 37232
Tel: 615 322-7601 *Fax:* 615 343-9951
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 130-47-21-033

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
 Dallas County Hospital District-Parkland Memorial Hospital
Prgm Director: Lewis J Waber, MD, PhD
 5323 Harry Hines Boulevard, F3.318
 Dallas, TX 75390
Tel: 214 648-8996 *Fax:* 214 648-7829
E-mail: lewis.waber@utsouthwestern.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 130-48-13-058

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
 Texas Children's Hospital
Prgm Director: Arthur Beaudet, MD
 Dept of Molecular and Human Genetics
 One Baylor Plaza, MS-225
 Houston, TX 77030
Tel: 713 798-4795 *Fax:* 713 798-7773
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Subspecialties: MGP
Program ID: 130-48-21-012

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
 Lyndon B Johnson General Hospital
 Memorial Hermann Hospital System
 Shriners Hospitals for Children (Houston)
Prgm Director: Hope Northrup, MD
 6431 Fannin Street, MSB 3.144
 Houston, TX 77030
Tel: 713 500-5760 *Fax:* 713 500-5689
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 130-48-21-034

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
 Primary Children's Medical Center
Prgm Director: John C Carey, MD, MPH
 Room 2C412
 50 North Medical Drive
 Salt Lake City, UT 84132
Tel: 801 581-8943 *Fax:* 801 585-7252
E-mail: john.carey@hsc.utah.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 130-49-12-054

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: William G Wilson, MD*
 PO Box 800386
 Charlottesville, VA 22908
Tel: 434 924-2665
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 130-51-21-055

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
Prgm Director: JoAnn N Bodurtha, MD, MPH*
 Box 980033
 Richmond, VA 23298
Tel: 804 828-9632 *Fax:* 804 828-3760
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 130-51-21-003

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
 Children's Hospital and Regional Medical Center
 University of Washington Medical Center
Prgm Director: Peter H Byers, MD
 Box 357470
 Seattle, WA 98195
Tel: 206 543-4206 *Fax:* 206 612-1899
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 130-54-21-040

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
Prgm Director: Richard M Pauli, MD, PhD
 1500 Highland Avenue, #353
 Madison, WI 53705
Tel: 608 263-6874 *Fax:* 608 263-3496
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 130-56-21-036

Medical Microbiology (Pathology)**Connecticut****New Haven****Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
Prgm Director: Frank J Bia, MD, MPH
 333 Cedar Street, CB 609c
 PO Box 208030
 New Haven, CT 06520
Tel: 203 785-6854 *Fax:* 203 785-6802
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 314-08-21-011

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine
 Emory University Hospital
 Grady Health System
Prgm Director: Angela M Caliendo, MD, PhD
 Department of Pathology, Room H-180
 1364 Clifton Road, NE
 Atlanta, GA 30322
Tel: 404 712-5721 *Fax:* 404 727-2519
E-mail: acalien@emory.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 314-12-31-013

Illinois**Chicago****McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern University
 Northwestern Memorial Hospital
Prgm Director: John R Warren, MD
 251 East Huron Street
 Galter Pavilion Suite 7-132A
 Chicago, IL 60611
Tel: 312 926-6949 *Fax:* 312 926-4559
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 314-16-21-009

Evanston**Evanston Northwestern Healthcare (Evanston Hospital) Program**

Sponsor: Evanston Hospital
Prgm Director: Lance R Peterson, MD
 Clinical Microbiology, Department of Pathology
 2650 Ridge Avenue
 Evanston, IL 60201
Tel: 847 570-1637 *Fax:* 847 733-5314
E-mail: lpeterson@enh.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 314-16-31-015

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: Stephen D Allen, MD
550 N University Boulevard, Rm 4430
Indianapolis, IN 46202
Tel: 317 274-2557
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 314-17-21-001

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Prgm Director: Karen Carroll, MD
Johns Hopkins Hospital, Meyer Bldg, Room B1-193
600 North Wolfe Street
Baltimore, MD 21287
Tel: 410 955-5077 *Fax:* 410 614-8087
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 314-23-21-012

Minnesota

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Prgm Director: Jon E Rosenblatt, MD
200 First Street SW
Rochester, MN 55905
Tel: 507 284-3050 *Fax:* 507 284-4272
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 314-26-21-006

North Carolina

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Prgm Director: L Barth Reller, MD
Department of Pathology
Box 3938
Durham, NC 27710
Tel: 919 684-6474 *Fax:* 919 684-8519
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 314-36-21-004

Ohio

Cleveland

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Gary W Procop, MD, MS
Clinical Microbiology/ L40
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-5879 *Fax:* 216 444-4414
E-mail: procopg@ccf.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 314-38-21-008

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Prgm Director: Paul M Southern, MD
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-3587
E-mail: paul.southern@utsouthwestern.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 314-48-12-014

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Michael B Smith, MD
301 University Boulevard
Department of Pathology
Galveston, TX 77555
Tel: 409 747-2484
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 314-48-21-010

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
Prgm Director: Gail L Woods, MD
500 Chipeta Way
Salt Lake City, UT 84108
Tel: 801 583-2787 *Fax:* 801 584-5207
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 314-49-12-016

Medical Toxicology (Emergency Medicine)

Arizona

Phoenix

Banner Good Samaritan Medical Center Program

Sponsor: Banner Good Samaritan Medical Center
Phoenix Children's Hospital
Prgm Director: Steven C Curry, MD
925 E McDowell Road, 2nd Floor
Phoenix, AZ 85006
Tel: 602 239-6690 *Fax:* 602 239-4138
E-mail: steven.curry@bannerhealth.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 118-03-21-001

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
Prgm Director: Frank G Walter, MD
1501 N Campbell Avenue
Box 245057
Tucson, AZ 85724
Tel: 520 626-7233 *Fax:* 520 626-1633
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 118-03-31-024

California

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
VA Northern California Health Care System
Prgm Director: Timothy E Albertson, MD, PhD
4150 V Street
PSSB 3400
Sacramento, CA 95817
Tel: 916 734-3564 *Fax:* 916 734-7924
E-mail: tealbertson@ucdavis.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 118-05-21-008

Colorado

Denver

Denver Health Medical Center Program

Sponsor: Denver Health Medical Center
Prgm Director: Richard C Dart, MD, PhD
777 Bannock Street
Mail Code 0180
Denver, CO 80204
Tel: 303 739-1100 *Fax:* 303 739-1119
E-mail: richard.dart@rmpdc.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 118-07-31-013

Connecticut**Farmington****University of Connecticut/Hartford Hospital Program**

Sponsor: University of Connecticut School of Medicine Hartford Hospital
Prgm Director: Charles A McKay, MD
 Division of Medical Toxicology/Poison Control Cent
 263 Farmington Ave
 Farmington, CT 06030
Tel: 860 545-5411 *Fax:* 860 545-5132
E-mail: cmckay@harthosp.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 118-08-12-006

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine Centers for Disease Control and Prevention Georgia Poison Control Center-Grady Health System Grady Health System
Prgm Director: Brent W Morgan, MD
 80 Jesse Hill Jr Drive SE
 Atlanta, GA 30303
Tel: 404 616-4403 *Fax:* 404 616-6657
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 118-12-12-021

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine Clarian Methodist Hospital of Indiana William N Wishard Memorial Hospital
Prgm Director: Daniel E Rusyniak, MD
 POB 1367
 I-65 at 21st Street
 Indianapolis, IN 46206
Tel: 317 962-2335 *Fax:* 317 962-2337
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 118-17-12-017

Massachusetts**Boston****Children's Hospital/Boston Medical Center Program**

Sponsor: Children's Hospital Beth Israel Deaconess Medical Center Cambridge Hospital/Cambridge Health Alliance
Prgm Director: Michele Burns Ewald, MD
 IC Smith Building
 300 Longwood Avenue
 Boston, MA 02115
Tel: 617 355-6609 *Fax:* 617 730-0521
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 118-24-31-007

Worcester**University of Massachusetts Program**

Sponsor: University of Massachusetts Medical School Children's Hospital UMass Memorial Health Care (University Campus)
Prgm Director: Edward W Boyer, MD, PhD
 55 Lake Avenue North
 Worcester, MA 01655
Tel: 508 856-4101 *Fax:* 508 856-6902
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 118-24-21-015

Michigan**Detroit****Wayne State University/Detroit Medical Center Program**

Sponsor: Wayne State University/Detroit Medical Center St John Hospital and Medical Center William Beaumont Hospital
Prgm Director: Suzanne White, MD
 4160 John R, Suite 616
 Detroit, MI 48201
Tel: 313 745-5395 *Fax:* 313 745-5493
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 118-25-12-014

New York**New York****New York University School of Medicine Program**

Sponsor: New York University School of Medicine Bellevue Hospital Center
Prgm Director: Lewis Nelson, MD
 455 First Avenue, Room 123
 New York, NY 10016
Tel: 212 447-8150 *Fax:* 212 447-8223
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 118-35-31-002

North Carolina**Charlotte****Carolinas Medical Center Program**

Sponsor: Carolinas Medical Center
Prgm Director: William P Kerns, MD
 Department of Emergency Medicine/MEB
 1000 Blythe Boulevard
 Charlotte, NC 28203
Tel: 704 355-5297 *Fax:* 704 355-8356
E-mail: rkerns@carolinashealthcare.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 118-36-21-020

Ohio**Cincinnati****University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc Cincinnati Children's Hospital Medical Center
Prgm Director: Curtis P Snook, MD
 231 Albert Sabin Way
 Cincinnati, OH 45267
Tel: 513 558-5281 *Fax:* 513 558-5791
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 118-38-21-012

Oregon**Portland****Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital Veterans Affairs Medical Center (Portland)
Prgm Director: B Zane Horowitz, MD
 3181 SW Sam Jackson Park Road
 MC CSB-550
 Portland, OR 97239
Tel: 503 494-4833 *Fax:* 503 494-4980
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 118-40-21-003

Pennsylvania**Hershey****Penn State University/Milton S Hershey Medical Center Program**

Sponsor: Milton S Hershey Medical Center PinnacleHealth Hospitals PinnacleHealth System-Harrisburg Hospital
Prgm Director: J Ward Donovan, MD*
 500 University Drive
 PO Box 850
 Hershey, PA 17033
Tel: 717 782-5187 *Fax:* 717 782-5188
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 118-41-12-004

Philadelphia**Drexel University College of Medicine/Hahnemann University Hospital Program**

Sponsor: Drexel University College of Medicine (MCP Hahnemann) Hahnemann University Hospital (Tenet Health System) Mercy Fitzgerald Hospital Mercy Hospital of Philadelphia St Christopher's Hospital for Children (Tenet Health System)
Prgm Director: Michael I Greenberg, MD, MPH
 245 N 15th Street
 2nd floor NCB Suite 2108
 Philadelphia, PA 19102
Tel: 215 842-6545 *Fax:* 215 843-5121
E-mail: mg43@drexel.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 118-41-31-019

University of Pennsylvania (Children's Hospital) Program

Sponsor: Children's Hospital of Philadelphia Pennsylvania Hospital (UPHS) University of Pennsylvania Health System
Prgm Director: Kevin C Osterhoudt, MD, MS
 The Children's Hospital of Philadelphia
 34th Street and Civic Center Boulevard
 Philadelphia, PA 19104
Tel: 215 580-1944 *Fax:* 215 590-4454
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 118-41-22-023

Pittsburgh**University of Pittsburgh Medical Center Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program Pittsburgh Poison Center
Prgm Director: Daniel E Brooks, MD
 UPMC Presbyterian, D-L45
 200 Lothrop Street
 Pittsburgh, PA 15213
Tel: 412 643-6800 *Fax:* 412 647-5053
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 118-41-21-025

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School

Dallas County Hospital District-Parkland Memorial Hospital

Prgm Director: Kurt C Kleinschmidt, MD*

Section of Toxicology

5323 Harry Hines Boulevard

Dallas, TX 75390

Tel: 214 590-1354 *Fax:* 214 590-5008

Length: 2 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 118-48-31-009

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center

Blue Ridge Poison Control Center

Prgm Director: Mark A Kirk, MD

Department of Emergency Medicine

PO Box 800774

Charlottesville, VA 22908

Tel: 434 924-0948 *Fax:* 434 971-8657

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 118-51-13-022

Medical Toxicology (Preventive Medicine)

California

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center

California Poison Control System (CPSC)-San Diego

Scripps Mercy Hospital

Prgm Director: Richard F Clark, MD

135 Dickinson Street

San Diego, CA 92103

Tel: 619 543-6835 *Fax:* 619 543-3115

Length: 2 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 399-05-21-002

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine

San Francisco General Hospital Medical Center

Prgm Director: Neal Benowitz, MD

Box 1220

San Francisco, CA 94143

Tel: 415 206-8324 *Fax:* 415 206-4956

Length: 2 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 399-05-31-003

Illinois

Chicago

Cook County Hospital Program

Sponsor: John H Stroger Hospital of Cook County

Rush University Medical Center

University of Illinois Hospital and Clinics

Prgm Director: Steven Aks, DO

Div of Occupational Medicine, Section of Toxicolog

1900 W Polk Street, Suite 500

Chicago, IL 60612

Tel: 312 864-5520 *Fax:* 312 864-9656

Length: 2 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 399-16-31-001

Minnesota

St Paul

HealthPartners Institute for Medical Education/Regions Hospital Program

Sponsor: HealthPartners Institute for Medical Education

Hennepin County Medical Center

Prgm Director: Beth Baker, MD, MPH

Occupational and Environmental Medicine

640 Jackson Street

St Paul, MN 55101

Tel: 651 254-5180 *Fax:* 651 254-1417

Length: 2 Yrs *ACGME Approved/Offered Positions:* 1

Program ID: 399-26-12-004

Molecular Genetic Pathology (Medical Genetics and Pathology)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital

Children's Hospital of Alabama

Veterans Affairs Medical Center (Birmingham)

Prgm Director: Bruce R Korf, MD, PhD

619 South 19th Street, WP220

Birmingham, AL 35233

Tel: 205 934-9411 *Fax:* 205 934-9488

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 190-01-31-012

Arizona

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine

Southern Arizona VA Health Care Center (Tucson)

University Medical Center

Prgm Director: Lisa Rimsza, MD

1501 N Campbell Avenue

PO Box 245043

Tucson, AZ 85723

Tel: 520 626-8396

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 190-03-21-013

California

Stanford

Stanford University Program

Sponsor: Stanford University Hospital

Prgm Director: Iris Schrijver, MD

Department of Pathology, Room L235

Stanford, CA 94305

Tel: 650 724-2403

E-mail: iris.schrijver@medcenter.stanford.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 190-05-13-003

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine

Emory University Hospital

Grady Health System

Prgm Director: Karen P Mann, MD, PhD

1364 Clifton Road, NE

Atlanta, GA 30322

Tel: 404 712-1264 *Fax:* 404 727-2519

E-mail: kmann@emory.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 190-12-13-008

Massachusetts**Boston****Brigham and Women's Hospital/Harvard Medical School Program**

Sponsor: Brigham and Women's Hospital
Beth Israel Deaconess Medical Center
Children's Hospital
Dana-Farber Cancer Institute
Massachusetts General Hospital
Prgm Director: Janina A Longtine, MD
Amory Building 3-150
75 Francis Street
Boston, MA 02115

Tel: 617 732-7444 *Fax:* 617 730-2894

Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 190-24-13-010

Minnesota**Rochester****Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine

Prgm Director: Kevin C Halling, MD, PhD
200 First Street, SW
Rochester, MN 55905

Tel: 507 284-7616

Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 190-26-12-011

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
Prgm Director: Margaret L Gulley, MD
Department of Pathology, CB7525
101 Manning Dr
Chapel Hill, NC 27599

Tel: 919 843-4595 *Fax:* 919 966-8718

E-mail: jBadstei@unch.unc.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 190-36-12-002

Oregon**Portland****Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital
Prgm Director: Richard D Press, MD, PhD
Department of Pathology, Mail Code L113
3181 SW Sam Jackson Park Road
Portland, OR 97201

Tel: 503 494-2317 *Fax:* 503 494-2025

Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 190-40-22-004

Pennsylvania**Philadelphia****University of Pennsylvania Program**

Sponsor: University of Pennsylvania Health System
Prgm Director: Viviana M Van Deerlin, MD, PhD
3400 Spruce Street, 7.103 Founders
Philadelphia, PA 19104

Tel: 215 662-6550 *Fax:* 215 662-7529

E-mail: vivianna@mail.med.upenn.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 190-41-21-001

Pittsburgh**University of Pittsburgh Medical Center Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical
Education Program

Prgm Director: Jeffrey A Kant, MD, PhD

Scaife Hall, Suite 701

3550 Terrace Street

Pittsburgh, PA 15213

Tel: 412 648-8519 *Fax:* 412 383-9594

E-mail: kantja@upmc.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 190-41-21-009

Texas**Houston****Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine

Texas Children's Hospital

Prgm Director: James Versalovic, MD, PhD

One Baylor Plaza

Houston, TX 77030

Tel: 832 824-2213 *Fax:* 832 825-1032

Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 190-48-22-007

Virginia**Richmond****Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health
System

Prgm Director: Carleton T Garrett, MD, PhD*

PO Box 980662

Richmond, VA 23298

Tel: 804 828-3692 *Fax:* 804 225-4738

E-mail: ctgarret@hsc.vcu.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 190-51-11-005

**Musculoskeletal
Oncology
(Orthopaedic
Surgery)****District of Columbia****Washington****Washington Hospital Center Program**

Sponsor: Washington Hospital Center

Prgm Director: Martin M Malawer, MD

110 Irving Street, NW, Suite C2173

Washington, DC 20010

Tel: 202 877-3970 *Fax:* 202 877-8959

Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 270-10-21-013

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine

Shands Hospital at the University of Florida

Prgm Director: Mark T Scarborough, MD

Department of Orthopaedic Surgery

PO Box 112727

Gainesville, FL 32611

Tel: 352 273-7365 *Fax:* 352 273-7388

Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 270-11-21-009

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health
System

Cedars Medical Center

Prgm Director: H Thomas Temple, MD

1611 NW 12th Avenue

Dept of Orthopaedic Surgery

Miami, FL 33136

Tel: 305 325-4475 *Fax:* 305 325-3928

E-mail: zmoore@med.miami.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 270-11-22-016

Illinois**Chicago****University of Chicago Program**

Sponsor: University of Chicago Hospitals

Prgm Director: Terrance Peabody, MD

5841 S Maryland Avenue, MC 3079

Chicago, IL 60637

Tel: 773 702-3442 *Fax:* 773 702-0076

Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 270-16-21-001

Massachusetts

Boston

Massachusetts General Hospital/Harvard Medical School Program

Sponsor: Massachusetts General Hospital
Beth Israel Deaconess Medical Center
Children's Hospital
Prgm Director: Francis J Hornicek, MD, PhD
55 Fruit Street
Boston, MA 02114
Tel: 617 724-3700 *Fax:* 617 726-6823
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 270-24-21-008

Minnesota

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prgm Director: Michael G Rock, MD*
200 First Street, SW
Rochester, MN 55905
Tel: 507 284-3316 *Fax:* 507 284-5539
E-mail: mgsm.roch.mn.orthopedics@mayo.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 270-26-21-004

New Jersey

Newark

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
Prgm Director: Joseph Benevenia, MD
Doctors' Office Center, Floor 7, Rm 7400
90 Bergen Street
Newark, NJ 07107
Tel: 973 972-2153 *Fax:* 973 972-5296
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 270-33-31-017

New York

New York

Memorial Sloan-Kettering Cancer Center Program

Sponsor: Memorial Sloan-Kettering Cancer Center
Hospital for Special Surgery
Prgm Director: John H Healey, MD
1275 York Avenue
New York, NY 10021
Tel: 212 639-7610 *Fax:* 212 794-4015
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 270-35-21-005

Texas

Houston

University of Texas M D Anderson Cancer Center Program

Sponsor: University of Texas M D Anderson Cancer Center
Prgm Director: Alan W Yasko, MD
1400 Holcombe Boulevard, Unit 444
PO BOX 301402
Houston, TX 77230
Tel: 713 794-5242 *Fax:* 713 792-8448
E-mail: ayasko@mdanderson.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 270-48-13-014

Musculoskeletal Radiology (Radiology-Diagnostic)

Michigan

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital
Prgm Director: Marnix T Van Holsbeeck, MD
Musculoskeletal Radiology/ Area K2&K12
2799 West Grand Blvd
Detroit, MI 48202
Tel: 313 916-7338 *Fax:* 313 916-5110
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 426-25-21-001

New York

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Weiler Hospital
Prgm Director: Beverly Thornhill, MD
Dept of Radiology
111 East 210th Street
Bronx, NY 10467
Tel: 718 920-5506 *Fax:* 718 798-7983
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 426-35-21-002

New York

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Hospital for Joint Diseases Orthopaedic Institute
Prgm Director: Leon D Rybak, MD*
560 First Avenue
New York, NY 10016
Tel: 212 598-6643 *Fax:* 212 598-6125
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 426-35-11-006

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Johnny U V Monu, MD
Box 648
601 Elmwood Avenue
Rochester, NY 14642
Tel: 585 275-0872 *Fax:* 585 273-3549
E-mail: Iona_Mackey@urmc.rochester.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 426-35-31-003

North Carolina**Winston-Salem****Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Leon Lenchik, MD*
 Medical Center Boulevard
 Winston-Salem, NC 27157
Tel: 336 716-2478 *Fax:* 336 716-1278
E-mail: llenchik@wfubmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 426-36-21-004

Ohio**Cleveland****Cleveland Clinic Foundation Program**

Sponsor: Cleveland Clinic Foundation
Prgm Director: Bradford J Richmond, MD, MS
 9500 Euclid Avenue, A21
 Desk A-21
 Cleveland, OH 44195
Tel: 216 444-3931 *Fax:* 216 445-9445
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 426-38-21-007

Oklahoma**Oklahoma City****University of Oklahoma Health Sciences Center Program**

Sponsor: University of Oklahoma College of Medicine
 OU Medical Center-Everett Tower
 OU Medical Center-Presbyterian Tower
Prgm Director: Douglas P Beall, MD
 Department of Radiological Sciences ET 1606
 PO Box 26901
 Oklahoma City, OK 73190
Tel: 405 271-1654 *Fax:* 405 271-3375
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 426-39-12-010

Pennsylvania**Philadelphia****Temple University Hospital Program**

Sponsor: Temple University Hospital
Prgm Director: William R Reinus, MD, MBA*
 Broad and Ontario Streets
 Philadelphia, PA 19140
Tel: 215 707-2640 *Fax:* 215 707-6861
E-mail: petersi@tuhs.temple.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 426-41-21-005

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: Murray K Dalinka, MD
 1 Silverstein
 3400 Spruce Street
 Philadelphia, PA 19104
Tel: 215 662-3019 *Fax:* 215 662-3037
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 426-41-13-009

Neonatal-Perinatal Medicine (Pediatrics)**Alabama****Birmingham****University of Alabama Medical Center Program**

Sponsor: University of Alabama Hospital
 Children's Hospital of Alabama
Prgm Director: Waldemar A Carlo, MD
 Division of Neonatology
 525 New Hillman Building
 Birmingham, AL 35233
Tel: 205 934-4680 *Fax:* 205 934-3100
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-01-21-001

Arkansas**Little Rock****University of Arkansas for Medical Sciences Program**

Sponsor: University of Arkansas College of Medicine
 Arkansas Children's Hospital
 University Hospital of Arkansas
Prgm Director: Richard W Hall, MD
 Neonatology, Slot 512 B
 4301 West Markham Street
 Little Rock, AR 72205
Tel: 501 603-1255 *Fax:* 501 686-8937
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 329-04-21-105

California**Loma Linda****Loma Linda University Program**

Sponsor: Loma Linda University Medical Center
Prgm Director: Andrew O Hopper, MD
 11234 Anderson Street
 Division of Neonatology
 Loma Linda, CA 92354
Tel: 909 558-7448 *Fax:* 909 558-0298
E-mail: ahopper@ahs.lumc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-05-21-062

Los Angeles**Cedars-Sinai Medical Center Program**

Sponsor: Cedars-Sinai Medical Center
Prgm Director: Charles F Simmons, MD
 8700 Beverly Boulevard
 North Tower, Room 4228
 Los Angeles, CA 90048
Tel: 310 423-0460 *Fax:* 310 423-4002
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 329-05-21-113

Charles R Drew University Program

Sponsor: Charles R Drew University of Medicine and Science
 LAC-King/Drew Medical Center
Prgm Director: Richard Findlay, MD
 12021 South Wilmington Avenue
 Los Angeles, CA 90059
Tel: 310 668-3185 *Fax:* 310 639-0456
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 329-05-12-117

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
 UCLA Medical Center
Prgm Director: Sherin U Devaskar, MD
 10833 Le Conte Avenue, B2-375 MDCC
 Los Angeles, CA 90095
Tel: 310 825-9436 *Fax:* 310 267-0154
E-mail: emanczuk@mednet.ucla.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-05-21-005

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
 Childrens Hospital Los Angeles
 LAC+USC Medical Center
 Queen of Angels Hollywood Presbyterian Medical Center
Prgm Director: Rangasamy Ramanathan, MD
 Women's and Children's Hospital, Room L919
 1240 North Mission Road
 Los Angeles, CA 90033
Tel: 323 226-3409 *Fax:* 323 226-3440
E-mail: ramanath@usc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 329-05-21-004

Orange**University of California (Irvine) Program**

Sponsor: University of California (Irvine) Medical Center
 Long Beach Memorial Medical Center
Prgm Director: Houchang D Modanlou, MD
 Building 2, Route 81
 101 The City Drive South
 Orange, CA 92868
Tel: 714 456-6933 *Fax:* 714 456-7658
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-05-31-114

Sacramento**University of California (Davis) Health System Program**

Sponsor: UC Davis Health System
 University of California (Davis) Medical Center
Prgm Director: Francis R Poulain, MD*
 Division of Neonatology-TB 193
 Davis, CA 95616
Tel: 916 752-3441 *Fax:* 916 752-6215
E-mail: cenofziger@ucdavis.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-05-21-007

San Diego**University of California (San Diego) Program**

Sponsor: University of California (San Diego) Medical Center
Prgm Director: Neil N Finer, MD
 Dept of Pediatrics/Neonatology
 200 West Arbor Drive
 San Diego, CA 92103
Tel: 619 543-3794 *Fax:* 619 543-3812
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-05-31-096

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
 University of California (San Francisco) Medical Center
Prgm Director: Joseph A Kitterman, MD
 Department of Pediatrics
 Box 0734, Room U 503
 San Francisco, CA 94143
Tel: 415 476-7242 *Fax:* 415 476-9976
E-mail: jkitter@itsa.ucsf.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 329-05-21-009

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
 Lucile Salter Packard Children's Hospital at Stanford
Prgm Director: Louis P Halamek, MD
 Division of Neonatal and Developmental Medicine
 750 Welch Road, Suite 315
 Palo Alto, CA 94304
Tel: 650 723-5711 *Fax:* 650 725-8351
E-mail: tnewton@stanford.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 329-05-21-010

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
 Children's Hospital of Orange County
Prgm Director: J Usha Raj, MD
 1000 W Carson Street
 Torrance, CA 90509
Tel: 310 222-1963 *Fax:* 310 222-3887
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-05-11-116

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
 Children's Hospital (The)
 University of Colorado Hospital
Prgm Director: Thomas A Parker, MD
 PO Box 6508
 MS F441
 Aurora, CO 80045
Tel: 303 724-1607 *Fax:* 303 724-0898
E-mail: thomas.parker@uchsc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-07-21-012

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
 Connecticut Children's Medical Center
 Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Naveed Hussain, MD
 Division of Neonatology
 263 Farmington Avenue
 Farmington, CT 06030
Tel: 860 679-3105 *Fax:* 860 679-1403
Length: 3 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 329-08-21-013

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Prgm Director: Ian Gross, MD
 Department of Pediatrics
 PO Box 208064
 New Haven, CT 06520
Tel: 203 688-2320 *Fax:* 203 688-5426
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-08-21-014

Delaware

Wilmington

Thomas Jefferson University/duPont Hospital for Children Program

Sponsor: Thomas Jefferson University Hospital
 Christiana Care Health Services Inc
Prgm Director: Stephen Pearlman, MD
 700 College
 Philadelphia, PA 19107
Tel: 302 733-2410 *Fax:* 302 733-2602
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 329-41-21-104

District of Columbia

Washington

Children's National Medical Center/George Washington University Program

Sponsor: Children's National Medical Center
 George Washington University Hospital (UHS)
Prgm Director: Khodayar Rais-Bahrami, MD
 Department of Neonatology
 111 Michigan Avenue, NW
 Washington, DC 20010
Tel: 202 884-4764 *Fax:* 202 884-3459
E-mail: kraishbah@CNMC.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-10-21-015

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Prgm Director: Kolinjavadi N Siva Subramanian, MD
 3800 Reservoir Rd, N W
 #M3400
 Washington, DC 20007
Tel: 202 444-8569 *Fax:* 202 444-4747
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-10-21-066

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
 Shands Hospital at the University of Florida
Prgm Director: Josef Neu, MD
 Division of Neonatology
 1600 SW Archer Road, Room HD513
 Gainesville, FL 32610
Tel: 352 392-4193 *Fax:* 352 846-3937
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-11-21-016

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Eduardo Bancalari, MD
 PO Box 016960 (R-131)
 Miami, FL 33101
Tel: 305 585-2328 *Fax:* 305 545-6581
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 329-11-21-017

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
 All Children's Hospital
 Tampa General Hospital
Prgm Director: Monisha D Saste, MD*
 17 Davis Blvd
 Suite 200
 Tampa, FL 33606
Tel: 813 259-8812 *Fax:* 813 259-8810
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-11-21-018

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
 Grady Health System
Prgm Director: Augusto Sola, MD*
 Department of Pediatrics
 2015 Upper Gate Drive
 Atlanta, GA 30322
Tel: 404 727-1471 *Fax:* 404 727-7233
E-mail: linda_black@oz.ped.emory.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-12-21-085

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Prgm Director: Jatinder Bhatia, MD
 Section of Neonatology
 1120 15th St, BIW 6033
 Augusta, GA 30912
Tel: 706 721-2331 *Fax:* 706 721-7531
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 329-12-21-067

Hawaii

Honolulu

University of Hawaii Program

Sponsor: University of Hawaii John A Burns School of Medicine
 Kapiolani Medical Center for Women and Children
 Tripler Army Medical Center
Prgm Director: Mark W Thompson, MD
 1 Jarrett White Road
 Honolulu, HI 96859
Tel: 808 433-5912 *Fax:* 808 433-6046
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-14-21-019

Illinois**Chicago****Cook County Hospital Program**

Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Suma P Pyati, MD
 1901 West Harrison
 Division of Neonatology - Room 4402
 Chicago, IL 60612
Tel: 312 864-4023 *Fax:* 312 864-0943
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-16-21-020

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
 Children's Memorial Hospital
 Evanston Hospital
 Northwestern Memorial Hospital
Prgm Director: Raye-Ann O deRegnier, MD
 Div of Neonatology, #45
 2300 Children's Plaza
 Chicago, IL 60614
Tel: 773 880-4142 *Fax:* 773 880-3061
E-mail: r-deregnier@northwestern.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 329-16-21-021

University of Chicago Program

Sponsor: University of Chicago Hospitals
 University of Chicago Children's Hospital
Prgm Director: Kwang-sun Lee, MD
 5841 S Maryland Avenue, MC6060
 Chicago, IL 60637
Tel: 773 702-6210 *Fax:* 773 702-0764
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-16-11-098

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
 University of Illinois Hospital and Clinics
Prgm Director: Dharmapuri Vidyasagar, MD
 Division of Neonatology
 840 S Wood Street
 Chicago, IL 60612
Tel: 312 996-4185 *Fax:* 312 413-7901
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-16-21-022

Maywood**Loyola University Program**

Sponsor: Loyola University Medical Center
Prgm Director: Jonathan K Muraskas, MD
 2160 South First Avenue
 107-5811
 Maywood, IL 60153
Tel: 708 216-1067 *Fax:* 708 216-5602
E-mail: bkanzia@lumc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-16-21-069

Park Ridge**Advocate Lutheran General Hospital Program**

Sponsor: Advocate Lutheran General Hospital
Prgm Director: Bhagya Puppala, MD
 1775 Dempster Street
 Park Ridge, IL 60068
Tel: 847 723-5313 *Fax:* 847 723-2338
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-16-21-070

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
 Clarian Riley Hospital for Children
Prgm Director: David W Boyle, MD
 Section of Neonatal-Perinatal Medicine
 699 West Drive, RR208
 Indianapolis, IN 46202
Tel: 317 274-4715 *Fax:* 317 274-2065
E-mail: neonatal@iupui.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 329-17-21-023

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: John A Widness, MD
 Department of Pediatrics
 200 Hawkins Drive, 8807 JPP
 Iowa City, IA 52242
Tel: 319 356-8102 *Fax:* 319 356-4685
E-mail: john-widness@uiowa.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-18-11-087

Kentucky**Lexington****University of Kentucky College of Medicine Program**

Sponsor: University of Kentucky College of Medicine
 University of Kentucky Hospital
Prgm Director: Henrietta S Bada, MD, MPH
 Department of Pediatrics
 800 Rose Street, Room, MS 473
 Lexington, KY 40536
Tel: 859 323-1019 *Fax:* 859 257-6106
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-20-21-024

Louisville**University of Louisville Program**

Sponsor: University of Louisville School of Medicine
 Kosair Children's Hospital (Norton Healthcare, Inc)
 University of Louisville Hospital
Prgm Director: David H Adamkin, MD
 Division of Neonatal Medicine
 571 South Floyd Street Suite #342
 Louisville, KY 40202
Tel: 502 852-8470 *Fax:* 502 852-8473
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-20-21-025

Louisiana**New Orleans****Louisiana State University/Tulane University Program**

Sponsor: Louisiana State University School of Medicine
 Children's Hospital
 Medical Center of Louisiana at New Orleans
Prgm Director: Duna Penn, MD, MS
 1542 Tulane Avenue, T8-1
 New Orleans, LA 70112
Tel: 504 568-6233 *Fax:* 504 568-7532
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-21-21-106

Shreveport**Louisiana State University (Shreveport) Program**

Sponsor: LSU Health Sciences Center-University Hospital
Prgm Director: Ramasubbareddy Dhanirreddy, MD
 PO Box 33932
 1501 Kings Highway Rm K5-03
 Shreveport, LA 71130
Tel: 318 675-7276 *Fax:* 318 675-4660
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-21-11-088

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Hospital
Prgm Director: Susan W Aucott, MD
 600 N Wolfe Street, CMSC 210
 Baltimore, MD 21287
Tel: 410 955-5259 *Fax:* 410 955-0298
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-23-21-026

University of Maryland Program

Sponsor: University of Maryland Medical System
 Mercy Medical Center
Prgm Director: Rose Marie Viscardi, MD
 Dept of Pediatrics, Div of Neonatology-UMMS N5W6
 22 South Greene Street
 Baltimore, MD 21201
Tel: 410 328-6003 *Fax:* 410 328-1076
E-mail: rviscard@umaryland.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-23-21-027

Bethesda**National Capital Consortium Program**

Sponsor: National Capital Consortium
 National Naval Medical Center (Bethesda)
Prgm Director: Jerri Curtis, MD
 Department of Pediatrics
 4301 Jones Bridge Road
 Bethesda, MD 20814
Tel: 301 295-3174 *Fax:* 301 319-8214
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-10-11-090
 US Armed Services Program

Massachusetts

Boston

Children's Hospital/Boston Medical Center Program

Sponsor: Children's Hospital
Prgm Director: Stella Kourembanas, MD*
 Children's Hospital, Enders 961
 300 Longwood Avenue
 Boston, MA 02115
Tel: 617 355-7383 *Fax:* 617 730-0260
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 329-24-21-028

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: Simon K Michael, MD, PhD
 Floating Hospital for Children
 750 Washington Street, NEMC #44
 Boston, MA 02111
Tel: 617 636-8096 *Fax:* 617 636-1456
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 329-24-21-071

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
 UMass Memorial Health Care (Memorial Campus)
Prgm Director: Francis J Bednarek, MD
 119 Belmont Street
 Worcester, MA 01605
Tel: 508 334-6206 *Fax:* 508 334-6083
E-mail: franktia@aol.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 329-24-21-020

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Robert E Schumacher, MD
 F5790 Mott Hospital/0254
 1500 E Medical Center Dr
 Ann Arbor, MI 48109
Tel: 734 763-4109 *Fax:* 734 763-7728
E-mail: ped-npm-general@med.umich.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-25-21-030

Detroit

Wayne State University/Detroit Medical Center/Children's Hospital of Michigan Program

Sponsor: Wayne State University/Detroit Medical Center
 Children's Hospital of Michigan
 Harper-Hutzel Hospital
Prgm Director: Yvette R Johnson, MD, MPH*
 3901 Beaubien Blvd
 Detroit, MI 48201
Tel: 313 745-5638 *Fax:* 313 745-5887
E-mail: yjohnson@med.wayne.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-25-21-031

Lansing

Michigan State University Program

Sponsor: Michigan State University College of Human Medicine
 Sparrow Hospital
Prgm Director: Ira H Gewolb, MD*
 1215 E Michigan Avenue
 Lansing, MI 48909
Tel: 517 364-2178 *Fax:* 517 364-3994
E-mail: gewolb@msu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 329-25-21-032

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Paul School
 Children's Hospitals & Clinics - St Paul
 Fairview-University Medical Center
Prgm Director: Catherine M Bendel, MD
 MMC 39
 420 Delaware Street, SE
 Minneapolis, MN 55455
Tel: 612 626-3250 *Fax:* 612 624-8176
E-mail: bende001@umn.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-26-21-033

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine
 Columbia Regional Hospital
Prgm Director: John A Pardalos, MD
 Dept of Child Health, N723
 1 Hospital Drive
 Columbia, MO 65212
Tel: 573 882-2272 *Fax:* 573 884-4277
E-mail: pardalosj@health.missouri.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 329-28-21-035

Kansas City

University of Missouri at Kansas City Program

Sponsor: University of Missouri-Kansas City School of Medicine
 Children's Mercy Hospital
 Truman Medical Center
Prgm Director: William E Truog, MD
 2401 Gillham Road
 Kansas City, MO 64108
Tel: 816 234-3592 *Fax:* 816 234-3590
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 329-28-11-091

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
 Cardinal Glennon Children's Hospital
 St Mary's Health Center
Prgm Director: Farouk H Sadiq, MD*
 1465 S Grand Blvd
 St Louis, MO 63104
Tel: 314 577-5642 *Fax:* 314 268-6410
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-28-21-036

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
 St Louis Children's Hospital
Prgm Director: Brian P Hackett, MD, PhD
 Department of Pediatrics
 One Children's Place
 St Louis, MO 63110
Tel: 314 286-2893 *Fax:* 314 286-2892
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 329-28-21-037

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: Robert A Darnall, MD
 Department of Pediatrics
 One Medical Center Drive
 Lebanon, NH 03756
Tel: 603 653-6067 *Fax:* 603 653-3585
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 329-32-21-111

New Jersey

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School
 Robert Wood Johnson University Hospital
 Jersey Shore University Medical Center
Prgm Director: Thomas Hegyi, MD
 MEB 312C
 New Brunswick, NJ 08903
Tel: 732 235-8958 *Fax:* 732 235-6609
E-mail: hegyith@umdnj.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 329-33-21-092

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
 University of New Mexico Health Sciences
Prgm Director: Robin K Ohls, MD
 Department of Pediatrics, Division of Neonatology
 MSC10 5590, 1 University of New Mexico
 Albuquerque, NM 87131
Tel: 505 272-6753 *Fax:* 505 272-1539
E-mail: rohls@unm.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-34-21-072

New York

Albany

Albany Medical Center Program

Sponsor: Albany Medical Center
Prgm Director: Joaquim M Pinheiro, MD, MPH
 Department of Pediatrics, MC-101
 47 New Scotland Avenue
 Albany, NY 12208
Tel: 518 262-5421 *Fax:* 518 262-5881
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 329-35-21-038

Bronx**Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Montefiore Medical Center-Weiler Hospital
Prgm Director: Luc P Brion, MD
 Jack D Weiler Hospital, Room 725
 1825 Eastchester Road
 Bronx, NY 10461
Tel: 718 904-4105 *Fax:* 718 904-2659
E-mail: lbrion@montefiore.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 329-35-21-039

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
 Kaleida Health System (Women and Children's Hosp of Buffalo)
Prgm Director: Alastair A Hutchison, MBChB
 219 Bryant Street
 Buffalo, NY 14222
Tel: 716 878-7673 *Fax:* 716 878-7945
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-35-21-041

Great Neck**North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program**

Sponsor: North Shore-Long Island Jewish Health System
 Schneider Children's Hospital at Long Island Jewish Med Ctr
 Schneider Children's Hospital at North Shore University Hosp
Prgm Director: Dennis Davidson, MPH
 269-01 76th Avenue
 New Hyde Park, NY 11040
Tel: 718 470-3440 *Fax:* 718 347-3850
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 329-35-21-074

New York**Mount Sinai School of Medicine Program**

Sponsor: Mount Sinai School of Medicine
 Mount Sinai Medical Center
Prgm Director: Ian R Holzman, MD
 Department of Pediatrics
 One Gustave L Levy Place, Box 1508
 New York, NY 10029
Tel: 212 241-5446 *Fax:* 212 534-5207
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 329-35-21-075

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: S David Rubenstein, MD
 Children's Hospital of NY Presbyterian, Room 1201N
 3959 Broadway
 New York, NY 10032
Tel: 212 305-8500 *Fax:* 212 305-8796
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 329-35-21-076

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Jeffrey M Periman, MBChB
 525 East 68th Street
 New York, NY 10021
Tel: 212 746-3530 *Fax:* 212 746-8608
Length: 3 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 329-35-21-042

New York University School of Medicine Program

Sponsor: New York University School of Medicine
 Bellevue Hospital Center
Prgm Director: Karen D Hendricks-Munoz, MD, MPH
 Tisch Hospital - H563
 560 First Avenue
 New York, NY 10016
Tel: 212 263-7477 *Fax:* 212 263-0134
Length: 3 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 329-35-21-108

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Ronnie Guillet, MD, PhD
 Department of Pediatrics
 601 Elmwood Avenue, Box 651
 Rochester, NY 14642
Tel: 585 275-6209 *Fax:* 585 461-3614
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-35-21-043

Stony Brook**SUNY at Stony Brook Program**

Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: Joseph D DeCristofaro, MD
 Department of Pediatrics
 HSC T 11-060
 Stony Brook, NY 11794
Tel: 631 444-7653 *Fax:* 631 444-9142
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-35-21-093

Valhalla**New York Medical College at Westchester Medical Center Program**

Sponsor: New York Medical College
 Westchester Medical Center
Prgm Director: Edmund F LaGamma, MD
 Regional Neonatal Intensive Care Unit
 Westchester Medical Center
 Valhalla, NY 10595
Tel: 914 493-8558 *Fax:* 914 493-1488
E-mail: edmund_lagama@nysmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 329-35-21-077

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
Prgm Director: Wayne A Price, MD
 Department of Pediatrics, CB#7596
 Fourth Floor UNC Hospital
 Chapel Hill, NC 27599
Tel: 919 966-9152 *Fax:* 919 966-3034
E-mail: waprice@UNC.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-36-21-045

Durham**Duke University Hospital Program**

Sponsor: Duke University Hospital
Prgm Director: Ronald N Goldberg, MD
 Division of Neonatology
 Box 3179
 Durham, NC 27710
Tel: 919 681-6024 *Fax:* 919 681-6065
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-36-21-046

Greenville**Pitt County Memorial Hospital/East Carolina University Program**

Sponsor: Pitt County Memorial Hospital
 East Carolina University School of Medicine
Prgm Director: James J Cummings, MD
 Pediatrics-Neonatology
 600 Moye Blvd
 Greenville, NC 27834
Tel: 252 744-4787 *Fax:* 252 744-3806
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 329-36-21-078

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
 Forsyth Memorial Hospital
Prgm Director: T Michael D O'Shea, MD, MPH*
 Medical Center Boulevard
 Dept of Pediatrics
 Winston-Salem, NC 27157
Tel: 336 716-4663 *Fax:* 336 716-2525
E-mail: moshea@wfubmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-36-11-103

Ohio**Cincinnati****Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program**

Sponsor: Cincinnati Children's Hospital Medical Center
 TriHealth-Good Samaritan Hospital
 University Hospital Inc
Prgm Director: Ward R Rice, MD, PhD
 Neonatology, MLC 7009
 3333 Burnet Avenue
 Cincinnati, OH 45229
Tel: 513 636-7368 *Fax:* 513 636-7868
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 329-38-21-047

Cleveland**Case Western Reserve University (MetroHealth) Program**

Sponsor: MetroHealth Medical Center
Prgm Director: John J Moore, MD
 2500 MetroHealth Drive
 Cleveland, OH 44109
Tel: 216 778-5909 *Fax:* 216 778-3252
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-38-21-089

**Case Western Reserve University/
University Hospitals of Cleveland
Program**

Sponsor: University Hospitals of Cleveland
Prgm Director: Cynthia F Bearer, MD, PhD
Division of Neonatology
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-5249 *Fax:* 216 844-3928
E-mail: cfb3@cwru.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 329-38-21-048

Columbus

**Children's Hospital/Ohio State University
Program**

Sponsor: Children's Hospital (Columbus)
Ohio State University Hospital
Prgm Director: Stephen E Welty, MD
700 Children's Drive
Columbus, OH 43205
Tel: 614 722-4530 *Fax:* 614 722-4541
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-38-21-049

Oklahoma

Oklahoma City

**University of Oklahoma Health Sciences
Center Program**

Sponsor: University of Oklahoma College of Medicine
OU Medical Center-Children's Hospital
OU Medical Center-Everett Tower
Prgm Director: Marilyn Escobedo, MD
Dept of Pediatrics (CHO-2B307)
PO Box 26307
Oklahoma City, OK 73126
Tel: 405 271-5215 *Fax:* 405 271-1236
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 329-39-21-079

Oregon

Portland

**Oregon Health & Science University
Program**

Sponsor: Oregon Health & Science University Hospital
Prgm Director: Cynthia T McEvoy, MD
(CDRC-P)
707 SW Gaines Street
Portland, OR 97239
Tel: 503 494-0085 *Fax:* 503 494-1542
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-40-21-081

Pennsylvania

Hershey

**Penn State University/Milton S Hershey
Medical Center Program**

Sponsor: Milton S Hershey Medical Center
Prgm Director: James W Kendig, MD*
Pennsylvania State University
PO Box 850, 500 University Drive
Hershey, PA 17033
Tel: 717 531-8413 *Fax:* 717 531-1533
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 329-41-21-050

Philadelphia

**Children's Hospital of Philadelphia
Program**

Sponsor: Children's Hospital of Philadelphia
University of Pennsylvania Health System
Prgm Director: Phyllis A Dennerly, MD*
Division of Neonatology
34th St and Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 590-1653 *Fax:* 215 590-3051
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 329-41-21-051

**St Christopher's Hospital for Children
Program**

Sponsor: St Christopher's Hospital for Children (Tenet
Health System)
Hahnemann University Hospital (Tenet Health System)
Prgm Director: Alan B Zubrow, MD
Erie Avenue at Front Street
Philadelphia, PA 19134
Tel: 215 427-5202 *Fax:* 215 427-8192
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 329-41-21-082

Pittsburgh

**University of Pittsburgh Medical Center
Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical
Education Program
Children's Hospital of Pittsburgh
Magee-Women's Hospital
Prgm Director: Gary A Silverman, MD, PhD*
Department of Pediatrics
300 Halket Street
Pittsburgh, PA 15213
Tel: 412 641-4110 *Fax:* 412 641-1844
Length: 3 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 329-41-21-052

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
University Pediatric Hospital
Prgm Director: Marta Valcarcel, MD
PO Box 365067
San Juan, PR 00936
Tel: 787 777-3225 *Fax:* 787 758-5307
E-mail: mivalcar@prtc.net
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 329-42-21-112

Rhode Island

Providence

Brown University Program

Sponsor: Women and Infants Hospital of Rhode Island
Prgm Director: Barbara S Stonestreet, MD
101 Dudley Street
Providence, RI 02905
Tel: 401 274-1122 *Fax:* 401 453-7571
E-mail: bstonestreet@wihri.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 329-43-21-053

South Carolina

Charleston

**Medical University of South Carolina
Program**

Sponsor: Medical University of South Carolina College of
Medicine
MUSC Medical Center
Prgm Director: David J Annibale, MD
165 Ashley Avenue
672 Children's Hospital
Charleston, SC 29425
Tel: 843 792-2112 *Fax:* 843 792-8801
E-mail: annibald@musc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-45-21-100

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
Regional Medical Center at Memphis
Prgm Director: Richard J Cooke, MD*
Newborn Center
853 Jefferson Avenue, 2nd Fl
Memphis, TN 38163
Tel: 901 448-5950 *Fax:* 901 448-1691
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 329-47-21-083

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Prgm Director: Margaret G Rush, MD
Division of Neonatology
A-0105 Medical Center North
Nashville, TN 37232
Tel: 615 322-3476 *Fax:* 615 343-1763
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 329-47-21-054

Texas

Dallas

**University of Texas Southwestern
Medical School Program**

Sponsor: University of Texas Southwestern Medical
School
Dallas County Hospital District-Parkland Memorial
Hospital
Prgm Director: Charles R Rosenfeld, MD
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-3903 *Fax:* 214 648-2481
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 329-48-21-055

Galveston

**University of Texas Medical Branch
Hospitals Program**

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: C Joan Richardson, MD
Department of Pediatrics
301 University Blvd
Galveston, TX 77555
Tel: 409 772-2815 *Fax:* 409 772-0747
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 329-48-21-056

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
Texas Children's Hospital
Prgm Director: Ann R Stark, MD*
Department of Pediatrics
One Baylor Plaza
Houston, TX 77030
Tel: 832 826-1380 *Fax:* 832 825-1386
E-mail: fellowship-program@neo.bcm.tmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 329-48-21-057

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Prgm Director: Fernando R Moya, MD
Department of Pediatrics
6431 Fannin, Suite 3.242
Houston, TX 77030
Tel: 713 500-5727 *Fax:* 713 500-5794
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 329-48-21-058

Lackland AFB**San Antonio Uniformed Services Health Education Consortium Program**

Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilford Hall Medical Center (AETC)
Prgm Director: Robert J DiGeronimo, MD
Department of Pediatrics/MMNP
2200 Bergquist Drive - Suite 1
Lackland AFB, TX 78236
Tel: 210 292-2911 *Fax:* 210 292-6519
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 329-48-21-059
US Armed Services Program

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
University Health System
Prgm Director: Robert Castro, MD
7703 Floyd Curl Drive
MSC 7812
San Antonio, TX 78229
Tel: 210 567-5225 *Fax:* 210 567-5160
E-mail: petru@uthscsa.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 329-48-21-115

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Prgm Director: Robert H Lane, MD*
Department of Pediatrics - RM 2A134 / UUSOM
30 N 1900 E, Room 2A100
Salt Lake City, UT 84132
Tel: 801 581-4178 *Fax:* 801 585-7395
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-49-21-094

Vermont**Burlington****University of Vermont Program**

Sponsor: Fletcher Allen Health Care
Prgm Director: Roger F Soll, MD
Burgess 426
Burlington, VT 05401
Tel: 802 847-2392 *Fax:* 802 847-5225
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 329-50-21-060

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: Phill Gordon, MD, PhD*
PO Box 800386
Charlottesville, VA 22908
Tel: 434 243-9937 *Fax:* 434 982-4328
E-mail: pvg4n@virginia.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 329-51-21-084

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Prgm Director: Henry J Rozycki, MD
PO Box 980276
Richmond, VA 23298
Tel: 804 828-9964 *Fax:* 804 828-6662
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 329-51-21-061

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Prgm Director: Sandra E Juul, MD, PhD
Department of Pediatrics
Box 356320
Seattle, WA 98195
Tel: 206 543-3200 *Fax:* 206 543-8926
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-54-21-095

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
Prgm Director: Frank R Greer, MD
202 South Park Street
Madison, WI 53715
Tel: 608 262-6561 *Fax:* 608 267-6377
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 329-56-21-099

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Prgm Director: Girija G Konduri, MD
PO Box 26509
8701 Watertown Plank Road
Milwaukee, WI 53226
Tel: 414 266-6452 *Fax:* 414 266-6979
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 329-56-21-110

Nephrology (Internal Medicine)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Cooper Green Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Ashita J Tolwani, MD
THT 647
1530 3rd Ave South
Birmingham, AL 35294
Tel: 205 966-2186 *Fax:* 205 966-6465
E-mail: atolwani@uab.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 148-01-21-107

Arizona

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
Desert Dialysis Center
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Prgm Director: Joy L Logan, MD
Department of Internal Medicine
1501 North Campbell Avenue
Tucson, AZ 85724
Tel: 520 626-6370 *Fax:* 520 626-2024
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-03-21-091

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Mary J Shaver, MD
4301 West Markham, # 501
Little Rock, AR 72205
Tel: 501 686-5295 *Fax:* 501 686-7878
E-mail: shaverlewismaryj@uams.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 148-04-21-092

California

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Suphamai Bunnapradist, MD
Department of Medicine
8700 Beverly Blvd, Room 475W
Los Angeles, CA 90048
Tel: 310 423-7880 *Fax:* 310 423-0566
E-mail: renalfellowship@csmc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 148-05-11-093

Kaiser Permanente Southern California (Los Angeles) Program

Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Prgm Director: Scott Rasgon, MD
4700 Sunset Blvd, 2nd Floor
Los Angeles, CA 90027
Tel: 323 783-6195 *Fax:* 323 783-8288
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-05-12-029

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Ira Kurtz, MD
Center for the Health Sciences
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 206-6741 *Fax:* 310 825-6309
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-05-11-110

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
St Vincent Medical Center
Prgm Director: Vito M Campese, MD
1200 North State Street, Room 4250
Los Angeles, CA 90033
Tel: 323 226-7837 *Fax:* 323 226-5390
E-mail: mbenson@usc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 148-05-21-042

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Prgm Director: N D Vaziri, MD
Department of Internal Medicine
101 The City Drive
Orange, CA 92668
Tel: 714 456-5142 *Fax:* 714 456-6034
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 148-05-21-125

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: Jane Y Yeun, MD
Division of Nephrology
4150 V Street, Suite 3500, PSSB
Sacramento, CA 95817
Tel: 916 734-3774 *Fax:* 916 734-7920
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-05-21-082

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
Naval Medical Center (San Diego)
Veterans Affairs Medical Center (San Diego)
Prgm Director: Roland C Blantz, MD
Nephrology 111H
3950 LaJolla Village Drive
La Jolla, CA 92161
Tel: 858 552-7528 *Fax:* 858 552-7549
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 148-05-21-149

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Rudolph A Rodriguez, MD
Department of Medicine
500 Parnassus Avenue
San Francisco, CA 94143
Tel: 415 476-3447 *Fax:* 415 282-8182
Length: 2 Yrs *ACGME Approved/Offered Positions:* 11
Program ID: 148-05-21-127

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Prgm Director: Richard A Lafayette, MD*
Department of Medicine
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 723-6247 *Fax:* 650 723-7917
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 148-05-21-019

Sylmar

UCLA-San Fernando Valley Program

Sponsor: Olive View/UCLA Medical Center
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Dalila Cory, MD*
14445 Olive View Dr
Department of Medicine, Rm 2B-182
Sylmar, CA 91342
Tel: 818 364-3205 *Fax:* 818 364-4573
E-mail: fellowships@uclasfvp.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 148-05-21-111

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Joel D Kopple, MD
1000 W Carson Street, Bin 400
Torrance, CA 90509
Tel: 310 222-3891 *Fax:* 310 782-1837
E-mail: krowley@labiomed.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-05-11-150

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Prgm Director: Stuart L Linas, MD
Box C-281, 4200 E Ninth Ave
Denver, CO 80262
Tel: 303 315-6734 *Fax:* 303 315-4852
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 148-07-21-051

Connecticut**Farmington****University of Connecticut Program**

Sponsor: University of Connecticut School of Medicine
Univ of Connecticut Health Center/John Dempsey Hospital

Prgm Director: Nancy D Adams, MD

Dept of Internal Medicine

263 Farmington Avenue

Farmington, CT 06030

Tel: 860 679-2799 *Fax:* 860 679-3968

E-mail: kaweckj@nsol.uhc.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 148-08-31-001

New Haven**Hospital of St Raphael Program**

Sponsor: Hospital of St Raphael

Prgm Director: Joni H Hansson, MD*

1450 Chapel Street

New Haven, CT 06511

Tel: 203 787-0117 *Fax:* 203 777-3559

E-mail: spane@srhs.org

Length: 2 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 148-08-31-112

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital

Veterans Affairs Medical Center (West Haven)

Prgm Director: Mark A Perazella, MD

Dept of Medicine/Nephrology

PO Box 208029

New Haven, CT 06520

Tel: 203 785-4184 *Fax:* 203 785-7088

Length: 2 Yrs *ACGME Approved/Offered Positions:* 7

Program ID: 148-08-21-020

District of Columbia**Washington****George Washington University Program**

Sponsor: George Washington University School of Medicine

George Washington University Hospital (UHS)

Veterans Affairs Medical Center (Washington DC)

Prgm Director: Susie Q Lew, MD

Department of Medicine, Suite 4-425

2150 Pennsylvania Avenue, NW

Washington, DC 20037

Tel: 202 741-2283 *Fax:* 202 741-2285

Length: 2 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 148-10-21-095

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital

Prgm Director: Jason G Umans, MD

Department of Medicine, PHC F6003

3800 Reservoir Road, NW

Washington, DC 20007

Tel: 202 784-3006 *Fax:* 202 444-7893

E-mail: ah@gunet.georgetown.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 148-10-21-073

Georgetown University Hospital/ Washington Hospital Center Program

Sponsor: Washington Hospital Center

Prgm Director: Jack Moore, MD

110 Irving Street, NW

Suite 2A70

Washington, DC 20010

Tel: 202 877-6034 *Fax:* 202 877-8329

Length: 2 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 148-10-11-114

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida

Prgm Director: Edward A Ross, MD

Department of Medicine, PO Box 100224

1600 SW Archer Road Rm #CG-98

Gainesville, FL 32610

Tel: 352 392-4007 *Fax:* 352 392-5465

Length: 2 Yrs *ACGME Approved/Offered Positions:* 8

Program ID: 148-11-21-031

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System

Prgm Director: David Roth, MD

1600 NW 10th Avenue

Suite 7168 (R-126)

Miami, FL 33136

Tel: 305 243-3582 *Fax:* 305 243-3506

Length: 2 Yrs *ACGME Approved/Offered Positions:* 8

Program ID: 148-11-21-151

Tampa**University of South Florida Program**

Sponsor: University of South Florida College of Medicine

H Lee Moffitt Cancer Center

James A Haley Veterans Hospital

Tampa General Hospital

Veterans Affairs Medical Center (Bay Pines)

Prgm Director: Jacques A Durr, MD

12901 Bruce B Downs Boulevard

Box 19

Tampa, FL 33612

Tel: 813 974-1469 *Fax:* 813 974-0023

E-mail: dpowell@hsc.usf.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 148-11-21-032

Weston**Cleveland Clinic Hospital (Florida) Program**

Sponsor: Cleveland Clinic Florida

Cleveland Clinic Hospital

Prgm Director: John Brian Copley, MD

2950 Cleveland Clinic Boulevard

Weston, FL 33331

Tel: 954 659-5148 *Fax:* 954 659-6182

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 148-11-31-181

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine

Emory University Hospital

Grady Health System

Prgm Director: James L Bailey, MD

1639 Pierce Dr, NE

Atlanta, GA 30322

Tel: 404 727-2525 *Fax:* 404 727-3425

Length: 2 Yrs *ACGME Approved/Offered Positions:* 13

Program ID: 148-12-21-115

Augusta**Medical College of Georgia Program**

Sponsor: Medical College of Georgia

Veterans Affairs Medical Center (Augusta)

Prgm Director: Laura L Mulloy, DO

Department of Medicine

1120 15th Street, BA-9413

Augusta, GA 30912

Tel: 706 721-2861 *Fax:* 706 721-7136

E-mail: lmulloy@mcg.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 5

Program ID: 148-12-21-002

Illinois**Chicago****McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern

University

Northwestern Memorial Hospital

Veterans Affairs Chicago Health Care System

Prgm Director: Daniel Batlle, MD

Searle 10-475 (M/C S-208)

320 E Superior St

Chicago, IL 60611

Tel: 312 908-8342 *Fax:* 312 503-0622

Length: 2 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 148-16-21-058

Rush University Medical Center Program

Sponsor: Rush University Medical Center

Prgm Director: Roger A Rodby, MD

1653 West Congress Parkway

Chicago, IL 60612

Tel: 312 850-8434 *Fax:* 312 850-8431

Length: 2 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 148-16-11-116

University of Chicago Program

Sponsor: University of Chicago Hospitals

Prgm Director: Patrick Murray, MD

5241 S Maryland Ave

Room S-511 - MC 5100

Chicago, IL 60637

Tel: 773 702-3630 *Fax:* 773 702-5818

Length: 2 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 148-16-11-062

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at

Chicago

John H Stroger Hospital of Cook County

University of Illinois Hospital and Clinics

Veterans Affairs West Side Medical Center

Prgm Director: James P Lash, MD

840 South Wood Street/MC 793

Chicago, IL 60612

Tel: 312 996-6736 *Fax:* 312 996-7378

Length: 2 Yrs *ACGME Approved/Offered Positions:* 7

Program ID: 148-16-21-117

Maywood**Loyola University Program**

Sponsor: Loyola University Medical Center

Edward Hines Jr Veterans Affairs Hospital

Prgm Director: Karen A Griffin, MD

Dept of Medicine, Room 7604

2160 S First Ave

Maywood, IL 60153

Tel: 708 216-3306 *Fax:* 708 216-4060

Length: 2 Yrs *ACGME Approved/Offered Positions:* 8

Program ID: 148-16-21-003

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
 Clarian Indiana University Hospital
Prgm Director: Pierre Dagher, MD
 950 West Walnut Street
 R2 202
 Indianapolis, IN 46202
Tel: 317 274-7097 *Fax:* 317 274-5994
E-mail: nfellow@iupui.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 148-17-21-129

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: John B Stokes, MD
 Department of Medicine
 Iowa City, IA 52242
Tel: 319 356-4409 *Fax:* 319 356-2999
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-18-21-083

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
 University of Kansas Medical Center
 Veterans Affairs Medical Center (Kansas City)
Prgm Director: Leigh D Quarles, MD*
 Department of Medicine
 3901 Rainbow Boulevard
 Kansas City, KS 66160
Tel: 913 588-6074 *Fax:* 913 588-3867
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-19-21-096

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine
 University of Kentucky Hospital
 Veterans Affairs Medical Center (Lexington)
Prgm Director: B Peter Sawaya, MD
 800 Rose Street
 Room MN 564
 Lexington, KY 40536
Tel: 859 323-5048 *Fax:* 859 323-0232
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-20-21-152

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
 Jewish Hospital
 Norton Healthcare - Norton Hospital
 University of Louisville Hospital
 Veterans Affairs Medical Center (Louisville)
Prgm Director: Eleanor D Lederer, MD
 Ambulatory Care Building
 530 S Jackson Street
 Louisville, KY 40292
Tel: 502 852-5757 *Fax:* 502 852-4184
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-20-31-075

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
 Medical Center of Louisiana at New Orleans
 Memorial Medical Center
 Ochsner Clinic Foundation
Prgm Director: Vashu D Thakur, MD
 1542 Tulane Avenue, Box T3M-2
 New Orleans, LA 70112
Tel: 504 568-8655 *Fax:* 504 568-4749
E-mail: kadams2@lsuhsc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 148-21-21-164

Tulane University Program

Sponsor: Tulane University School of Medicine
 Medical Center of Louisiana at New Orleans
 Tulane University Hospital and Clinics
 Veterans Affairs Medical Center (New Orleans)
Prgm Director: L Lee Hamm, MD
 1430 Tulane Avenue
 New Orleans, LA 70112
Tel: 504 988-5346 *Fax:* 504 988-1909
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-21-21-090

Shreveport

Louisiana State University (Shreveport) Program

Sponsor: LSU Health Sciences Center-University
 Hospital
 Willis-Knighton Medical Center
Prgm Director: Kenneth Abreo, MD
 1501 Kings Highway
 PO Box 33932
 Shreveport, LA 71130
Tel: 318 675-7402 *Fax:* 318 675-5913
E-mail: ctaylor@lsuhsc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-21-21-053

Maine

Portland

Maine Medical Center Program

Sponsor: Maine Medical Center
Prgm Director: Mark G Parker, MD
 22 Bramhall Street
 Portland, ME 04102
Tel: 207 871-2417 *Fax:* 207 871-6306
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-22-21-168

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Hospital
Prgm Director: Michael Choi, MD
 1830 E Monument St, Suite 416
 Baltimore, MD 21205
Tel: 410 955-5268 *Fax:* 410 955-0485
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 148-23-11-059

Johns Hopkins University/Bayview Medical Center Program

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Bayview Medical Center
Prgm Director: David A Spector, MD
 4940 Eastern Avenue
 Division of Renal Medicine, B2North
 Baltimore, MD 21224
Tel: 410 550-0614 *Fax:* 410 550-7950
E-mail: dspector@jhmi.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-23-11-153

University of Maryland Program

Sponsor: University of Maryland Medical System
Prgm Director: Daniel J Salzberg, MD
 Nephrology Division, Room N3W143
 22 South Greene Street
 Baltimore, MD 21201
Tel: 410 328-5720 *Fax:* 410 328-5685
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-23-21-033

Bethesda

National Capital Consortium (Walter Reed) Program

Sponsor: National Capital Consortium
 Walter Reed Army Medical Center
Prgm Director: Erin M Bohem, MD*
 6825 16th Street, NW
 Washington, DC 20307
Tel: 202 782-6462 *Fax:* 202 782-0185
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-10-11-113
 US Armed Services Program

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Robert S Brown, MD
 Department of Medicine
 330 Brookline Ave - DA517
 Boston, MA 02215
Tel: 617 687-2147 *Fax:* 617 687-5276
E-mail: rbrown@bidmc.harvard.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 148-24-21-004

Boston University Medical Center Program

Sponsor: Boston Medical Center
Prgm Director: David J Salant, MD
 Department of Medicine
 88 East Newton Street
 Boston, MA 02118
Tel: 617 638-7330 *Fax:* 617 638-7336
E-mail: djsalant@bu.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 148-24-21-130

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital
Massachusetts General Hospital
Prgm Director: Joseph V Bonventre, MD, PhD
Department of Medicine
75 Francis Street
Boston, MA 02115
Tel: 617 732-6020 *Fax:* 617 582-6010
Length: 2 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 148-24-21-005

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Caritas St Elizabeth's Medical Center of Boston
Prgm Director: Andrew S Levey, MD
Department of Medicine
750 Washington Street
Boston, MA 02111
Tel: 617 636-2372 *Fax:* 617 636-8329
E-mail: sgibert@tufts-nemc.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 148-24-21-006

Worcester**University of Massachusetts Program**

Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Prgm Director: Pan-Yen Fan, MD
Department of Medicine
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 334-2052 *Fax:* 508 856-3111
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-24-21-007

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Frank C Brosius, MD
1150 West Medical Center Drive
1560 MSRB11 / Box 0676
Ann Arbor, MI 48109
Tel: 734 764-3157 *Fax:* 734 763-0982
E-mail: kspirl@umich.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 148-25-21-061

Detroit**Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital
Prgm Director: Kenneth A Fisher, MD
2799 West Grand Boulevard
CFP-5
Detroit, MI 48202
Tel: 313 916-2992 *Fax:* 313 916-2554
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 148-25-11-118

St John Hospital and Medical Center Program

Sponsor: St John Hospital and Medical Center
Prgm Director: Robert Provenzano, MD
22101 Moross Road
Detroit, MI 48236
Tel: 313 886-8787 *Fax:* 313 886-4103
E-mail: Laura.Peppler-Maloney@stjohn.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 148-25-21-174

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Harper-Hutzel Hospital
Veterans Affairs Medical Center (Detroit)
Prgm Director: Noreen F Rossi, MD
Division of Nephrology
4160 John R, Suite 908
Detroit, MI 48201
Tel: 313 745-7145 *Fax:* 313 745-8041
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-25-21-040

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Hennepin County Medical Center
Prgm Director: Mark E Rosenberg, MD
Department of Medicine
Box 736 UMHC
Minneapolis, MN 55455
Tel: 612 624-9444 *Fax:* 612 626-3840
Length: 2 Yrs *ACGME Approved/Offered Positions:* 11
Program ID: 148-26-21-098

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prgm Director: Thomas R Schwab, MD
200 First St, SW
Rochester, MN 55905
Tel: 507 266-1044 *Fax:* 507 266-7891
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 148-26-21-046

Mississippi**Jackson****University of Mississippi Medical Center Program**

Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Prgm Director: Christopher J LeBrun, MD
2500 N State St
Jackson, MS 39216
Tel: 601 984-5670 *Fax:* 601 984-5765
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 148-27-21-062

Missouri**Columbia****University of Missouri-Columbia Program**

Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prgm Director: Ramesh Khanna, MD
MA-436 Medical Science Building
Columbia, MO 65212
Tel: 573 882-7991 *Fax:* 573 884-4820
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 148-28-21-063

St Louis**St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine
St Louis University Hospital
Veterans Affairs Medical Center (St Louis)
Prgm Director: Kevin J Martin, MD
Division of Nephrology
1402 South Grand
St Louis, MO 63104
Tel: 314 577-8765 *Fax:* 314 771-0784
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 148-28-21-076

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Prgm Director: Daniel W Coyne, MD
660 South Euclid Avenue
Box 8129
St Louis, MO 63110
Tel: 314 362-7211 *Fax:* 314 747-3743
E-mail: lwessel@im.wustl.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 148-28-21-131

New Jersey**Camden****UMDNJ-Robert Wood Johnson Medical School (Camden) Program**

Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Lawrence S Weisberg, MD
One Cooper Plaza
Camden, NJ 08103
Tel: 856 757-7844 *Fax:* 856 757-7778
E-mail: weisberg@umdnj.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 148-33-21-160

New Brunswick**UMDNJ-Robert Wood Johnson Medical School Program**

Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Prgm Director: John A Walker, MD
Dept of Medicine/Division of Nephrology
One Robert Wood Johnson Place - MEB 412
New Brunswick, NJ 08903
Tel: 732 235-4453 *Fax:* 732 235-6124
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-33-21-021

Newark**Newark Beth Israel Medical Center Program**

Sponsor: Newark Beth Israel Medical Center
Prgm Director: Melvin Goldblat, MD
201 Lyons Avenue at Osborne Terrace
Newark, NJ 07112
Tel: 973 926-7600 *Fax:* 973 923-0646
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 148-33-21-179

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Leonard Meggs, MD
185 South Orange Avenue, MSB-1524
Newark, NJ 07103
Tel: 973 972-4100 *Fax:* 973 972-3578
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 148-33-21-159

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Karen Servilla, MD
School of Medicine
5ACC, UNMHSC
Albuquerque, NM 87131
Tel: 505 272-4750 *Fax:* 505 272-2349
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 148-34-21-119

New York

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Prgm Director: Vaughn W Folkert, MD
Division of Nephrology
1300 Morris Park Ave, Ullmann 617
Bronx, NY 10461
Tel: 718 430-3158 *Fax:* 718 430-8963
E-mail: vaughnwf@earthlink.net
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 148-35-21-086

Brooklyn

Brookdale University Hospital and Medical Center Program

Sponsor: Brookdale University Hospital and Medical Center
Prgm Director: Shyan-Yih Chou, MD
One Brookdale Plaza
Brooklyn, NY 11212
Tel: 718 240-5615 *Fax:* 718 485-4064
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-35-11-134

Long Island College Hospital Program

Sponsor: Long Island College Hospital
Prgm Director: Morrell M Avram, MD
339 Hicks Street
Othmer 409
Brooklyn, NY 11201
Tel: 718 780-1247 *Fax:* 718 780-1415
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-35-11-028

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn University Hospital-SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Prgm Director: Moro O Salifu, MD, MPH*
450 Clarkson Ave, Box 52
Brooklyn, NY 11203
Tel: 718 270-1584 *Fax:* 718 270-3327
E-mail: renal.fellowship@downstate.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 148-35-21-008

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo
Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
Veterans Affairs Western New York Healthcare System
Prgm Director: James W Lohr, MD
3495 Bailey Avenue Room 719D
Buffalo, NY 14215
Tel: 716 862-3205 *Fax:* 716 862-6784
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-35-31-034

East Meadow

Nassau University Medical Center Program

Sponsor: Nassau University Medical Center
Prgm Director: Leah Balsam, MD*
Department of Medicine
2201 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 572-8879 *Fax:* 516 572-0082
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 148-35-21-077

Flushing

New York Hospital Medical Center of Queens/Cornell University Medical College Program

Sponsor: New York Hospital Medical Center of Queens
Prgm Director: Marilyn Galler, MD
56-45 Main Street
Flushing, NY 11355
Tel: 718 670-1151 *Fax:* 718 353-9819
E-mail: mag9026@nyp.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 148-35-11-078

Manhasset

North Shore University Hospital/NYU School of Medicine Program

Sponsor: North Shore University Hospital
Prgm Director: Ilene J Miller, MD
Department of Medicine
300 Community Drive
Manhasset, NY 11030
Tel: 516 465-8210 *Fax:* 516 465-8202
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-35-21-143

Mineola

Winthrop-University Hospital Program

Sponsor: Winthrop-University Hospital
Prgm Director: John K Maesaka, MD
259 First Street
Mineola, NY 11501
Tel: 516 663-2169 *Fax:* 516 663-2179
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-35-11-064

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program

Sponsor: Long Island Jewish Medical Center
Prgm Director: Pravin C Singhal, MD
410 Lakeville Road, Suite #207
New Hyde Park, NY 11042
Tel: 718 470-7360
E-mail: singhal@lij.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-35-21-120

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program

Sponsor: Beth Israel Medical Center
Prgm Director: Rohini Adhikaria, MD*
Department of Medicine
First Avenue at 16th Street
New York, NY 10003
Tel: 212 420-4070 *Fax:* 212 420-4117
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-35-11-055

Harlem Hospital Center Program

Sponsor: Harlem Hospital Center
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Velvie A Pogue, MD
135th Street & Lenox Avenue
Room 12-101 KP
New York, NY 10037
Tel: 212 939-1449 *Fax:* 212 939-1745
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 148-35-11-147

Lenox Hill Hospital Program

Sponsor: Lenox Hill Hospital
Prgm Director: Maria V DeVita, MD
100 East 77th Street
New York, NY 10021
Tel: 212 439-9251 *Fax:* 212 434-4528
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-35-11-155

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Barbara T Murphy, MD
Box 1243
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-8001 *Fax:* 212 987-0389
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 148-35-31-136

New York Medical College (Metropolitan) Program

Sponsor: New York Medical College
Metropolitan Hospital Center
Our Lady of Mercy Medical Center
St Vincent Catholic Medical Centers (Staten Island)
Prgm Director: Alf M Tannenber, MD
1901 First Avenue
New York, NY 10029
Tel: 212 423-6401 *Fax:* 212 423-7923
E-mail: shobhana_chaudhari@nycmc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-35-31-047

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: Godfrey C Burns, MD
130 W 12th St Suite 3B
New York, NY 10011
Tel: 212 604-8322 *Fax:* 212 604-3322
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-35-11-024

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Jai Radhakrishnan, MD
622 West 168th Street
Room PH4-124
New York, NY 10032
Tel: 212 305-2436 *Fax:* 212 305-3475
E-mail: id49@columbia.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-35-11-079

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Phyllis August, MD, MPH
525 East 68th Street
New York, NY 10021
Tel: 212 746-2210 *Fax:* 212 746-8091
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 148-35-21-144

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
NYU Hospitals Center
Prgm Director: Judith A Benstein, MD
550 First Avenue, OBV-A612
New York, NY 10016
Tel: 212 263-5851 *Fax:* 212 263-3206
E-mail: judith.benstein@med.nyu.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-35-21-101

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
Prgm Director: Germaine Chan, MD
Division of Nephrology
1111 Amsterdam Avenue
New York, NY 10025
Tel: 212 523-3530 *Fax:* 212 523-3945
E-mail: gchan@chpnet.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 148-35-21-088

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Rebeca Monk, MD
601 Elmwood Avenue
PO Box 675
Rochester, NY 14642
Tel: 585 275-1554 *Fax:* 585 442-9201
E-mail: Marilyn_Miran@urmc.rochester.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-35-11-157

Stony Brook**SUNY at Stony Brook Program**

Sponsor: University Hospital-SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Prgm Director: Edward Nord, MD
T-15, Room 020
Stony Brook, NY 11794
Tel: 631 444-1617 *Fax:* 631 444-6174
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 148-35-21-009

Syracuse**SUNY Upstate Medical University Program**

Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Margaret MacDougall, MD*
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-5290 *Fax:* 315 464-5464
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-35-21-089

Valhalla**New York Medical College at Westchester Medical Center Program**

Sponsor: New York Medical College
Westchester Medical Center
Prgm Director: Karim Solangi, MD
Dept of Medicine
Valhalla, NY 10595
Tel: 914 493-7701 *Fax:* 914 493-8502
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 148-35-11-010

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
Prgm Director: Romulo E Colindres, MD, MSPH
Third Floor, MacNider Building, Room 348
CB# 7155
Chapel Hill, NC 27599
Tel: 919 966-2561 *Fax:* 919 966-4251
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 148-36-21-121

Durham**Duke University Hospital Program**

Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Thomas M Coffman, MD
Box 3014
Durham, NC 27710
Tel: 919 286-6947 *Fax:* 919 286-6879
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 148-36-21-122

Greenville**Pitt County Memorial Hospital/East Carolina University Program**

Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Prgm Director: Paul Bolin, MD
2355 West Arlington Boulevard
Greenville, NC 27834
Tel: 252 744-2545 *Fax:* 252 744-1817
E-mail: nephrologyfellowship@mail.ecu.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-36-31-178

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Scott G Satko, MD
1 Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-4650 *Fax:* 336 716-4318
E-mail: ssatko@wfubmc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 148-36-21-011

Ohio**Cincinnati****University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Satwant Singh, MD
Division of Nephrology and Hypertension
231 Albert Sabin Way, ML 0585
Cincinnati, OH 45267
Tel: 513 558-5471 *Fax:* 513 558-4309
E-mail: satwant.singh@uc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 148-38-21-066

Cleveland**Case Western Reserve University/University Hospitals of Cleveland Program**

Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Veterans Affairs Medical Center (Cleveland)
Prgm Director: Donald E Hricik, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-8060 *Fax:* 216 844-5204
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-38-21-137

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Joseph V Nally, MD
9500 Euclid Avenue - Desk A51
Cleveland, OH 44195
Tel: 216 444-8897 *Fax:* 216 444-9378
E-mail: meded@ccf.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 148-38-12-139

Columbus**Ohio State University Hospital Program**

Sponsor: Ohio State University Hospital
Ohio State University Hospitals-East
Prgm Director: Brad H Rovin, MD
Department of Medicine
410 W 10th Avenue
Columbus, OH 43210
Tel: 614 293-4997 *Fax:* 614 293-3073
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 148-38-11-080

Toledo**Medical College of Ohio Program**

Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
Prgm Director: Deepak Malhotra, MD, PhD
Ruppert Health Center
3120 Glendale Avenue
Toledo, OH 43614
Tel: 419 383-3705 *Fax:* 419 383-3102
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 148-38-21-012

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
OU Medical Center
Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Benjamin D Cowley, MD
Nephrology / WP2250
OUHSC / 920 S L Young Blvd
Oklahoma City, OK 73104
Tel: 405 271-6842 *Fax:* 405 271-6496
E-mail: billie-acree@ouhsc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-39-21-067

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Prgm Director: Sharon Anderson, MD
Division of Nephrology & Hypertension
3314 SW US Veterans Hospital Road PP262
Portland, OR 97239
Tel: 503 494-7159 *Fax:* 503 494-5330
E-mail: nephro@ohsu.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-40-81-140

Pennsylvania

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
Prgm Director: William B Reeves, MD
Division of Nephrology
PO Box 850
Hershey, PA 17033
Tel: 717 531-8156 *Fax:* 717 531-6776
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-41-11-013

Philadelphia

Albert Einstein Healthcare Network Program

Sponsor: Albert Einstein Medical Center
Prgm Director: Eric J Bloom, MD
5501 Old York Road
Philadelphia, PA 19141
Tel: 215 456-6970 *Fax:* 215 456-7154
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-41-11-056

Drexel University College of Medicine/Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Prgm Director: Sandra P Levison, MD
245 N 15th Street
Mail Stop 437
Philadelphia, PA 19102
Tel: 215 762-1719 *Fax:* 215 762-8366
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 148-41-21-102

Temple University Hospital Program

Sponsor: Temple University Hospital
Prgm Director: Patricia Silva, MD*
Department of Medicine
3401 N Broad Street
Philadelphia, PA 19140
Tel: 215 707-3381 *Fax:* 215 707-4148
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-41-21-026

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Brenda B Hoffman, MD
Division of Nephrology/Dialysis Unit
111 South 11th Street, Suite 4290
Philadelphia, PA 19107
Tel: 215 503-6950 *Fax:* 215 923-7212
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-41-21-027

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: Michael P Madaio, MD
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 573-1830
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 148-41-21-018

Pittsburgh

Allegheny General Hospital Program

Sponsor: Allegheny General Hospital
Prgm Director: Richard J Marcus, MD
320 E North Avenue
Pittsburgh, PA 15212
Tel: 412 359-4008 *Fax:* 412 359-4136
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-41-11-036

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Prgm Director: James R Johnston, MD
A915 Scaife Hall
3550 Terrace Street
Pittsburgh, PA 15261
Tel: 412 647-7157 *Fax:* 412 647-6222
E-mail: jamiej@pitt.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 148-41-21-037

Wynnewood

Lankenau Hospital Program

Sponsor: Lankenau Hospital
Prgm Director: Robert L Benz, MD
100 Lancaster Avenue, Suite 130
Wynnewood, PA 19096
Tel: 610 649-1175 *Fax:* 610 896-8753
E-mail: rroller@naeast.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 148-41-11-028

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
University Hospital
Prgm Director: Enrique Ortiz-Kidd, MD
University of Puerto Rico School of Medicine
PO Box 365067
San Juan, PR 00936
Tel: 787 758-2525 *Fax:* 787 754-1739
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 148-42-21-104

Veterans Affairs Medical and Regional Office Center Program

Sponsor: Veterans Affairs Medical Center (San Juan)
Prgm Director: Hector R Cordova, MD
Medical Service (111d)
10 Casia St
San Juan, PR 00921
Tel: 787 641-7582 *Fax:* 787 641-4561
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 148-42-31-103

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
Miriam Hospital-Lifespan
Prgm Director: J Gary Abuelo, MD
593 Eddy Street
APC 9, Rm 952
Providence, RI 02903
Tel: 401 444-5253 *Fax:* 401 444-8453
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-43-11-105

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: David W Ploth, MD
96 Jonathan Lucas Street
P O Box 250623
Charleston, SC 29425
Tel: 843 792-4123 *Fax:* 843 792-8399
E-mail: plothdw@musc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 148-45-21-156

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Prgm Director: Barry M Wall, MD
Department of Nephrology
1030 Jefferson Ave 111B
Memphis, TN 38104
Tel: 901 523-8990 *Fax:* 901 577-7487
E-mail: barry.wall@med.va.gov
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 148-47-21-123

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Prgm Director: Julia Lewis, MD
Division of Nephrology, S-3223 MCN
21st and Garland
Nashville, TN 37232
Tel: 615 343-6105 *Fax:* 615 343-7156
Length: 2 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 148-47-31-014

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
 Dallas County Hospital District-Parkland Memorial Hospital
 Veterans Affairs Medical Center (Dallas)
Prgm Director: Biff F Palmer, MD
 5323 Harry Hines Blvd
 Dallas, TX 75390
 Tel: 214 648-2410 Fax: 214 648-2071
 Length: 2 Yrs ACGME Approved/Offered Positions: 14
 Program ID: 148-48-21-084

Galveston**University of Texas Medical Branch Hospitals Program**

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Tejinder Ahuja, MD
 301 University Blvd
 4.200 John Sealy Annex
 Galveston, TX 77755
 Tel: 409 772-1811 Fax: 409 772-5451
 E-mail: tahuja@utmb.edu
 Length: 2 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 148-48-21-049

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
 Harris County Hospital District-Ben Taub General Hospital
 Methodist Hospital
 Michael E DeBakey VA Medical Center - Houston
 St Luke's Episcopal Hospital
Prgm Director: Horacio J Adrogue, MD
 Section of Nephrology
 6550 Fannin Street, Suite #1273
 Houston, TX 77030
 Tel: 713 798-8350 Fax: 713 790-5053
 Length: 2 Yrs ACGME Approved/Offered Positions: 10
 Program ID: 148-48-21-070

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
 Lyndon B Johnson General Hospital
 Memorial Hermann Hospital System
 University of Texas M D Anderson Cancer Center
Prgm Director: Bruce C Kone, MD
 Department of Medicine
 6431 Fannin, Suite 1.150
 Houston, TX 77030
 Tel: 713 500-6500 Fax: 713 500-6497
 Length: 2 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 148-48-31-015

Lubbock**Texas Tech University (Lubbock) Program**

Sponsor: Texas Tech University Health Sciences Center at Lubbock
 Covenant Health System
 University Medical Center
Prgm Director: Melvin E Laski, MD
 Department of Medicine
 3601 4th Street
 Lubbock, TX 79430
 Tel: 806 743-3155 Fax: 806 743-3148
 Length: 2 Yrs ACGME Approved/Offered Positions: 4
 Program ID: 148-48-21-081

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
 Audie L Murphy Memorial Veterans Hospital (San Antonio)
 University Health System
 Wilford Hall Medical Center (AETC)
Prgm Director: Robert T Kunau, MD
 Medicine/Nephrology — MSC 7882
 7703 Floyd Curl Drive
 San Antonio, TX 78229
 Tel: 210 567-4700 Fax: 210 567-4712
 Length: 2 Yrs ACGME Approved/Offered Positions: 15
 Program ID: 148-48-21-057

Temple**Texas A&M College of Medicine-Scott and White Program**

Sponsor: Scott and White Memorial Hospital
Prgm Director: Allan E Nickel, MD
 2401 S 31st Street
 Temple, TX 76750
 Tel: 254 724-2550 Fax: 254 724-6452
 Length: 2 Yrs ACGME Approved/Offered Positions: 4
 Program ID: 148-48-12-180

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
 Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Donald E Kohan, MD, PhD
 Division of Nephrology, 4R 312
 30 North 1900 East
 Salt Lake City, UT 84132
 Tel: 801 581-6709 Fax: 801 581-4343
 Length: 2 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 148-49-21-141

Vermont**Burlington****University of Vermont Program**

Sponsor: Fletcher Allen Health Care
Prgm Director: Richard J Solomon, MD
 Rehab 2, UHC Campus
 1 South Prospect St
 Burlington, VT 05401
 Tel: 802 847-2534 Fax: 802 847-8736
 Length: 2 Yrs ACGME Approved/Offered Positions: 4
 Program ID: 148-50-21-142

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: Mark D Okusa, MD
 Department of Internal Medicine
 PO Box 800133
 Charlottesville, VA 22908
 Tel: 434 924-2187 Fax: 434 924-5848
 Length: 2 Yrs ACGME Approved/Offered Positions: 8
 Program ID: 148-51-21-016

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
 Hunter Holmes McGuire VA Medical Center (Richmond)
 Medical College of Virginia Hospitals
Prgm Director: Susan R DiGiovanni, MD*
 PO Box 980160
 Richmond, VA 23298
 Tel: 804 828-9682 Fax: 804 828-7567
 E-mail: sdigiova@hsc.vcu.edu
 Length: 2 Yrs ACGME Approved/Offered Positions: 8
 Program ID: 148-51-21-017

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
 University of Washington Medical Center
Prgm Director: Stuart Shankland, MD
 Div of Nephrology, Box 356521
 1959 NE Pacific St
 Seattle, WA 98195
 Tel: 206 543-3792 Fax: 206 685-8661
 Length: 2 Yrs ACGME Approved/Offered Positions: 19
 Program ID: 148-54-21-072

West Virginia**Morgantown****West Virginia University Program**

Sponsor: West Virginia University School of Medicine
 West Virginia University Hospitals
Prgm Director: Karen MacKay, MD
 Robert C Byrd Health Science Ctr
 Box 9165-HSC South Room 1259
 Morgantown, WV 26506
 Tel: 304 293-2551 Fax: 304 293-7373
 E-mail: tryan@hsc.wvu.edu
 Length: 2 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 148-55-11-165

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
 William S Middleton Veterans Hospital
Prgm Director: Bryan N Becker, MD
 3034 Fish Hatchery Road
 Suite B
 Madison, WI 53713
 Tel: 608 270-5671 Fax: 608 270-5677
 Length: 2 Yrs ACGME Approved/Offered Positions: 5
 Program ID: 148-56-21-106

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
 Clement J Zablocki Veterans Affairs Medical Center
 Froedtert Memorial Lutheran Hospital
Prgm Director: Eric P Cohen, MD
 9200 W Wisconsin Ave
 Milwaukee, WI 53226
 Tel: 414 456-6730 Fax: 414 456-6207
 Length: 2 Yrs ACGME Approved/Offered Positions: 4
 Program ID: 148-56-31-039

Neurodevelopmental Disabilities (Neurology)

District of Columbia

Washington

George Washington University Program

Sponsor: George Washington University School of Medicine

Prgm Director: Charles Conlon, MD
Division of Neurodevelopmental Pediatrics
111 Michigan Avenue, NW
Washington, DC 20010

Tel: 301 838-8787 *Fax:* 301 294-3024

Length: 4 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 186-10-12-008

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University

Children's Memorial Hospital
Prgm Director: Charles N Swisher, MD
2300 Children's Place
Chicago, IL 60614

Tel: 773 880-4352 *Fax:* 773 880-3374

Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 186-16-13-005

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Kennedy Krieger Institute

Prgm Director: Bruce K Shapiro, MD
707 North Broadway
Baltimore, MD 21205

Tel: 443 923-9136 *Fax:* 443 923-9165

Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 186-23-21-001

Massachusetts

Boston

Children's Hospital/Beth Israel Deaconess Medical Center/Harvard Medical School Program

Sponsor: Children's Hospital
Beth Israel Deaconess Medical Center

Prgm Director: Sandra L Friedman, MD, MPH
300 Longwood Avenue
Boston, MA 02115

Tel: 617 355-6513 *Fax:* 617 730-0049

Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 186-24-22-002

Ohio

Cincinnati

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program

Sponsor: Cincinnati Children's Hospital Medical Center
University of Cincinnati College of Medicine

Prgm Director: Mark B Schapiro, MD, EdD
3333 Burnet Avenue
Cincinnati, OH 45229

Tel: 513 636-4222 *Fax:* 513 636-1888

Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 186-38-21-004

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)

Prgm Director: Peter A Blasco, MD
707 SW Gaines Road
Portland, OR 97239

Tel: 503 494-2756 *Fax:* 503 494-6868

Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 186-40-11-006

Pennsylvania

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical
Education Program

Children's Hospital of Pittsburgh
Magee-Women's Hospital
UPMC Presbyterian/Shadyside
UPMC Western Psychiatric Institute and Clinic

Prgm Director: Michael J Painter, MD
3705 Fifth Avenue
Pittsburgh, PA 15213

Tel: 412 692-6170 *Fax:* 412 692-6787

Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 186-41-23-007

Texas

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Institute for Rehabilitation and Research
Texas Children's Hospital

Prgm Director: Sherry Seller Vinson, MD, MEd
Meyer Center for Developmental Pediatrics
6621 Fannin Street, MC:CC-1530
Houston, TX 77030

Tel: 832 822-3423 *Fax:* 832 825-3399

Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 186-48-33-003

Neurological Surgery

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Veterans Affairs Medical Center (Birmingham)

Prgm Director: Mark N Hadley, MD
Faculty Office Tower 1005
510 Twentieth Street South
Birmingham, AL 35294

Tel: 205 934-1439 *Fax:* 205 975-5791

Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-01-21-003

Arizona

Phoenix

St Joseph's Hospital and Medical Center Program

Sponsor: St Joseph's Hospital and Medical Center

Prgm Director: Volker K H Sonntag, MD
Barrow Neurological Institute
350 West Thomas Road
Phoenix, AZ 85013

Tel: 602 406-3196 *Fax:* 602 406-4104

E-mail: KDew@chw.edu

Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 160-03-12-004

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
Northwest Medical Center
Phoenix Children's Hospital

Southern Arizona VA Health Care Center (Tucson)
University Medical Center

Prgm Director: Martin E Weinand, MD
Division of Neurosurgery, AHSC
PO Box 245070

Tucson, AZ 85724

Tel: 520 626-0704 *Fax:* 520 626-8313

E-mail: mweinand@u.arizona.edu

Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-03-21-112

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital

Central Arkansas Veterans Health Center
University Hospital of Arkansas

Prgm Director: Ossama Al-Mefty, MD
4301 West Markham, Slot 507
Little Rock, AR 72205

Tel: 501 686-8757 *Fax:* 501 686-8767

Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-04-21-005

California**Loma Linda****Loma Linda University Program**

Sponsor: Loma Linda University Medical Center
Prgm Director: Austin Colohan, MD
 Room 2562 B
 11234 Anderson Street
 Loma Linda, CA 92354
Tel: 909 558-4417 *Fax:* 909 588-4825
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-05-11-008

Los Angeles**UCLA Medical Center Program**

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
 Los Angeles County-Harbor-UCLA Medical Center
 Santa Monica-UCLA Medical Center
 VA Greater Los Angeles Healthcare System
Prgm Director: Neil A Martin, MD
 Box 957039
 10833 Le Conte Avenue
 Los Angeles, CA 90095
Tel: 310 794-7362 *Fax:* 310 267-2707
E-mail: cbruton@mednet.ucla.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 160-05-21-010

**University of Southern California/
LAC+USC Medical Center Program**

Sponsor: University of Southern California/LAC+USC Medical Center
 Childrens Hospital Los Angeles
 LAC+USC Medical Center
 USC University Hospital
Prgm Director: Steven L Giannotta, MD*
 1200 North State Street
 Suite 5046
 Los Angeles, CA 90033
Tel: 323 226-7421 *Fax:* 323 226-7833
E-mail: giannott@usc.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-05-21-009

Sacramento**University of California (Davis) Health System Program**

Sponsor: UC Davis Health System
 Kaiser Foundation Hospital (Sacramento)
 University of California (Davis) Medical Center
Prgm Director: Jan Paul Muizelaar, MD, PhD
 4860 Y Street, Suite #3740
 Sacramento, CA 95817
Tel: 916 734-3635 *Fax:* 916 452-2580
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-05-11-006

San Diego**University of California (San Diego) Program**

Sponsor: University of California (San Diego) Medical Center
 Children's Hospital and Health Center
 Kaiser Foundation Hospital (San Diego)
Prgm Director: Lawrence F Marshall, MD
 200 West Arbor Drive #8893
 San Diego, CA 92103
Tel: 619 543-5540 *Fax:* 619 543-2769
Length: 5 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 160-05-21-100

San Francisco**University of California (San Francisco) Program**

Sponsor: University of California (San Francisco) School of Medicine
 San Francisco General Hospital Medical Center
 University of California (San Francisco) Medical Center
 Veterans Affairs Medical Center (San Francisco)
Prgm Director: Nicholas M Barbaro, MD
 505 Parnassus Avenue, M779, Box 0112
 San Francisco, CA 94143
Tel: 415 502-2965 *Fax:* 415 753-1772
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 160-05-21-011

Stanford**Stanford University Program**

Sponsor: Stanford University Hospital
 Lucile Salter Packard Children's Hospital at Stanford
 Veterans Affairs Palo Alto Health Care System
Prgm Director: Griffith R Harsh, MD, MBA*
 300 Pasteur Drive
 Edward Building, R281
 Stanford, CA 94305
Tel: 650 725-0701 *Fax:* 650 498-4686
E-mail: gharsh@stanford.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-05-21-012

Colorado**Denver****University of Colorado Program**

Sponsor: University of Colorado School of Medicine
 Children's Hospital (The)
 Denver Health Medical Center
 Veterans Affairs Medical Center (Denver)
Prgm Director: Gary D VanderArk, MD
 4200 East 9th Avenue, C-307
 Denver, CO 80262
Tel: 303 315-7577 *Fax:* 303 315-1331
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-07-21-102

Connecticut**New Haven****Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
 Veterans Affairs Medical Center (West Haven)
Prgm Director: Charles C Duncan, MD
 333 Cedar Street
 PO Box 208082
 New Haven, CT 06520
Tel: 203 785-2809 *Fax:* 203 785-6916
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-08-21-015

District of Columbia**Washington****George Washington University Program**

Sponsor: George Washington University School of Medicine
 Children's National Medical Center
 George Washington University Hospital (UHS)
 Inova Fairfax Hospital
 Washington Hospital Center
Prgm Director: Anthony Caputy, MD
 2150 Pennsylvania Avenue, NW Suite 7-420
 Washington, DC 20037
Tel: 202 741-2735 *Fax:* 202 741-2742
Length: 5 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 160-10-21-017

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
 Children's National Medical Center
 Washington Hospital Center
Prgm Director: Kevin M McGrail, MD
 3800 Reservoir Road NW (1 PHC)
 Washington, DC 20007
Tel: 202 444-7151 *Fax:* 202 444-7573
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-10-21-016

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine
 North Florida/South Georgia Veterans Health System
 Shands at AGH
 Shands Hospital at the University of Florida
Prgm Director: William A Friedman, MD
 Department of Neurological Surgery
 PO Box 100265
 Gainesville, FL 32610
Tel: 352 392-4331 *Fax:* 352 392-8413
E-mail: fjohnson@neurosurgery.ufl
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-11-21-018

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
 Miami Children's Hospital
 Veterans Affairs Medical Center (Miami)
Prgm Director: Roberto C Heros, MD
 1095 NW 14th Terrace
 Lois Pope LIFE Center (D4-6)
 Miami, FL 33136
Tel: 305 243-6672 *Fax:* 305 243-3180
E-mail: imenendez@med.miami.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Subspecialties: SCI
Program ID: 160-11-21-019

Tampa**University of South Florida Program**

Sponsor: University of South Florida College of Medicine
 All Children's Hospital
 H Lee Moffitt Cancer Center
 James A Haley Veterans Hospital
 Tampa General Hospital
Prgm Director: Fernando L Vale, MD*
 4 Columbia Drive
 Suite 730
 Tampa, FL 33606
Tel: 813 259-0901 *Fax:* 813 259-0944
Length: 5 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 160-11-21-109

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Eggleston
Crawford Long Hospital of Emory University
Emory University Hospital
Grady Health System

Prgm Director: Timothy B Mapstone, MD

1365 B Clifton Road
Suite 6400, Room 6501
Atlanta, GA 30322

Tel: 404 778-3895 *Fax:* 404 778-4472

Length: 5 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 160-12-21-020

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Medical College of Georgia School of Medicine
Veterans Affairs Medical Center (Augusta)

Prgm Director: Cargill H Alleyne, MD*

Department of Neurosurgery
1120 15th Street, B1-3088
Augusta, GA 30912

Tel: 706 721-3071 *Fax:* 706 721-8084

E-mail: asdavis@mail.mcg.edu

Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-12-21-021

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University

Children's Memorial Hospital
Evanston Hospital
Northwestern Memorial Hospital

Prgm Director: Stephen Ondra, MD

676 N St Clair, Suite 2210
Chicago, IL 60611

Tel: 312 695-6282 *Fax:* 312 695-0225

Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-16-21-022

Rush University Medical Center Program

Sponsor: Rush University Medical Center
John H Stroger Hospital of Cook County

Prgm Director: Kelvin A Von Roenn, MD

Department of Neurosurgery
1725 W Harrison Street, Ste 1115
Chicago, IL 60612

Tel: 312 942-6628 *Fax:* 312 563-3358

E-mail: Jolynne_Litzenberger@rush.edu

Length: 5 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 160-16-11-023

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Richard G Fessler, MD, PhD*

5841 South Maryland Avenue MC 3026

Chicago, IL 60637

Tel: 773 702-2123 *Fax:* 773 702-3518

Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-16-11-024

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago

University of Illinois Hospital and Clinics

Prgm Director: Fady T Charbel, MD

912 South Wood Street (M/C 799)

Chicago, IL 60612

Tel: 312 996-4712 *Fax:* 312 996-9018

Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-16-21-025

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
John H Stroger Hospital of Cook County

Prgm Director: Russ P Nockels, MD

Loyola University Medical Center

2160 South First Avenue

Maywood, IL 60153

Tel: 708 216-0005 *Fax:* 708 216-4948

Length: 5 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 160-16-21-026

Peoria

University of Illinois College of Medicine at Peoria Program

Sponsor: University of Illinois College of Medicine at Peoria

Methodist Medical Center of Illinois

OSF St Francis Medical Center

Prgm Director: William C Olivero, MD

530 N E Glen Oak Avenue, Room 3641

Peoria, IL 61637

Tel: 309 655-2642

Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-16-21-099

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine

Clarian Indiana University Hospital

Clarian Methodist Hospital of Indiana

Clarian Riley Hospital for Children

Richard L Roudebush Veterans Affairs Medical Center

William N Wishard Memorial Hospital

Prgm Director: Paul B Nelson, MD

545 Barnhill Drive

Emerson Hall 139

Indianapolis, IN 46202

Tel: 317 274-5725

Length: 5 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 160-17-11-027

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics

Veterans Affairs Medical Center (Iowa City)

Prgm Director: Matthew A Howard, MD

200 Hawkins Drive

Iowa City, IA 52242

Tel: 319 356-8468 *Fax:* 319 353-6605

Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-18-11-028

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine

Children's Mercy Hospital

University of Kansas Medical Center

Veterans Affairs Medical Center (Kansas City)

Prgm Director: John Grant, MD*

3901 Rainbow Boulevard

Mail Stop: 3021

Kansas City, KS 66160

Tel: 913 588-6122 *Fax:* 913 588-7570

Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-19-21-029

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine

Veterans Affairs Medical Center (Lexington)

Prgm Director: Byron Young, MD

Division of Neurosurgery

800 Rose Street, Room MS-101

Lexington, KY 40536

Tel: 859 323-5864 *Fax:* 859 257-8011

Length: 5 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 160-20-21-030

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine

Kosair Children's Hospital (Norton Healthcare, Inc)

Norton Healthcare - Norton Hospital

University of Louisville Hospital

Prgm Director: Christopher B Shields, MD

210 East Gray Street, Suite 1102

Louisville, KY 40202

Tel: 502 629-5510 *Fax:* 502 629-5512

E-mail: cbshie01@gwise.louisville.edu

Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-20-31-031

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine

Medical Center of Louisiana at New Orleans

Ochsner Clinic Foundation

Prgm Director: David G Kline, MD

1542 Tulane Avenue

New Orleans, LA 70112

Tel: 504 568-6120 *Fax:* 504 568-6127

Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-21-21-032

Tulane University Program

Sponsor: Tulane University School of Medicine

Medical Center of Louisiana at New Orleans

Tulane University Hospital and Clinics

Veterans Affairs Medical Center (New Orleans)

Prgm Director: Donald F Richardson, MD

Department of Neurological Surgery SLA7

1430 Tulane Avenue

New Orleans, LA 70112

Tel: 504 988-5565 *Fax:* 504 988-5793

E-mail: jcomer@tulane.edu

Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-21-21-033

Shreveport**Louisiana State University (Shreveport) Program**

Sponsor: LSU Health Sciences Center-University Hospital
 Overton Brooks Veterans Affairs Medical Center
 Willis-Knighton Medical Center
Prgm Director: Anil Nanda, MD
 1501 Kings Highway
 PO Box 33932
 Shreveport, LA 71130
Tel: 318 675-6404 *Fax:* 318 675-4615
E-mail: jwrig1@lsuhsc.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-21-13-119

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Bayview Medical Center
 Johns Hopkins Hospital
Prgm Director: Henry Brem, MD
 Meyer 7-113
 600 North Wolfe Street
 Baltimore, MD 21287
Tel: 410 955-2252 *Fax:* 410 955-8263
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 160-23-21-034

University of Maryland Program

Sponsor: University of Maryland Medical System
 Veterans Affairs Medical Center (Baltimore)
Prgm Director: Howard M Eisenberg, MD
 Department of Neurosurgery
 22 South Greene Street, Suite S12D
 Baltimore, MD 21201
Tel: 410 328-3514 *Fax:* 410 328-1420
E-mail: rkosm001@umaryland.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-23-21-035

Bethesda**National Capital Consortium Program**

Sponsor: National Capital Consortium
 Children's National Medical Center
 National Naval Medical Center (Bethesda)
 Walter Reed Army Medical Center
Prgm Director: James M Ecklund, MD
 Walter Reed Army Medical Center
 6900 Georgia Ave, NW
 Washington, DC 20307
Tel: 202 782-9804 *Fax:* 202 782-0713
Length: 5 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 160-10-21-118
 US Armed Services Program

Massachusetts**Boston****Children's Hospital/Brigham and Women's Hospital Program**

Sponsor: Children's Hospital
 Brigham and Women's Hospital
Prgm Director: Arthur L Day, MD
 75 Francis Street
 Boston, MA 02115
Tel: 617 525-7777 *Fax:* 617 734-8342
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-24-21-036

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: Paul H Chapman, MD
 55 Fruit Street, GRB 502
 Boston, MA 02114
Tel: 617 726-3887
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-24-31-037

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
 Beth Israel Deaconess Medical Center
 Lahey Clinic
Prgm Director: William A Shucart, MD
 750 Washington Street, Box 178
 Boston, MA 02111
Tel: 617 636-5858 *Fax:* 617 636-7687
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-24-31-038

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Julian T Hoff, MD
 1500 East Medical Center Drive
 3552 Taubman Center
 Ann Arbor, MI 48109
Tel: 734 936-5015 *Fax:* 734 936-9294
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-25-21-039

Detroit**Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital
Prgm Director: Jack P Rock, MD
 2799 West Grand Boulevard
 Detroit, MI 48202
Tel: 313 916-1094 *Fax:* 313 916-7139
Length: 5 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 160-25-11-040

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
 Children's Hospital of Michigan
 Detroit Receiving Hospital and University Health Center
 Harper-Hutzel Hospital
Prgm Director: Murali Guthikonda, MD
 University Health Center, 6E
 4201 St Antoine Blvd
 Detroit, MI 48201
Tel: 313 745-4523 *Fax:* 313 745-4099
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-25-21-041

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
 Fairview-University Medical Center
 Hennepin County Medical Center
 Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Stephen J Haines, MD*
 D429 Mayo Memorial Bldg, MMC 96
 420 Delaware Street, SE
 Minneapolis, MN 55455
Tel: 612 624-6666 *Fax:* 612 624-0644
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-26-21-042

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Rochester)
 St Mary's Hospital of Rochester
Prgm Director: Fredric B Meyer, MD*
 200 First Street, SW
 Rochester, MN 55905
Tel: 507 284-2254 *Fax:* 507 284-5206
Length: 5 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 160-26-21-043

Mississippi**Jackson****University of Mississippi Medical Center Program**

Sponsor: University of Mississippi School of Medicine
 University Hospitals and Clinics
 Veterans Affairs Medical Center (Jackson)
Prgm Director: Haynes L Harkey, MD
 2500 North State Street
 Jackson, MS 39216
Tel: 601 984-5705 *Fax:* 601 984-6986
Length: 5 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 160-27-21-044

Missouri**Columbia****University of Missouri-Columbia Program**

Sponsor: University of Missouri-Columbia School of Medicine
 Boone Hospital Center
 University Hospitals and Clinics
Prgm Director: John J Oro, MD
 One Hospital Drive, N521
 Columbia, MO 65212
Tel: 573 882-4908 *Fax:* 573 884-5184
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-28-21-045

St Louis**St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine
 Cardinal Glennon Children's Hospital
 St Louis University Hospital
Prgm Director: Richard D Bucholz, MD
 3635 Vista Avenue/Grand Boulevard
 PO Box 15250
 St Louis, MO 63110
Tel: 314 977-8560 *Fax:* 314 268-5113
E-mail: bucholz@musu2.slu.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-28-21-047

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
 St Louis Children's Hospital
Prgm Director: Ralph G Dacey, MD
 Campus Box 8057
 660 South Euclid Avenue
 St Louis, MO 63110
Tel: 314 362-3571 *Fax:* 314 362-2107
E-mail: schillizj@nsurg.wustl.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 160-28-11-046

Nebraska

Omaha

University of Nebraska Medical Center College of Medicine Program

Sponsor: University of Nebraska Medical Center College of Medicine
Children's Hospital
Nebraska Methodist Hospital
The Nebraska Medical Center
Prgm Director: Lyal G Leibrock, BA, MD
600 South 42nd Street
982035 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-9605 *Fax:* 402 559-7779
E-mail: kdevney@unmc.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-30-21-111

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: David W Roberts, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-8734 *Fax:* 603 650-7911
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-32-21-048

New Jersey

Newark

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Prgm Director: Robert F Heary, MD*
90 Bergen Street, Suite 8100
Newark, NJ 07103
Tel: 973 972-2326 *Fax:* 973 972-2329
E-mail: caudie@umdnj.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 160-33-21-106

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
Lovelace Sandia Health
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Paul T Turner, MD*
MSC 10 5610
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505 272-3401 *Fax:* 505 272-6091
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-34-21-115

New York

Albany

Albany Medical Center Program

Sponsor: Albany Medical Center
Veterans Affairs Medical Center (Albany)
Prgm Director: A John Popp, MD
47 New Scotland Avenue
Albany, NY 12208
Tel: 518 262-5088 *Fax:* 518 262-5692
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-35-21-049

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Beth Israel Medical Center-North Division
Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Eugene S Flamm, MD
Montefiore Medical Center
111 E 210th Street
Bronx, NY 10467
Tel: 718 920-7400 *Fax:* 718 515-8235
Length: 5 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 160-35-21-051

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Kaleida Health System (Women and Children's Hosp of Buffalo)
Roswell Park Cancer Institute
Prgm Director: Kevin J Gibbons, MD
Millard Fillmore Hospital
3 Gates Circle
Buffalo, NY 14209
Tel: 716 887-5210 *Fax:* 716 887-4378
E-mail: residency@buffns.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 160-35-21-050

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Prgm Director: Joshua B Bederson, MD
One Gustave L Levy Place
Box 1136
New York, NY 10029
Tel: 212 241-2377 *Fax:* 212 410-0603
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-35-21-053

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Donald O Quest, MD
710 West 168th Street, Room 440
New York, NY 10032
Tel: 212 305-5582 *Fax:* 212 305-2026
Length: 5 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 160-35-11-055

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
Hospital for Special Surgery
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Philip Stieg, PhD, MD
525 East 68th Street
Box 99
New York, NY 10021
Tel: 212 746-4684 *Fax:* 212 746-6607
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-35-21-052

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
Prgm Director: Anthony K Frempong-Boadu, MD
550 First Avenue
New York, NY 10016
Tel: 212 263-6514 *Fax:* 212 263-8225
E-mail: Anthony.Frempong@med.nyu.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-35-21-054

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Robert S Bakos, MD
601 Elmwood Avenue, PO Box 670
Rochester, NY 14642
Tel: 585 275-8344 *Fax:* 585 756-5183
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-35-11-057

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Crouse Hospital
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Charles J Hodge, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-5510 *Fax:* 315 464-6384
Length: 5 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 160-35-21-058

Valhalla

New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Westchester Medical Center
Prgm Director: Raj Murali, MD
Westchester Medical Center
Munger Pavilion
Valhalla, NY 10595
Tel: 914 493-8510 *Fax:* 914 594-3641
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-35-21-108

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Matthew G Ewend, MD*
2160 Bioinformatics Bldg, CB 7060
Chapel Hill, NC 27599
Tel: 919 966-1374 *Fax:* 919 966-6627
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-36-11-059

Durham**Duke University Hospital Program**

Sponsor: Duke University Hospital
Durham Regional Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Allan H Friedman, MD
PO Box 3807
Durham, NC 27710
Tel: 919 684-3271 *Fax:* 919 681-7973
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-36-21-060

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Charles L Branch, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-4083 *Fax:* 336 716-3065
E-mail: mherring@wfubmc.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-36-11-061

Ohio**Cincinnati****University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc
Christ Hospital
Cincinnati Children's Hospital Medical Center
TriHealth-Good Samaritan Hospital
Prgm Director: Raj K Narayan, MD
231 Bethesda Avenue
PO Box 670515
Cincinnati, OH 45267
Tel: 513 558-5987 *Fax:* 513 558-7702
E-mail: raj.narayan@uc.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-38-21-064

Cleveland**Case Western Reserve University/ University Hospitals of Cleveland Program**

Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Prgm Director: Robert A Ratcheson, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-5747 *Fax:* 216 844-3014
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-38-21-065

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Edward C Benzel, MD
9500 Euclid Avenue
S80
Cleveland, OH 44195
Tel: 216 445-6797 *Fax:* 216 445-6801
E-mail: benzele@ccf.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 160-38-22-066

Columbus**Ohio State University Hospital Program**

Sponsor: Ohio State University Hospital
Children's Hospital (Columbus)
Riverside Methodist Hospitals (OhioHealth)
Prgm Director: Carole A Miller, MD
N-1021 Doan Hall
410 West 10th Avenue
Columbus, OH 43210
Tel: 614 293-6259 *Fax:* 614 293-4281
E-mail: miller-74@medctr.osu.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-38-21-067

Oklahoma**Oklahoma City****University of Oklahoma Health Sciences Center Program**

Sponsor: University of Oklahoma College of Medicine
OU Medical Center
OU Medical Center-Children's Hospital
Prgm Director: Christopher Wolfa, MD
711 Stanton L Young Blvd, Suite 206
Oklahoma City, OK 73104
Tel: 405 271-4912 *Fax:* 405 271-3091
E-mail: rose-tjerina@ouhsc.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-39-21-068

Oregon**Portland****Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Prgm Director: Kim J Burchiel, MD
3181 SW Sam Jackson Park Rd
L-472
Portland, OR 97239
Tel: 503 494-6207 *Fax:* 503 494-7161
E-mail: mastrand@ohsu.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-40-21-070

Pennsylvania**Hershey****Penn State University/Milton S Hershey Medical Center Program**

Sponsor: Milton S Hershey Medical Center
Prgm Director: Robert E Harbaugh, MD
500 University Drive, PO Box 850
BMR Bldg, Room C9890
Hershey, PA 17033
Tel: 717 531-4383 *Fax:* 717 531-3858
E-mail: reh1@mac.com
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-41-21-110

Philadelphia**Temple University Hospital Program**

Sponsor: Temple University Hospital
Abington Memorial Hospital
Children's Memorial Hospital
Temple University Children's Medical Center
Prgm Director: Christopher M Loftus, MD*
3401 North Broad Street
Philadelphia, PA 19140
Tel: 215 707-9747 *Fax:* 215 707-3831
E-mail: david.goodman@temple.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-41-21-073

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Children's Hospital of Philadelphia
Prgm Director: Robert H Rosenwasser, MD*
909 Walnut Street, 3rd Floor
Philadelphia, PA 19107
Tel: 215 503-7908 *Fax:* 215 503-2452
E-mail: robert.rosenwasser@jefferson.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-41-21-074

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Veterans Affairs Medical Center (Philadelphia)
Prgm Director: M Sean Grady, MD
3400 Spruce Street, 3rd Floor Silverstein Pav
Philadelphia, PA 19104
Tel: 215 340-8325 *Fax:* 215 349-5108
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-41-21-075

Pittsburgh**Allegheny General Hospital Program**

Sponsor: Allegheny General Hospital
Prgm Director: James E Wilberger, MD
420 East North Avenue, Suite 302
Pittsburgh, PA 15212
Tel: 412 359-4764 *Fax:* 412 359-6615
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-41-31-116

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
UPMC Presbyterian/Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: L Dade Lunsford, MD
200 Lothrop Street, Suite B-400
Pittsburgh, PA 15213
Tel: 412 647-6781 *Fax:* 412 647-6483
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 160-41-31-076

Puerto Rico**San Juan****University of Puerto Rico Program**

Sponsor: University of Puerto Rico School of Medicine
University Hospital
University Pediatric Hospital
Veterans Affairs Medical Center (San Juan)
Prgm Director: Ricardo H Brau, MD
Medical Sciences Campus / Section of Neurosurgery
PO Box 365067
San Juan, PR 00936
Tel: 787 765-8276
E-mail: rbrau@rcm.upr.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-42-21-078

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: John A Duncan, MD, PhD
55 Claverick Street
Suite 100
Providence, RI 02903
Tel: 401 490-4161 *Fax:* 401 455-1292
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-43-21-103

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Prgm Director: Sunil J Patel, MD
96 Jonathan Lucas Street, Suite 428
Charleston, SC 29425
Tel: 843 792-3222 *Fax:* 843 792-6995
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-45-11-079

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
LeBonheur Children's Medical Center
Methodist Healthcare-Memphis Hospitals
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Prgm Director: Jon H Robertson, MD
Department of Neurosurgery
847 Monroe Avenue Suite 427
Memphis, TN 38163
Tel: 901 448-6375 *Fax:* 901 448-8468
E-mail: rbeene@utmeme.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-47-21-080

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
St Thomas Hospital
Veterans Affairs Medical Center (Nashville)
Prgm Director: George S Allen, MD, PhD
T-4224 Medical Center North
Nashville, TN 37232
Tel: 615 322-7426 *Fax:* 615 343-8104
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-47-21-081

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Zale-Lipshy University Hospital
Prgm Director: Duke Samson, MD
5323 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-4579 *Fax:* 214 648-2265
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-48-21-082

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Memorial Hermann Hospital System
University of Texas M D Anderson Cancer Center
Prgm Director: Haring J W Nauta, MD, PhD
301 University Boulevard
Galveston, TX 77555
Tel: 409 772-1500 *Fax:* 409 772-3166
E-mail: dgturney@utmb.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-48-21-083

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Prgm Director: Robert G Grossman, MD
One Baylor Plaza
Houston, TX 77030
Tel: 713 798-4696 *Fax:* 713 798-3739
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 160-48-21-084

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
Christus Santa Rosa Health Care Corporation
University Health System
Prgm Director: David F Jimenez, MD*
7703 Floyd Curl Drive (MC 7843)
San Antonio, TX 78229
Tel: 210 567-5625 *Fax:* 210 567-6066
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-48-21-085

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: John Kestle, MD, MSC
Dept of Neurosurgery
30 N 1900 E, Ste 3B409
Salt Lake City, UT 84132
Tel: 801 588-3400 *Fax:* 801 581-3409
E-mail: Julie.Service@hsc.utah.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-49-31-086

Vermont

Burlington

University of Vermont Program

Sponsor: Fletcher Allen Health Care
Prgm Director: Bruce I Tranmer, MD
Fletcher 5
111 Colchester Ave
Burlington, VT 05401
Tel: 802 847-3072 *Fax:* 802 847-0680
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-50-21-101

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Prgm Director: John A Jane, MD, PhD
PO Box 800212
Charlottesville, VA 22908
Tel: 434 982-3244 *Fax:* 434 243-2954
Length: 5 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 160-51-21-088

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Prgm Director: Harold F Young, MD
Department of Neurosurgery
PO Box 980631
Richmond, VA 23298
Tel: 804 828-4480 *Fax:* 804 828-0374
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-51-21-089

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
University of Washington Medical Center
VA Puget Sound Health Care System
Prgm Director: Richard G Ellenbogen, MD
325 Ninth Avenue
Box 358924
Seattle, WA 98104
Tel: 206 744-9300
E-mail: rge@u.washington.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 160-54-21-090

West Virginia**Morgantown****West Virginia University Program**

Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: Julian E Bailes, MD
PO Box 9183
4300 Health Science Center
Morgantown, WV 26506
Tel: 304 293-5041 *Fax:* 304 293-4819
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-55-11-091

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
Meriter Hospital
William S Middleton Veterans Hospital
Prgm Director: Robert J Dempsey, MD
Clinical Science Center, K4/822
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-9585 *Fax:* 608 263-1728
Length: 5 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 160-56-21-092

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Prgm Director: Thomas A Gennarelli, MD
Department of Neurosurgery
9200 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 805-5410 *Fax:* 414 258-6266
E-mail: ns@mcw.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 160-56-21-093

Neurology**Alabama****Birmingham****University of Alabama Medical Center Program**

Sponsor: University of Alabama Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Robert D Slaughter, MD
1720 Seventh Avenue South
SC 339C
Birmingham, AL 35294
Tel: 205 975-0447 *Fax:* 205 996-4150
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: CHN, CN, VN
Program ID: 180-01-31-004

Mobile**University of South Alabama Program**

Sponsor: University of South Alabama Hospitals
University of South Alabama Medical Center
USA Knollwood Park Hospital
Prgm Director: Ivan Lopez, MD*
Department of Neurology
3401 Medical Park Dr, Bldg 3, Suite 205
Mobile, AL 36689
Tel: 251 660-5108 *Fax:* 251 660-5924
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 180-01-21-123

Arizona**Phoenix****St Joseph's Hospital and Medical Center Program**

Sponsor: St Joseph's Hospital and Medical Center
Prgm Director: Steve Chung, MD*
Barrow Neurological Institute
500 West Thomas Road, #300
Phoenix, AZ 85013
Tel: 602 406-6271 *Fax:* 602 798-0467
E-mail: achowdhury@chw.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 11
Subspecialties: CHN
Program ID: 180-03-12-005

Scottsdale**Mayo School of Graduate Medical Education (Scottsdale) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Scottsdale)
Mayo Clinic Hospital
Prgm Director: David W Dodick, MD
13400 East Shea Boulevard
Scottsdale, AZ 85259
Tel: 480 301-4241 *Fax:* 480 301-8451
E-mail: mcs.neur.residency@mayo.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 180-03-11-150

Tucson**University of Arizona Program**

Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Prgm Director: David M Labiner, MD
Department of Neurology
1501 N Campbell Ave, Box 245023
Tucson, AZ 85724
Tel: 520 626-2006 *Fax:* 520 626-2111
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 180-03-21-006

Arkansas**Little Rock****University of Arkansas for Medical Sciences Program**

Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Sami I Harik, MD
Department of Neurology
4301 West Markham, Slot 500
Little Rock, AR 72205
Tel: 501 686-7236 *Fax:* 501 686-7850
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: CHN
Program ID: 180-04-21-007

California**Loma Linda****Loma Linda University Program**

Sponsor: Loma Linda University Medical Center
Prgm Director: Gordon W Peterson, MD
Department of Neurology, Rm 11108 CP
PO Box 2000
Loma Linda, CA 92354
Tel: 909 558-4907 *Fax:* 909 558-0207
E-mail: msjohnson@som.llu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: CHN, CN
Program ID: 180-05-21-124

Los Angeles**Kaiser Permanente Southern California (Los Angeles) Program**

Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Prgm Director: Bruce E Enos, MD, PhD
Kaiser Foundation Hospital (Los Angeles)
1505 North Edgemont Street
Los Angeles, CA 90027
Tel: 323 783-4210 *Fax:* 323 783-4274
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 180-05-12-010

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Perrin Pleninger, MD
David Geffen School of Medicine at UCLA
710 Westwood Plaza
Los Angeles, CA 90095
Tel: 310 825-6681 *Fax:* 310 206-4733
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Subspecialties: CHN, CN, VN
Program ID: 180-05-21-012

**University of Southern California/
LAC+USC Medical Center Program**

Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
Prgm Director: Laura A Kalayjian, MD*
1200 North State Street
Los Angeles, CA 90033
Tel: 323 442-5864 *Fax:* 323 442-7689
Length: 3 Yrs *ACGME Approved/Offered Positions:* 13
Subspecialties: CHN, CN
Program ID: 180-05-21-011

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Prgm Director: Gregory T Whitman, MD
101 The City Drive
Bldg 53-Room 203
Orange, CA 92868
Tel: 714 456-7707 *Fax:* 714 456-8805
E-mail: jlgottbr@msx.ndc.mci.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: CHN
Program ID: 180-05-21-009

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: David P Richman, MD
Department of Neurology
4860 Y Street, Suite 3700
Sacramento, CA 95817
Tel: 916 734-3514 *Fax:* 916 734-6525
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: CN
Program ID: 180-05-12-008

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Mark Kritchinsky, MD
Department of Neurology
200 West Arbor Drive (8465)
San Diego, CA 92103
Tel: 619 543-6266 *Fax:* 619 543-5793
E-mail: jhays@ucsd.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: CHN, CN
Program ID: 180-05-21-014

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: John W Engstrom, MD
505 Parnassus Ave, Room 798-M
San Francisco, CA 94143
Tel: 415 476-1489 *Fax:* 415 476-3428
E-mail: tahoe@itsa.ucsf.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: CHN, CN
Program ID: 180-05-21-016

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Prgm Director: Yuen T So, MD, PhD
Department of Neurology, Rm A343
300 Pasteur Dr
Stanford, CA 94305
Tel: 650 723-5184 *Fax:* 650 725-7459
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: CHN, CN, VN
Program ID: 180-05-21-017

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Hugh B McIntyre, MD, PhD
1000 West Carson Street, Box 492
Torrance, CA 90509
Tel: 310 222-3897 *Fax:* 310 533-8905
E-mail: nanaya@ladhs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: CHN, CN
Program ID: 180-05-11-018

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
University of Colorado Hospital
Veterans Affairs Medical Center (Denver)
Prgm Director: Al Anderson, MD
Department of Neurology B183
4200 East 9th Avenue
Denver, CO 80262
Tel: 303 315-7566 *Fax:* 303 315-5867
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: CHN
Program ID: 180-07-21-019

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Hartford Hospital
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Leslie I Wolfson, MD
Department of Neurology
80 Seymour Street
Hartford, CT 06102
Tel: 860 545-3621 *Fax:* 860 545-5003
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 180-08-21-139

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Prgm Director: George B Richerson, MD, PhD
15 York Street, LCI 712
PO Box 208018
New Haven, CT 06520
Tel: 203 785-6054 *Fax:* 203 785-5694
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: CN
Program ID: 180-08-21-021

District of Columbia

Washington

George Washington University Program

Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Prgm Director: Perry K Richardson, MD
2150 Pennsylvania Ave, NW
Suite 7-404
Washington, DC 20037
Tel: 202 741-2719 *Fax:* 202 741-2721
E-mail: prichardson@mfa.gwu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Subspecialties: CHN, CN, NDN
Program ID: 180-10-21-023

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Veterans Affairs Medical Center (Washington DC)
Prgm Director: Carlo Tornatore, MD
Department of Neurology
3800 Reservoir Road, NW (1 Bles)
Washington, DC 20007
Tel: 202 444-2410 *Fax:* 202 444-2661
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: CN
Program ID: 180-10-21-022

Howard University Program

Sponsor: Howard University Hospital
Prgm Director: Annapurni Jayam-Trouth, MD
2041 Georgia Avenue, NW
Washington, DC 20060
Tel: 202 865-1546 *Fax:* 202 865-4395
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 180-10-21-024

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Edward Valenstein, MD
Dept of Neurology, Suite L3-100
100 Newell Dr, POB 100236
Gainesville, FL 32610
Tel: 352 392-3491 *Fax:* 352 392-6893
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: CN
Program ID: 180-11-21-025

Jacksonville

Mayo School of Graduate Medical Education (Jacksonville) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Jacksonville)
St Luke's Hospital
Prgm Director: David J Capobianco, MD
4500 San Pablo Road
Jacksonville, FL 32224
Tel: 904 953-0110 *Fax:* 904 953-0430
E-mail: mcj.neurology.residency@mayo.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: CHN, CN
Program ID: 180-11-13-148

University of Florida Health Science Center/Jacksonville Program

Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Prgm Director: Scott Silliman, MD
580 West 8th Street, Tower 1, 9th Floor
Jacksonville, FL 32209
Tel: 904 244-9856 *Fax:* 904 244-9481
E-mail: scott.silliman@jax.ufl.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 180-11-12-154

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Prgm Director: Ashok Verma, MD
Department of Neurology (M-712)
1150 NW 14th Street #603
Miami, FL 33136
Tel: 305 243-3902 *Fax:* 305 243-6546
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: CHN
Program ID: 180-11-21-026

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital
Prgm Director: Charles W Brock, MD
12901 Bruce B Downs Blvd, MDC 55
Tampa, FL 33612
Tel: 813 972-7633 *Fax:* 813 978-5995
E-mail: charles.brock@med.va.gov
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 180-11-21-027

Weston

Cleveland Clinic Hospital (Florida) Program

Sponsor: Cleveland Clinic Florida
Cleveland Clinic Foundation
Cleveland Clinic Hospital
Prgm Director: Virgilio D Salanga, MD, MSc*
2950 Cleveland Clinic Blvd
Weston, FL 33331
Tel: 954 659-5673 *Fax:* 954 659-5358
E-mail: neuroprg@ccf.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 180-11-22-152

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Prgm Director: Jonathan D Glass, MD
WMBR 6009 c/o Pam Julien
101 Woodruff Memorial Circle
Atlanta, GA 30322
Tel: 404 727-3507 *Fax:* 404 727-3157
E-mail: neuro_res@emory.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Subspecialties: CHN, CN, VN
Program ID: 180-12-21-028

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
University Hospital
Veterans Affairs Medical Center (Augusta)
Prgm Director: Jerry N Pruitt, MD
Department of Neurology
15th Street
Augusta, GA 30912
Tel: 706 721-1886 *Fax:* 706 721-1962
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: CHN, CN, PMN, VN
Program ID: 180-12-21-029

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Evanston Hospital
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Prgm Director: Tanya Simuni, MD
Department of Neurology
710 North Lake Shore Drive, Abbott Hall, 11th Fl
Chicago, IL 60611
Tel: 312 503-2970 *Fax:* 312 908-5073
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: CHN, CN, NDN
Program ID: 180-16-21-032

Rush University Medical Center Program

Sponsor: Rush University Medical Center
John H Stroger Hospital of Cook County
Prgm Director: Steven L Lewis, MD
Department of Neurological Sciences
1725 W Harrison St, Ste 1106
Chicago, IL 60612
Tel: 312 942-4500 *Fax:* 312 942-2380
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: CN
Program ID: 180-16-11-033

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Arif Dalvi, MD, MBA
Department of Neurology
5841 South Maryland Avenue, MC2030
Chicago, IL 60637
Tel: 773 702-0151 *Fax:* 773 702-9076
E-mail: adalvi@neurology.bsd.uchicago.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: CHN, CN
Program ID: 180-16-21-034

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
Advocate Christ Medical Center
University of Illinois Hospital and Clinics
Prgm Director: Steven U Brint, MD
Department of Neurology (M/C 796)
912 South Wood Street
Chicago, IL 60612
Tel: 312 996-6906 *Fax:* 312 996-4169
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: CN
Program ID: 180-16-21-035

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: José Biller, MD
Department of Neurology
2160 South First Avenue
Maywood, IL 60153
Tel: 708 216-5332 *Fax:* 708 216-5617
E-mail: NeurologyResource@lumc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: CHN, CN
Program ID: 180-16-21-036

Peoria

University of Illinois College of Medicine at Peoria Program

Sponsor: University of Illinois College of Medicine at Peoria
Methodist Medical Center of Illinois
OSF St Francis Medical Center
Prgm Director: Jorge C Kattah, MD
One Illini Drive, Box 1649
Peoria, IL 61656
Tel: 309 655-2702 *Fax:* 309 655-3069
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 180-16-21-147

Springfield

Southern Illinois University Program

Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Prgm Director: Rodger J Elble, MD, PhD
Department of Neurology
PO Box 19643
Springfield, IL 62794
Tel: 217 545-0168 *Fax:* 217 545-8039
E-mail: relble@siu-med.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Subspecialties: CN
Program ID: 180-16-21-134

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: Robert M Pascuzzi, MD
Department of Neurology
545 Barnhill Drive - EH 125
Indianapolis, IN 46202
Tel: 317 274-4455 *Fax:* 317 278-4918
Length: 4 Yrs *ACGME Approved/Offered Positions:* 13
Subspecialties: CHN, CN, VN
Program ID: 180-17-21-038

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: Robert Rodnitzky, MD
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-8754 *Fax:* 319 356-4505
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: CHN, CN
Program ID: 180-18-21-039

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Prgm Director: April L McVey, MD
Department of Neurology
3901 Rainbow Boulevard
Kansas City, KS 66160
Tel: 913 588-6970 *Fax:* 913 588-6965
Length: 3 Yrs *ACGME Approved/Offered Positions:* 11
Subspecialties: CHN, CN
Program ID: 180-19-22-040

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine
Veterans Affairs Medical Center (Lexington)
Prgm Director: Arman Sabet, MD
Department of Neurology
740 South Limestone, Rm L445
Lexington, KY 40536
Tel: 859 323-6702 *Fax:* 859 323-5943
E-mail: jkemp0@pop.uky.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: CHN
Program ID: 180-20-21-041

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
Norton Healthcare - Norton Hospital
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: Michael Gruenthal, MD, PhD
500 S Preston Street
Louisville, KY 40202
Tel: 502 852-7981 *Fax:* 502 852-6344
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 180-20-21-042

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Prgm Director: Amparo Gutierrez, MD
Department of Neurology
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 568-4081 *Fax:* 504 568-7130
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: CHN, CN
Program ID: 180-21-21-043

Tulane University Program

Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Anne L Foundas, MD
Department of Neurology
1440 Canal Street, Box TB-52
New Orleans, LA 70112
Tel: 504 988-2241 *Fax:* 504 988-3695
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: CHN, CN
Program ID: 180-21-21-044

Shreveport

Louisiana State University (Shreveport) Program

Sponsor: LSU Health Sciences Center-University Hospital
E A Conway Medical Center
Prgm Director: Roger E Kelley, MD*
1501 Kings Highway
Department of Neurology
Shreveport, LA 71103
Tel: 318 675-5682 *Fax:* 318 675-6382
E-mail: rkelly@lsuhsc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 180-21-31-153

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Prgm Director: Justin C McArthur, MD, MPH
Meyer 6-109
600 North Wolfe Street
Baltimore, MD 21287
Tel: 410 955-3730 *Fax:* 410 955-0672
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: CHN, CN, NDN, VN
Program ID: 180-23-21-045

University of Maryland Program

Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Prgm Director: Barney J Stern, MD*
Department of Neurology
22 S Greene Street, N4W46
Baltimore, MD 21201
Tel: 410 328-3372 *Fax:* 410 328-5899
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: CN
Program ID: 180-23-31-046

Bethesda

National Capital Consortium Program

Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Prgm Director: Mark E Landau, MD*
Department of Neurology
6900 Georgia Ave
Washington, DC 20307
Tel: 202 782-8654 *Fax:* 202 782-2295
Length: 4 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: CHN, CN
Program ID: 180-10-21-144
US Armed Services Program

Massachusetts

Boston

Beth Israel Deaconess Medical Center/Harvard Medical School Program

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Frank W Drislane, MD
Department of Neurology
330 Brookline Avenue
Boston, MA 02215
Tel: 617 667-2268 *Fax:* 617 667-2987
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: CHN, CN, NDN
Program ID: 180-24-21-049

Boston University Medical Center Program

Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Prgm Director: James AD Otis, MD
715 Albany Street, Suite C-329
Boston, MA 02118
Tel: 617 638-5350 *Fax:* 617 638-5354
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: VN
Program ID: 180-24-21-145

Massachusetts General Hospital/Brigham and Women's Hospital/Harvard Medical School Program

Sponsor: Massachusetts General Hospital
Brigham and Women's Hospital
Prgm Director: Steven Feske, MD
Kennedy, Suite 915
32 Fruit Street
Boston, MA 02114
Tel: 617 732-7623 *Fax:* 617 726-2353
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Subspecialties: CHN, CN, VN
Program ID: 180-24-31-050

New England Medical Center Hospitals/Tufts University Program

Sponsor: Tufts-New England Medical Center
Caritas St Elizabeth's Medical Center of Boston
Lahey Clinic
Prgm Director: Thomas D Sabin, MD
Division of Neurology
736 Cambridge Street
Boston, MA 02135
Tel: 617 636-7487 *Fax:* 617 636-8199
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: CHN, CN
Program ID: 180-24-21-051

Worcester**University of Massachusetts Program**

Sponsor: University of Massachusetts Medical School
St Vincent Hospital
UMass Memorial Health Care (University Campus)
Prgm Director: Ann Mitchell, MD
55 Lake Avenue, North
Worcester, MA 01655
Tel: 508 856-2527
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: CN
Program ID: 180-24-21-121

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Jonathan C Edwards, MD*
1B300 University Hospital/0036
1500 E Medical Ctr Dr
Ann Arbor, MI 48109
Tel: 734 936-9030 *Fax:* 734 936-5520
E-mail: btwg@umich.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 17
Subspecialties: CHN, CN
Program ID: 180-25-31-052

Detroit**Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital
Prgm Director: Lori Schuh, MD
2799 W Grand Blvd
Department of Neurology K-11
Detroit, MI 48202
Tel: 313 916-7205 *Fax:* 313 916-5117
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: CN
Program ID: 180-25-21-129

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Harper-Hutzel Hospital
Prgm Director: Robert P Lisak, MD
8D University Health Center
4201 St Antoine Blvd
Detroit, MI 48201
Tel: 313 577-1245 *Fax:* 313 745-4216
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: CHN, CN, VN
Program ID: 180-25-31-054

Lansing**Sparrow Health System Program**

Sponsor: Sparrow Hospital
Michigan State University Clinical Center
Prgm Director: David I Kaufman, DO
MSU-Clinical Center A-217
138 Service Road
East Lansing, MI 48824
Tel: 517 432-9277 *Fax:* 517 432-9414
E-mail: david.kaufman@hl.msu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 180-25-21-149

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Hennepin County Medical Center
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: William S David, MD, PhD
Department of Neurology
420 Delaware St SE, MMC 295
Minneapolis, MN 55455
Tel: 612 626-6519 *Fax:* 612 625-7950
E-mail: david019@umn.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: CHN, CN
Program ID: 180-26-21-055

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
St Mary's Hospital of Rochester
Prgm Director: Robert D Brown, MD
Department of Neurology
200 First Street, SW
Rochester, MN 55905
Tel: 507 294-4205 *Fax:* 507 266-0178
E-mail: n-ed-cmte@mayo.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Subspecialties: CHN, CN
Program ID: 180-26-21-057

Mississippi**Jackson****University of Mississippi Medical Center Program**

Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Prgm Director: James J Corbett, MD
Department of Neurology
2500 North State Street
Jackson, MS 39216
Tel: 601 984-5500 *Fax:* 601 984-5503
E-mail: JCorbettMD@AOL.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: CHN, CN
Program ID: 180-27-21-058

Missouri**Columbia****University of Missouri-Columbia Program**

Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prgm Director: Pradeep K Sahota, MD
Department of Neurology
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-3133 *Fax:* 573 884-4249
E-mail: Muneuro@health.missouri.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 180-28-21-059

St Louis**St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine
Forest Park Hospital
St Louis University Hospital
Veterans Affairs Medical Center (St Louis)
Prgm Director: John B Selhorst, MD
3635 Vista at Grand
Department of Neurology
St Louis, MO 63110
Tel: 314 577-8026 *Fax:* 314 268-5101
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: CHN, CN
Program ID: 180-28-21-060

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
St Louis ConnectCare
Prgm Director: Abdullah Nassief, MD*
Department of Neurology
One Barnes-Jewish Hospital Plaza
St Louis, MO 63110
Tel: 314 362-3296 *Fax:* 314 362-2826
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: CHN, CN, VN
Program ID: 180-28-21-061

Nebraska**Omaha****University of Nebraska Medical Center College of Medicine/Creighton University Program**

Sponsor: University of Nebraska Medical Center College of Medicine
Creighton University Medical Center (Tenet - SJH)
The Nebraska Medical Center
Prgm Director: Pierre Fayad, MD
982045 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-8932 *Fax:* 402 559-3341
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 180-30-21-062

New Hampshire**Lebanon****Dartmouth-Hitchcock Medical Center Program**

Sponsor: Mary Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Prgm Director: Morris Levin, MD
Section of Neurology
One Medical Center
Lebanon, NH 03756
Tel: 603 650-1880 *Fax:* 603 650-7617
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: CN
Program ID: 180-32-21-063

New Jersey

Edison

Seton Hall University School of Graduate Medical Education Program

Sponsor: Seton Hall University School of Graduate Medical Education
JFK Medical Center
Prgm Director: Philip A Hanna, MD*
65 James Street
PO Box 3059
Edison, NJ 08818
Tel: 732 632-1685 *Fax:* 732 632-1584
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: CN
Program ID: 180-33-21-142

Newark

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
Robert Wood Johnson University Hospital
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Stephen S Kamin, MD
Department of Neurology
185 South Orange Ave, MSB H-506
Newark, NJ 07103
Tel: 973 972-5208 *Fax:* 973 972-5059
Length: 4 Yrs *ACGME Approved/Offered Positions:* 22
Subspecialties: CHN, VN
Program ID: 180-33-21-064

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: John Chapin, MD*
MSC10 5620
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505 272-3342 *Fax:* 505 272-6692
E-mail: jchapin@salud.unm.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: CN
Program ID: 180-34-21-065

New York

Albany

Albany Medical Center Program

Sponsor: Albany Medical Center
Veterans Affairs Medical Center (Albany)
Prgm Director: Mark P Dentinger, MD
Department of Neurology
47 New Scotland Ave
Albany, NY 12208
Tel: 518 262-6488 *Fax:* 518 262-6261
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 180-35-21-066

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Beth Israel Medical Center
Jacobi Medical Center
Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Sheryl Haut, MD
Department of Neurology
1300 Morris Park Avenue
Bronx, NY 10461
Tel: 718 920-4898 *Fax:* 718 882-0216
E-mail: sarchill@aecom.yu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 22
Subspecialties: CHN, CN
Program ID: 180-35-21-070

Brooklyn

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Helen A Valsamis, MD
450 Clarkson Avenue, Box 1213
Department of Neurology
Brooklyn, NY 11203
Tel: 718 270-4232 *Fax:* 718 270-3840
E-mail: marjorie.maxwell@downstate.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: CHN, CN
Program ID: 180-35-21-079

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Prgm Director: Sandra A Block, MD
Dept of Neurology, Jacobs Neurological Inst, BGH
100 High Street
Buffalo, NY 14203
Tel: 716 859-3496 *Fax:* 716 859-1676
E-mail: ejtamoga@acsu.buffalo.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 13
Subspecialties: CHN, CN
Program ID: 180-35-21-067

Manhasset

North Shore University Hospital/NYU/Nassau University Medical Center Program

Sponsor: North Shore University Hospital
Prgm Director: Ronald Kanner, MD*
Department of Neurology
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-4301 *Fax:* 516 562-2635
E-mail: rkanner@lj.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 180-35-21-073

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program

Sponsor: Long Island Jewish Medical Center
Prgm Director: Ronald M Kanner, MD
Department of Neurology
270-05 76th Avenue
New Hyde Park, NY 11040
Tel: 718 470-7311 *Fax:* 718 347-3016
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: CHN
Program ID: 180-35-21-074

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Seymour Gendelman, MD
Department of Neurology
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-8172 *Fax:* 212 860-4952
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: CHN, CN, VN
Program ID: 180-35-21-075

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: Paul Mullin, MD*
153 West 11th Street
New York, NY 10011
Tel: 212 604-7763 *Fax:* 212 604-3213
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 180-35-11-078

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Blair Ford, MD*
710 W 168th St
Neurological Institute
New York, NY 10032
Tel: 212 305-1338 *Fax:* 212 305-6978
E-mail: Neuroresidency@neuro.columbia.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 23
Subspecialties: CHN, CN, VN
Program ID: 180-35-31-071

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Erik J Kobylarz, MD, PhD
525 E 68th Street, Room F610
New York, NY 10021
Tel: 212 746-2014 *Fax:* 212 746-8984
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: CHN, CN
Program ID: 180-35-21-072

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
NYU Hospitals Center
Prgm Director: Robert Staudinger, MD
Department of Neurology
550 First Avenue
New York, NY 10016
Tel: 212 263-2231 *Fax:* 212 263-8228
E-mail: robert.staudinger@med.nyu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 23
Subspecialties: CHN, CN
Program ID: 180-35-21-077

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester

Prgm Director: Ralph F Jozefowicz, MD

Department of Neurology
601 Elmwood Avenue, PO Box 673
Rochester, NY 14642

Tel: 585 275-2545 *Fax:* 585 244-2529

Length: 3 Yrs *ACGME Approved/Offered Positions:* 15

Subspecialties: CHN, CN, VN

Program ID: 180-35-31-082

Stony Brook**SUNY at Stony Brook Program**

Sponsor: University Hospital-SUNY at Stony Brook

Veterans Affairs Medical Center (Northport)

Prgm Director: Joanna Smirolodo, MD*

Dept of Neurology, T12/020

Stony Brook, NY 11794

Tel: 631 444-7878 *Fax:* 631 444-1474

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12

Subspecialties: CHN, CN, VN

Program ID: 180-35-21-081

Syracuse**SUNY Upstate Medical University Program**

Sponsor: SUNY Upstate Medical University

Crouse Hospital

Veterans Affairs Medical Center (Syracuse)

Prgm Director: Burk Jubelt, MD

Department of Neurology

750 East Adams Street

Syracuse, NY 13210

Tel: 315 464-4627 *Fax:* 315 464-5355

E-mail: wayson@upstate.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 15

Subspecialties: CN

Program ID: 180-35-21-083

Valhalla**New York Medical College at Westchester Medical Center Program**

Sponsor: New York Medical College

Metropolitan Hospital Center

Westchester Medical Center

Prgm Director: Venkat Ramani, MD

Department of Neurology

Munger Pavilion

Valhalla, NY 10595

Tel: 914 594-4293 *Fax:* 914 594-4295

Length: 3 Yrs *ACGME Approved/Offered Positions:* 9

Program ID: 180-35-21-076

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals

Prgm Director: Albert R Hinn, MD

3114 Bioinformatics Bldg CB #7025

UNC

Chapel Hill, NC 27599

Tel: 919 966-5547 *Fax:* 919 966-2922

E-mail: holzmacherk@neurology.unc.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12

Subspecialties: CHN

Program ID: 180-36-11-084

Durham**Duke University Hospital Program**

Sponsor: Duke University Hospital

Veterans Affairs Medical Center (Durham)

Prgm Director: Joel C Morgenlander, MD

Department of Neurology

Box 2905

Durham, NC 27710

Tel: 919 684-5870 *Fax:* 919 684-0131

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12

Subspecialties: CHN, CN

Program ID: 180-36-21-085

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center

Prgm Director: Patrick S Reynolds, MD

Medical Center Boulevard

Winston-Salem, NC 27157

Tel: 336 716-2317 *Fax:* 336 716-9489

E-mail: laurasm1@wfubmc.edu

Length: 4 Yrs *ACGME Approved/Offered Positions:* 16

Subspecialties: CHN, CN

Program ID: 180-36-21-086

Ohio**Cincinnati****University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc

Veterans Affairs Medical Center (Cincinnati)

Prgm Director: Brett Kissela, MD

Department of Neurology (ML 525)

231 Albert Sabin Way, Room 5159

Cincinnati, OH 45267

Tel: 513 558-2968 *Fax:* 513 558-4305

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12

Subspecialties: CHN, CN, NDN, VN

Program ID: 180-38-21-088

Cleveland**Case Western Reserve University/University Hospitals of Cleveland Program**

Sponsor: University Hospitals of Cleveland

Veterans Affairs Medical Center (Cleveland)

Prgm Director: Stephen M Sagar, MD

Department of Neurology - HH5040

11100 Euclid Avenue

Cleveland, OH 44106

Tel: 216 844-5550 *Fax:* 216 844-5066

Length: 3 Yrs *ACGME Approved/Offered Positions:* 24

Subspecialties: CHN, CN

Program ID: 180-38-21-089

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation

Prgm Director: Kerry H Levin, MD

Department of Neurology

9500 Euclid Avenue

Cleveland, OH 44195

Tel: 216 444-8370 *Fax:* 216 444-0230

E-mail: levink@ccf.org

Length: 4 Yrs *ACGME Approved/Offered Positions:* 24

Subspecialties: CHN, CN, PMN, VN

Program ID: 180-38-11-090

Columbus**Ohio State University Hospital Program**

Sponsor: Ohio State University Hospital

Prgm Director: Steven M Nash, MD

1654 Upham Drive

Room 428 Means Hall

Columbus, OH 43210

Tel: 614 293-6953 *Fax:* 614 293-4688

Length: 3 Yrs *ACGME Approved/Offered Positions:* 11

Subspecialties: CHN, CN

Program ID: 180-38-21-092

Toledo**Medical College of Ohio Program**

Sponsor: Medical College of Ohio

Medical College of Ohio Hospital

Prgm Director: Noor A Pirzada, MD

Ruppert Health Center Suite 1450

3120 Glendale Avenue

Toledo, OH 43614

Tel: 419 383-3544 *Fax:* 419 383-3093

Length: 4 Yrs *ACGME Approved/Offered Positions:* 8

Program ID: 180-38-21-143

Oklahoma**Oklahoma City****University of Oklahoma Health Sciences Center Program**

Sponsor: University of Oklahoma College of Medicine

OU Medical Center

Veterans Affairs Medical Center (Oklahoma City)

Prgm Director: James R Couch, MD, PhD

711 Stanton L Young Blvd, Suite 215

Oklahoma City, OK 73104

Tel: 405 271-4113 *Fax:* 405 271-5723

Length: 4 Yrs *ACGME Approved/Offered Positions:* 16

Subspecialties: CN

Program ID: 180-39-21-141

Oregon**Portland****Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital

Veterans Affairs Medical Center (Portland)

Prgm Director: Ruth H Whitham, MD

Dept of Neurology, L 226

3181 SW Sam Jackson Park Road

Portland, OR 97239

Tel: 503 494-5753 *Fax:* 503 494-7242

E-mail: mannca@ohsu.edu

Length: 4 Yrs *ACGME Approved/Offered Positions:* 12

Subspecialties: CHN, CN, NDN

Program ID: 180-40-31-095

Pennsylvania**Hershey****Penn State University/Milton S Hershey Medical Center Program**

Sponsor: Milton S Hershey Medical Center

Prgm Director: Milind J Kothari, DO

500 University Drive

H037

Hershey, PA 17033

Tel: 717 531-1802 *Fax:* 717 531-4694

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Subspecialties: CN

Program ID: 180-41-11-096

Philadelphia

Drexel University College of Medicine/ Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Prgm Director: Carole E Thomas, MD
Broad and Vine Streets, MS 423
Philadelphia, PA 19102
Tel: 215 762-1274 *Fax:* 215 762-3161
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: CN
Program ID: 180-41-21-097

Temple University Hospital Program

Sponsor: Temple University Hospital
Albert Einstein Medical Center
Prgm Director: Ausim Azizi, MD, PhD
Suite 558 Parkinson Pavilion
3401 North Broad Street
Philadelphia, PA 19140
Tel: 215 707-5953 *Fax:* 215 707-8235
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: CHN, CN
Program ID: 180-41-21-100

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Christiana Care Health Services Inc
Prgm Director: Rodney Bell, MD*
900 Walnut Street Suite 200
Philadelphia, PA 19107
Tel: 215 955-9425 *Fax:* 215 503-2481
E-mail: rodney.bell@jefferson.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: CN
Program ID: 180-41-21-101

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Pennsylvania Hospital (UPHS)
Prgm Director: Steven L Galetta, MD
3 West Gates Building
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 662-3381 *Fax:* 215 662-3362
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Subspecialties: CHN, CN
Program ID: 180-41-21-102

Pittsburgh

Allegheny General Hospital Program

Sponsor: Allegheny General Hospital
Prgm Director: Thomas F Scott, MD
320 East North Avenue
7th Fl South Tower
Pittsburgh, PA 15212
Tel: 412 359-3850 *Fax:* 412 359-8878
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: CN
Program ID: 180-41-21-140

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Mark L Scheuer, MD
3471 Fifth Avenue, Suite 811
Pittsburgh, PA 15213
Tel: 412 692-4623 *Fax:* 412 692-4636
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: CHN, CN, NDN, VN
Program ID: 180-41-21-103

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
San Juan City Hospital
University Hospital
Veterans Affairs Medical Center (San Juan)
Prgm Director: Jesus R Velez-Borras, MD, BS
Section of Neurology
GPO Box 365067
San Juan, PR 00936
Tel: 787 754-0101 *Fax:* 787 751-3911
E-mail: jrvelez@msn.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 180-42-21-104

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: Janet L Wilterdink, MD
Physicians Office Building, Ste 324
Providence, RI 02903
Tel: 401 444-8785 *Fax:* 401 444-8781
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: CN
Program ID: 180-43-21-131

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Paul B Pritchard, MD
96 Jonathan Lucas St, Suite 309
PO Box 250606
Charleston, SC 29425
Tel: 843 792-3221 *Fax:* 843 792-8626
Length: 4 Yrs *ACGME Approved/Offered Positions:* 14
Subspecialties: CN
Program ID: 180-45-21-105

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
Methodist Healthcare-Memphis Hospitals
University of Tennessee Medical Center
Veterans Affairs Medical Center (Memphis)
Prgm Director: Michael Jacewicz, MD
Department of Neurology
855 Monroe Avenue, Room 415
Memphis, TN 38163
Tel: 901 448-6661 *Fax:* 901 448-7440
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: CHN, CN
Program ID: 180-47-21-106

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Prgm Director: P David Charles, MD
2100 Pierce Ave
Nashville, TN 37212
Tel: 615 936-0060 *Fax:* 615 936-0223
E-mail: alyce.dobyns-ladd@vanderbilt.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: CHN, CN
Program ID: 180-47-21-107

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Zale-Lipsby University Hospital
Prgm Director: Padraig O'Suilleabhain, MBChB
5323 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-4775 *Fax:* 214 648-5080
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: CHN, CN, VN
Program ID: 180-48-21-108

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Jeffrey P Nelson, MD*
Department of Neurology
301 University Boulevard, John Sealy Annex, Room 9-128
Galveston, TX 77555
Tel: 409 772-2646 *Fax:* 409 772-6940
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 180-48-11-109

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Prgm Director: Paul E Schulz, MD
Department of Neurology
6501 Fannin Street, Suite NB302
Houston, TX 77030
Tel: 713 798-6151 *Fax:* 713 798-8530
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: CHN, CN, NDN
Program ID: 180-48-21-110

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
University of Texas M D Anderson Cancer Center
Prgm Director: Mya C Schiess, MD
Department of Neurology 7.044/MSB
6431 Fannin Street
Houston, TX 77030
Tel: 713 500-7100 *Fax:* 713 500-7019
E-mail: Mary.J.Haas@uth.tmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: CHN, CN, VN
Program ID: 180-48-31-111

Lackland AFB**San Antonio Uniformed Services Health Education Consortium Program**

Sponsor: San Antonio Uniformed Services Health Education Consortium
 Wilford Hall Medical Center (AETC)
Prgm Director: (Lt Col) Michael S Jaffee, MD*
 59th Med Ops Sq/MMCN
 2200 Bergquist Drive, Ste 1
 Lackland AFB, TX 78236
Tel: 210 292-4102 *Fax:* 210 292-6953
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 180-48-21-127
 US Armed Services Program

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
 Audie L Murphy Memorial Veterans Hospital (San Antonio)
 University Health System
Prgm Director: Merrill K Carolin, MD
 Mail Code 7883
 7703 Floyd Curl Drive
 San Antonio, TX 78229
Tel: 210 617-5161 *Fax:* 210 567-4659
Length: 3 Yrs *ACGME Approved/Offered Positions:* 8
Subspecialties: CN
Program ID: 180-48-21-112

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
 Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: David R Renner, MD*
 Department of Neurology, 3R210 SOM
 30 North 1900 East
 Salt Lake City, UT 84132
Tel: 801 585-5405 *Fax:* 801 581-4192
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: CHN, CN
Program ID: 180-49-21-113

Vermont**Burlington****University of Vermont Program**

Sponsor: Fletcher Allen Health Care
Prgm Director: Hrayr P Attarian, MD*
 Department of Neurology
 89 Beaumont Drive, Given C225
 Burlington, VT 05405
Tel: 802 656-4590 *Fax:* 802 656-5678
E-mail: hrayr.attarian@vtmednet.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Subspecialties: CN
Program ID: 180-50-11-114

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: Ted Burns, MD*
 PO Box 800394
 Charlottesville, VA 22908
Tel: 434 924-5818 *Fax:* 434 982-1726
Length: 3 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: CHN, CN, VN
Program ID: 180-51-11-115

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
 Hunter Holmes McGuire VA Medical Center (Richmond)
Prgm Director: David J Leszczyszyn, MD, PhD*
 PO Box 980599
 1101 East Marshall Street, Room 6-006
 Richmond, VA 23298
Tel: 804 828-9583 *Fax:* 804 828-6373
E-mail: neurores@vcu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: CHN, CN
Program ID: 180-51-21-116

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
 University of Washington Medical Center
 VA Puget Sound Health Care System
Prgm Director: Phillip D Swanson, MD, PhD
 Department of Neurology
 Box 356465, 1959 NE Pacific St
 Seattle, WA 98195
Tel: 206 543-2340 *Fax:* 206 685-8100
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: CHN, CN
Program ID: 180-54-21-117

Tacoma**Madigan Army Medical Center Program**

Sponsor: Madigan Army Medical Center
 University of Washington/Harborview Medical Centers
Prgm Director: Frederick G Flynn, DO, MS
 Neurology Service
 Tacoma, WA 98431
Tel: 253 968-1399 *Fax:* 253 968-0443
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 180-54-21-138
 US Armed Services Program

West Virginia**Morgantown****West Virginia University Program**

Sponsor: West Virginia University School of Medicine
 West Virginia University Hospitals
Prgm Director: Laurie Gutmann, MD
 Department of Neurology
 PO Box 9180
 Morgantown, WV 26506
Tel: 304 293-3527 *Fax:* 304 293-3352
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: CHN, CN
Program ID: 180-55-11-118

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
 William S Middleton Veterans Hospital
Prgm Director: George C Newman, MD, PhD
 Department of Neurology
 600 Highland Ave, Room H6/574-5132 CSC
 Madison, WI 53792
Tel: 608 263-9800 *Fax:* 608 263-0412
E-mail: sherman@neurology.wisc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: CN
Program ID: 180-56-21-119

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
 Clement J Zablocki Veterans Affairs Medical Center
 Froedtert Memorial Lutheran Hospital
Prgm Director: Wendy L Peltier, MD
 9200 W Wisconsin Avenue
 Department of Neurology
 Milwaukee, WI 53226
Tel: 414 454-5254 *Fax:* 414 259-0469
E-mail: kwilliams@neuroscience.mcw.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: CHN, CN
Program ID: 180-56-21-120

Neuropathology (Pathology)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Cheryl A Palmer, MD
619 19th Street South
PD6A Suite 175
Birmingham, AL 35294
Tel: 205 934-2164 *Fax:* 205 975-7548
E-mail: palmer@path.uab.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 315-01-21-061

California

Los Angeles

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
UCLA Medical Center
Prgm Director: Harry V Vinters, MD
10833 Le Conte Avenue, Rm 18-170 CHS
Los Angeles, CA 90095
Tel: 310 825-6191 *Fax:* 310 206-8290
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 315-05-21-068

University of Southern California/ LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC
Medical Center
LAC+USC Medical Center
Prgm Director: Carol A Miller, MD
1200 North State Street
Los Angeles, CA 90033
Tel: 323 226-7123 *Fax:* 323 226-7487
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 315-05-11-003

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical
Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Henry C Powell, MD, ScD
200 W Arbor Drive, Mail Code 8320
San Diego, CA 92103
Tel: 619 534-7292
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 315-05-21-005

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School
of Medicine
University of California (San Francisco) Medical Center
Prgm Director: Andrew W Bollen, MD
513 Parnassus Avenue HSW408
San Francisco, CA 94143
Tel: 415 476-5236 *Fax:* 415 476-7963
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 315-05-21-006

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Veterans Affairs Palo Alto Health Care System
Prgm Director: Hannes Vogel, MD
Department of Pathology, Room R-241
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 723-6041 *Fax:* 650 498-5394
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 315-05-21-007

District of Columbia

Washington

Armed Forces Institute of Pathology Program

Sponsor: Armed Forces Institute of Pathology
Prgm Director: Elizabeth J Rushing, MD*
6825 16th Street NW
Washington, DC 20306
Tel: 202 782-1620 *Fax:* 202 782-4099
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 315-10-12-001
US Armed Services Program

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Thomas A Eskin, MD, BS
1600 SW Archer Road
Box 100275
Gainesville, FL 32610
Tel: 352 265-0238 *Fax:* 352 265-0437
Length: 2 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 315-11-21-010

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Emory University Hospital
Prgm Director: Daniel J Brat, MD, PhD*
Department of Pathology
1364 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 712-4278 *Fax:* 404 727-2519
E-mail: dbrat@emory.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 315-12-21-012

Illinois

Chicago

Cook County Hospital Program

Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Saroja Ilangovan, MD
1901 West Harrison Street
Chicago, IL 60612
Tel: 312 633-7163
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 315-16-21-074

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Robert L Wollmann, MD, PhD
5841 S Maryland Avenue
MC6101
Chicago, IL 60637
Tel: 773 702-6166 *Fax:* 773 702-1243
Length: 2 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 315-16-21-076

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Methodist Hospital of Indiana
Prgm Director: Biagio Azzarelli, MD
550 N University Blvd
Indianapolis, IN 46202
Tel: 317 274-7605
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 315-17-31-092

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Juan C Troncoso, MD
720 Rutland Avenue
558 Ross Research Building
Baltimore, MD 21205
Tel: 410 955-5632
E-mail: ksickmil@jhmi.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 315-23-11-020

Massachusetts

Boston

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital
Children's Hospital
Prgm Director: Umberto De Girolami, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-7532 *Fax:* 617 975-0944
E-mail: udegirolami@partners.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 315-24-12-024

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: E Tessa Hedley-Whyte, MD
55 Fruit Street
Boston, MA 02114
Tel: 617 726-5154 *Fax:* 617 724-1813
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 315-24-21-062

Michigan**Detroit****Wayne State University/Detroit Medical Center Program**

Sponsor: Wayne State University/Detroit Medical Center Harper-Hutzel Hospital
Prgm Director: William Kupsky, MD
 3990 John R Road
 Detroit, MI 48201
Tel: 313 745-2504
E-mail: rmpriest@med.wayne.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 315-25-22-093

Minnesota**Rochester****Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
 Mayo Clinic (Rochester)
Prgm Director: Joseph E Parisi, MD
 200 First Street, SW
 Rochester, MN 55905
Tel: 507 284-1196 *Fax:* 507 284-1599
E-mail: pathologyeducation@mayo.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 315-26-21-081

Missouri**St Louis****Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium Barnes-Jewish Hospital
Prgm Director: Robert E Schmidt, MD
 660 South Euclid, Box 8118
 St Louis, MO 63110
Tel: 314 362-7426 *Fax:* 314 362-4096
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 315-28-11-026

New York**Bronx****Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Jacobi Medical Center
 Montefiore Medical Center-Henry and Lucy Moses Division
 Montefiore Medical Center-Weiler Hospital
Prgm Director: Karen Weidenheim, MD
 111 East 210th Street
 Bronx, NY 10467
Tel: 718 920-4446
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 315-35-21-028

Brooklyn**SUNY Health Science Center at Brooklyn Program**

Sponsor: SUNY Health Science Center at Brooklyn Kings County Hospital Center
 University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Chandrakant Rao, MD
 450 Clarkson Ave, Box 25
 Brooklyn, NY 11203
Tel: 718 270-1410 *Fax:* 718 270-1410
Length: 2 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 315-35-21-032

New York**Mount Sinai School of Medicine Program**

Sponsor: Mount Sinai School of Medicine Mount Sinai Medical Center
Prgm Director: Daniel P Perl, MD
 One Gustave L Levy Place
 Box 1134
 New York, NY 10029
Tel: 212 241-9117 *Fax:* 212 996-1343
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 315-35-31-086

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital New York Presbyterian Hospital (Columbia Campus)
Prgm Director: James E Goldman, MD, PhD
 630 West 168th Street
 PH 15 - STEM RM 124
 New York, NY 10032
Tel: 212 305-4531 *Fax:* 212 305-4548
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 315-35-21-029

New York University School of Medicine Program

Sponsor: New York University School of Medicine Bellevue Hospital Center
Prgm Director: Douglas C Miller, MD, PhD
 550 First Avenue (NB 4N30)
 New York, NY 10016
Tel: 212 263-6499 *Fax:* 212 263-8994
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 315-35-21-031

Syracuse**SUNY Upstate Medical University Program**

Sponsor: SUNY Upstate Medical University
Prgm Director: Robert L Schelper, MD
 766 Irving Avenue, Room 2115
 Syracuse, NY 13210
Tel: 315 464-4670 *Fax:* 315 464-4675
Length: 2 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 315-35-11-034

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
Prgm Director: Thomas W Bouldin, MD
 Department of Pathology
 CB# 7525, Brinkhous-Bullitt Bldg
 Chapel Hill, NC 27514
Tel: 919 966-4585
Length: 2 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 315-36-21-060

Durham**Duke University Hospital Program**

Sponsor: Duke University Hospital
Prgm Director: Roger E McLendon, MD
 Box 3712, M216 Davison Bldg
 Durham, NC 27710
Tel: 919 684-6940
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 315-36-11-035

Oklahoma**Oklahoma City****University of Oklahoma Health Sciences Center Program**

Sponsor: University of Oklahoma College of Medicine OU Medical Center
 Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Kar-Ming A Fung, MD, PhD
 Dept of Pathology (BMSB 401)
 PO Box 26901
 Oklahoma City, OK 73190
Tel: 405 271-8001 *Fax:* 405 271-2328
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 315-39-21-080

Pennsylvania**Philadelphia****University of Pennsylvania Program**

Sponsor: University of Pennsylvania Health System
Prgm Director: John Carl Oberholtzer, MD, PhD
 613B Stellar-Chance Laboratories
 422 Curie Blvd
 Philadelphia, PA 19104
Tel: 215 573-3272 *Fax:* 215 573-7738
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 315-41-21-041

Pittsburgh**University of Pittsburgh Medical Center Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 Children's Hospital of Pittsburgh
 Magee-Women's Hospital
 UPMC Presbyterian/Shadyside
 Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Clayton A Wiley, MD, PhD
 200 Lothrop Street, Room A506
 Pittsburgh, PA 15213
Tel: 412 647-0765 *Fax:* 412 647-5602
E-mail: wileyca@upmc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 315-41-21-042

Rhode Island**Providence****Brown University Program**

Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: Edward G Stopa, MD
 593 Eddy Street
 Providence, RI 02903
Tel: 401 444-5155 *Fax:* 401 444-8514
E-mail: estopa@lifespan.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 315-43-21-043

Tennessee

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)

Prgm Director: Mahlon B Johnson, MD, PhD

Dept of Pathology, C-3314 MCN

21st Avenue, South

Nashville, TN 37232

Tel: 615 322-3998 *Fax:* 615 343-7023

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 315-47-21-073

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical
School

Dallas County Hospital District-Parkland Memorial
Hospital

Zale-Lipsby University Hospital

Prgm Director: Charles L White, MD

5323 Harry Hines Boulevard

Dallas, TX 75390

Tel: 214 648-2148 *Fax:* 214 648-6325

E-mail: charles.white@utsouthwestern.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 315-48-21-083

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine

Harris County Hospital District-Ben Taub General
Hospital

Methodist Hospital

Michael E DeBakey VA Medical Center - Houston

Texas Children's Hospital

Prgm Director: Adekunle M Adesina, MD, PhD*

One Baylor Plaza

Houston, TX 77030

Tel: 713 798-4083 *Fax:* 713 798-3665

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 315-48-21-047

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center

Prgm Director: M Beatriz S Lopes, MD*

Old Medical School, Room 4808

PO Box 800214

Charlottesville, VA 22908

Tel: 434 924-9175 *Fax:* 434 924-9177

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 315-51-21-063

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health
System

Medical College of Virginia Hospitals

Prgm Director: Nitya R Ghatak, MD

PO Box 980017

Richmond, VA 23298

Tel: 804 828-9736

Length: 2 Yrs *ACGME Approved/Offered Positions:* 1

Program ID: 315-51-11-051

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
University of Washington Medical Center

Prgm Director: Thomas J Montine, MD, PhD

Neuropathology, Box 359791

325 Ninth Avenue

Seattle, WA 98195

Tel: 206 731-3145 *Fax:* 206 731-8240

E-mail: residency@pathology.washington.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 315-54-11-052

Neuroradiology (Radiology-Diagnostic)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital

Prgm Director: Glenn H Roberson, MD

UAB Department of Radiology

619 South 19th Street

Birmingham, AL 35249

Tel: 205 934-3920 *Fax:* 205 975-9262

Length: 1 Yr *ACGME Approved/Offered Positions:* 4

Program ID: 423-01-21-001

Arizona

Phoenix

St Joseph's Hospital and Medical Center Program

Sponsor: St Joseph's Hospital and Medical Center

Biltmore Advanced Imaging Center

Prgm Director: Roger Bird, MD

St Joseph's Hospital & Medical Center

2141 E Camelback Rd, Suite 230

Phoenix, AZ 85016

Tel: 602 406-3635 *Fax:* 602 406-4496

Length: 1 Yr *ACGME Approved/Offered Positions:* 5

Program ID: 423-03-21-002

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
University Medical Center

Prgm Director: Joachim F Seeger, MD

PO Box 24-5067

1501 N Campbell Avenue

Tucson, AZ 85724

Tel: 520 626-7368 *Fax:* 520 626-1945

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 423-03-21-023

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine

Arkansas Children's Hospital

Central Arkansas Veterans Health Center

University Hospital of Arkansas

Prgm Director: Edgardo J Angtuaco, MD

4301 W Markham, Slot 556

Little Rock, AR 72205

Tel: 501 686-6932 *Fax:* 501 686-8932

E-mail: angtuacoedgardoj@uams.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 423-04-21-043

California**Loma Linda****Loma Linda University Program**

Sponsor: Loma Linda University Medical Center
Prgm Director: George Y Luh, MD*
 Neuroradiology B-623
 11234 Anderson Street
 Loma Linda, CA 92354
Tel: 909 558-4394 *Fax:* 909 558-4149
E-mail: pthomas@ahs.ilumc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 423-05-21-085

Los Angeles**Cedars-Sinai Medical Center Program**

Sponsor: Cedars-Sinai Medical Center
Prgm Director: Franklin G Moser, MD
 Imaging Housestaff Office
 8700 Beverly Blvd, Taper Bldg, M335
 Los Angeles, CA 90048
Tel: 310 423-4454 *Fax:* 310 423-3037
E-mail: imaging.housestaff@cshs.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 423-05-21-098

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
 UCLA Medical Center
Prgm Director: J Pablo Villablanca, MD
 B3-116 CHS
 10833 Le Conte Avenue
 Los Angeles, CA 90095
Tel: 310 206-1004 *Fax:* 310 206-5958
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 423-05-21-081

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
 Childrens Hospital Los Angeles
 LAC+USC Medical Center
 USC University Hospital
Prgm Director: Chi-Shing Zee, MD
 1200 N State Street
 Room 3740A
 Los Angeles, CA 90033
Tel: 323 226-7425 *Fax:* 323 226-4059
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 423-05-21-024

Sacramento**University of California (Davis) Health System Program**

Sponsor: UC Davis Health System
 University of California (Davis) Medical Center
Prgm Director: Richard E Latchaw, MD
 Department of Radiology
 4860 Y Street --- Suite 3100
 Sacramento, CA 95817
Tel: 916 734-5720 *Fax:* 916 734-6548
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 423-05-13-104

San Diego**University of California (San Diego) Program**

Sponsor: University of California (San Diego) Medical Center
Prgm Director: John R Hesselink, MD
 200 West Arbor Drive
 San Diego, CA 92103
Tel: 619 543-3856 *Fax:* 619 543-3736
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-05-21-074

San Francisco**University of California (San Francisco) Program**

Sponsor: University of California (San Francisco) School of Medicine
 Mount Zion Medical Center of the University of California
 University of California (San Francisco) Medical Center
 Veterans Affairs Medical Center (San Francisco)
Prgm Director: William P Dillon, MD
 505 Parnassus Avenue, Ste L-358
 San Francisco, CA 94143
Tel: 415 353-1668 *Fax:* 415 353-8593
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 423-05-21-044

Stanford**Stanford University Program**

Sponsor: Stanford University Hospital
Prgm Director: Huy Do, MD*
 300 Pasteur Dr
 Room S-047
 Stanford, CA 94305
Tel: 650 723-7426 *Fax:* 650 498-5374
E-mail: kari.guy@stanford.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 423-05-21-075

Torrance**Los Angeles County-Harbor-UCLA Medical Center Program**

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: C Mark Mehringer, MD
 1000 W Carson Street
 Torrance, CA 90509
Tel: 310 222-2808 *Fax:* 310 618-9500
E-mail: phamm@labiomed.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 423-05-21-003

Colorado**Denver****University of Colorado Program**

Sponsor: University of Colorado School of Medicine
 Children's Hospital (The)
Prgm Director: Robert J Bert, MD, PhD*
 4200 E Ninth Avenue
 Box A034
 Denver, CO 80262
Tel: 303 372-6222 *Fax:* 303 372-6148
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-07-21-084

Connecticut**New Haven****Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
 Veterans Affairs Medical Center (West Haven)
Prgm Director: James J Abrahams, MD*
 333 Cedar Street
 PO Box 208042
 New Haven, CT 06520
Tel: 203 785-5102 *Fax:* 203 737-1241
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 423-08-21-025

District of Columbia**Washington****George Washington University Program**

Sponsor: George Washington University School of Medicine
 Children's National Medical Center
 George Washington University Hospital (UHS)
Prgm Director: Lucien M Levy, MD, PhD
 Department of Radiology
 900 23rd Street, NW
 Washington, DC 20037
Tel: 202 715-5193 *Fax:* 202 715-5161
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 423-10-21-045

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
 Children's National Medical Center
 Clinical Center at the National Institutes of Health
Prgm Director: Dan T Nguyen, MD
 3800 Reservoir Road, NW
 Washington, DC 20007
Tel: 202 444-3492 *Fax:* 202 444-1804
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-10-21-026

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine
 Shands Hospital at the University of Florida
Prgm Director: Ronald G Quising, MD
 Box 100374
 Gainesville, FL 32610
Tel: 352 265-0291 *Fax:* 352 265-0279
E-mail: evasc1@radiology.ufl.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-11-21-046

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: M Judith Donovan Post, MD
 1611 NW 12th Avenue, WW279
 Department of Radiology
 Miami, FL 33136
Tel: 305 585-8182 *Fax:* 305 585-7428
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 423-11-21-076

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine
 Grady Health System
Prgm Director: Patricia A Hudgins, MD
 Department of Radiology/B-115
 1364 Clifton Road, NE
 Atlanta, GA 30322
Tel: 404 712-4583 *Fax:* 404 712-7957
Length: 1 Yr *ACGME Approved/Offered Positions:* 7
Program ID: 423-12-21-005

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Prgm Director: Ramon E Figueroa, MD
1120 15th Street, BA 1411
Augusta, GA 30912
Tel: 706 721-3214 *Fax:* 706 721-5213
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-12-21-006

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Northwestern Memorial Hospital
Prgm Director: Eric J Russell, MD
Department of Radiology
676 N St Clair, Suite 800
Chicago, IL 60611
Tel: 312 695-1292 *Fax:* 312 695-4108
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 423-16-21-072

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Sharon E Byrd, MD*
1653 W Congress Parkway
Chicago, IL 60612
Tel: 312 942-5781 *Fax:* 312 942-7244
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 423-16-21-008

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Dianna M Bardo, MD*
Department of Radiology
5841 S Maryland Avenue
Chicago, IL 60637
Tel: 773 702-6024 *Fax:* 773 702-2523
E-mail: dbardo@radiology.bsd.uchicago.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-16-21-009

Peoria

University of Illinois College of Medicine at Peoria Program

Sponsor: University of Illinois College of Medicine at Peoria
OSF St Francis Medical Center
Prgm Director: Michael T Zagardo, MD
530 NE Glen Oak Avenue
Peoria, IL 61637
Tel: 309 655-7768 *Fax:* 309 655-7365
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 423-16-21-095

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: Annette Douglas-Akinwande, MD*
Department of Radiology-UH 0279
550 North University Boulevard
Indianapolis, IN 46202
Tel: 317 274-8832 *Fax:* 317 274-1848
E-mail: kmpeders@iupui.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 423-17-21-028

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Wendy R Smoker, MS, MD
3893 JPP
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-1798 *Fax:* 319 353-6275
E-mail: mrcldoc@aol.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 423-18-21-011

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Prgm Director: Hugh J Robertson, MD
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 568-4646 *Fax:* 504 568-6536
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-21-21-077

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: David M Yousem, MD, MBA
Phipps Basement B-112
600 N Wolfe Street
Baltimore, MD 21287
Tel: 410 955-2685 *Fax:* 410 955-0962
E-mail: mmmiller@jhmi.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 7
Program ID: 423-23-21-078

University of Maryland Program

Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Prgm Director: Gregg H Zoarski, MD
Diagnostic Radiology Department
22 S Greene Street
Baltimore, MD 21201
Tel: 410 328-5112 *Fax:* 410 328-2213
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-23-21-029

Massachusetts

Boston

Boston University Medical Center Program

Sponsor: Boston Medical Center
Prgm Director: Glenn Barest, MD
Department of Radiology
88 East Newton Street
Boston, MA 02118
Tel: 617 638-6610 *Fax:* 617 638-6616
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 423-24-21-091

Brigham and Women's Hospital/Harvard Medical School Program

Sponsor: Brigham and Women's Hospital
Children's Hospital
Prgm Director: Liangge Hsu, MD*
75 Francis Street
ASB1, LI, Room 015
Boston, MA 02115
Tel: 617 732-7260 *Fax:* 617 264-5151
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 423-24-21-065

Massachusetts General Hospital/Harvard Medical School Program

Sponsor: Massachusetts General Hospital
Prgm Director: Pamela W Schaefer, MD
Gray 2 - B 285
55 Fruit Street
Boston, MA 02114
Tel: 617 726-8320 *Fax:* 617 724-3338
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Program ID: 423-24-21-047

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Beth Israel Deaconess Medical Center
Prgm Director: Rafeeqe Bhadelia, MD
750 Washington Street
Boston, MA 02111
Tel: 617 636-0047 *Fax:* 617 636-0041
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 423-24-21-073

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Prgm Director: Eugenio L Suran, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 856-3248 *Fax:* 508 856-4669
E-mail: rad.residency@umassmed.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-24-21-048

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Ellen Hoeffner, MD*
Dept of Radiology-Room BID530
1500 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 615-8314 *Fax:* 734 764-2412
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 423-25-21-012

Detroit**Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital
Prgm Director: Suresh C Patel, MD
 Department of Radiology
 2799 W Grand Blvd
 Detroit, MI 48202
Tel: 313 916-1374 *Fax:* 313 916-1444
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-25-21-067

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
 Children's Hospital of Michigan
 Harper-Hutzel Hospital
Prgm Director: Imad Zak, MD*
 Detroit Medical Center - Wayne State University
 3990 John R Street
 Detroit, MI 48201
Tel: 313 745-3433 *Fax:* 313 745-8919
E-mail: izak@med.wayne.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-25-21-066

Royal Oak**William Beaumont Hospital Program**

Sponsor: William Beaumont Hospital
Prgm Director: Ay-Ming Wang, MD
 Department of Radiology
 3601 W 13 Mile Road
 Royal Oak, MI 48073
Tel: 248 551-1005 *Fax:* 248 898-5490
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 423-25-21-050

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
 Fairview-University Medical Center
 Hennepin County Medical Center
 Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Stephen A Kieffer, MD
 Dept of Radiology
 420 Delaware St, SE, MMC 292
 Minneapolis, MN 55455
Tel: 612 626-4471 *Fax:* 612 626-8844
E-mail: kieff012@umn.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 423-26-21-090

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Rochester)
 Rochester Methodist Hospital
 St Mary's Hospital of Rochester
Prgm Director: Gary M Miller, MD
 200 First Street, SW
 Rochester, MN 55905
Tel: 507 284-0440
E-mail: sorensen.tammy@mayo.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 423-26-21-013

Mississippi**Jackson****University of Mississippi Medical Center Program**

Sponsor: University of Mississippi School of Medicine
 University Hospitals and Clinics
Prgm Director: Razvan F Buciu, MD*
 2500 North State Street
 Department of Radiology
 Jackson, MS 39216
Tel: 601 984-2551 *Fax:* 601 815-3605
E-mail: mwalker@radiology.umsmed.edu
Length: 1 Yr
Program ID: 423-27-21-100

Missouri**St Louis****St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine
 Cardinal Glennon Children's Hospital
 St Louis University Hospital
Prgm Director: Walter S Lesley, MD
 PO Box 16250
 3635 Vista at Grand
 St Louis, MO 63110
Tel: 314 268-5782 *Fax:* 314 268-5116
E-mail: diagrad@slu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 423-28-21-040

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
Prgm Director: Robert C McKinstry, III, MD, PhD
 510 S Kingshighway Blvd
 St Louis, MO 63110
Tel: 314 362-5950 *Fax:* 314 362-4886
Length: 1 Yr *ACGME Approved/Offered Positions:* 7
Program ID: 423-28-21-079

New Hampshire**Lebanon****Dartmouth-Hitchcock Medical Center Program**

Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: Alex C Mamourian, MD
 Department of Radiology
 Lebanon, NH 03756
Tel: 603 650-5846 *Fax:* 603 650-5455
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 423-32-12-102

New Mexico**Albuquerque****University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine
 University of New Mexico Health Sciences
 Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Blaine L Hart, MD
 Department of Radiology
 MSC10 5530
 Albuquerque, NM 87131
Tel: 505 272-0932 *Fax:* 505 272-5821
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-34-21-049

New York**Bronx****Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva
 University
 Montefiore Medical Center-Henry and Lucy Moses
 Division
Prgm Director: Jacqueline A Bello, MD
 Department of Radiology
 111 E 210th Street
 Bronx, NY 10467
Tel: 718 920-4030 *Fax:* 718 920-4854
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 423-35-21-051

Brooklyn**SUNY Health Science Center at Brooklyn Program**

Sponsor: SUNY Health Science Center at Brooklyn
 Kings County Hospital Center
 University Hospital-SUNY Health Science Center at
 Brooklyn
Prgm Director: Jaya Nath, MD
 Department of Radiology
 450 Clarkson Avenue
 Brooklyn, NY 11203
Tel: 718 270-1603 *Fax:* 718 270-2667
E-mail: jnath@downsytate.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-35-31-103

Manhasset**North Shore University Hospital/NYU School of Medicine Program**

Sponsor: North Shore University Hospital
Prgm Director: Karen S Black, MD
 300 Community Drive
 Manhasset, NY 11030
Tel: 516 562-4800 *Fax:* 516 562-4794
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 423-35-21-015

New Hyde Park**Albert Einstein College of Medicine at Long Island Jewish Medical Center Program**

Sponsor: Long Island Jewish Medical Center
Prgm Director: Alan S Diamond, MD
 270-05 76th Avenue
 New Hyde Park, NY 11042
Tel: 718 470-7178 *Fax:* 718 343-7463
E-mail: asdetal@aol.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 423-35-21-033

New York**Albert Einstein College of Medicine at Beth Israel Medical Center Program**

Sponsor: Beth Israel Medical Center
Prgm Director: Richard S Pinto, MD
 Roosevelt Hospital
 1000 Tenth Avenue
 New York, NY 10019
Tel: 212 870-9421 *Fax:* 212 420-2510
E-mail: pennypeach@aol.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-35-21-030

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Thomas P Naidich, MD
1 Gustave L Levy Place Box 1234
New York, NY 10029
Tel: 212 241-3423 *Fax:* 212 241-4234
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 423-35-21-034

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Robert L DeLaPaz, MD
MHB 3-111 Neuro
177 Ft Washington Avenue
New York, NY 10032
Tel: 212 305-9820 *Fax:* 212 305-9785
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 423-35-21-068

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Pina C Sanelli, MD*
Box 141
525 E 68th Street
New York, NY 10021
Tel: 212 746-2577 *Fax:* 212 746-8597
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 423-35-21-052

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
Prgm Director: Edmond A Knopp, MD
MRI Department
530 First Avenue
New York, NY 10016
Tel: 212 263-5219 *Fax:* 212 263-8186
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 423-35-21-016

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: P L Westesson, MD, PhD
University of Rochester Medical Ctr
601 Elwood Avenue, Box 648
Rochester, NY 14642
Tel: 585 275-1839 *Fax:* 585 473-4861
E-mail: rad_resident@urmc.rochester.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 423-35-21-031

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: Clemente T Roque, MD
Health Science Center
Level 4, Room 120
Stony Brook, NY 11794
Tel: 631 444-2484 *Fax:* 631 444-7538
E-mail: croque@notes.cc.sunysb.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-35-21-053

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Amar S Swarnkar, MD
750 E Adams Street
Syracuse, NY 13210
Tel: 315 464-7434 *Fax:* 315 464-2570
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 423-35-21-032

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Mauricio Castillo, MD
Department of Radiology
3326 Old Infirmary Bldg, CB7510
Chapel Hill, NC 27599
Tel: 919 966-3087 *Fax:* 919 966-1994
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 423-36-31-088

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Prgm Director: James D Eastwood, MD*
Box 3808
Durham, NC 27710
Tel: 919 684-7466 *Fax:* 919 684-7157
E-mail: eastw004@mc.duke.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 7
Program ID: 423-36-21-070

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Daniel W Williams, MD
Department of Radiology
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-7235 *Fax:* 336 716-2029
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 423-36-21-080

Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
Prgm Director: Thomas A Tomsick, MD
PO Box 670762
234 Goodman Street
Cincinnati, OH 45267
Tel: 513 584-7544 *Fax:* 513 584-9100
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 423-38-21-082

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Jeffrey L Sunshine, MD*
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3116
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-38-21-017

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Paul M Ruggieri, MD
Department of Radiology
9500 Euclid Avenue L-10
Cleveland, OH 44195
Tel: 216 445-7035 *Fax:* 216 444-3466
E-mail: meded@ccf.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-38-21-054

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Prgm Director: Eric C Bourekas, MD
Department of Radiology
623 Means Hall / 1654 Upham Dr
Columbus, OH 43210
Tel: 614 293-8315 *Fax:* 614 293-6935
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-38-21-018

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Prgm Director: James C Anderson, MD
Division of Neuroradiology, CR135
3181 SW Jackson Park Road
Portland, OR 97239
Tel: 503 494-7576 *Fax:* 503 494-7129
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-40-21-096

Pennsylvania

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
Prgm Director: Kevin P McNamara, MD
PO Box 850
500 University Drive
Hershey, PA 17033
Tel: 717 531-4087 *Fax:* 717 531-0922
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 423-41-21-097

Philadelphia**Drexel University College of Medicine/
Hahnemann University Hospital Program**

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Prgm Director: Robert Koenigsberg, MD
Broad and Vine Streets, MS 206
Philadelphia, PA 19102
Tel: 215 762-8804 *Fax:* 215 762-4092
E-mail: koenigsberg@drexel.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-41-31-106

Temple University Hospital Program

Sponsor: Temple University Hospital
Prgm Director: Jeffrey P Kochan, MD*
3401 N Broad Street
Suite A
Philadelphia, PA 19140
Tel: 215 707-2640 *Fax:* 215 707-5851
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-41-21-056

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: David P Friedman, MD
111 S 11th Street
Philadelphia, PA 19107
Tel: 215 955-2714 *Fax:* 215 955-5329
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 423-41-21-083

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Linda J Bagley, MD*
3400 Spruce Street
2 Dulles Building Rm 219
Philadelphia, PA 19104
Tel: 215 662-6865 *Fax:* 215 662-3283
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 423-41-21-037

Pittsburgh**Allegheny General Hospital Program**

Sponsor: Allegheny General Hospital
Prgm Director: Melanie B Fukui, MD
320 East North Avenue
Pittsburgh, PA 15212
Tel: 412 359-4113 *Fax:* 412 359-6912
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 423-41-21-019

**University of Pittsburgh Medical Center
Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Carolyn C Meltzer, MD
Department of Radiology, D-132
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 647-3530 *Fax:* 412 647-5350
E-mail: meltzercc@upmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 423-41-21-057

Tennessee**Nashville****Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Prgm Director: Jeff L Creasy, MD
R1318 MCN 21st and Garland
Nashville, TN 37232
Tel: 615 322-3780 *Fax:* 615 322-3764
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-47-21-058

Texas**Dallas****University of Texas Southwestern
Medical School Program**

Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Zale-Lipshy University Hospital
Prgm Director: Phillip D Purdy, MD
5323 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-3928 *Fax:* 214 648-3904
E-mail: phillip.purdy@utsouthwestern.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 423-48-21-059

Galveston**University of Texas Medical Branch
Hospitals Program**

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Gregory Chaljub, MD
Dept of Radiology G-09
301 University Blvd, Route 0709
Galveston, TX 77555
Tel: 409 777-2230 *Fax:* 409 772-2303
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-48-21-020

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
Methodist Hospital
Texas Children's Hospital
University of Texas M D Anderson Cancer Center
Prgm Director: David A Carrier, MD
Department of Radiology
One Baylor Plaza, BCM 360
Houston, TX 77030
Tel: 713 394-6799 *Fax:* 713 790-4688
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 423-48-21-060

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
Prgm Director: Clark M Sittton, MD, BS
6431 Fannin, 2.100 MSB
Houston, TX 77030
Tel: 713 704-1704 *Fax:* 713 704-1715
E-mail: csittton1@houston.rr.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-48-21-041

San Antonio**University of Texas Health Science
Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Prgm Director: Carlos Bazan III, MD
7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-3448 *Fax:* 210 567-6418
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-48-21-061

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Karen L Salzman, MD
30 North 1900 East #1A071
Salt Lake City, UT 84132
Tel: 801 581-4624 *Fax:* 801 585-7330
E-mail: judi.short@hsc.utah.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 423-49-21-062

Vermont**Burlington****University of Vermont Program**

Sponsor: Fletcher Allen Health Care
Prgm Director: Todd R Peebles, MD
Department of Radiology
111 Colchester Avenue
Burlington, VT 05401
Tel: 802 847-3593 *Fax:* 802 847-4822
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 423-50-31-101

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: C Douglas Phillips, MD
PO Box 800170
Charlottesville, VA 22908
Tel: 434 243-9312 *Fax:* 434 924-8658
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 423-51-21-063

Richmond**Virginia Commonwealth University
Health System Program**

Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Prgm Director: Warren A Stringer, MD
Dept of Radiology
Box 615, MCV Station
Richmond, VA 23298
Tel: 804 828-5099 *Fax:* 804 628-1132
E-mail: maturner@hsc.vcu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 423-51-21-021

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
University of Washington Medical Center
VA Puget Sound Health Care System
Prgm Director: Yoshimi Anzai, MD*
Department of Radiology
Box 357115
Seattle, WA 98195
Tel: 206 543-3320 *Fax:* 206 543-6317
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 423-54-21-038

West Virginia

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: Jeffrey P Hogg, MD
PO Box 9235
Morgantown, WV 26506
Tel: 304 293-3092 *Fax:* 304 293-3899
E-mail: jhogg@hsc.wvu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 423-55-21-094

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Prgm Director: Howard A Rowley, MD
E3/311 Clinical Science Center
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-9179 *Fax:* 608 265-4152
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 423-56-21-022

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Froedtert Memorial Lutheran Hospital
Prgm Director: David L Daniels, MD
Froedtert Memorial Lutheran Hospital
9200 West Wisconsin Ave
Milwaukee, WI 53226
Tel: 414 805-3122 *Fax:* 414 259-9290
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 423-56-21-039

Neurotology (Otolaryngology)

California

Los Angeles

University of Southern California Program

Sponsor: House Ear Clinic, Inc
LAC+USC Medical Center
St Vincent Medical Center
Prgm Director: William H Slattery, MD
2100 West Third Street, Suite 111
Los Angeles, CA 90057
Tel: 213 483-9930 *Fax:* 213 484-5900
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 286-05-21-008

Florida

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Bascom Palmer Eye Institute-Anne Bates Leach Eye Hospital
Prgm Director: Thomas J Balkany, MD
PO Box 016960 (D48)
Miami, FL 33101
Tel: 305 585-7127 *Fax:* 305 326-7610
E-mail: mruiz@med.miami.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 286-11-13-009

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Evanston Hospital
Hinsdale Hospital
Prgm Director: Richard J Wiet, MD
Suite 701
Chicago, IL 60611
Tel: 630 789-3110 *Fax:* 630 789-3137
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 286-16-21-101

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Bruce J Gantz, MD
200 Hawkins Drive 21201 PFP
Iowa City, IA 52242
Tel: 319 356-2173 *Fax:* 319 356-3967
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 286-18-21-003

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Lloyd B Minor, MD
Department of Otolaryngology-Head and Neck Surgery
601 N Caroline Street, Room 6253
Baltimore, MD 21287
Tel: 410 955-3403 *Fax:* 410 955-0035
E-mail: cstansbl@jhmi.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 286-23-21-012

Massachusetts

Boston

Massachusetts Eye and Ear Infirmary/Harvard Medical School Program

Sponsor: Massachusetts Eye and Ear Infirmary
Prgm Director: Michael J McKenna, MD
243 Charles Street
Boston, MA 02114
Tel: 617 573-3654 *Fax:* 617 573-3939
Length: 2 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 286-24-11-007

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Steven A Talian, MD
1500 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-8006 *Fax:* 734 936-9625
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 286-25-21-001

Southfield

Providence Hospital/Michigan Ear Institute/Wayne State University/Detroit Medical Center Program

Sponsor: Providence Hospital and Medical Centers
Wayne State University/Detroit Medical Center
William Beaumont Hospital
Prgm Director: Michael J LaRouere, MD
30055 Northwestern Highway, #101
Farmington Hills, MI 48334
Tel: 248 865-4444 *Fax:* 248 865-6161
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 286-25-31-006

New York

New York

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
NYU Hospitals Center
Prgm Director: J Thomas Roland, MD
Department of Otolaryngology
550 First Avenue
New York, NY 10016
Tel: 212 263-6344 *Fax:* 212 263-8257
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 286-35-21-004

Ohio**Columbus****Ohio State University Hospital Program**

Sponsor: Ohio State University Hospital
Trumbull Memorial Hospital
Prgm Director: D Bradley Welling, MD, PhD
4100 University Hospitals Clinic
456 West 10th Avenue
Columbus, OH 43210
Tel: 614 293-8706 *Fax:* 614 293-3193
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 286-98-21-002

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: George Hashisaki, MD
PO Box 800713
Charlottesville, VA 22908
Tel: 434 924-2040 *Fax:* 434 982-3965
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 286-51-21-005

Nuclear Medicine**Alabama****Birmingham****University of Alabama Medical Center Program**

Sponsor: University of Alabama Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Janis P O'Malley, MD
619 19th Street, South
Jefferson Towers, Room J260
Birmingham, AL 35249
Tel: 205 934-1388 *Fax:* 205 934-5589
Length: 2 Yrs
Program ID: 200-01-21-007

Arkansas**Little Rock****University of Arkansas for Medical Sciences Program**

Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Ronald C Walker, MD*
4301 West Markham
Slot #556
Little Rock, AR 72205
Tel: 501 526-6528 *Fax:* 501 686-6900
E-mail: WalkerRonald@UAMS.edu
Length: 2 Yrs
Program ID: 200-04-21-009

California**Los Angeles****Cedars-Sinai Medical Center Program**

Sponsor: Cedars-Sinai Medical Center
Prgm Director: Alan D Waxman, MD
Imaging Housestaff Office
8700 Beverly Blvd, Taper Bldg, M335
Los Angeles, CA 90048
Tel: 310 423-4454 *Fax:* 310 423-8335
E-mail: imaging.housestaff@cshs.org
Length: 2 Yrs
Program ID: 200-05-21-089

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
UCLA Medical Center
Prgm Director: Johannes G Czernin, MD
CHS AR-105
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 206-3226 *Fax:* 310 206-4899
Length: 2 Yrs
Program ID: 200-05-11-013

**University of Southern California/
LAC+USC Medical Center Program**

Sponsor: University of Southern California/LAC+USC
Medical Center
LAC+USC Medical Center
USC University Hospital
Prgm Director: Patrick M Colletti, MD, BS*
1200 North State Street, Suite 5250
Los Angeles, CA 90033
Tel: 323 226-7858 *Fax:* 323 226-5984
E-mail: nmdivsec@usc.edu
Length: 2 Yrs
Program ID: 200-05-21-105

**VA Greater Los Angeles Healthcare
System Program**

Sponsor: VA Greater Los Angeles Healthcare System
Prgm Director: William H Blahd, MD
11301 Wilshire Blvd
Los Angeles, CA 90073
Tel: 310 268-3587 *Fax:* 310 268-4916
Length: 2 Yrs
Program ID: 200-05-31-014

Sacramento**University of California (Davis) Health
System Program**

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: David K Shelton, MD
Div of Nuclear Medicine
4860 Y Street - Suite 3100
Sacramento, CA 95817
Tel: 916 703-2273 *Fax:* 916 703-2274
Length: 2 Yrs
Program ID: 200-05-21-010

San Diego**University of California (San Diego)
Program**

Sponsor: University of California (San Diego) Medical
Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Carl K Hoh, MD
200 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-1986 *Fax:* 619 543-1975
Length: 2 Yrs
Program ID: 200-05-31-015

San Francisco**University of California (San Francisco)
Program**

Sponsor: University of California (San Francisco) School
of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Robert J Lull, MD
Bldg NH, Room G-100
1001 Potrero Ave
San Francisco, CA 94110
Tel: 415 206-8580 *Fax:* 415 206-6929
Length: 2 Yrs
Program ID: 200-05-21-016

Stanford**Stanford University Program**

Sponsor: Stanford University Hospital
Veterans Affairs Palo Alto Health Care System
Prgm Director: Iain R McDougall, MBChB, PhD
Room H0101
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 725-4711 *Fax:* 650 498-5047
E-mail: ross.mcdougall@stanford.edu
Length: 2 Yrs
Program ID: 200-05-21-018

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
University of Colorado Hospital
Prgm Director: Robert A Quaife, MD
4200 E 9th Avenue
Box A034
Denver, CO 80262
Tel: 303 372-0637 *Fax:* 303 372-7683
Length: 2 Yrs
Program ID: 200-07-21-108

Connecticut

Danbury

University of Connecticut (Danbury) Program

Sponsor: University of Connecticut School of Medicine
Danbury Hospital
Prgm Director: Shiv M Gupta, MD
Danbury Hospital
24 Hospital Avenue
Danbury, CT 06810
Tel: 203 797-7222 *Fax:* 203 739-6473
Length: 2 Yrs
Program ID: 200-08-21-103

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Hartford Hospital
St Francis Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Richard P Spencer, MD, PhD
263 Farmington Avenue
Farmington, CT 06030
Tel: 860 679-4022 *Fax:* 860 679-2164
Length: 2 Yrs
Program ID: 200-08-21-020

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Prgm Director: David W Cheng, MD, PhD
PO Box 208042
333 Cedar Street
New Haven, CT 06520
Tel: 203 785-7377 *Fax:* 203 785-5002
E-mail: david.w.cheng@yale.edu
Length: 2 Yrs
Program ID: 200-08-11-021

District of Columbia

Washington

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Prgm Director: David A Earl-Graef, MD
Division of Nuclear Medicine
3800 Reservoir Road, NW, #2005 Gorman
Washington, DC 20007
Tel: 202 444-3360 *Fax:* 202 444-4667
Length: 2 Yrs
Program ID: 200-10-21-023

Florida

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: George N Sfakianakis, MD
PO Box 016960
1611 NW 12th Ave, D-57
Miami, FL 33136
Tel: 305 585-7955 *Fax:* 305 547-2323
E-mail: gsfakian@med.miami.edu
Length: 2 Yrs
Program ID: 200-11-21-087

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Prgm Director: Scott C Bartley, MD*
1364 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 712-4843 *Fax:* 404 712-7435
E-mail: scbartl@emory.edu
Length: 2 Yrs
Program ID: 200-12-21-088

Illinois

Chicago

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Amjad Ali, MD
1653 West Congress Parkway
Chicago, IL 60612
Tel: 312 942-5757 *Fax:* 312 942-5320
E-mail: aali2@rush.edu
Length: 2 Yrs
Program ID: 200-16-11-027

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Robert H Wagner, MD*
Foster G McGaw Hospital
2160 S First Avenue
Maywood, IL 60153
Tel: 708 216-3777 *Fax:* 708 216-5813
Length: 2 Yrs
Program ID: 200-16-21-101

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: Aslam R Siddiqui, MD
Room 1053
702 Barnhill Drive
Indianapolis, IN 46202
Tel: 317 274-0261 *Fax:* 317 274-2920
E-mail: rfpatter@iupui.edu
Length: 2 Yrs
Program ID: 200-17-21-093

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: Michael M Graham, PhD, MD
Dept of Radiology
200 Hawkins Dr #3863 JPP
Iowa City, IA 52242
Tel: 319 356-4302 *Fax:* 319 356-2220
Length: 2 Yrs
Program ID: 200-18-21-030

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Richard L Wahl, MD
Room 3223
601 N Caroline Street
Baltimore, MD 21287
Tel: 410 614-3764 *Fax:* 410 287-2933
Length: 2 Yrs
Program ID: 200-23-11-035

University of Maryland Program

Sponsor: University of Maryland Medical System
Prgm Director: Bruce R Line, MD
22 S Greene Street
Baltimore, MD 21201
Tel: 410 328-6890 *Fax:* 410 328-1600
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 200-23-21-115

Bethesda

National Capital Consortium Program

Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Prgm Director: Aaron L Stack, MD*
Department of the Army - Nuclear Medicine
6900 Geogia Avenue NW
Washington, DC 20307
Tel: 202 782-0169 *Fax:* 202 782-9061
E-mail: alstack@pol.net
Length: 2 Yrs
Program ID: 200-10-12-002
US Armed Services Program

Massachusetts**Boston****Brigham and Women's Hospital/Harvard Medical School Program**

Sponsor: Brigham and Women's Hospital
Beth Israel Deaconess Medical Center
Boston VA Healthcare System (Brockton-West Roxbury)
Children's Hospital
Dana-Farber Cancer Institute
Massachusetts General Hospital
Prgm Director: S Ted Treves, MD
Division of Nuclear Medicine
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-7935 *Fax:* 617 730-0620
Length: 2 Yrs
Program ID: 200-24-21-038

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Kirk A Frey, MD, PhD*
1500 E Medical Center Drive
UH B1 G505/0028
Ann Arbor, MI 48109
Tel: 734 936-5388 *Fax:* 734 936-8182
E-mail: kfrey@umich.edu
Length: 2 Yrs
Program ID: 200-25-11-039

Royal Oak**William Beaumont Hospital Program**

Sponsor: William Beaumont Hospital
Prgm Director: Howard J Dworkin, MD
3601 West 13 Mile Road
Royal Oak, MI 48073
Tel: 248 898-4126 *Fax:* 248 898-0487
Length: 2 Yrs
Program ID: 200-25-11-040

Missouri**Columbia****University of Missouri-Columbia Program**

Sponsor: University of Missouri-Columbia School of Medicine
University Hospitals and Clinics
Prgm Director: Amolak Singh, MD
Radiology Department, DC069.10
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-7955 *Fax:* 573 884-4729
Length: 2 Yrs
Program ID: 200-28-21-094

St Louis**St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine
St Louis University Hospital
Prgm Director: A Cahid Civelek, MD
3635 Vista Ave at Grand Blvd
PO Box 15250
St Louis, MO 63110
Tel: 314 577-8047 *Fax:* 314 268-5144
E-mail: civelek@slu.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 0
Program ID: 200-28-21-042

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
St Louis Children's Hospital
Prgm Director: Tom R Miller, MD, PhD
510 South Kingshighway Blvd
University Box 8223
St Louis, MO 63110
Tel: 314 362-2809 *Fax:* 314 362-2806
Length: 2 Yrs
Program ID: 200-28-11-043

Nebraska**Omaha****University of Nebraska Medical Center College of Medicine Program**

Sponsor: University of Nebraska Medical Center College of Medicine
Veterans Affairs Medical Center (Omaha)
Prgm Director: Jordan Hankins, MD
Department of Radiology
981045 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-1018 *Fax:* 402 559-1011
Length: 2 Yrs
Program ID: 200-30-11-044

New York**Bronx****Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Prgm Director: David M Milstein, MD
1825 Eastchester Road
Bronx, NY 10461
Tel: 718 904-4058 *Fax:* 718 904-2354
Length: 2 Yrs
Program ID: 200-35-21-047

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
Kaleida Health System (Buffalo General Hospital)
Mercy Hospital of Buffalo
Roswell Park Cancer Institute
Veterans Affairs Western New York Healthcare System
Prgm Director: Hani H Abdel Nabi, MD, PhD
105 Parker Hall
3435 Main Street
Buffalo, NY 14214
Tel: 716 838-5889 *Fax:* 716 838-4918
Length: 2 Yrs
Program ID: 200-35-21-046

Great Neck**North Shore-Long Island Jewish Health System Program**

Sponsor: North Shore-Long Island Jewish Health System
Long Island Jewish Medical Center
North Shore University Hospital
Prgm Director: Christopher J Palestro, MD
270-05 76th Avenue
New Hyde Park, NY 11040
Tel: 718 470-7081 *Fax:* 718 831-1147
Length: 2 Yrs
Program ID: 200-35-11-049

Manhasset**North Shore University Hospital/NYU School of Medicine Program**

Sponsor: North Shore University Hospital
Prgm Director: Donald Margouloff, MD
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-4400 *Fax:* 516 562-1608
Length: 2 Yrs
Program ID: 200-35-21-102

New York**Memorial Sloan-Kettering Cancer Center Program**

Sponsor: Memorial Sloan-Kettering Cancer Center
Prgm Director: H William Strauss, MD
1275 York Avenue
Room S-212
New York, NY 10021
Tel: 212 639-7238 *Fax:* 212 717-3263
E-mail: straussh@mskcc.org
Length: 2 Yrs
Program ID: 200-35-11-050

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Josef Machac, MD
Box 1141
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-7888 *Fax:* 212 831-2851
Length: 2 Yrs
Program ID: 200-35-21-051

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: Hussein M Abdel-Dayem, MD
Department of Nuclear Medicine
153 W 11th Street
New York, NY 10011
Tel: 212 604-8783 *Fax:* 212 604-3119
Length: 2 Yrs
Program ID: 200-35-12-054

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Ronald L Van Heertum, MD
180 Fort Washington Avenue
HP 3 321 Dept of Radiology
New York, NY 10032
Tel: 212 305-7132 *Fax:* 212 305-4244
Length: 2 Yrs
Program ID: 200-35-21-099

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Stanley J Goldsmith, MD
525 E 68th St - STARR 221
New York, NY 10021
Tel: 212 746-4588 *Fax:* 212 746-9010
Length: 2 Yrs
Program ID: 200-35-11-052

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
St Luke's-Roosevelt Hospital Center-Roosevelt Division
St Luke's-Roosevelt Hospital Center-St Luke's Division
Prgm Director: E Gordon DeFuey, MD
1111 Amsterdam Ave at 113th St
New York, NY 10025
Tel: 212 523-3398 *Fax:* 212 523-3949
Length: 2 Yrs
Program ID: 200-35-11-084

Northport

Veterans Affairs Medical Center (Northport) Program

Sponsor: Veterans Affairs Medical Center (Northport)
South Nassau Communities Hospital
Prgm Director: Mohamed A Antar, MD
79 Middleville Road
Northport, NY 11768
Tel: 631 261-4400 *Fax:* 631 261-6091
Length: 2 Yrs
Program ID: 200-35-21-066

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Vaseem U Chengazi, MD, PhD
Box 620
601 Elmwood Avenue
Rochester, NY 14642
Tel: 585 275-4741 *Fax:* 585 273-1022
Length: 2 Yrs
Program ID: 200-35-11-057

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: William H McCartney, MD
Room #2016, Old Clinic Bldg
101 Manning Drive
Chapel Hill, NC 27514
Tel: 919 966-4384 *Fax:* 919 843-8740
Length: 2 Yrs
Program ID: 200-36-21-114

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: R Edward Coleman, MD, BA
Department of Radiology
Box 3949-Erwin Road
Durham, NC 27710
Tel: 919 684-7245 *Fax:* 919 684-7135
Length: 2 Yrs
Program ID: 200-36-21-060

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Paige B Clark, MD*
Medical Center Blvd
Winston-Salem, NC 27157
Tel: 336 716-4934 *Fax:* 336 716-2029
Length: 2 Yrs
Program ID: 200-36-11-061

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
OU Medical Center-Children's Hospital
OU Medical Center-Presbyterian Tower
Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Charles D Arnold, MD
PO Box 26307
Oklahoma City, OK 73126
Tel: 405 271-8001 *Fax:* 405 271-3975
Length: 2 Yrs
Program ID: 200-39-21-064

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Prgm Director: Jeffrey S Stevens, MD
Nuclear Medicine (OP23)
3181 SW Sam Jackson Park Rd
Portland, OR 97239
Tel: 503 494-8468 *Fax:* 503 494-2879
E-mail: stevensj@ohsu.edu
Length: 2 Yrs
Program ID: 200-40-21-065

Pennsylvania

Philadelphia

Temple University Hospital Program

Sponsor: Temple University Hospital
Prgm Director: Alan H Maurer, MD
3401 N Broad St
Nuclear Medicine Department
Philadelphia, PA 19140
Tel: 215 707-3269 *Fax:* 215 707-2059
E-mail: amaurer@temple.edu
Length: 2 Yrs
Program ID: 200-41-11-088

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Charles M Intenzo, MD
132 S 10th Street
Philadelphia, PA 19107
Tel: 215 955-7871 *Fax:* 215 923-0268
Length: 2 Yrs
Program ID: 200-41-21-100

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Abass Alavi, MD
3400 Spruce St
110 Donner
Philadelphia, PA 19104
Tel: 215 662-3069 *Fax:* 215 349-5843
E-mail: abass.alavi@uphs.upenn.edu
Length: 2 Yrs
Program ID: 200-41-21-067

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
University Hospital
Veterans Affairs Medical Center (San Juan)
Prgm Director: Frieda Silva de Roldan, MD
GPO Box 5067
San Juan, PR 00936
Tel: 787 758-2525 *Fax:* 787 767-0382
Length: 2 Yrs
Program ID: 200-42-21-069

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Prgm Director: Kenneth M Spicer, MD, PhD
Department of Radiology
169 Ashley Avenue, PO Box 250322
Charleston, SC 29425
Tel: 843 792-1957 *Fax:* 843 792-9319
Length: 2 Yrs
Program ID: 200-45-21-070

Tennessee

Knoxville

University of Tennessee Medical Center at Knoxville Program

Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee Memorial Hospital
Prgm Director: Gary T Smith, MD
1924 Alcoa Highway
Knoxville, TN 37920
Tel: 865 544-9818 *Fax:* 865 544-8152
Length: 2 Yrs *ACGME Approved/Offered Positions:* 0
Program ID: 200-47-21-109

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Prgm Director: William H Martin, MD
Department of Radiology & Radiological Sciences
21st Avenue S and Garland R1318 MCN
Nashville, TN 37232
Tel: 615 322-3780 *Fax:* 615 322-3764
Length: 2 Yrs
Program ID: 200-47-21-072

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School

Dallas County Hospital District-Parkland Memorial Hospital

Veterans Affairs Medical Center (Dallas)

Prgm Director: William A Erdman, MD

5323 Harry Hines Blvd

Dallas, TX 75390

Tel: 214 590-5120 *Fax:* 214 590-2720

Length: 2 Yrs *ACGME Approved/Offered Positions:* 0

Program ID: 200-48-21-073

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine

Harris County Hospital District-Ben Taub General Hospital

Michael E DeBakey VA Medical Center - Houston

St Luke's Episcopal Hospital

Texas Children's Hospital

Prgm Director: Juliet Wendt, MD

Department of Radiology

One Baylor Plaza - BCM 360

Houston, TX 77030

Tel: 713 798-6362 *Fax:* 713 798-8359

E-mail: jwendt@bcm.tmc.edu

Length: 2 Yrs

Program ID: 200-48-21-075

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio

Brooke Army Medical Center

Wilford Hall Medical Center (AETC)

Prgm Director: Darlene Metter, MD

7703 Floyd Curl Drive, Mail Stop 7800

San Antonio, TX 78229

Tel: 210 567-5600 *Fax:* 210 567-6418

Length: 2 Yrs

Program ID: 200-48-31-085

Virginia**Richmond****Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System

Hunter Holmes McGuire VA Medical Center (Richmond)

Medical College of Virginia Hospitals

Prgm Director: Paul R Jolles, MD

1300 East Marshall Street - North 7

PO Box 980001

Richmond, VA 23298

Tel: 804 828-7975 *Fax:* 804 828-4181

Length: 2 Yrs

Program ID: 200-51-21-077

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
University of Washington Medical Center

VA Puget Sound Health Care System

Prgm Director: Janet F Eary, MD

Box 356113, Room NN203

1959 N E Pacific

Seattle, WA 98195

Tel: 206 548-4240 *Fax:* 206 548-4496

Length: 2 Yrs

Program ID: 200-54-21-078

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics

Prgm Director: Michael A Wilson, MD

600 Highland Avenue, E3/311 CSC

Madison, WI 53972

Tel: 608 263-5585 *Fax:* 608 265-7390

Length: 2 Yrs

Program ID: 200-56-21-079

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc

Clement J Zablocki Veterans Affairs Medical Center

Froedtert Memorial Lutheran Hospital

Prgm Director: Arthur Z Krasnow, MD

9200 West Wisconsin Avenue

Department of Radiology

Milwaukee, WI 53226

Tel: 414 805-3774 *Fax:* 414 771-3460

Length: 2 Yrs

Program ID: 200-56-21-080

Nuclear Radiology (Radiology-Diagnostic)**California****Torrance****Los Angeles County-Harbor-UCLA Medical Center Program**

Sponsor: Los Angeles County-Harbor-UCLA Medical Center

Prgm Director: Fred Mishkin, MD

1000 W Carson Street, Box 23

Torrance, CA 90509

Tel: 310 222-2842 *Fax:* 310 328-7288

E-mail: mishkin@lumc.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 425-05-31-065

Connecticut**New Haven****Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital

Prgm Director: David W Cheng, MD, PhD

333 Cedar St

PO Box 208042

New Haven, CT 06520

Tel: 203 785-7377 *Fax:* 203 785-5002

E-mail: david.w.cheng@yale.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 425-08-11-002

Georgia**Atlanta****Emory University School of Medicine Program**

Sponsor: Emory University School of Medicine

Emory University Hospital

Grady Health System

Prgm Director: Scott C Bartley, MD*

Room E145

1364 Clifton Road, NE

Atlanta, GA 30322

Tel: 404 712-4843 *Fax:* 404 712-4835

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 425-12-21-056

Louisiana**New Orleans****Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine

Medical Center of Louisiana at New Orleans

Prgm Director: Kevin McCarthy, MD

1542 Tulane Avenue

New Orleans, LA 70112

Tel: 504 568-4968 *Fax:* 504 568-8955

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 425-21-31-067

Maryland

Baltimore

University of Maryland Program

Sponsor: University of Maryland Medical System
Prgm Director: Bruce R Line, MD
22 S Greene Street
Baltimore, MD 21201
Tel: 410 328-6890 *Fax:* 410 328-1600
E-mail: bline@umm.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 425-29-21-061

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Thomas C Hill, MD
One Deaconess Road
Boston, MA 02215
Tel: 617 754-2615 *Fax:* 617 754-2545
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 425-24-21-045

Minnesota

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Prgm Director: Mark A Nathan, MD
200 First St, SW
Rochester, MN 55905
Tel: 507 284-4104 *Fax:* 507 266-4461
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 425-26-21-019

Missouri

St Louis

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
St Louis Children's Hospital
Prgm Director: Tom R Miller, MD, PhD
510 S Kingshighway Blvd
University Box 8223
St Louis, MO 63110
Tel: 314 362-2809 *Fax:* 314 362-2806
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 425-28-11-021

New York

New York

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Ronald L Van Heertum, MD
Department of Radiology HP 3 321
180 Fort Washington Avenue
New York, NY 10032
Tel: 212 305-7132 *Fax:* 212 305-4244
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 425-35-21-042

New York University School of Medicine Program

Sponsor: New York University School of Medicine
NYU Hospitals Center
Prgm Director: Elissa L Kramer, MD
560 First Avenue
New York, NY 10016
Tel: 212 263-7410 *Fax:* 212 263-2039
E-mail: elissa.kramer@msnyuhealth.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 425-35-21-007

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Prgm Director: David Feiglin, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-7031 *Fax:* 315 464-7068
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 425-35-21-008

North Carolina

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Prgm Director: R Edward Coleman, MD
Box 3949, Department of Radiology
Erwin Road
Durham, NC 27710
Tel: 919 684-7245 *Fax:* 919 684-7135
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 425-36-21-024

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Paige B Clark, MD*
Medical Center Blvd
Department of Radiology
Winston-Salem, NC 27157
Tel: 336 716-4934 *Fax:* 336 713-2029
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 425-36-21-025

Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
Prgm Director: Mariano Fernandez-Ulloa, MD
234 Goodman Street
Cincinnati, OH 45219
Tel: 513 584-9024 *Fax:* 513 584-7690
E-mail: fernanmo@healthall.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 425-38-13-064

Cleveland

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Donald R Neumann, MD, PhD
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-2193 *Fax:* 216 444-3943
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 425-38-21-062

University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: James K O'Donnell, MD
Diagnostic Radiology Department
11100 Euclid Avenue
Cleveland, OH 44106
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 425-38-12-068

Pennsylvania

Philadelphia

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: Abass Alavi, MD
3400 Spruce Street, 110 Donner
Division of Nuclear Medicine
Philadelphia, PA 19104
Tel: 215 662-3069 *Fax:* 215 349-5843
E-mail: abass.alavi@uphs.upenn.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 425-41-21-043

Texas

Dallas

Baylor University Medical Center Program

Sponsor: Baylor University Medical Center
North Texas Clinical PET Institute
Prgm Director: Hamid R Latifi, MD
3500 Gaston Avenue
Department of Radiology
Dallas, TX 75246
Tel: 214 820-3795 *Fax:* 214 820-7577
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 425-48-22-066

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Director: William A Erdman, MD
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 590-5120 *Fax:* 214 590-2720
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 425-48-21-027

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Prgm Director: Patrice K Rehm, MD
PO Box 800170
Charlottesville, VA 22908
Tel: 434 924-9391 *Fax:* 434 982-1618
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 425-51-11-028

West Virginia**Morgantown****West Virginia University Program**

Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: Gary D Marano, MD
2278 Health Sciences South, WVU PET Center
PO Box 9235
Morgantown, WV 26506
Tel: 304 293-1876 *Fax:* 304 293-3899
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 425-55-21-063

**Obstetrics and
Gynecology****Alabama****Birmingham****University of Alabama Medical Center
Program**

Sponsor: University of Alabama Hospital
Cooper Green Hospital
Prgm Director: Larry C Kilgore, MD
619 19th Street South, OHB 340
Birmingham, AL 35249
Tel: 205 934-5631 *Fax:* 205 975-6411
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 220-01-11-018

Mobile**University of South Alabama Program**

Sponsor: University of South Alabama Hospitals
USA Children's and Women's Hospital
Prgm Director: Norman F Angell, MD, PhD*
Department of Obstetrics-Gynecology
251 Cox Street, Suite 100
Mobile, AL 36604
Tel: 251 415-1557 *Fax:* 251 415-1552
E-mail: nfangell@usouthal.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-01-21-020

Arizona**Phoenix****Banner Good Samaritan Medical Center
Program**

Sponsor: Banner Good Samaritan Medical Center
Prgm Director: John H Mattox, MD
Department of Obstetrics-Gynecology
1111 E McDowell Road, WT 4
Phoenix, AZ 85006
Tel: 602 239-4344 *Fax:* 602 239-2359
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 220-03-21-024

Phoenix Integrated Residency Program

Sponsor: Maricopa Medical Center
St Joseph's Hospital and Medical Center
Prgm Director: Stephanie Mann, MD*
Department of Obstetrics-Gynecology
2601 East Roosevelt
Phoenix, AZ 85008
Tel: 602 344-5344 *Fax:* 602 344-5894
E-mail: paul.kearney@hcs.maricopa.gov
Length: 4 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 220-03-21-328

Tucson**University of Arizona Program**

Sponsor: University of Arizona College of Medicine
University Medical Center
US Air Force Hospital
Prgm Director: James Maciulla, MD
Department of Obstetrics-Gynecology
1501 North Campbell Avenue Box 245078
Tucson, AZ 85724
Tel: 520 626-6636 *Fax:* 520 626-2514
E-mail: soniag@mail.arizona.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 17
Program ID: 220-03-21-025

Arkansas**Little Rock****University of Arkansas for Medical
Sciences Program**

Sponsor: University of Arkansas College of Medicine
University Hospital of Arkansas
Prgm Director: Paul J Wendel, MD
Department of Obstetrics-Gynecology
4301 West Markham, Slot #518
Little Rock, AR 72205
Tel: 501 526-7569 *Fax:* 501 686-8945
E-mail: rupleking@uams.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-04-11-026

California**Bakersfield****Kern Medical Center Program**

Sponsor: Kern Medical Center
Prgm Director: Antonio L Garcia, MD
Department of Obstetrics-Gynecology
1830 Plower Street
Bakersfield, CA 93305
Tel: 661 326-2236 *Fax:* 661 326-2235
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-05-31-027

Fresno**University of California (San Francisco)/
Fresno Program**

Sponsor: UCSF-Fresno Medical Education Program
Community Medical Centers-University Medical Center
Prgm Director: Juan Reyes, MD*
Community Medical Centers - Fresno
2823 Fresno 4W Room 491
Fresno, CA 93721
Tel: 559 459-2388 *Fax:* 559 459-2380
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-05-31-029

Loma Linda**Loma Linda University Program**

Sponsor: Loma Linda University Medical Center
Kaiser Foundation Hospital (Fontana)
Prgm Director: Robert J Wagner, MD
Dept of Obstetrics/Gynecology
11234 Anderson Street
Loma Linda, CA 92354
Tel: 909 558-4763 *Fax:* 909 558-0438
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-05-21-329

Los Angeles**Cedars-Sinai Medical Center Program**

Sponsor: Cedars-Sinai Medical Center
Prgm Director: Ricardo Azziz, MD, MPH
8700 Beverly Boulevard
Los Angeles, CA 90048
Tel: 310 423-7413 *Fax:* 310 423-3470
E-mail: azzizR@cshs.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-05-31-034

Charles R Drew University Program

Sponsor: Charles R Drew University of Medicine and
Science
LAC-King/Drew Medical Center
Prgm Director: Rosetta Hassan, MD
Department of Obstetrics-Gynecology
12021 South Wilmington Avenue
Los Angeles, CA 90059
Tel: 310 668-4634 *Fax:* 310 898-1854
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-05-21-037

Kaiser Permanente Southern California (Los Angeles) Program

Sponsor: Kaiser Permanente Southern California Kaiser Foundation Hospital (Los Angeles)
Prgm Director: Michael W Weinberger, MD
 Department of Obstetrics-Gynecology
 4900 Sunset Boulevard-5th Fl
 Los Angeles, CA 90027
Tel: 323 783-4321 *Fax:* 323 783-0731
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-05-12-035

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
 Olive View/UCLA Medical Center
 UCLA Medical Center
Prgm Director: Julie A Henriksen, MD
 10833 Le Conte Avenue
 Los Angeles, CA 90095
Tel: 310 825-9945 *Fax:* 310 206-6531
E-mail: ksfong@mednet.ucla.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 31
Program ID: 220-05-31-038

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
 LAC+USC Medical Center
Prgm Director: Laila I Munderspach, MD*
 1240 North Mission Road
 Los Angeles, CA 90033
Tel: 323 226-3390 *Fax:* 323 226-2734
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Program ID: 220-05-11-036

White Memorial Medical Center Program

Sponsor: White Memorial Medical Center
Prgm Director: Cinna T Wohlmueth, MD
 1720 Cesar E Chavez Ave
 Los Angeles, CA 90033
Tel: 323 260-5810 *Fax:* 323 264-5592
E-mail: WohlmuCT@ah.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-05-21-039

Oakland

Kaiser Permanente Medical Group (Northern California/Oakland) Program

Sponsor: Kaiser Permanente Medical Group (Northern California)
 Alta Bates Medical Center
 Kaiser Permanente Medical Center (Oakland)
Prgm Director: David L Walton, MD
 Department of Obstetrics-Gynecology
 280 West Mac Arthur Boulevard
 Oakland, CA 94611
Tel: 510 752-7462 *Fax:* 510 752-6375
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-05-12-040

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
 Long Beach Memorial Medical Center
Prgm Director: Kirk A Keegan, MD
 Department of Obstetrics-Gynecology
 101 City Drive, Building 56, Rte 81
 Orange, CA 92868
Tel: 714 456-6707 *Fax:* 714 456-8360
E-mail: dogarcia@uci.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-05-21-031

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
 Kaiser Foundation Hospital (Sacramento)
 University of California (Davis) Medical Center
Prgm Director: Mary C Ciotti, MD
 Lawrence J Ellison Ambulatory Care
 4860 Y Street, Suite 2500
 Sacramento, CA 95817
Tel: 916 734-6019 *Fax:* 916 734-6031
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-05-21-028

San Diego

Naval Medical Center (San Diego) Program

Sponsor: Naval Medical Center (San Diego)
Prgm Director: Michael F McNamara, DO
 Department of Obstetrics-Gynecology
 34780 Bob Wilson Drive, Suite 100
 San Diego, CA 92134
Tel: 619 532-5560 *Fax:* 619 532-6587
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-05-11-012
 US Armed Services Program

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
 Kaiser Foundation Hospital (San Diego)
Prgm Director: Christine B Miller, MD
 200 West Arbor Drive, #8433
 San Diego, CA 92103
Tel: 619 543-6922 *Fax:* 619 543-5767
E-mail: obresidents@ucsd.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-05-21-044

San Francisco

Kaiser Permanente Medical Group (Northern California)/San Francisco Program

Sponsor: Kaiser Permanente Medical Group (Northern California)
 Kaiser Permanente Medical Center (San Francisco)
Prgm Director: David R Field, MD
 2425 Geary Blvd Mezzanine 160
 San Francisco, CA 94115
Tel: 415 833-3034 *Fax:* 415 833-4983
E-mail: louella.neyman@kp.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-05-12-045

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
 Mount Zion Medical Center of the University of California
 San Francisco General Hospital Medical Center
 University of California (San Francisco) Medical Center
Prgm Director: Lee A Learman, MD, PhD
 Dept of Obstetrics-Gynecology
 505 Parnassus Ave, Box 0132, M-1483
 San Francisco, CA 94143
Tel: 415 476-5192 *Fax:* 415 476-1811
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 220-05-21-047

San Jose

Santa Clara Valley Medical Center Program

Sponsor: Santa Clara Valley Medical Center
Prgm Director: Roger A Spencer, MD
 Department of Obstetrics-Gynecology
 751 South Bascom Avenue
 San Jose, CA 95128
Tel: 408 885-5550 *Fax:* 408 885-5577
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-05-21-333

Santa Clara

Kaiser Permanente Medical Group (Northern California)/Santa Clara Program

Sponsor: Kaiser Permanente Medical Group (Northern California)
 Kaiser Permanente Medical Center (Santa Clara)
Prgm Director: David K Levin, MD
 Graduate Medical Education Office
 900 Kiely Blvd, Bldg J, Suite 2
 Santa Clara, CA 95051
Tel: 408 236-4921 *Fax:* 408 236-5185
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-05-12-311

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
 Lucile Salter Packard Children's Hospital at Stanford
Prgm Director: Maurice L Druzin, MD
 Department of Obstetrics-Gynecology
 300 Pasteur Drive, RmHH333
 Stanford, CA 94305
Tel: 650 498-7570 *Fax:* 650 723-7737
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-05-21-048

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Siri L Kjos, MD*
 Department of Obstetrics-Gynecology
 1000 West Carson Street, Box 3
 Torrance, CA 90509
Tel: 310 222-3565 *Fax:* 310 782-8148
E-mail: skjos@obgyn.humc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-05-21-050

Travis AFB

David Grant Medical Center Program

Sponsor: David Grant Medical Center
 Kaiser Foundation Hospital (Vallejo)
Prgm Director: Donald S Wiersma, MD*
 OB/Gyn Residency Program (MSG/S/SGC)
 101 Bodin Circle
 Travis AFB, CA 94535
Tel: 707 423-5334 *Fax:* 707 423-7356
E-mail: donald.wiersma@travis.af.mil
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-05-21-001
 US Armed Services Program

Colorado**Denver****Exempla St Joseph Hospital Program**

Sponsor: Exempla Saint Joseph Hospital
Prgm Director: Nicholas A Peros, MD
 OB/Gyn Residency Program
 1835 Franklin Street
 Denver, CO 80218
Tel: 303 837-7595 *Fax:* 303 837-6677
E-mail: notehj@exempla.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-07-21-051

University of Colorado Program

Sponsor: University of Colorado School of Medicine
 Denver Health Medical Center
 HealthOne Rose Medical Center
Prgm Director: Kirsten J Lund, MD
 Dept of ObGyn, B-198
 4200 E Ninth Avenue
 Denver, CO 80262
Tel: 303 315-3169 *Fax:* 303 315-1572
E-mail: alicia.gore@uchsc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 220-07-31-052

Connecticut**Bridgeport****Bridgeport Hospital/Yale University Program**

Sponsor: Bridgeport Hospital
Prgm Director: Stephen D Rosenman, MD
 Department of Obstetrics-Gynecology
 PO Box 5000
 Bridgeport, CT 06610
Tel: 203 384-3011 *Fax:* 203 384-3264
E-mail: psrose@bpthosp.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-08-11-054

Danbury**Danbury Hospital Program**

Sponsor: Danbury Hospital
Prgm Director: Howard Blanchette, MD
 24 Hospital Ave
 Danbury, CT 06810
Tel: 203 739-7466 *Fax:* 203 739-8750
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-08-21-055

Farmington**University of Connecticut Program**

Sponsor: University of Connecticut School of Medicine
 Hartford Hospital
 New Britain General Hospital
 Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: John F Greene, MD
 283 Farmington Avenue
 Farmington, CT 06030
Tel: 860 679-2853 *Fax:* 860 679-1228
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 220-08-21-355

Hartford**St Francis Hospital and Medical Center Program**

Sponsor: St Francis Hospital and Medical Center
Prgm Director: Howard A Shaw, MD*
 Department of Obstetrics-Gynecology
 114 Woodland Street
 Hartford, CT 06105
Tel: 860 714-5170 *Fax:* 860 714-8008
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-08-11-059

New Haven**Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
 Hospital of St Raphael
Prgm Director: Susan Richman, MD
 333 Cedar Street, 339 FMB
 PO Box 208063
 New Haven, CT 06520
Tel: 203 785-4004 *Fax:* 203 737-1883
E-mail: susan.richman@yale.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 25
Program ID: 220-08-21-060

Stamford**Stamford Hospital/Columbia University College of Physicians and Surgeons Program**

Sponsor: Stamford Hospital
Prgm Director: Frances W Ginsburg, MD
 Department of Obstetrics-Gynecology
 Shelburne Road and W Broad Street
 Stamford, CT 06904
Tel: 203 325-7853 *Fax:* 203 325-7259
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-08-11-061

Delaware**Wilmington****Christiana Care Health Services Program**

Sponsor: Christiana Care Health Services Inc
Prgm Director: Lamar Ekbladh, MD
 4755 Ogletown Stanton Road
 PO Box 6001
 Newark, DE 19718
Tel: 302 733-6565 *Fax:* 302 733-2330
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-09-11-062

District of Columbia**Washington****George Washington University Program**

Sponsor: George Washington University School of Medicine
 George Washington University Hospital (UHS)
 Holy Cross Hospital of Silver Spring
 Inova Fairfax Hospital
Prgm Director: Nancy D Gaba, MD
 Department of Obstetrics-Gynecology
 2150 Pennsylvania Avenue, NW 6A-429
 Washington, DC 20037
Tel: 202 741-2532 *Fax:* 202 741-2550
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Program ID: 220-10-21-064

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
 Providence Hospital
 Virginia Hospital Center-Arlington
Prgm Director: John D Buek, MD*
 Department of Obstetrics-Gynecology
 3800 Reservoir Road, NW (S PHC)
 Washington, DC 20007
Tel: 202 444-8533 *Fax:* 202 444-4018
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-10-21-063

Howard University Program

Sponsor: Howard University Hospital
 Prince George's Hospital Center
Prgm Director: Olanrewaju Adegiga, MD
 Department of Obstetrics-Gynecology
 2041 Georgia Avenue, NW
 Washington, DC 20060
Tel: 202 865-1161 *Fax:* 202 865-6922
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-10-21-065

Washington Hospital Center Program

Sponsor: Washington Hospital Center
Prgm Director: David Downing, MD
 Department of Obstetrics-Gynecology
 110 Irving Street, NW, Suite 5 B 63
 Washington, DC 20010
Tel: 202 877-6054 *Fax:* 202 877-5435
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-10-31-067

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine
 Shands Hospital at the University of Florida
Prgm Director: W Patrick Duff, MD
 Department of Obstetrics-Gynecology
 PO Box 100294
 Gainesville, FL 32610
Tel: 352 392-3222 *Fax:* 352 392-2808
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-11-11-068

Jacksonville**University of Florida Health Science Center/Jacksonville Program**

Sponsor: University of Florida College of Medicine at Jacksonville
 Shands Jacksonville Medical Center
Prgm Director: Guy I Benrubi, MD
 Department of Obstetrics-Gynecology
 653-1 West 8th St, LRC 3rd Fl
 Jacksonville, FL 32209
Tel: 904 244-3112 *Fax:* 904 244-3658
E-mail: marsha.cole@jax.ufl.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-11-21-069

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Victor H Gonzalez-Quintero, MD, MPH
 Holtz Center Room 7007
 1611 NW 12th Avenue
 Miami, FL 33136
Tel: 305 585-5840 *Fax:* 305 325-1469
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 220-11-21-070

Orlando

Orlando Regional Healthcare Program

Sponsor: Orlando Regional Healthcare
Orlando Regional Medical Center
Prgm Director: Stephen J Carlan, MD
Department of Obstetrics-Gynecology
105 West Miller Street
Orlando, FL 32806
Tel: 407 841-5297 *Fax:* 407 481-0182
E-mail: cathyh@orhhs.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-11-12-072

Pensacola

University of Florida (Pensacola) Program

Sponsor: University of Florida College of Medicine
Sacred Heart Hospital of Pensacola
Prgm Director: Clyde H Dorr, MD
Department of Obstetrics-Gynecology
5045 Carpenter Creek Drive
Pensacola, FL 32503
Tel: 850 416-2450 *Fax:* 850 416-2467
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-11-21-073

St Petersburg

Bayfront Medical Center Program

Sponsor: Bayfront Medical Center
Prgm Director: Karen A Raimer, MD
Obstetrics/Gynecology Residency Program
700 6th Street South
St Petersburg, FL 33701
Tel: 727 893-6917 *Fax:* 727 893-6978
E-mail: obresidency@bayfront.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-11-11-074

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
Tampa General Hospital
Prgm Director: William N Spellacy, MD
Harbourside Medical Tower, Suite 500
4 Columbia Drive
Tampa, FL 33606
Tel: 813 259-8542 *Fax:* 813 259-8593
E-mail: kpaulina@hsc.usf.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-11-21-075

Georgia

Atlanta

Atlanta Medical Center Program

Sponsor: Atlanta Medical Center
Prgm Director: Rhonda C Latif, MD
Department of Obstetrics-Gynecology
303 Parkway Drive, NE - Box 423
Atlanta, GA 30312
Tel: 404 265-4614 *Fax:* 404 265-4089
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-12-22-077

Emory University Program

Sponsor: Emory University School of Medicine
Grady Health System
Prgm Director: Hugh W Randall, MD
Department of Gynecology-Obstetrics
69 Jesse Hill Jr Drive, SE
Atlanta, GA 30303
Tel: 404 616-3540 *Fax:* 404 521-3589
Length: 4 Yrs *ACGME Approved/Offered Positions:* 37
Program ID: 220-12-21-076

Morehouse School of Medicine Program

Sponsor: Morehouse School of Medicine
Grady Health System
Tenet - South Fulton Medical Center
Prgm Director: Franklyn H Geary, MD
Department of Obstetrics-Gynecology
720 Westview Drive, SW
Atlanta, GA 30310
Tel: 404 616-9674 *Fax:* 404 616-4131
E-mail: obgynres@msm.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-12-21-348

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
University Hospital
Prgm Director: Robert D Stager, MD
1120 Fifteenth Street, BA 7310
Augusta, GA 30912
Tel: 706 721-2541 *Fax:* 706 721-6211
E-mail: kklinc@mcg.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-12-21-078

Macon

Mercer University School of Medicine Program

Sponsor: Medical Center of Central Georgia
Prgm Director: Howard Sohnen, MD
Department of Obstetrics-Gynecology
729 Pine Street
Macon, GA 31201
Tel: 478 633-1056 *Fax:* 478 749-9171
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-12-11-079

Savannah

Mercer University School of Medicine (Savannah) Program

Sponsor: Memorial Health-University Medical Center
Prgm Director: Donald G Gallup, MD
PO Box 23089
Savannah, GA 31403
Tel: 912 350-7022 *Fax:* 912 350-7969
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-12-11-080

Hawaii

Honolulu

Tripler Army Medical Center Program

Sponsor: Tripler Army Medical Center
Prgm Director: Holly L Olson, MD
I Jarrett White Road
Tripler AMC, HI 96859
Tel: 808 433-1815 *Fax:* 808 433-1552
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-14-12-007
US Armed Services Program

University of Hawaii Program

Sponsor: University of Hawaii John A Burns School of Medicine
Kapiolani Medical Center for Women and Children
Queen's Medical Center
Prgm Director: Tod C Aeby, MD
Department of Obstetrics-Gynecology
1319 Punahou Street-Room 824
Honolulu, HI 96826
Tel: 808 956-7457
E-mail: gkamikaw@hawaii.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-14-31-081

Illinois

Chicago

Advocate Illinois Masonic Medical Center Program

Sponsor: Advocate Illinois Masonic Medical Center
Prgm Director: Brenda Darrell, MD
Department of OB/GYN
836 West Wellington Avenue
Chicago, IL 60657
Tel: 773 296-5591 *Fax:* 773 296-7207
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-16-21-085

Cook County Hospital Program

Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Andre Bieniarz, MD*
Department of Obstetrics-Gynecology
1835 West Harrison Street
Chicago, IL 60612
Tel: 312 864-5947 *Fax:* 312 864-9411
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-16-31-084

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Evanston Hospital
Northwestern Memorial Hospital
Prgm Director: Magdy Milad, MD, MS
Prentice Women's Hospital
333 East Superior, Suite 185
Chicago, IL 60611
Tel: 312 926-7522 *Fax:* 312 926-7976
E-mail: nu-obgyn@nmh.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 220-16-21-089

Mercy Hospital and Medical Center Program

Sponsor: Mercy Hospital and Medical Center
Prgm Director: Susan H Porto, MD
Department of Obstetrics-Gynecology
2525 South Michigan Avenue
Chicago, IL 60616
Tel: 312 567-2490 *Fax:* 312 567-2628
E-mail: sporto@mercy-chicago.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-16-11-086

Mount Sinai Hospital Medical Center of Chicago Program

Sponsor: Mount Sinai Hospital Medical Center of Chicago
Prgm Director: Josef Blankstein, MD
Department of Obstetrics-Gynecology
California Ave at 15th St, Rm F208
Chicago, IL 60608
Tel: 773 257-6459 *Fax:* 773 257-6359
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-16-11-088

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Xavier F Pombar, DO
Department of Obstetrics-Gynecology
1653 West Congress Parkway
Chicago, IL 60612
Tel: 312 942-6610 *Fax:* 312 942-6606
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-16-21-090

St Joseph Hospital Program

Sponsor: St Joseph Hospital
St Anthony Hospital
Prgm Director: Abdol H Hosseinian, MD
Department of Obstetrics-Gynecology
2900 North Lake Shore Drive
Chicago, IL 60657
Tel: 773 665-3132 *Fax:* 773 665-3718
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-16-11-091

University of Chicago Program

Sponsor: University of Chicago Hospitals
MacNeal Memorial Hospital
Prgm Director: Anita K Blanchard, MD*
Pritzker School of Medicine
5841 S Maryland Ave
Chicago, IL 60637
Tel: 773 834-0598 *Fax:* 773 702-0840
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-16-11-092

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
Advocate Christ Medical Center
Michael Reese Hospital and Medical Center
University of Illinois Hospital and Clinics
Prgm Director: Gary Loy, MD*
Department of Ob-Gyn (M/C 808)
820 South Wood Street
Chicago, IL 60612
Tel: 312 996-7300 *Fax:* 312 996-4238
E-mail: hhayes@uic.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 220-16-11-093

Evanston**St Francis Hospital of Evanston Program**

Sponsor: St Francis Hospital
Evanston Hospital
Prgm Director: John V Knaus, DO
Department of Obstetrics-Gynecology
355 North Ridge Avenue
Evanston, IL 60202
Tel: 847 316-6229 *Fax:* 847 316-3307
E-mail: cclarke@reshhealthcare.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 220-16-21-094

Maywood**Loyola University Program**

Sponsor: Loyola University Medical Center
Resurrection Medical Center
Prgm Director: John G Gianopoulos, MD
Department of Obstetrics-Gynecology
2160 South First Avenue
Maywood, IL 60153
Tel: 708 216-5423 *Fax:* 708 216-9435
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-16-21-095

Park Ridge**Advocate Lutheran General Hospital Program**

Sponsor: Advocate Lutheran General Hospital
Prgm Director: Michael D Moen, MD
Department of Obstetrics-Gynecology
1775 Dempster Street
Park Ridge, IL 60068
Tel: 847 723-6894 *Fax:* 847 723-1658
E-mail: obgyn-ighedu@advocatehealth.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-16-21-325

Peoria**University of Illinois College of Medicine at Peoria Program**

Sponsor: University of Illinois College of Medicine at Peoria
OSF St Francis Medical Center
Prgm Director: Yolanda R Renfroe, MD
OSF Saint Francis Medical Center
530 NE Glen Oak Avenue
Peoria, IL 61637
Tel: 309 655-4163 *Fax:* 309 655-3739
E-mail: shearhod@uic.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 220-16-11-096

Springfield**Southern Illinois University Program**

Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Prgm Director: Kofi S Amankwah, MD
Department of Obstetrics-Gynecology
PO Box 19640
Springfield, IL 62794
Tel: 217 545-1523 *Fax:* 217 545-7959
E-mail: mhughes@siumed.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-16-21-097

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Methodist Hospital of Indiana
Clarian Riley Hospital for Children
William N Wishard Memorial Hospital
Prgm Director: Mary P Abernathy, MD*
Department of Obstetrics-Gynecology
550 N University Blvd, RM 2440
Indianapolis, IN 46202
Tel: 317 274-1646 *Fax:* 317 274-7417
E-mail: obresp@iupui.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Program ID: 220-17-21-099

St Vincent Hospital and Health Care Center Program

Sponsor: St Vincent Hospital and Health Care Center
Prgm Director: Harold E Campbell, MD
Department of Obstetrics-Gynecology
2001 W 86th Street
Indianapolis, IN 46260
Tel: 317 338-6852 *Fax:* 317 338-6892
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-17-11-101

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Gregory S Skopec, MD*
Dept of Obstetrics and Gynecology
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 353-6632 *Fax:* 319 356-3901
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-18-21-102

Kansas**Kansas City****University of Kansas Medical Center Program**

Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Prgm Director: Timothy L Bennett, MD
Department of Obstetrics-Gynecology
3901 Rainbow Boulevard Wescoe 3rd
Kansas City, KS 66160
Tel: 913 588-6274 *Fax:* 913 588-6271
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-19-11-103

Wichita**University of Kansas (Wichita) Program**

Sponsor: University of Kansas School of Medicine
(Wichita)
Wesley Medical Center
Prgm Director: Travis W Stembridge, MD
550 N Hillside
Wichita, KS 67214
Tel: 316 962-3182 *Fax:* 316 962-3152
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-19-11-104

Kentucky**Lexington****University of Kentucky College of Medicine Program**

Sponsor: University of Kentucky College of Medicine
Central Baptist Hospital
Prgm Director: Gail M Matthews, MD
Department of Obstetrics-Gynecology
800 Rose Street, Room C373
Lexington, KY 40536
Tel: 859 323-2321 *Fax:* 859 323-1931
E-mail: bdtow12@uky.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-20-11-105

Louisville**University of Louisville Program**

Sponsor: University of Louisville School of Medicine
Norton Healthcare - Norton Hospital
University of Louisville Hospital
Prgm Director: Christine L Cook, MD
Dept of Obstetrics, Gynecology & Women's Health
Louisville, KY 40292
Tel: 502 852-7978 *Fax:* 502 852-1911
E-mail: christine-cook@louisville.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-20-21-106

Louisiana**New Orleans****Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine
Earl K Long Medical Center
Medical Center of Louisiana at New Orleans
University Medical Center (Lafayette)
Prgm Director: Ralph R Chesson, MD, BS
Department of Obstetrics-Gynecology
1542 Tulane Avenue - Room 501
New Orleans, LA 70112
Tel: 504 568-4850 *Fax:* 504 568-5140
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 220-21-21-107

Ochsner Clinic Foundation Program

Sponsor: Ochsner Clinic Foundation
Leonard J Chabert Medical Center
Prgm Director: Michael A Finan, MD
Graduate Medical Education
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-3260 *Fax:* 504 842-3193
E-mail: brijohnson@ochsner.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-21-22-109

Tulane University Program

Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Prgm Director: Gabriella Pridjian, MD
Department of Obstetrics-Gynecology SL-11
1430 Tulane Avenue
New Orleans, LA 70112
Tel: 504 988-2145 *Fax:* 504 988-2943
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 220-21-21-108

Shreveport

Louisiana State University (Shreveport) Program

Sponsor: LSU Health Sciences Center-University Hospital
E A Conway Medical Center
Prgm Director: James B Unger, MD
1501 Kings Highway
PO Box 33932
Shreveport, LA 71130
Tel: 318 675-8295 *Fax:* 318 675-4671
E-mail: junger@lsuhsc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-21-11-110

Maine

Portland

Maine Medical Center Program

Sponsor: Maine Medical Center
Prgm Director: Donald Wiper, MD
Dept of Obstetrics/Gynecology
22 Bramhall Street
Portland, ME 04102
Tel: 207 871-2749 *Fax:* 207 871-6252
E-mail: wiperd@mmc.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-22-11-111

Maryland

Baltimore

Franklin Square Hospital Center Program

Sponsor: Franklin Square Hospital Center
Prgm Director: William S Taylor, MD
Dept of Ob/Gyn
9000 Franklin Square Drive
Baltimore, MD 21237
Tel: 443 777-7061 *Fax:* 443 777-8180
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-23-21-112

Johns Hopkins University/Greater Baltimore Medical Center Program

Sponsor: Johns Hopkins University School of Medicine
Greater Baltimore Medical Center
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Prgm Director: Jessica L Bienstock, MD, MPH
Phipps 279
600 N Wolfe Street
Baltimore, MD 21287
Tel: 410 955-8487 *Fax:* 410 502-6683
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 220-23-21-114

Sinai Hospital of Baltimore Program

Sponsor: Sinai Hospital of Baltimore
Prgm Director: Marc Lowen, MD
Department of Obstetrics-Gynecology
2411 West Belvedere Avenue, Medical Office Bldg Suite 105
Baltimore, MD 21215
Tel: 410 601-9197 *Fax:* 410 601-8862
E-mail: mlowen6701@comcast.net
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-23-12-118

University of Maryland Program

Sponsor: University of Maryland Medical System
Mercy Medical Center
Prgm Director: Laurence C Udoff, MD*
Department of Obstetrics-Gynecology
22 S Greene Street
Baltimore, MD 21201
Tel: 410 328-5959 *Fax:* 410 328-0279
E-mail: ludoff@umm.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-23-21-121

Bethesda

National Capital Consortium Program

Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Prgm Director: Christopher M Zahn, MD*
Uniformed Services University
4301 Jones Bridge Road
Bethesda, MD 20814
Tel: 301 295-2048 *Fax:* 301 295-1988
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-10-21-354
US Armed Services Program

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Hope Ricciotti, MD*
330 Brookline Ave
KS-319
Boston, MA 02215
Tel: 617 667-2285 *Fax:* 617 667-4173
E-mail: sherlihy@caregroup.harvard.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-24-11-123

Boston University Medical Center Program

Sponsor: Boston Medical Center
Prgm Director: Aviva Lee-Parritz, MD*
Department of Obstetrics-Gynecology
85 East Concord Street
Boston, MA 02118
Tel: 617 414-5166 *Fax:* 617 414-5161
E-mail: Valerie.worrell@bmc.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 17
Program ID: 220-24-21-124

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital
Massachusetts General Hospital
Prgm Director: Lori R Berkowitz, MD*
75 Francis Street, ASB1-3-078
Dept of Ob/Gyn
Boston, MA 02115
Tel: 617 732-7801 *Fax:* 617 730-2833
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Program ID: 220-24-11-125

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Caritas St Elizabeth's Medical Center of Boston
Prgm Director: David Chelmsow, MD
750 Washington Street
NEMC Box 022
Boston, MA 02111
Tel: 617 636-0265 *Fax:* 617 636-8315
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 220-24-21-128

Springfield

Baystate Medical Center/Tufts University School of Medicine Program

Sponsor: Baystate Medical Center
Prgm Director: Ronald T Burkman, MD*
Department of Obstetrics-Gynecology
759 Chestnut Street
Springfield, MA 01199
Tel: 413 794-5457 *Fax:* 413 794-3354
E-mail: Ronald.Burkman@bhs.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 220-24-12-129

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Memorial Campus)
Prgm Director: Robert E Berry, MD
Department of OB-GYN - J4
119 Belmont Street
Worcester, MA 01605
Tel: 508 334-8459 *Fax:* 508 334-5371
E-mail: fragad@ummhc.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-24-21-130

Michigan

Ann Arbor

St Joseph Mercy Hospital Program

Sponsor: St Joseph Mercy Health System
University of Michigan Hospitals and Health Centers
Prgm Director: Sharon M O'Leary, MD
5333 McAuley Drive
RHB-2108
Ypsilanti, MI 48197
Tel: 734 712-5171 *Fax:* 734 712-4151
E-mail: durbinna@trinity-health.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-25-31-131

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Clark E Nugent, MD
1500 East Medical Center Drive
F4808 Mott
Ann Arbor, MI 48109
Tel: 734 936-7569 *Fax:* 734 647-1006
E-mail: mhardy@umich.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 220-25-31-132

Dearborn**Oakwood Hospital Program**

Sponsor: Oakwood Hospital
Prgm Director: Veronica T Mallett, MD
 Suite 126
 Dearborn, MI 48123
 Tel: 313 593-7819 Fax: 313 436-2783
 E-mail: chwalekm@oakwood.org
 Length: 4 Yrs ACGME Approved/Offered Positions: 16
 Program ID: 220-25-31-133

Detroit**Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital
Prgm Director: David A Richardson, MD
 1-357 Dept of Obstetrics-Gynecology
 2799 West Grand Boulevard
 Detroit, MI 48202
 Tel: 313 916-1023 Fax: 313 916-5008
 E-mail: pmaxwell@hfhs.org
 Length: 4 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 220-25-11-136

St John Hospital and Medical Center Program

Sponsor: St John Hospital and Medical Center
Prgm Director: Michael Prysak, PhD, MD
 22101 Moross Road
 Detroit, MI 48236
 Tel: 313 343-7798 Fax: 313 343-4932
 Length: 4 Yrs ACGME Approved/Offered Positions: 16
 Program ID: 220-25-11-137

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
 The Michigan Orthopaedic Specialty Hospital
Prgm Director: Theodore B Jones, MD
 Mail Stop 5 Center
 4707 St Antoine
 Detroit, MI 48201
 Tel: 313 745-7575 Fax: 313 993-2685
 E-mail: dpaducho@med.wayne.edu
 Length: 4 Yrs ACGME Approved/Offered Positions: 44
 Program ID: 220-25-31-358

Flint**Hurley Medical Center/Michigan State University Program**

Sponsor: Hurley Medical Center
Prgm Director: John Hebert, MD
 Department of Obstetrics-Gynecology
 One Hurley Plaza, Suite 101
 Flint, MI 48503
 Tel: 810 762-6426 Fax: 810 257-9076
 Length: 4 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 220-25-31-140

Grand Rapids**Grand Rapids Medical Education and Research Center/Michigan State University Program**

Sponsor: Grand Rapids Medical Education and Research Center
 Saint Mary's Mercy Medical Center (Grand Rapids)
 Spectrum Health-Blodgett Campus
 Spectrum Health-Butterworth Campus
Prgm Director: Stephen F Rechner, MD
 330 Barclay NE
 Suite 102
 Grand Rapids, MI 49503
 Tel: 616 391-1929 Fax: 616 391-3174
 E-mail: Cathie.Hansen@Spectrum-Health.org
 Length: 4 Yrs ACGME Approved/Offered Positions: 32
 Program ID: 220-25-21-141

Lansing**Sparrow Hospital/Michigan State University Program**

Sponsor: Sparrow Hospital
Prgm Director: Rhonda S Maney, MD
 OB/Gyn Residency Program
 1215 East Michigan Avenue
 Lansing, MI 48909
 Tel: 517 364-2577 Fax: 517 485-3558
 Length: 4 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 220-25-31-143

Pontiac**North Oakland Medical Centers Program**

Sponsor: North Oakland Medical Centers
Prgm Director: Leonard G Dorey, MD
 461 West Huron
 Med Ed, 207
 Pontiac, MI 48341
 Tel: 248 857-7159 Fax: 248 857-6895
 E-mail: obgyn@nomc.org
 Length: 4 Yrs ACGME Approved/Offered Positions: 8
 Program ID: 220-25-11-144

Royal Oak**William Beaumont Hospital Program**

Sponsor: William Beaumont Hospital
Prgm Director: Robert A Starr, MD*
 3601 W 13 Mile Road
 Royal Oak, MI 48073
 Tel: 248 551-0417 Fax: 248 551-5426
 E-mail: rstarr@beaumont.edu
 Length: 4 Yrs ACGME Approved/Offered Positions: 24
 Program ID: 220-25-11-146

Saginaw**Synergy Medical Education Alliance Program**

Sponsor: Synergy Medical Education Alliance
 Covenant HealthCare System-Harrison Campus
Prgm Director: Henry W Moon, MD*
 1000 Houghton Avenue
 Saginaw, MI 48602
 Tel: 989 583-6828 Fax: 989 583-6941
 Length: 4 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 220-25-21-147

Southfield**Providence Hospital and Medical Centers Program**

Sponsor: Providence Hospital and Medical Centers
Prgm Director: Robert A Welch, MD, MSA
 Department of Obstetrics-Gynecology
 16001 W Nine Mile Road, Box 2043
 Southfield, MI 48037
 Tel: 248 848-3048 Fax: 248 848-2844
 Length: 4 Yrs ACGME Approved/Offered Positions: 16
 Program ID: 220-25-21-148

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
 Fairview-University Medical Center
 Hennepin County Medical Center
 Regions Hospital
Prgm Director: Linda F Carson, MD
 Department of Obstetrics-Gynecology
 MMC 395, 420 Delaware Street SE
 Minneapolis, MN 55455
 Tel: 612 626-3111 Fax: 612 626-0665
 E-mail: hegla005@umn.edu
 Length: 4 Yrs ACGME Approved/Offered Positions: 40
 Program ID: 220-26-21-149

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Rochester Methodist Hospital
Prgm Director: Bruce W Johnston, MD*
 Department of Obstetrics-Gynecology
 200 First Street, SW
 Rochester, MN 55905
 Tel: 507 266-3262 Fax: 507 266-9300
 Length: 4 Yrs ACGME Approved/Offered Positions: 16
 Program ID: 220-26-21-150

Mississippi**Jackson****University of Mississippi Medical Center Program**

Sponsor: University of Mississippi School of Medicine
 University Hospitals and Clinics
Prgm Director: Sheila D Bouldin, MD*
 Department of OB-GYN
 2500 North State Street
 Jackson, MS 39216
 Tel: 601 984-5325 Fax: 601 984-5477
 E-mail: sbouldin@ob-gyn.umsmed.edu
 Length: 4 Yrs ACGME Approved/Offered Positions: 24
 Program ID: 220-27-11-151

Keesler AFB**Keesler Medical Center Program**

Sponsor: Keesler Medical Center
Prgm Director: William F Moore, MD*
 Keesler Medical Center/SGCG
 301 Fisher Street, Suite 1A132
 Keesler AFB, MS 39534
 Tel: 228 377-6074 Fax: 228 377-1278
 Length: 4 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 220-27-21-002
 US Armed Services Program

Missouri**Columbia****University of Missouri-Columbia Program**

Sponsor: University of Missouri-Columbia School of Medicine
 Columbia Regional Hospital
 University Hospitals and Clinics
Prgm Director: Hung N Winn, MD, JD*
 402 Keene Street, 3rd Floor
 DC570.00
 Columbia, MO 65201
 Tel: 573 499-6028 Fax: 573 817-6645
 Length: 4 Yrs ACGME Approved/Offered Positions: 12
 Program ID: 220-28-11-152

Kansas City**University of Missouri at Kansas City Program**

Sponsor: University of Missouri-Kansas City School of Medicine
 St Luke's Hospital
 Truman Medical Center
Prgm Director: Roger P Smith, MD
 2301 Holmes Street
 Department of Obstetrics and Gynecology
 Kansas City, MO 64108
 Tel: 816 404-5178 Fax: 816 404-5175
 E-mail: deborah.grigsby@tmcmed.org
 Length: 4 Yrs ACGME Approved/Offered Positions: 32
 Program ID: 220-28-21-154

St Louis

St John's Mercy Medical Center Program

Sponsor: St John's Mercy Medical Center
Prgm Director: Dionysios Veronikis, MD
 615 S New Ballas Rd
 St Louis, MO 63141
Tel: 314 251-6826 *Fax:* 314 251-6918
E-mail: edwakr@stlo.smhs.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-28-22-157

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
 DePaul Hospital
 St Louis University Hospital
 St Mary's Health Center
Prgm Director: Raul Artal, MD
 Department of Obstetrics, Gynecology and Women's Health
 6420 Clayton Road, Suite 290
 St Louis, MO 63117
Tel: 314 781-4772 *Fax:* 314 781-1330
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-28-22-158

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
Prgm Director: Rebecca P McAlister, MD
 Department of Obstetrics-Gynecology
 4911 Barnes-Jewish Hospital Plaza
 St Louis, MO 63110
Tel: 314 362-1016 *Fax:* 314 362-3328
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 220-28-21-155

Nebraska

Omaha

Creighton University Program

Sponsor: Creighton University School of Medicine
 Alegant Health Bergan Mercy Health System
 Creighton University Medical Center (Tenet - SJH)
Prgm Director: Alfred D Fleming, MD
 601 N 30th St, Ste 4700
 Omaha, NE 68131
Tel: 402 280-4438 *Fax:* 402 280-4496
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-30-21-160

University of Nebraska Medical Center College of Medicine Program

Sponsor: University of Nebraska Medical Center College of Medicine
Prgm Director: Teresa G Berg, MD
 Department of Obstetrics-Gynecology
 983255 Nebraska Medical Center
 Omaha, NE 68198
Tel: 402 559-6160 *Fax:* 402 559-9080
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-30-21-161

Nevada

Las Vegas

University of Nevada Program

Sponsor: University of Nevada School of Medicine
 University Medical Center of Southern Nevada
Prgm Director: Joseph A Rojas, MD
 Department of Obstetrics-Gynecology
 2040 West Charleston Blvd, #200
 Las Vegas, NV 89102
Tel: 702 671-2300 *Fax:* 702 671-2333
E-mail: carola@med.unr.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-31-21-318

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: Karen E George, MD
 One Medical Center Drive
 Lebanon, NH 03756
Tel: 603 653-9289 *Fax:* 603 650-0906
E-mail: mariah.e.capurso@hitchcock.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-32-12-352

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program

Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Robin L Perry, MD*
 Dept of Obstetrics-Gynecology
 Three Cooper Plaza, Suite 221
 Camden, NJ 08103
Tel: 856 963-3963 *Fax:* 856 365-1967
E-mail: robinson-rosalind@cooperhealth.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-33-11-162

Jersey City

Mount Sinai School of Medicine (Jersey City) Program

Sponsor: Mount Sinai School of Medicine
 Jersey City Medical Center
Prgm Director: Rhonda Nichols, MD
 Jersey City Medical Ctr-Clinic 8th Fl
 50 Baldwin Avenue
 Jersey City, NJ 07304
Tel: 201 915-2466 *Fax:* 201 915-2481
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-33-21-324

Livingston

St Barnabas Medical Center Program

Sponsor: St Barnabas Medical Center
Prgm Director: Veronica A Ravnikar, MD
 94 Old Short Hills Road
 Livingston, NJ 07039
Tel: 973 322-5282 *Fax:* 973 533-4492
E-mail: dbergamini@sbhcs.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-33-12-163

Long Branch

Monmouth Medical Center Program

Sponsor: Monmouth Medical Center
Prgm Director: Robert A Graebe, MD*
 Department of Obstetrics-Gynecology
 300 Second Avenue
 Long Branch, NJ 07740
Tel: 732 923-6795 *Fax:* 732 923-2923
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 220-33-11-164

Neptune

Jersey Shore University Medical Center Program

Sponsor: Jersey Shore University Medical Center
Prgm Director: William J Mann, MD
 Department of Obstetrics-Gynecology
 1945 State Route 33
 Neptune, NJ 07753
Tel: 732 776-4128 *Fax:* 732 776-4525
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-33-12-165

New Brunswick

St Peter's University Hospital Program

Sponsor: St Peter's University Hospital
Prgm Director: Mark L Mokrzycki, MD
 254 Easton Avenue, MOB 4th Floor
 New Brunswick, NJ 08901
Tel: 732 754-8586 *Fax:* 732 342-8479
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-33-12-362

UMDNJ-Robert Wood Johnson Medical School Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School
 Robert Wood Johnson University Hospital
 St Peter's University Hospital
Prgm Director: Anthony M Vintzileos, MD
 Department of Obstetrics-Gynecology
 125 Paterson Street
 New Brunswick, NJ 08901
Tel: 732 723-7628 *Fax:* 732 235-6627
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-33-21-167

Newark

Newark Beth Israel Medical Center Program

Sponsor: Newark Beth Israel Medical Center
Prgm Director: Martin L Gimovsky, MD, BS
 201 Lyons Avenue
 Newark, NJ 07112
Tel: 973 926-4787 *Fax:* 973 923-7497
Length: 4 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 220-33-21-321

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
 Hackensack University Medical Center
 Morristown Memorial Hospital
 UMDNJ-University Hospital
Prgm Director: Jacquelyn S Loughlin, MD
 Department of Obstetrics-Gynecology
 185 South Orange Avenue, Room E506
 Newark, NJ 07103
Tel: 973 972-5266 *Fax:* 973 972-4574
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 220-33-31-166

Paterson**Mount Sinai School of Medicine (St Joseph's Regional Medical Center) Program**

Sponsor: Mount Sinai School of Medicine
St Joseph's Regional Medical Center
Prgm Director: Roger P Kierce, MD
Department of Obstetrics-Gynecology
703 Main Street
Paterson, NJ 07503
Tel: 973 754-2700 *Fax:* 973 754-2725
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 220-33-21-323

New Mexico**Albuquerque****University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Prgm Director: Joseph (Tony) A Ogburn, MD
Dept of Ob/Gyn, MSC 10-5580
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505 272-6383 *Fax:* 505 272-6385
E-mail: obresidentcoord@salud.unm.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-34-21-169

New York**Albany****Albany Medical Center Program**

Sponsor: Albany Medical Center
St Peter's Hospital
Prgm Director: Jean-Claude Veille, MD
Department of Obstetrics-Gynecology
47 New Scotland Avenue, Mail Code 74
Albany, NY 12208
Tel: 518 262-5026 *Fax:* 518 262-0750
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-35-21-170

Bronx**Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Montefiore Medical Center-Weiler Hospital
Prgm Director: Brian L Cohen, MD
Belfer Educational Center, Rm 510
1300 Morris Park Avenue
Bronx, NY 10461
Tel: 718 430-4031 *Fax:* 718 430-8774
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 220-35-21-178

Bronx-Lebanon Hospital Center Program

Sponsor: Bronx-Lebanon Hospital Center
Prgm Director: Magdy Mikhail, MD
Department of Obstetrics-Gynecology
1650 Grand Concourse
Bronx, NY 10457
Tel: 718 239-8388 *Fax:* 718 239-8360
E-mail: mikhailgyn@aol.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 17
Program ID: 220-35-11-180

Lincoln Medical and Mental Health Center Program

Sponsor: Lincoln Medical and Mental Health Center
Prgm Director: Nereida Correa, MD*
Dept of Obstetrics, Gynecology & Women's Health
234 East 149th Street, Room 5-18
Bronx, NY 10451
Tel: 718 579-5830 *Fax:* 718 579-4699
E-mail: correa@nychhc.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-35-21-326

New York Medical College (Our Lady of Mercy) Program

Sponsor: New York Medical College
Our Lady of Mercy Medical Center
Prgm Director: Kevin D Reilly, MD
Our Lady of Mercy Medical Center
600 East 233rd Street
Bronx, NY 10466
Tel: 718 920-9649 *Fax:* 718 920-6812
Length: 4 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 220-35-21-320

Brooklyn**Brookdale University Hospital and Medical Center Program**

Sponsor: Brookdale University Hospital and Medical Center
Prgm Director: Tina C Mason, MD, MPH
Department of Obstetrics-Gynecology
Linden Blvd at Brookdale Plaza
Brooklyn, NY 11212
Tel: 718 240-5978 *Fax:* 718 240-6610
Length: 4 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 220-35-11-181

Brooklyn Hospital Center Program

Sponsor: Brooklyn Hospital Center
Prgm Director: Michael F Cabbad, MD
Department of Obstetrics-Gynecology
121 DeKalb Avenue
Brooklyn, NY 11201
Tel: 718 250-6930 *Fax:* 718 250-8981
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-35-12-182

Long Island College Hospital Program

Sponsor: Long Island College Hospital
Prgm Director: David Gal, MD
339 Hicks Street
Brooklyn, NY 11201
Tel: 718 780-1647 *Fax:* 718 780-1067
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-35-12-189

Lutheran Medical Center Program

Sponsor: Lutheran Medical Center
Prgm Director: Allan T Bombard, MD
Department of Obstetrics-Gynecology
150 55th Street
Brooklyn, NY 11220
Tel: 718 630-7350 *Fax:* 718 630-6322
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-35-11-191

Maimonides Medical Center Program

Sponsor: Maimonides Medical Center
Coney Island Hospital
Prgm Director: Howard L Minkoff, MD
Department of Obstetrics-Gynecology
4802 Tenth Avenue
Brooklyn, NY 11219
Tel: 718 283-7973 *Fax:* 718 283-8468
E-mail: hminkoff@maimonidesmed.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-35-31-192

New York Methodist Hospital Program

Sponsor: New York Methodist Hospital
Prgm Director: Mark Spitzer, MD
Department of Obstetrics-Gynecology
506 Sixth Street
Brooklyn, NY 11215
Tel: 718 780-3272 *Fax:* 718 780-3079
Length: 4 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 220-35-31-339

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Ovadia Abulafia, MD
Department of Obstetrics-Gynecology
450 Clarkson Avenue, Box 24
Brooklyn, NY 11203
Tel: 718 270-2081 *Fax:* 718 270-4122
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-35-21-208

Buffalo**University at Buffalo (Sisters of Charity) Program**

Sponsor: University at Buffalo
Sisters of Charity Hospital
Prgm Director: Anthony R Pivarunas, DO
Department of Obstetrics-Gynecology
2157 Main Street
Buffalo, NY 14214
Tel: 716 862-1500 *Fax:* 716 862-1881
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 220-35-21-171

University at Buffalo Program

Sponsor: University at Buffalo
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Kaleida Health System (Women and Children's Hosp of Buffalo)
Prgm Director: John Yeh, MD
Department of Obstetrics-Gynecology
219 Bryant Street
Buffalo, NY 14222
Tel: 716 878-7138 *Fax:* 716 888-3833
E-mail: acaster@buffalo.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 220-35-21-172

East Meadow**Nassau University Medical Center Program**

Sponsor: Nassau University Medical Center
Mercy Medical Center
Prgm Director: Desmond A White, MD
Department of Obstetrics-Gynecology
2201 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 572-6255 *Fax:* 516 572-3124
E-mail: desmondanross@aol.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 17
Program ID: 220-35-31-174

Flushing**Flushing Hospital Medical Center Program**

Sponsor: Flushing Hospital Medical Center
Prgm Director: Allan J Jacobs, MD
4500 Parsons Boulevard
Flushing, NY 11355
Tel: 718 670-5440 *Fax:* 718 670-5780
Length: 4 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 220-35-11-184

Jamaica

Jamaica Hospital Medical Center Program

Sponsor: Jamaica Hospital Medical Center
Prgm Director: Wayne R Cohen, MD
 89-06 135th Street, Suite 6A
 Jamaica, NY 11418
Tel: 718 206-6808 *Fax:* 718 206-6829
Length: 4 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 220-35-21-186

Mount Sinai School of Medicine (Jamaica) Program

Sponsor: Mount Sinai School of Medicine
 Queens Hospital Center
Prgm Director: Lise M Rehwaldt, MD
 Department of Obstetrics-Gynecology, B 265
 82-68 164th Street
 Jamaica, NY 11432
Tel: 718 883-4035 *Fax:* 718 883-6129
E-mail: REHWALDL@nychhc.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-35-21-342

New York Medical College (Brooklyn-Queens) Program

Sponsor: New York Medical College
 St Vincent Catholic Medical Centers (Brooklyn-Queens)
 St Vincent Catholic Medical Centers (Mary Immaculate)
 St Vincent Catholic Medical Centers (St John's-Queens)
Prgm Director: Jahangir Ayromloo, MD
 90-02 Queens Blvd
 Elmhurst, NY 11373
Tel: 718 558-1245 *Fax:* 718 558-1597
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-35-21-183

Manhasset

North Shore University Hospital/NYU School of Medicine Program

Sponsor: North Shore University Hospital
Prgm Director: Andrew W Menzin, MD
 Department of Obstetrics-Gynecology
 300 Community Drive
 Manhasset, NY 11030
Tel: 516 562-4435 *Fax:* 516 562-1299
E-mail: amenzin@nshs.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 220-35-31-175

Mineola

Winthrop-University Hospital Program

Sponsor: Winthrop-University Hospital
Prgm Director: Dev Maulik, MD
 Department of Obstetrics-Gynecology
 259 First Street
 Mineola, NY 11501
Tel: 516 663-2264 *Fax:* 516 742-7821
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-35-12-176

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program

Sponsor: Long Island Jewish Medical Center
Prgm Director: Vicki L Seltzer, MD
 Long Island Jewish Medical Center
 270-05 76th Avenue, Suite 1100
 New Hyde Park, NY 11040
Tel: 718 470-7660 *Fax:* 718 962-6739
E-mail: seltzer@lij.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 220-35-21-190

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program

Sponsor: Beth Israel Medical Center
Prgm Director: Janet L Stein, MD
 Medical Center
 1st Avenue at 16th Street - 8 Baird
 New York, NY 10003
Tel: 212 420-4236 *Fax:* 212 420-2980
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-35-11-179

Lenox Hill Hospital Program

Sponsor: Lenox Hill Hospital
Prgm Director: Michael Y Divon, MD
 130 E 77th Street
 New York, NY 10021
Tel: 212 434-2160 *Fax:* 212 434-2180
E-mail: mdivon@lenoxhill.net
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-35-11-188

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
 Elmhurst Hospital Center-Mount Sinai Services
 Mount Sinai Medical Center
Prgm Director: Michael L Brodman, MD
 One Gustave L Levy Place
 Box 1170
 New York, NY 10029
Tel: 212 241-5995 *Fax:* 212 241-6409
Length: 4 Yrs *ACGME Approved/Offered Positions:* 29
Program ID: 220-35-21-196

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
 St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: John P Koulos, MD
 Department of Obstetrics-Gynecology
 153 West 11th Street
 New York, NY 10011
Tel: 212 604-2070 *Fax:* 212 604-2777
Length: 4 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 220-35-21-205

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Jodi P Lerner, MD
 Department of OB/GYN
 622 West 168th Street, PH 16
 New York, NY 10032
Tel: 212 305-2376 *Fax:* 212 305-2171
E-mail: jpl1@columbia.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-35-21-201

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Hospital Medical Center of Queens
 New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Barry D Shaktman, MD
 Department of Obstetrics-Gynecology
 525 East 68th Street
 New York, NY 10021
Tel: 212 746-3058 *Fax:* 212 746-8490
E-mail: cumc-obgyn@med.cornell.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 25
Program ID: 220-35-21-197

New York University School of Medicine Program

Sponsor: New York University School of Medicine
 Bellevue Hospital Center
Prgm Director: Scott W Smilen, MD
 Suite 9E2
 550 First Avenue
 New York, NY 10016
Tel: 212 263-8886 *Fax:* 212 263-8251
Length: 4 Yrs *ACGME Approved/Offered Positions:* 29
Program ID: 220-35-21-200

NYU Downtown Hospital Program

Sponsor: NYU Downtown Hospital
Prgm Director: Giuseppe Del Priore, MD, MPH*
 Department of Obstetrics-Gynecology
 170 William Street, 8th Floor
 New York, NY 10038
Tel: 212 312-5880 *Fax:* 212 312-5878
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-35-21-198

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
 St Luke's-Roosevelt Hospital Center-Roosevelt Division
 St Luke's-Roosevelt Hospital Center-St Luke's Division
Prgm Director: Lois E Brustman, MD
 Department of Obstetrics-Gynecology
 1000 Tenth Avenue - Suite 10C01
 New York, NY 10019
Tel: 212 523-8366 *Fax:* 212 523-8012
E-mail: fwilliams@chnpnet.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-35-11-204

Rochester

Rochester General Hospital Program

Sponsor: Rochester General Hospital
Prgm Director: Robert C Tattelbaum, MD
 Dept of Ob/Gyn, Box 249
 1425 Portland Avenue
 Rochester, NY 14621
Tel: 585 922-4684 *Fax:* 585 922-5899
E-mail: darbbie.thomas@viahealth.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-35-31-343

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
 Highland Hospital of Rochester
Prgm Director: Ruth Anne Queenan, MD
 Dept of Obstetrics/Gynecology
 601 Elmwood Avenue, Box 668
 Rochester, NY 14642
Tel: 585 275-3733 *Fax:* 585 756-4967
E-mail: melanie_page@urmc.rochester.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 220-35-21-213

Staten Island

New York Medical College (Richmond) Program

Sponsor: New York Medical College
 St Vincent Catholic Medical Centers (Staten Island)
Prgm Director: Vincent T Pillari, MD
 355 Bard Avenue
 Staten Island, NY 10310
Tel: 718 818-4271 *Fax:* 718 818-2865
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-35-12-206

Staten Island University Hospital Program

Sponsor: Staten Island University Hospital
Prgm Director: Mitchell Maiman, MD
 Department of Obstetrics-Gynecology
 475 Seaview Avenue
 Staten Island, NY 10305
Tel: 718 226-9269 *Fax:* 718 226-6873
E-mail: smangus@siuh.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-35-11-207

Stony Brook**SUNY at Stony Brook Program**

Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: Todd R Griffin, MD*
 Department of Obstetrics-Gynecology
 SUNY at Stony Brook
 Stony Brook, NY 11794
Tel: 631 444-2757 *Fax:* 631 444-8954
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-35-21-316

Syracuse**SUNY Upstate Medical University Program**

Sponsor: SUNY Upstate Medical University
 Crouse Hospital
Prgm Director: Shawky Badawy, MD
 Dept of Obstetrics-Gynecology, Third Floor West Tower
 736 Irving Avenue
 Syracuse, NY 13210
Tel: 315 470-7907 *Fax:* 315 470-7999
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-35-21-215

Valhalla**New York Medical College at Westchester Medical Center Program**

Sponsor: New York Medical College
 Metropolitan Hospital Center
 Westchester Medical Center
Prgm Director: Sari Kaminsky, MD
 Department of Obstetrics-Gynecology
 1901 First Avenue
 New York, NY 10029
Tel: 212 423-6796 *Fax:* 212 423-8121
E-mail: kaminsky@nychmc.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 17
Program ID: 220-35-21-199

North Carolina**Asheville****Mountain Area Health Education Center Program**

Sponsor: Mountain Area Health Education Center
 Mission St Joseph's Health System
Prgm Director: Hytham M Imseis, MD
 Department of Obstetrics-Gynecology
 93 Victoria Road
 Asheville, NC 28801
Tel: 828 771-5512 *Fax:* 828 251-0024
Length: 4 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 220-36-21-340

Chapel Hill**University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
 Wake Medical Center
Prgm Director: Robert A Strauss, MD*
 30134 NC Women's Hospital, CB 7600
 UNC School of Medicine
 Chapel Hill, NC 27514
Tel: 919 966-5096 *Fax:* 919 843-1480
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-36-21-216

Charlotte**Carolinas Medical Center Program**

Sponsor: Carolinas Medical Center
Prgm Director: Wallace C Nunley, MD
 1000 Blythe Boulevard
 PO Box 32861
 Charlotte, NC 28232
Tel: 704 355-3153 *Fax:* 704 355-1941
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-36-31-217

Durham**Duke University Hospital Program**

Sponsor: Duke University Hospital
 Cape Fear Valley Medical Center
Prgm Director: Fidel A Valea, MD*
 Department of Obstetrics-Gynecology
 PO Box 3084, Baker House 203
 Durham, NC 27710
Tel: 919 668-2591 *Fax:* 919 668-5547
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 220-36-21-219

Greenville**Pitt County Memorial Hospital/East Carolina University Program**

Sponsor: Pitt County Memorial Hospital
 East Carolina University School of Medicine
Prgm Director: Clifford C Hayslip, MD
 Department of Obstetrics-Gynecology
 600 Moye Boulevard
 Greenville, NC 27834
Tel: 252 744-4669 *Fax:* 252 744-5329
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-36-21-220

Wilmington**New Hanover Regional Medical Center Program**

Sponsor: New Hanover Regional Medical Center
Prgm Director: Brent D Wright, MD
 2131 S 17th Street
 PO Box 9025
 Wilmington, NC 28402
Tel: 910 343-0161 *Fax:* 910 762-2896
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-36-11-218

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
 Forsyth Memorial Hospital
Prgm Director: Jeffrey L Deaton, MD
 Department of Obstetrics-Gynecology
 Medical Center Boulevard
 Winston-Salem, NC 27157
Tel: 336 716-2368 *Fax:* 336 716-6997
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-36-21-221

Ohio**Akron****Akron General Medical Center/NEOUCOM Program**

Sponsor: Akron General Medical Center
Prgm Director: Eric L Jenison, MD
 Department of Obstetrics-Gynecology
 224 West Exchange Street, Suite 120
 Akron, OH 44307
Tel: 330 844-6332 *Fax:* 330 996-2912
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-38-11-224

Summa Health System/NEOUCOM Program

Sponsor: Summa Health System
 Akron City Hospital (Summa Health System)
Prgm Director: Robert F Flora, MD
 Department of Obstetrics-Gynecology
 525 East Market Street, Med II, PO Box 2090
 Akron, OH 44304
Tel: 330 375-6119 *Fax:* 330 375-7813
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-38-21-223

Canton**Aultman Hospital/NEOUCOM Program**

Sponsor: Aultman Hospital
Prgm Director: Michael P Hopkins, MD, MEd
 Department of OB/GYN
 2600 Sixth Street, SW
 Canton, OH 44710
Tel: 330 363-6214 *Fax:* 330 363-5228
E-mail: mhopkins@aultman.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 220-38-21-226

Cincinnati**TriHealth (Bethesda and Good Samaritan Hospitals) Program**

Sponsor: TriHealth
 TriHealth-Good Samaritan Hospital
Prgm Director: Michael S Baggish, MD
 Department of Obstetrics-Gynecology
 375 Dixmyth Avenue
 Cincinnati, OH 45220
Tel: 513 872-3434 *Fax:* 513 872-9701
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 220-38-11-228

TriHealth (Bethesda Hospital) Program

Sponsor: TriHealth
 TriHealth-Bethesda Hospital
Prgm Director: James P Sosnowski, MD*
 10475 Montgomery Road
 Suite 4G
 Cincinnati, OH 45242
Tel: 513 745-1625 *Fax:* 513 745-1630
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-38-21-227

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
 Christ Hospital
Prgm Director: Arthur T Ollendorff, MD
 231 Albert Sabin Way, ML 0526
 PO Box 670526
 Cincinnati, OH 45267
Tel: 513 558-2860 *Fax:* 513 558-6138
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 220-38-21-229

Cleveland

Case Western Reserve University (MetroHealth)/Cleveland Clinic Foundation Program

Sponsor: MetroHealth Medical Center
Cleveland Clinic Foundation
Prgm Director: Thomas M Frank, MD
2500 MetroHealth Drive
Cleveland, OH 44109
Tel: 216 778-7856 *Fax:* 216 778-8642
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 220-38-21-327

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Nancy Cossler, MD*
Department of Obstetrics-Gynecology
11100 Euclid Ave
Cleveland, OH 44106
Tel: 216 844-4744 *Fax:* 216 844-3348
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-38-21-230

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Arthur G James Cancer Hospital and Research Institute
Grant Medical Center (OhioHealth)
Mount Carmel
Prgm Director: Philip Samuels, MD
Department of Obstetrics-Gynecology
1654 Upham Drive, 505 Means Hall
Columbus, OH 43210
Tel: 614 293-3773 *Fax:* 614 293-5877
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 220-38-11-234

Riverside Methodist Hospitals (OhioHealth)/St Ann's Hospital of Columbus Program

Sponsor: Riverside Methodist Hospitals (OhioHealth)
St Ann's Hospital of Columbus
Prgm Director: Jeffrey G Bell, MD
Department of Medical Education (OB/GYN Program)
3535 Olentangy River Road
Columbus, OH 43214
Tel: 614 566-5762 *Fax:* 614 566-6852
E-mail: amanning@ohiohealth.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-38-32-235

Dayton

Wright State University Program

Sponsor: Wright State University School of Medicine
Miami Valley Hospital
Wright-Patterson Medical Center
Prgm Director: Gary M Horowitz, MD
128 E Apple Street
Suite 3800 CHE
Dayton, OH 45409
Tel: 937 208-6272 *Fax:* 937 222-7255
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-38-21-236

Toledo

Medical College of Ohio Program

Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
St Vincent Mercy Medical Center
Prgm Director: Lynda J Wolf, MD*
3120 Glendale Avenue
Room 1520 Ruppert Health Center
Toledo, OH 43614
Tel: 419 383-4590 *Fax:* 419 383-3090
E-mail: lbalusik@mco.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-38-22-237

Youngstown

St Elizabeth Health Center/NEOUCOM Program

Sponsor: St Elizabeth Health Center
Prgm Director: William M Quirk, MD
1044 Belmont Avenue
PO Box 1790
Youngstown, OH 44501
Tel: 330 480-3280 *Fax:* 330 480-2183
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-38-11-238

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
OU Medical Center
Prgm Director: Elisa A Crouse, MD
Department of Obstetrics-Gynecology
PO Box 26901
Oklahoma City, OK 73190
Tel: 405 271-7449 *Fax:* 405 271-8547
E-mail: catherine-yun@ouhsc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-39-11-239

Tulsa

University of Oklahoma College of Medicine-Tulsa Program

Sponsor: University of Oklahoma College of Medicine-Tulsa
Hillcrest Medical Center
Saint Francis Health System
St John Medical Center
Prgm Director: Fred D Pumia, MD
Dept of Obstetrics and Gynecology
1145 S Utica Ave, # 600
Tulsa, OK 74104
Tel: 918 582-0955 *Fax:* 918 582-0884
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-39-21-240

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Kaiser Foundation Hospitals-Northwest Region
Legacy Emanuel Hospital and Medical Center
Legacy Good Samaritan Hospital and Medical Center
Prgm Director: Karen Adams, MD
Department of Obstetrics-Gynecology
3181 S W Sam Jackson Park Road, L466
Portland, OR 97201
Tel: 503 494-4495 *Fax:* 503 494-5680
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-40-21-241

Pennsylvania

Abington

Abington Memorial Hospital Program

Sponsor: Abington Memorial Hospital
Prgm Director: Joel I Polin, MD
Department of Obstetrics-Gynecology
1200 Old York Road
Abington, PA 19001
Tel: 215 572-6222 *Fax:* 215 481-2048
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-41-12-242

Allentown

Lehigh Valley Hospital/Pennsylvania State University Program

Sponsor: Lehigh Valley Hospital
Prgm Director: Patrice M Weiss, MD
PO Box 7017
17th & Chew Streets
Allentown, PA 18105
Tel: 610 402-9515 *Fax:* 610 402-9688
E-mail: patrice.weiss@lvh.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-41-11-243

Bethlehem

St Luke's Hospital Program

Sponsor: St Luke's Hospital
Prgm Director: James Anasti, MD
Bethlehem Campus
801 Orstrum Street
Bethlehem, PA 18015
Tel: 610 954-4670 *Fax:* 610 954-2381
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-41-31-244

Danville

Geisinger Health System Program

Sponsor: Geisinger Health System
Geisinger Medical Center
Prgm Director: Edie Derian, MD
Department of Obstetrics-Gynecology
100 North Academy Avenue
Danville, PA 17822
Tel: 570 271-6296 *Fax:* 570 271-5819
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-41-12-245

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
PinnacleHealth System-Harrisburg Hospital
Prgm Director: Matthew F Davies, MD
Department of Obstetrics-Gynecology
500 University Drive - PO Box 850
Hershey, PA 17033
Tel: 717 531-8141 *Fax:* 717 531-0920
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-41-21-246

Philadelphia

Albert Einstein Healthcare Network Program

Sponsor: Albert Einstein Medical Center
Prgm Director: Charles R Beckmann, MD
OB/Gyn Lifter Bldg - Rm 1616
5501 Old York Road
Philadelphia, PA 19141
Tel: 215 456-8261 *Fax:* 215 456-4958
E-mail: cohenar@einstein.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-41-21-247

Drexel University College of Medicine/Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Prgm Director: Mark B Woodland, MD, MS
Mail Stop 495
245 N 15th Street
Philadelphia, PA 19102
Tel: 215 762-8220 *Fax:* 215 762-1470
E-mail: mbw23@drexel.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-41-21-250

Pennsylvania Hospital of the University of Pennsylvania Health System Program

Sponsor: Pennsylvania Hospital (UPHS)
Prgm Director: Stephanie H Ewing, MD
 2 Pine East
 8th and Spruce Streets
 Philadelphia, PA 19107
Tel: 215 829-3470 *Fax:* 215 829-3973
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-41-11-252

Temple University Hospital Program

Sponsor: Temple University Hospital
Prgm Director: Enrique Hernandez, MD
 7th Floor, OPB
 3401 North Broad Street
 Philadelphia, PA 19140
Tel: 215 707-3002 *Fax:* 215 707-1516
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 220-41-21-254

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
 West Jersey Health System (Camden)
Prgm Director: Carmen J Sultana, MD
 834 Chestnut Street, Suite 400
 The Benjamin Franklin House
 Philadelphia, PA 19107
Tel: 215 955-9217 *Fax:* 215 955-5041
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 220-41-21-255

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: Thomas Bader, MD
 573 Duiles Building
 3400 Spruce Street
 Philadelphia, PA 19104
Tel: 215 662-2459 *Fax:* 215 349-5893
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-41-11-256

Pittsburgh**Allegheny General Hospital Program**

Sponsor: Allegheny General Hospital
Prgm Director: Eugene A Scioscia, MS
 Department of Obstetrics-Gynecology
 320 East North Avenue, 7th Floor, South Tower
 Pittsburgh, PA 15212
Tel: 412 359-6890 *Fax:* 412 359-5133
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 220-41-12-257

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 Magee-Women's Hospital
Prgm Director: Joseph S Sanfilippo, MD, MBA*
 Department of Ob/Gyn/RS, Rm 2314
 300 Halket Street
 Pittsburgh, PA 15213
Tel: 412 641-1092 *Fax:* 412 641-1133
E-mail: dbrucha@mail.magee.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 220-41-11-258

Western Pennsylvania Hospital/Temple University Program

Sponsor: The Western Pennsylvania Hospital
Prgm Director: Michael J Bonidie, MD
 Department of Obstetrics-Gynecology
 4800 Friendship Avenue
 Pittsburgh, PA 15224
Tel: 412 578-5587 *Fax:* 412 578-4477
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-41-11-261

Upland**Crozer-Chester Medical Center Program**

Sponsor: Crozer-Chester Medical Center
Prgm Director: Guy Hewlett, MD
 One Medical Center Boulevard
 ACP 392
 Upland, PA 19013
Tel: 610 447-7610 *Fax:* 610 447-7615
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-41-11-357

West Reading**Reading Hospital and Medical Center Program**

Sponsor: Reading Hospital and Medical Center
Prgm Director: Peter A Schwartz, MD
 Dept of Obstetrics/Gynecology
 PO Box 16052
 Reading, PA 19611
Tel: 610 988-8827 *Fax:* 610 988-9292
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-41-12-262

Wynnewood**Lankenau Hospital Program**

Sponsor: Lankenau Hospital
Prgm Director: Nancy S Roberts, MD
 Suite 301 Lankenau Medical Bldg South
 100 Lancaster Avenue
 Wynnewood, PA 19096
Tel: 610 645-6462 *Fax:* 610 645-2422
E-mail: jervisa@mlhs.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-41-11-249

York**York Hospital Program**

Sponsor: York Hospital
Prgm Director: Marian D Damewood, MD
 1001 South George Street
 York, PA 17405
Tel: 717 851-2349 *Fax:* 717 851-2426
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-41-11-263

Puerto Rico**Ponce****Hospital Episcopal San Lucas/Ponce School of Medicine Program**

Sponsor: Hospital Episcopal San Lucas
Prgm Director: Joaquin Laboy, MD
 Tito Castro Avenue, #917
 PO Box 336810
 Ponce, PR 00733
Tel: 787 844-2080 *Fax:* 787 844-1533
E-mail: laboy@centennialpr.net
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-42-21-346

San Juan**San Juan City Hospital Program**

Sponsor: San Juan City Hospital
Prgm Director: Jorge Gandia, MD
 Department of Obstetrics-Gynecology
 PMB 370, PO Box 70344 Centro Medico de PR
 San Juan, PR 00936
Tel: 787 767-3733 *Fax:* 787 763-0054
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-42-12-267

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
 University Hospital
 University of Puerto Rico Hospital at Carolina
Prgm Director: Karlis Adamsons, MD, PhD
 Medical Sciences Campus
 PO Box 365067
 San Juan, PR 00936
Tel: 787 767-8740 *Fax:* 787 764-7881
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-42-11-268

Rhode Island**Providence****Brown University Program**

Sponsor: Women and Infants Hospital of Rhode Island
Prgm Director: Donald R Coustan, MD
 Department of Obstetrics-Gynecology
 101 Dudley Street
 Providence, RI 02905
Tel: 401 274-1122 *Fax:* 401 453-7599
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 220-43-21-269

South Carolina**Charleston****Medical University of South Carolina Program**

Sponsor: Medical University of South Carolina College of Medicine
 MUSC Medical Center
Prgm Director: Donna D Johnson, MD
 96 Jonathan Lucas St
 Suite 634, PO Box 250619
 Charleston, SC 29425
Tel: 843 792-8134 *Fax:* 843 792-0533
E-mail: johnsodo@musc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-45-21-270

Columbia**Palmetto Health/University of South Carolina School of Medicine Program**

Sponsor: Palmetto Health
 Palmetto Health Richland
Prgm Director: Janice L Bacon, MD
 Two Medical Park, Suite 208
 Columbia, SC 29203
Tel: 803 779-4928 *Fax:* 803 434-4699
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-45-11-271

Greenville**Greenville Hospital System Program**

Sponsor: Greenville Hospital System
Prgm Director: Robert V Cummings, MD
 Department of Obstetrics-Gynecology
 890 West Paris Road, MMOB Suite 470
 Greenville, SC 29605
Tel: 864 455-7887 *Fax:* 864 455-3095
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-45-11-272

Tennessee

Chattanooga

University of Tennessee College of Medicine at Chattanooga Program

Sponsor: University of Tennessee College of Medicine-Chattanooga
 Erlanger Medical Center
Prgm Director: John M Breen, MD
 Erlanger Medical Center
 979 East Third Street, Suite C-720
 Chattanooga, TN 37403
Tel: 423 778-7515 *Fax:* 423 267-6244
E-mail: utobgym@erlanger.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-47-21-274

Johnson City

East Tennessee State University Program

Sponsor: James H Quillen College of Medicine
 Johnson City Medical Center Hospital
Prgm Director: Martin E Olsen, MD
 Department of Obstetrics-Gynecology
 PO Box 70569
 Johnson City, TN 37614
Tel: 423 439-8097 *Fax:* 423 439-6766
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-47-21-341

Knoxville

University of Tennessee Medical Center at Knoxville Program

Sponsor: University of Tennessee Graduate School of Medicine
 University of Tennessee Memorial Hospital
Prgm Director: Robert F Elder, MD
 Department of Obstetrics-Gynecology
 1924 Alcoa Highway
 Knoxville, TN 37920
Tel: 865 544-9306 *Fax:* 865 544-6822
E-mail: utobgym@mc.utmc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-47-11-275

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
 Baptist Memorial Hospital
 Regional Medical Center at Memphis
Prgm Director: Edwin M Thorpe, MD*
 Department of Obstetrics-Gynecology
 853 Jefferson Avenue Room E102
 Memphis, TN 38163
Tel: 901 448-5393 *Fax:* 901 448-7075
Length: 4 Yrs *ACGME Approved/Offered Positions:* 44
Program ID: 220-47-21-276

Nashville

Meharry Medical College Program

Sponsor: Meharry Medical College School of Medicine
 Metropolitan Nashville General Hospital
 Middle Tennessee Medical Center
Prgm Director: Valerie Montgomery Rice, MD
 1005 D B Todd, Jr, Boulevard
 Nashville, TN 37208
Tel: 615 327-6284 *Fax:* 615 327-6296
E-mail: obgynresidency@mmc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-47-23-361

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
 Baptist Hospital
Prgm Director: Stephen S Entman, MD
 Department of Obstetrics-Gynecology
 R-1214 MCN Vanderbilt University
 Nashville, TN 37232
Tel: 615 322-3385 *Fax:* 615 343-8806
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-47-21-278

Texas

Amarillo

Texas Tech University (Amarillo) Program

Sponsor: Texas Tech University Health Sciences Center at Amarillo
 Northwest Texas Health Care System
Prgm Director: R Moss Hampton, MD
 Department of Obstetrics-Gynecology
 1400 Coulter Road
 Amarillo, TX 79106
Tel: 806 356-4609 *Fax:* 806 354-5516
E-mail: sue.hall@ttuhsc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-48-21-320

Austin

University of Texas Medical Branch (Austin) Program

Sponsor: University of Texas Medical Branch Hospitals
 Brackenridge Hospital
 Austin Medical Education Program of Seton Healthcare Network
 Austin Women's Hospital
Prgm Director: Charles E L Brown, MD
 601 East 15th Street
 Austin, TX 78701
Tel: 512 324-7036 *Fax:* 512 324-7971
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-48-12-360

Dallas

Baylor University Medical Center Program

Sponsor: Baylor University Medical Center
Prgm Director: James T Norwood, MD
 Department of Obstetrics-Gynecology
 3500 Gaston Avenue
 Dallas, TX 75246
Tel: 214 820-6226 *Fax:* 214 820-6080
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-48-31-280

Methodist Hospitals of Dallas Program

Sponsor: Methodist Hospitals of Dallas
 Dallas County Hospital District-Parkland Memorial Hospital
Prgm Director: Morris R Bryant, MD, MS*
 1441 N Beckley Avenue
 PO Box 659999
 Dallas, TX 75265
Tel: 214 947-2300 *Fax:* 214 947-2361
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-48-31-281

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
 Dallas County Hospital District-Parkland Memorial Hospital
Prgm Director: George D Wendel, MD
 Department of Obstetrics-Gynecology
 5323 Harry Hines Boulevard
 Dallas, TX 75390
Tel: 214 648-4866 *Fax:* 214 648-4566
Length: 4 Yrs *ACGME Approved/Offered Positions:* 72
Program ID: 220-48-31-282

El Paso

Texas Tech University (El Paso) Program

Sponsor: Texas Tech University Health Sciences Center at El Paso
 R E Thomas General Hospital
Prgm Director: Jose L Gonzalez, MD
 Department of Obstetrics-Gynecology
 4800 Alberta Avenue
 El Paso, TX 79905
Tel: 915 545-6714 *Fax:* 915 545-0901
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-48-11-315

Fort Worth

John Peter Smith Hospital (Tarrant County Hospital District) Program

Sponsor: John Peter Smith Hospital (Tarrant County Hospital District)
 Harris Methodist Fort Worth
Prgm Director: Ralph J Anderson, MD
 1500 South Main Street
 Dept of Ob/Gyn
 Fort Worth, TX 76104
Tel: 817 927-1065 *Fax:* 817 927-1162
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-48-22-284

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: John C Jennings, MD*
 312 Clinical Sciences Building
 301 University Boulevard
 Galveston, TX 77555
Tel: 409 772-6805 *Fax:* 409 772-5803
E-mail: smbastie@utmb.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 220-48-21-285

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
 Harris County Hospital District-Ben Taub General Hospital
 Methodist Hospital
Prgm Director: Amy E Young, MD
 Department of Obstetrics-Gynecology
 6550 Fannin, Suite 901
 Houston, TX 77030
Tel: 713 798-5505 *Fax:* 713 798-6044
E-mail: mongiard@bcm.tmc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 48
Program ID: 220-48-31-286

Christus St Joseph Hospital Program

Sponsor: Christus St Joseph Hospital
 Brackenridge Hospital
Prgm Director: Eugene C Toy, MD
 1819 Crawford - Suite 1708
 Mary Gibbs Jones Building
 Houston, TX 77002
Tel: 713 757-5616 *Fax:* 713 657-7191
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-48-31-288

University of Texas at Houston (Lyndon B Johnson General Hospital) Program

Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Prgm Director: Edward R Yeomans, MD
Dept of Ob/Gyn, Rm 2L080001
5656 Kelley Street
Houston, TX 77026
Tel: 713 566-5509 *Fax:* 713 566-4521
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-48-21-334

University of Texas at Houston (Memorial Hermann Hospital) Program

Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
Prgm Director: Manju Monga, MD
UT-Houston Medical School
6431 Fannin, Suite 3.604
Houston, TX 77030
Tel: 713 500-6423 *Fax:* 713 500-0799
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-48-21-289

Lackland AFB**San Antonio Uniformed Services Health Education Consortium Program**

Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Darnall Army Community Hospital
Wilford Hall Medical Center (AETC)
Prgm Director: Randal D Robinson, MD
Wilford Hall Medical Center
2200 Bergquist Drive, Suite 1/MMNO
Lackland AFB, TX 78236
Tel: 210 292-6137 *Fax:* 210 292-6158
E-mail: randal.robinson@lackland.af.mil
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-48-21-356
US Armed Services Program

Lubbock**Texas Tech University (Lubbock) Program**

Sponsor: Texas Tech University Health Sciences Center at Lubbock
University Medical Center
Prgm Director: Kellie Flood-Shaffer, MD
Department of Obstetrics-Gynecology
3601 4th Street
Lubbock, TX 79430
Tel: 806 743-3039 *Fax:* 806 743-3200
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-48-21-290

Odessa**Texas Tech University (Odessa) Program**

Sponsor: Texas Tech University Health Sciences Center at Odessa
Medical Center Hospital
Prgm Director: Thomas J McHattie, MD, BA*
701 W Fifth Street
Odessa, TX 79763
Tel: 432 335-5200 *Fax:* 432 335-5240
E-mail: tom.mchattie@ttuhsc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 220-48-21-331

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
University Health System
Prgm Director: Elly M-J Xenakis, MD
Mail Code 7836 Obstetrics-Gynecology
7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-5009 *Fax:* 210 567-3013
E-mail: brewerk@uthscsa.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-48-21-292

Temple**Texas A&M College of Medicine-Scott and White Program**

Sponsor: Scott and White Memorial Hospital
Prgm Director: Steven R Allen, MD
Scott & White Hospital
2401 South 31st Street
Temple, TX 76508
Tel: 254 724-7588 *Fax:* 254 724-7976
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-48-21-293

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
LDS Hospital
Prgm Director: Michael L Draper, MD
Department of Obstetrics-Gynecology
30 North 1900 East, Room 2B200
Salt Lake City, UT 84132
Tel: 801 581-5501 *Fax:* 801 585-5146
E-mail: mike.draper@hsc.utah.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-49-21-294

Vermont**Burlington****University of Vermont Program**

Sponsor: Fletcher Allen Health Care
Prgm Director: Christine A Murray, MD*
Burgess 204 MCHV Campus
111 Colchester Avenue
Burlington, VT 05401
Tel: 802 847-4736 *Fax:* 802 847-5626
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-50-21-295

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: Christian A Chisholm, MD
PO Box 800712
Charlottesville, VA 22908
Tel: 434 924-9700 *Fax:* 434 982-0058
E-mail: cchisholm@virginia.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-51-11-296

Newport News**Riverside Regional Medical Center Program**

Sponsor: Riverside Regional Medical Center
Prgm Director: Jewell Barnett, MD
Dept of Obstetrics/Gynecology
500 J Clyde Morris Boulevard
Newport News, VA 23601
Tel: 757 594-4737 *Fax:* 757 594-3184
E-mail: Betty.Hamrick@rivhs.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-51-11-297

Norfolk**Eastern Virginia Medical School Program**

Sponsor: Eastern Virginia Medical School
DePaul Medical Center
Sentara Norfolk General Hospital
Prgm Director: Gayatri Kapur, MD*
601 Colley Avenue, Suite 243
Norfolk, VA 23507
Tel: 757 446-7470 *Fax:* 757 446-8998
E-mail: kapurg@evms.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-51-21-298

Portsmouth**Naval Medical Center (Portsmouth) Program**

Sponsor: Naval Medical Center (Portsmouth)
Prgm Director: Alan I Shapiro, MD
Department of Obstetrics-Gynecology
620 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757 953-4350 *Fax:* 757 953-7350
E-mail: aishapiro@mar.med.navy.mil
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 220-51-11-014
US Armed Services Program

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Prgm Director: Stephen Cohen, MD, MBA
1250 E Marshall Street, Room 8-454
PO Box 980034
Richmond, VA 23298
Tel: 804 828-8614 *Fax:* 804 827-1229
E-mail: obgynres@hsc.vcu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-51-11-299

Roanoke**Carilion Health System Program**

Sponsor: Carilion Health System
Carilion Medical Center-Roanoke Community Hospital
Prgm Director: Mark C Arner, MD
102 Highland Avenue, SE
Suite 435
Roanoke, VA 24013
Tel: 540 985-9977 *Fax:* 540 983-1192
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-51-31-300

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
Swedish Medical Center-Seattle
University of Washington Medical Center
Prgm Director: Zane A Brown, MD
BB617, Health Sciences Building
Box 356460
Seattle, WA 98195
Tel: 206 685-2464
E-mail: obgynres@u.washington.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-54-21-301

Tacoma

Madigan Army Medical Center Program

Sponsor: Madigan Army Medical Center
Prgm Director: Peter E Nielsen, MD
Department of Obstetrics-Gynecology
9040A Fitzsimmons Drive
Tacoma, WA 98431
Tel: 253 968-5161 *Fax:* 253 968-5508
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 220-54-12-010
US Armed Services Program

West Virginia

Charleston

Charleston Area Medical Center/West Virginia University (Charleston Division) Program

Sponsor: Charleston Area Medical Center/West Virginia University
Prgm Director: Christos G Hatjis, MD
Suite 304
830 Pennsylvania Avenue
Charleston, WV 25302
Tel: 304 388-1522 *Fax:* 304 388-1586
E-mail: jennifer.carr@camec.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-55-11-303

Huntington

Marshall University School of Medicine Program

Sponsor: Marshall University School of Medicine
Cabell Huntington Hospital
Prgm Director: David C Jude, MD
Department of Obstetrics-Gynecology
1600 Medical Center Dr, Suite 4500
Huntington, WV 25701
Tel: 304 691-1454 *Fax:* 304 691-1543
E-mail: johe@marshall.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-55-21-344

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: Mahreen Hashmi, MD
4601 Health Sciences North
PO Box 9186
Morgantown, WV 26506
Tel: 304 293-7542 *Fax:* 304 293-4291
E-mail: mhashmi@hsc.wvu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-55-11-304

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
Meriter Hospital
St Mary's Hospital Medical Center
Prgm Director: Sabine Droste, MD
Meriter Hospital, 6-Center
202 S Park Street
Madison, WI 53715
Tel: 608 263-1228 *Fax:* 608 263-0650
E-mail: rwildes@wisc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 220-56-21-306

Milwaukee

Aurora Health Care Program

Sponsor: Aurora Health Care
Aurora Sinai Medical Center
St Luke's Medical Center
Prgm Director: LaRoyce Chambers, MD*
945 North 12th Street Room A503
Milwaukee, WI 53233
Tel: 414 219-5725 *Fax:* 414 219-5201
E-mail: judy.klingbeil@aurora.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 220-56-12-308

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Froedtert Memorial Lutheran Hospital
St Joseph Regional Medical Center
St Mary's Hospital (Milwaukee)
Prgm Director: Paul M Lemen, MD
Department of Obstetrics-Gynecology
9200 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 805-6600 *Fax:* 414 805-6622
E-mail: kuhlmann@mcw.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 220-56-31-307

Oncology (Internal Medicine)

California

Los Angeles

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
Kenneth Norris Jr Cancer Hospital and Research Institute
LAC+USC Medical Center
Prgm Director: Christy A Russell, MD
1441 Eastlake Avenue
Room 3444
Los Angeles, CA 90033
Tel: 323 865-3903 *Fax:* 323 865-0116
E-mail: dmoody@usc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 147-05-21-045

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Prgm Director: Ronald Levy, MD
Division of Oncology
269 Campus Drive, Rm 1145
Stanford, CA 94305
Tel: 650 724-6467 *Fax:* 650 736-2282
E-mail: dkirk@stanford.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 147-05-21-020

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Prgm Director: Jill Lacy, MD
333 Cedar Street
PO Box 208032
New Haven, CT 06520
Tel: 203 737-5608 *Fax:* 203 785-7531
E-mail: jill.lacy@yale.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 11
Program ID: 147-08-21-021

District of Columbia

Washington

Howard University Program

Sponsor: Howard University Hospital
Georgetown University Hospital
Walter Reed Army Medical Center
Prgm Director: Fitzroy W Dawkins, MD
2041 Georgia Avenue, NW
Washington, DC 20060
Tel: 202 865-7698 *Fax:* 202 865-7711
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 147-10-21-116

Florida**Jacksonville****University of Florida Health Science Center/Jacksonville Program**

Sponsor: University of Florida College of Medicine at Jacksonville
 Baptist Medical Center
 Shands Jacksonville Medical Center
Prgm Director: Troy H Guthrie, MD
 655 West Eighth Street
 Jacksonville, FL 32209
Tel: 904 244-3072 *Fax:* 904 244-3082
E-mail: medicaloncology.gme.@jax.ufl.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 147-11-21-022

Louisiana**New Orleans****Ochsner Clinic Foundation Program**

Sponsor: Ochsner Clinic Foundation
Prgm Director: John Cole, MD
 Graduate Medical Education
 1514 Jefferson Highway
 New Orleans, LA 70121
Tel: 504 842-3910 *Fax:* 504 842-4533
E-mail: gme@ochsner.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 147-21-22-131

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Hospital
Prgm Director: Ross C Donehower, MD
 Sidney Kimmel Comprehensive Cancer Center
 1650 Orleans Street
 Baltimore, MD 21231
Tel: 410 955-8838 *Fax:* 410 955-0125
Length: 2 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 147-23-11-067

Bethesda**National Institutes of Health Clinical Center Program**

Sponsor: Clinical Center at the National Institutes of Health
 National Naval Medical Center (Bethesda)
Prgm Director: Barry Gause, MD
 Building 10, Room 12-N-226
 10 Center Drive
 Bethesda, MD 20892
Tel: 301 594-9829 *Fax:* 301 402-1072
Length: 2 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 147-23-21-183
 US Armed Services Program

Michigan**Royal Oak****William Beaumont Hospital Program**

Sponsor: William Beaumont Hospital
Prgm Director: David A Decker, MD
 3577 West 13 Mile Road, Suite 403
 Royal Oak, MI 48073
Tel: 248 551-7117 *Fax:* 248 551-6936
E-mail: tmarcus@beaumont-hospitals.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 147-25-12-161

New York**Buffalo****University at Buffalo Program**

Sponsor: University at Buffalo
 Roswell Park Cancer Institute
Prgm Director: Ellis G Levine, MD
 Elm and Carlton Streets
 Buffalo, NY 14263
Tel: 716 845-8547 *Fax:* 716 845-8008
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 147-35-31-008

East Meadow**Nassau University Medical Center Program**

Sponsor: Nassau University Medical Center
Prgm Director: Linda Carnosino, MD
 2201 Hempstead Turnpike
 East Meadow, NY 11554
Tel: 516 542-4713 *Fax:* 516 572-5609
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 147-35-21-085

New York**New York University School of Medicine Program**

Sponsor: New York University School of Medicine
 Bellevue Hospital Center
 Manhattan VA Harbor Health Care System
Prgm Director: Franco M Muggia, MD
 462 First Avenue
 Bellevue C and D Building, Room 556
 New York, NY 10016
Tel: 212 263-6485 *Fax:* 212 263-8210
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 147-35-21-106

Puerto Rico**San Juan****San Juan City Hospital Program**

Sponsor: San Juan City Hospital
 I Gonzalez Martinez Oncologic Hospital
 Veterans Affairs Medical Center (San Juan)
Prgm Director: Luis Baez, MD
 Department of Medicine
 Rio Piedras Station
 San Juan, PR 00928
Tel: 787 758-7348
E-mail: www.sjccop@prtc.net
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 147-42-11-088

Tennessee**Johnson City****East Tennessee State University Program**

Sponsor: James H Quillen College of Medicine
 Johnson City Medical Center Hospital
 Veterans Affairs Medical Center (Mountain Home)
Prgm Director: Mike Kaplon, MD*
 Division of Medical Oncology
 Box 70,622 James H Quillen College
 Johnson City, TN 37614
Tel: 423 439-6362 *Fax:* 423 439-6387
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 147-47-21-195

Texas**Dallas****Baylor University Medical Center Program**

Sponsor: Baylor University Medical Center
Prgm Director: Marvin J Stone, MD
 3500 Gaston Avenue
 Dallas, TX 75246
Tel: 214 820-3445 *Fax:* 214 820-2780
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 147-48-31-076

Galveston**University of Texas Medical Branch Hospitals Program**

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Dennie V Jones, MD
 Department of Medicine
 301 University Boulevard
 Galveston, TX 77555
Tel: 409 772-1164 *Fax:* 409 747-2368
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 147-48-21-053

Houston**University of Texas at Houston Program**

Sponsor: University of Texas Medical School at Houston
 University of Texas M D Anderson Cancer Center
Prgm Director: Robert A Wolff, MD
 M D Anderson Cancer Center
 PO Box 301402, Unit 421
 Houston, TX 77230
Tel: 713 792-7246 *Fax:* 713 745-1827
Length: 2 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 147-48-31-039

Temple**Texas A&M College of Medicine-Scott and White Program**

Sponsor: Scott and White Memorial Hospital
 Central Texas Veterans Affairs Healthcare System
Prgm Director: Frank Mott, MD
 2401 South 31st Street
 Temple, TX 76508
Tel: 254 724-0108 *Fax:* 254 724-9280
E-mail: mwheeler@swmail.sw.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 147-48-21-186

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
 Fred Hutchinson Cancer Research Center
 Seattle Cancer Care Alliance
 University of Washington Medical Center
Prgm Director: Effie W Petersdorf, MD
 Fred Hutchinson Cancer Research Ctr
 1100 Fairview Avenue North, D4-100
 Seattle, WA 98109
Tel: 206 667-5244 *Fax:* 206 667-5303
E-mail: epetersd@fhcrc.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 147-54-21-175

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics

William S Middleton Veterans Hospital

Prgm Director: James A Stewart, MD

600 Highland Avenue, Room K4/630

UW Comprehensive Cancer Center

Madison, WI 53792

Tel: 608 263-1399 *Fax:* 608 265-8133

Length: 2 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 147-56-21-111

Ophthalmology

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital

Cooper Green Hospital

Eye Foundation Hospital

Veterans Affairs Medical Center (Birmingham)

Prgm Director: Andrew J Mays, MD, MFA

Callahan Eye Foundation Hospital

700 South 18th Street, Suite 601

Birmingham, AL 35233

Tel: 205 325-8507 *Fax:* 205 325-8200

E-mail: amays@uabmc.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 15

Program ID: 240-01-21-015

Arizona

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine

Kino Community Hospital

Southern Arizona VA Health Care Center (Tucson)

University Medical Center

Prgm Director: Robert I Park, MD

PO Box 245085

1501 N Campbell Avenue

Tucson, AZ 85724

Tel: 520 322-3800 *Fax:* 520 321-3665

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 240-03-21-171

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine

Arkansas Children's Hospital

Central Arkansas Veterans Health Center

University Hospital of Arkansas

Prgm Director: Richard A Harper, MD

4301 W Markham Street, Slot 523

Little Rock, AR 72205

Tel: 501 686-5150 *Fax:* 501 686-7037

Length: 3 Yrs *ACGME Approved/Offered Positions:* 9

Program ID: 240-04-21-018

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center

Jerry L Pettis Memorial Veterans Hospital

Riverside County Regional Medical Center

Prgm Director: Michael Rauser, MD

11234 Anderson Street

FMO Ste 1800

Loma Linda, CA 92354

Tel: 909 558-2182 *Fax:* 909 558-2180

E-mail: mrauser@ahs.lhumc.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 9

Program ID: 240-05-21-023

Los Angeles

Charles R Drew University Program

Sponsor: Charles R Drew University of Medicine and Science

LAC-King/Drew Medical Center

Prgm Director: Malvin D Anders, MD

12021 S Wilmington Ave

Los Angeles, CA 90059

Tel: 310 668-4531 *Fax:* 310 898-3480

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 240-05-21-026

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen

School of Medicine

Los Angeles County-Harbor-UCLA Medical Center

VA Greater Los Angeles Healthcare System

Prgm Director: Anthony C Arnold, MD

Suite 2-247

100 Stein Plaza-CHS

Los Angeles, CA 90095

Tel: 310 825-4344 *Fax:* 310 267-1918

Length: 3 Yrs *ACGME Approved/Offered Positions:* 21

Program ID: 240-05-21-027

University of Southern California/ LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC

Medical Center

LAC+USC Medical Center

Prgm Director: Alfredo A Sadun, MD, PhD

Doheny Eye Institute

1450 San Pablo Street

Los Angeles, CA 90033

Tel: 323 442-6417 *Fax:* 323 442-6407

Length: 3 Yrs *ACGME Approved/Offered Positions:* 18

Program ID: 240-05-21-025

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center

Kaiser Foundation Hospital (Bellflower)

VA Long Beach Healthcare System

Prgm Director: Jennifer L Simpson, MD

118 Med Surge I

Bldg 810 Rm D

Irvine, CA 92697

Tel: 949 824-6109 *Fax:* 949 824-4015

E-mail: alane@uci.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12

Program ID: 240-05-21-022

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System

University of California (Davis) Medical Center

Prgm Director: Jeffrey J Caspar, MD

4860 Y Street

Suite 2400

Sacramento, CA 95817

Tel: 916 734-6060 *Fax:* 916 734-6992

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12

Program ID: 240-05-21-020

San Diego

Naval Medical Center (San Diego) Program

Sponsor: Naval Medical Center (San Diego)

Prgm Director: Ken C Kubis, MD*

Department of Ophthalmology

34800 Bob Wilson Drive

San Diego, CA 92134

Tel: 619 532-6702 *Fax:* 619 532-7272

E-mail: kckubis@nmcscd.med.navy.mil

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12

Program ID: 240-05-32-008

US Armed Services Program

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Leah Levi, MD
UCSD Shiley Eye Center (MC 0946)
9415 Campus Point Drive
La Jolla, CA 92093
Tel: 858 534-8858 *Fax:* 858 822-0040
E-mail: residency@eyecenter.ucsd.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 240-05-21-030

San Francisco

California Pacific Medical Center Program

Sponsor: California Pacific Medical Center
Alameda County Medical Center
Prgm Director: Susan Day, MD
Department of Ophthalmology
2340 Clay Street, 5th Floor
San Francisco, CA 94115
Tel: 415 923-6623 *Fax:* 415 923-3949
E-mail: meded@sutterhealth.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 240-05-22-031

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Douglas R Fredrick, MD
Dept of Ophthalmology, K-301
10 Koret Way
San Francisco, CA 94143
Tel: 415 476-1921 *Fax:* 415 476-0336
E-mail: dfred@itsa.ucsf.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 240-05-21-032

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Prgm Director: Christopher N Ta, MD
Department of Ophthalmology
Rm A157, 300 Pasteur Drive
Stanford, CA 94305
Tel: 650 724-9981 *Fax:* 650 498-4222
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-05-21-033

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
University of Colorado Hospital
Veterans Affairs Medical Center (Denver)
Prgm Director: Vikram D Durairaj, MD
PO Box 6510
Mailstop-F731
Aurora, CO 80045
Tel: 720 848-5029 *Fax:* 720 848-5014
E-mail: vikram.durairaj@uchsc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-07-21-035

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Prgm Director: Brian M DeBroff, MD
330 Cedar Street
PO Box 208061
New Haven, CT 06520
Tel: 203 785-7233 *Fax:* 203 785-5909
E-mail: brian.debroff@yale.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-08-21-036

District of Columbia

Washington

George Washington University Program

Sponsor: George Washington University School of Medicine
Children's National Medical Center
George Washington University Hospital (UHS)
Veterans Affairs Medical Center (Martinsburg)
Prgm Director: Sanjeev Grewal, MD*
2150 Pennsylvania Ave, NW
Floor 2A
Washington, DC 20037
Tel: 202 741-2825 *Fax:* 202 741-2821
E-mail: sromero@mfa.gwu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-10-21-039

Georgetown University Hospital/ Washington Hospital Center Program

Sponsor: Washington Hospital Center
Veterans Affairs Medical Center (Washington DC)
Prgm Director: Jay M Lustbader, MD
110 Irving Street, NW
Suite 1A-1
Washington, DC 20010
Tel: 202 444-4448 *Fax:* 202 444-4978
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 240-10-32-041

Howard University Program

Sponsor: Howard University Hospital
National Naval Medical Center (Bethesda)
Veterans Affairs Medical Center (Washington DC)
Prgm Director: Leslie S Jones, MD*
2041 Georgia Avenue, NW, Suite 2100
Washington, DC 20060
Tel: 202 865-3302 *Fax:* 202 865-4259
Length: 3 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 240-10-21-040

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Mary Fran Smith, MD
Dept of Ophthalmology
Box 100284, JHMHC
Gainesville, FL 32610
Tel: 352 846-2124 *Fax:* 352 392-7839
E-mail: kjanicki@eye.ufl.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 240-11-21-042

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Bascom Palmer Eye Institute-Anne Bates Leach Eye Hospital
Prgm Director: Steven Gedde, MD
Bascom Palmer Eye Institute
900 NW 17th Street
Miami, FL 33136
Tel: 800 329-7000 *Fax:* 305 326-6580
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 240-11-11-043

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital
Prgm Director: Lewis R Groden, MD
MDC - Box 21
12901 Bruce B Downs Blvd
Tampa, FL 33612
Tel: 813 974-3820 *Fax:* 813 974-5621
E-mail: lswitzer@hsc.usf.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-11-21-044

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Prgm Director: Maria M Aaron, MD
Emory Eye Center, Suite B2400
1365B Clifton Road, NE
Atlanta, GA 30322
Tel: 404 778-4530 *Fax:* 404 778-4002
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 240-12-21-045

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Prgm Director: Stephanie L Goei, MD
1120 Fifteenth Street
School of Medicine
Augusta, GA 30912
Tel: 706 721-1153 *Fax:* 706 721-8328
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-12-21-046

Illinois

Chicago

Cook County Hospital Program

Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Richard Ahuja, MD*
Division of Ophthalmology
1900 West Polk Street, Room 617
Chicago, IL 60612
Tel: 312 864-5171 *Fax:* 312 864-9753
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-16-22-047

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University

Children's Memorial Hospital
Evanston Hospital
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System

Prgm Director: Ann Bidwell, MD
645 N Michigan Avenue
Suite 440

Chicago, IL 60611

Tel: 312 908-8152 *Fax:* 312 508-8152

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-16-21-049

Rush University Medical Center Program

Sponsor: Rush University Medical Center

Prgm Director: Jack A Cohen, MD
1653 W Congress Parkway

Chicago, IL 60612

Tel: 312 942-5370 *Fax:* 312 942-2140

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 240-16-11-050

University of Chicago Program

Sponsor: University of Chicago Hospitals

Prgm Director: Susan Ksiazek, MD
Dept of Ophthalmology and Visual Science

5841 S Maryland Avenue, MC 2114

Chicago, IL 60637

Tel: 773 834-8429 *Fax:* 773 834-9711

E-mail: sksiazek@yahoo.com

Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-16-21-174

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago

Michael Reese Hospital and Medical Center

Prgm Director: Vandana Badlani, MD*

Ophthalmology Ed Off Room 1.59

1855 West Taylor Street

Chicago, IL 60612

Tel: 312 906-8023 *Fax:* 312 996-8007

Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 240-16-21-052

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center

Edward Hines Jr Veterans Affairs Hospital

Prgm Director: Charles S Bouchard, MD

Foster G McGaw Hospital

2160 South First Avenue

Maywood, IL 60153

Tel: 708 216-3408 *Fax:* 708 216-3557

E-mail: stidow@lumc.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-16-21-054

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine

Clarian Indiana University Hospital

Clarian Riley Hospital for Children

Richard L Roudebush Veterans Affairs Medical Center

William N Wishard Memorial Hospital

Prgm Director: Louis B Cantor, MD

702 Rotary Circle

Indianapolis, IN 46202

Tel: 317 274-8485 *Fax:* 317 274-2277

E-mail: phannah@iupui.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 240-17-21-055

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics

Veterans Affairs Medical Center (Iowa City)

Prgm Director: Keith D Carter, MD

Dept of Ophthalmology

200 Hawkins Drive

Iowa City, IA 52242

Tel: 319 356-7997 *Fax:* 319 356-0363

Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 240-18-11-056

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine

University of Kansas Medical Center

Veterans Affairs Medical Center (Kansas City)

Prgm Director: Keith A Warre, MD*

3901 Rainbow Blvd

2003 Sudler

Kansas City, KS 66160

Tel: 913 588-6605 *Fax:* 913 588-6655

Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-19-21-057

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine

University of Kentucky Hospital

Veterans Affairs Medical Center (Lexington)

Prgm Director: Julia L Stevens, MD

Department of Ophthalmology and Visual Sciences

Kentucky Clinic E 306

Lexington, KY 40536

Tel: 859 323-5867 *Fax:* 859 323-1122

Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-20-21-058

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine

Kosair Children's Hospital (Norton Healthcare, Inc)

University of Louisville Hospital

Veterans Affairs Medical Center (Louisville)

Prgm Director: Joern B Soltau, MD

301 E Muhammad Ali Blvd

Kentucky Lions Eye Center

Louisville, KY 40202

Tel: 502 852-0710 *Fax:* 502 852-7340

Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-20-21-059

Louisiana

New Orleans

Louisiana State University/Alton Ochsner Medical Foundation Program

Sponsor: Louisiana State University School of Medicine

Louisiana State University Eye Center

Medical Center of Louisiana at New Orleans

Ochsner Clinic Foundation

Prgm Director: Ira B Fuller, MD

LSU Eye Center

2020 Gravier Street, Suite B

New Orleans, LA 70112

Tel: 504 412-1342 *Fax:* 504 412-1315

E-mail: gabbas@lsuhsc.edu

Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 240-21-21-177

Tulane University Program

Sponsor: Tulane University School of Medicine

Medical Center of Louisiana at New Orleans

Tulane University Hospital and Clinics

Veterans Affairs Medical Center (New Orleans)

Prgm Director: Ramesh S Ayala, MD*

1430 Tulane Ave

Dept of Ophthalmology, SL-69

New Orleans, LA 70112

Tel: 504 988-2261 *Fax:* 504 988-2684

Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 240-21-21-062

Shreveport

Louisiana State University (Shreveport) Program

Sponsor: LSU Health Sciences Center-University

Hospital

Overton Brooks Veterans Affairs Medical Center

Prgm Director: Thomas B Redens, MD

1501 Kings Highway

PO Box 33932

Shreveport, LA 71130

Tel: 318 675-5012 *Fax:* 318 675-6000

Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-21-21-063

Maryland

Baltimore

Johns Hopkins University/Sinai Hospital of Baltimore Program

Sponsor: Johns Hopkins University School of Medicine

Greater Baltimore Medical Center

Johns Hopkins Hospital

Sinai Hospital of Baltimore

Prgm Director: James P Dunn, MD

600 N Wolfe Street

Wilmer B20

Baltimore, MD 21287

Tel: 410 955-8265 *Fax:* 410 614-9632

Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 240-23-21-065

Maryland General Hospital Program

Sponsor: Maryland General Hospital

Prgm Director: Samuel D Friedel, MD

827 Linden Ave

Baltimore, MD 21201

Tel: 410 225-8077 *Fax:* 410 225-8785

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 240-23-12-066

University of Maryland Program

Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Wilmington)
Prgm Director: Ramzi K Hemady, MD
419 W Redwood Street
Suite 580
Baltimore, MD 21201
Tel: 410 328-5933 *Fax:* 410 328-6533
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 240-23-21-068

Bethesda**National Capital Consortium (Walter Reed) Program**

Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Prgm Director: Thomas P Ward, MD
Ophthalmology Service, Department of Surgery
6900 Georgia Avenue NW
Washington, DC 20307
Tel: 202 782-8600 *Fax:* 202 782-6156
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 240-10-12-004
US Armed Services Program

Massachusetts**Boston****Boston University Medical Center Program**

Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Prgm Director: John W Gittinger, MD
85 East Concord Street, 8th Floor
Department of Ophthalmology
Boston, MA 02118
Tel: 617 638-4552 *Fax:* 617 414-2299
E-mail: ophthalm@bu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-24-21-069

Massachusetts Eye and Ear Infirmary Program

Sponsor: Massachusetts Eye and Ear Infirmary
Prgm Director: John I Loewenstein, MD
243 Charles Street
Department of Ophthalmology
Boston, MA 02114
Tel: 617 573-3529 *Fax:* 617 573-3152
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 240-24-21-070

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Lahey Clinic
Prgm Director: Michael H Goldstein, MD
Tufts University School of Medicine
750 Washington Street, Box 450
Boston, MA 02111
Tel: 617 636-4648 *Fax:* 617 636-4866
E-mail: mgoldstein1@tufts-nemc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-24-21-071

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Shahzad I Mian, MD*
W K Kellogg Eye Center, Box 0714
1000 Wall Street
Ann Arbor, MI 48105
Tel: 734 764-5208 *Fax:* 734 936-8633
E-mail: kwhitney@umich.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 240-25-11-072

Detroit**Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital
Prgm Director: Brian N Bachynski, MD
2799 W Grand Blvd K-10
Detroit, MI 48202
Tel: 313 916-3270 *Fax:* 313 916-2496
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 240-25-12-073

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Harper-Hutzel Hospital
Sinai-Grace Hospital (Sinai Campus)
Prgm Director: Mark S Juzych, MD, MHA
Kresge Eye Institute
4717 St Antoine
Detroit, MI 48201
Tel: 313 577-7614 *Fax:* 313 577-4991
E-mail: Juzych@aol.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 240-25-21-075

Royal Oak**William Beaumont Hospital Program**

Sponsor: William Beaumont Hospital
Prgm Director: Robert J Granadier, MD
3601 West 13 Mile Road
Royal Oak, MI 48073
Tel: 248 551-3643 *Fax:* 248 551-4362
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-25-21-165

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Hennepin County Medical Center
Regions Hospital
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Martha M Wright, MD
MMC 493 420 Delaware St SE
Minneapolis, MN 55455
Tel: 612 625-4400
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-26-21-077

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prgm Director: Michael A Mahr, MD*
200 First St, SW
Department of Ophthalmology
Rochester, MN 55905
Tel: 507 284-1709 *Fax:* 507 284-4612
E-mail: mahr.michael@mayo.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-26-21-078

Mississippi**Jackson****University of Mississippi Medical Center Program**

Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Prgm Director: Ching-Jygh Chen, MD
2500 N State St, McBryde Bldg
Third Floor - McBryde Building
Jackson, MS 39216
Tel: 601 984-5020 *Fax:* 601 815-3773
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-27-21-079

Missouri**Columbia****University of Missouri-Columbia Program**

Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prgm Director: John W Cowden, MD
Mason Eye Institute
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-1029 *Fax:* 573 882-8474
E-mail: greene@health.missouri.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-28-22-080

Kansas City**University of Missouri at Kansas City Program**

Sponsor: University of Missouri-Kansas City School of Medicine
Children's Mercy Hospital
Truman Medical Center
Truman Medical Center-Lakewood
Prgm Director: Nelson R Sabates, MD
2300 Holmes Street
Kansas City, MO 64108
Tel: 816 404-1780 *Fax:* 816 404-1786
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-28-21-081

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
Anheuser-Busch Eye Institute
Prgm Director: Steven R Shields, MD
St Louis University Eye Institute
1755 S Grand Blvd
St Louis, MO 63104
Tel: 314 256-8231 *Fax:* 314 771-0596
E-mail: rennerj@slu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-28-21-083

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Veterans Affairs Medical Center (St Louis)
Prgm Director: Susan M Culican, MD, PhD*
660 S Euclid Avenue
Campus Box 8096
St Louis, MO 63110
Tel: 314 362-5722 *Fax:* 314 362-2420
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 240-28-21-084

Nebraska

Omaha

University of Nebraska Medical Center College of Medicine Program

Sponsor: University of Nebraska Medical Center College of Medicine
Veterans Affairs Medical Center (Omaha)
Prgm Director: Thomas W Hejkal, MD, PhD
985540 Nebraska Medical Center
Box 985540
Omaha, NE 68198
Tel: 402 559-4276 *Fax:* 402 559-5514
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 240-30-21-085

New Jersey

Newark

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
Jersey City Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Paul D Langer, MD
Department of Ophthalmology, P O Box 1709
Doctors Office Center 90 Bergen Street, 6th Floor
Newark, NJ 07101
Tel: 973 972-2036 *Fax:* 973 972-2068
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 240-33-21-086

New York

Albany

Albany Medical Center Program

Sponsor: Albany Medical Center
Veterans Affairs Medical Center (Albany)
Prgm Director: Jitka L Zlobal-Ratner, MD
Lions Eye Institute
35 Hackett Boulevard
Albany, NY 12208
Tel: 518 262-2502 *Fax:* 518 262-2516
E-mail: millst@mail.amc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-35-21-087

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
North Central Bronx Hospital
Prgm Director: Harry M Engel, MD
Department of Ophthalmology
111 East 210th Street
Bronx, NY 10467
Tel: 718 920-7646 *Fax:* 718 881-5439
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-35-21-093

Bronx-Lebanon Hospital Center Program

Sponsor: Bronx-Lebanon Hospital Center
Prgm Director: Assumpta Madu, MD, MBA
1650 Selwyn Avenue, 1C
Bronx, NY 10457
Tel: 718 960-2041 *Fax:* 718 960-2045
E-mail: Amadu@bronxleb.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 240-35-21-095

Brooklyn

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
Coney Island Hospital
Kings County Hospital Center
Long Island College Hospital
Veterans Affairs Medical Center (Brooklyn)
Prgm Director: Kevin C Greenidge, MD, MPH
450 Clarkson Ave Box 58
Department of Ophthalmology
Brooklyn, NY 11203
Tel: 718 245-2165 *Fax:* 718 245-5332
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 240-35-21-113

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo
Erie County Medical Center
Kaleida Health System (Women and Children's Hosp of Buffalo)
Veterans Affairs Western New York Healthcare System
Prgm Director: James D Reynolds, MD
Department of Ophthalmology
219 Bryant Street
Buffalo, NY 14222
Tel: 716 878-7204 *Fax:* 716 888-3807
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-35-11-170

East Meadow

Nassau University Medical Center Program

Sponsor: Nassau University Medical Center
University Hospital-SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Prgm Director: Marcelle Morcos, MD
2201 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 572-6706 *Fax:* 516 572-9477
E-mail: mmorcosmd@yahoo.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-35-31-091

Great Neck

North Shore-Long Island Jewish Health System Program

Sponsor: North Shore-Long Island Jewish Health System
Long Island Jewish Medical Center
North Shore University Hospital
Queens Hospital Center
Prgm Director: Steven Rubin, MD*
Department of Ophthalmology
600 Northern Blvd, Suite 107
Great Neck, NY 11021
Tel: 516 465-8444 *Fax:* 516 465-8407
E-mail: jmills@nshs.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-35-21-102

Jamaica

New York Medical College (Brooklyn-Queens) Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Brooklyn-Queens)
Prgm Director: Cono M Grasso, MD
88-25 153rd St, 4-H
Jamaica, NY 11432
Tel: 718 380-8050 *Fax:* 718 558-6276
E-mail: DOCGRASSO@aol.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 240-35-21-098

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Veterans Affairs Medical Center (Bronx)
Prgm Director: Donna J Gagliuso, MD
Department of Ophthalmology, Box 1183
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-6752 *Fax:* 212 289-5945
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-35-21-104

New York Eye and Ear Infirmary Program

Sponsor: New York Eye and Ear Infirmary
Prgm Director: Richard B Rosen, MD
310 East 14th Street
New York, NY 10003
Tel: 212 979-4495 *Fax:* 212 979-4268
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 240-35-22-105

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Bayley Seton Hospital
St Vincent Catholic Medical Centers (Staten Island)
Prgm Director: Daniel F Rosberger, MD, PhD
52 East 72nd Street
New York, NY 10021
Tel: 212 604-8041 *Fax:* 212 604-8711
E-mail: maculacare@nyc.rr.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-35-22-112

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Richard E Braunstein, MD
635 West 165th Street
New York, NY 10032
Tel: 212 326-3320 *Fax:* 212 342-2714
E-mail: residency@columbiaeye.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-35-11-109

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Kip Dolphin, MD
525 East 68th Street
Room K-811
New York, NY 10021
Tel: 212 746-2473 *Fax:* 212 746-8732
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-35-21-169

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan Eye Ear and Throat Hospital
Manhattan VA Harbor Health Care System
Prgm Director: Laurence T D Sperber, MD*
550 First Avenue
NBV 5N 18
New York, NY 10016
Tel: 212 263-6434 *Fax:* 212 263-8749
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 240-35-21-108

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
Prgm Director: Kenneth E Merhige, MD
1111 Amsterdam Avenue
Ophthalmology Department
New York, NY 10025
Tel: 212 523-2562 *Fax:* 212 523-2478
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 240-35-31-111

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
Rochester General Hospital
Prgm Director: Mina Chung, MD*
601 Elmwood Avenue
Box 659
Rochester, NY 14642
Tel: 585 275-3954 *Fax:* 585 273-1315
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 240-35-21-115

Syracuse**SUNY Upstate Medical University Program**

Sponsor: SUNY Upstate Medical University
Crouse Hospital
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Leon-Paul Noel, MD
550 Harrison Street
Suite 340
Syracuse, NY 13202
Tel: 315 464-5253 *Fax:* 315 464-6663
E-mail: vision@upstate.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 240-35-21-116

Valhalla**New York Medical College at Westchester Medical Center Program**

Sponsor: New York Medical College
Metropolitan Hospital Center
Our Lady of Mercy Medical Center
Westchester Medical Center
Prgm Director: Steven B Zabin, MD
Westchester Medical Center
Valhalla, NY 10595
Tel: 914 493-7671 *Fax:* 914 493-7445
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-35-21-107

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
Prgm Director: Syndee Givre, MD, PhD*
Department of Ophthalmology
CB# 7040, 5110 Bioinformatics Building
Chapel Hill, NC 27599
Tel: 919 966-5296 *Fax:* 919 966-1908
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-36-31-119

Durham**Duke University Hospital Program**

Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Pratap Challa, MD
Duke Eye Center, DUMC 3802
Erwin Road
Durham, NC 27710
Tel: 919 684-2975 *Fax:* 919 681-8267
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-36-31-118

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Timothy J Martin, MD
Department of Ophthalmology
Medical Center Blvd
Winston-Salem, NC 27157
Tel: 336 716-4091 *Fax:* 336 716-7994
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 240-36-11-120

Ohio**Akron****Summa Health System/NEUCOM Program**

Sponsor: Summa Health System
Children's Hospital Medical Center of Akron
Prgm Director: Charles A Peter, MD, MBA*
41 Arch Street, Suite 219
Akron, OH 44304
Tel: 330 375-3867 *Fax:* 330 375-7985
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 240-38-21-121

Cincinnati**University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Karl C Golnik, MD
Department of Ophthalmology
Eden Ave & Albert Sabin Way (ML 527)
Cincinnati, OH 45267
Tel: 513 558-5153 *Fax:* 513 558-3108
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-38-21-122

Cleveland**Case Western Reserve University/University Hospitals of Cleveland Program**

Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
St Vincent Charity Hospital/St Luke's Medical Center
Veterans Affairs Medical Center (Cleveland)
Prgm Director: Jonathan H Lass, MD*
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-8590 *Fax:* 216 844-7117
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 240-38-21-129

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
MetroHealth Medical Center
Prgm Director: Elias I Traboulsi, MD
Cole Eye Institute, Desk i-32
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-4363 *Fax:* 216 445-2226
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-38-22-124

Columbus**Ohio State University Hospital Program**

Sponsor: Ohio State University Hospital
Children's Hospital (Columbus)
Veterans Affairs Medical Center (Columbus)
Prgm Director: Robert B Chambers, DO
5251 Cramblett Hall
456 W Tenth Avenue
Columbus, OH 43210
Tel: 614 293-8117 *Fax:* 614 293-4579
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 240-38-21-127

Oklahoma**Oklahoma City****University of Oklahoma Health Sciences Center Program**

Sponsor: University of Oklahoma College of Medicine
McGee Eye Institute
OU Medical Center
OU Medical Center-Children's Hospital
Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Scott C Sigler, MD
Dean A McGee Eye Institute
608 Stanton L Young Blvd
Oklahoma City, OK 73104
Tel: 405 271-7816 *Fax:* 405 271-3010
E-mail: sherry-ross@dmei.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-39-21-129

Oregon**Portland****Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital
Legacy Good Samaritan Hospital and Medical Center
Veterans Affairs Medical Center (Portland)
Prgm Director: Andreas K Lauer, MD
Casey Eye Institute
3375 SW Terwilliger Blvd
Portland, OR 97239
Tel: 503 494-3394 *Fax:* 503 494-9259
E-mail: bonys@ohsu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-40-21-131

Pennsylvania

Danville

Geisinger Health System Program

Sponsor: Geisinger Health System
Geisinger Medical Center
Prgm Director: Herbert J Ingraham, MD
Department of Ophthalmology
100 North Academy Avenue
Danville, PA 17822
Tel: 570 271-6531 *Fax:* 570 271-7146
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 240-41-21-132

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
Veterans Affairs Medical Center (Lebanon)
Prgm Director: David Quillen, MD
PO Box 850, MC HUI19
500 University Drive
Hershey, PA 17033
Tel: 717 531-6096 *Fax:* 717 531-5475
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 240-41-11-133

Philadelphia

Drexel University College of Medicine/Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Veterans Affairs Medical Center (Wilkes-Barre)
Prgm Director: Elliot Werner, MD*
219 N Broad Street, 3rd Floor
Mail Stop 209
Philadelphia, PA 19107
Tel: 215 832-0097 *Fax:* 215 832-0088
E-mail: eyenerd@erols.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-41-21-134

Temple University Hospital Program

Sponsor: Temple University Hospital
Christiana Care Health Services Inc
Lankenau Hospital
Prgm Director: Stephen W Wong, MD
3401 North Broad Street
Philadelphia, PA 19140
Tel: 215 707-4829 *Fax:* 215 707-1684
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-41-21-164

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Scheie Eye Institute
Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Nicholas J Voipe, MD
Myrin Circle, 51 N 39th Street
Philadelphia, PA 19104
Tel: 215 662-8042 *Fax:* 215 243-4694
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 240-41-21-136

Wills Eye Hospital Program

Sponsor: Wills Eye Hospital
Prgm Director: Tara A Uhler, MD*
840 Walnut Street
Philadelphia, PA 19107
Tel: 215 440-3170 *Fax:* 215 825-4732
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 240-41-11-137

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Evan L Waxman, MD, PhD*
Eye and Ear Institute of Pittsburgh
203 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 647-9428 *Fax:* 412 647-5119
E-mail: beatonsa@upmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 240-41-21-138

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
San Juan City Hospital
University Hospital
Veterans Affairs Medical Center (San Juan)
Prgm Director: William M Townsend, MD
Medical Sciences Campus
PO Box 365067
San Juan, PR 00936
Tel: 787 756-7090 *Fax:* 787 758-3488
E-mail: Townsendwit@aol.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-42-21-141

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
Veterans Affairs Medical Center (Providence)
Prgm Director: William G Tsiaras, MD
593 Eddy Street, APC-712
Department of Ophthalmology
Providence, RI 02903
Tel: 401 444-4669 *Fax:* 401 444-6187
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 240-43-11-142

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Prgm Director: Elizabeth Sharpe, MD
Storm Eye Institute
167 Ashley Avenue, PO Box 250676
Charleston, SC 29425
Tel: 843 792-8864 *Fax:* 843 792-3903
E-mail: maroneys@musc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-45-21-143

Columbia

Palmetto Health/University of South Carolina School of Medicine Program

Sponsor: Palmetto Health
Palmetto Health Richland
William Jennings Bryan Dorn Veterans Hospital
Prgm Director: James H Oakman, MD
Four Richland Medical Park
Suite 300
Columbia, SC 29203
Tel: 803 434-7060 *Fax:* 803 434-2387
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-45-21-163

Tennessee

Chattanooga

University of Tennessee College of Medicine at Chattanooga Program

Sponsor: University of Tennessee College of Medicine-Chattanooga
Erlanger Medical Center
T C Thompson Children's Hospital Medical Center
Willie D Miller Eye Center
Prgm Director: Patrick J Bowers, MD
Department of Ophthalmology
975 East Third Street, P O Box 112
Chattanooga, TN 37403
Tel: 423 778-6163 *Fax:* 423 778-2260
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 240-47-11-144

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
Methodist Healthcare-Memphis Hospitals
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Prgm Director: Natalie C Kerr, MD
Department of Ophthalmology
956 Court Avenue, Suite D228
Memphis, TN 38163
Tel: 901 448-5884 *Fax:* 901 448-1299
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-47-21-145

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Prgm Director: Sean P Donahue, MD, PhD
1215 21st Avenue South
8000 Medical Center East
Nashville, TN 37232
Tel: 615 936-2020 *Fax:* 615 936-3497
E-mail: sean.donahue@vanderbilt.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 240-47-31-147

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Director: Preston H Blomquist, MD
5323 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-3848 *Fax:* 214 645-9048
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 240-48-21-148

Galveston**University of Texas Medical Branch Hospitals Program**

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: John T Troupe, MD, JD
700 University Boulevard
Galveston, TX 77555
Tel: 409 747-5801 *Fax:* 409 747-5433
E-mail: jttroupe@utmb.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-48-21-149

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Prgm Director: Eric R Holz, MD
6565 Fannin, NC205
Department of Ophthalmology
Houston, TX 77030
Tel: 713 798-5945 *Fax:* 713 708-8768
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 240-48-21-150

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Prgm Director: Richard S Ruiz, MD
Dept of Ophthalmology and Visual Science
6431 Fannin, MSB 7.024
Houston, TX 77030
Tel: 713 500-6005 *Fax:* 713 500-0682
E-mail: fredl.l.bleeker@uth.tmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-48-21-151

Lackland AFB**San Antonio Uniformed Services Health Education Consortium Program**

Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (AETC)
Prgm Director: David E Holck, MD
WHMC/MGST
2200 Bergquist Dr, Suite 1
Lackland AFB, TX 78236
Tel: 210 292-6573 *Fax:* 210 292-4796
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 240-48-11-001
US Armed Services Program

Lubbock**Texas Tech University (Lubbock) Program**

Sponsor: Texas Tech University Health Sciences Center at Lubbock
University Medical Center
Veterans Affairs Medical Center (Big Spring)
Prgm Director: Wade A Graham, MD
3601 4th Street
Dept of Ophthalmology/Visual Science
Lubbock, TX 79430
Tel: 806 743-2400 *Fax:* 806 743-2471
E-mail: gwen.rutherford@ttuhsc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-48-21-152

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Prgm Director: Carlos A Rosende, MD
Health Science Center at San Antonio
7703 Floyd Curl Drive - Mail Code 6230
San Antonio, TX 78229
Tel: 210 567-8406 *Fax:* 210 567-8413
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-48-21-153

Temple**Texas A&M College of Medicine-Scott and White Program**

Sponsor: Scott and White Memorial Hospital
Central Texas Veterans Affairs Healthcare System
Prgm Director: Kyle H Smith, MD
2401 South 31st Street
Temple, TX 76508
Tel: 254 724-4248 *Fax:* 254 724-9050
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-48-21-154

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Mark D Mifflin, MD
John A Moran Eye Center
50 North Medical Drive
Salt Lake City, UT 84132
Tel: 801 585-7689 *Fax:* 801 581-3357
E-mail: elaine.peterson@hsc.utah.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-49-21-155

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: Laura D Cook, MD*
PO Box 800715
Charlottesville, VA 22908
Tel: 434 924-1184 *Fax:* 434 924-5180
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-51-21-156

Norfolk**Eastern Virginia Medical School Program**

Sponsor: Eastern Virginia Medical School
Sentara Norfolk General Hospital
Veterans Affairs Medical Center (Hampton)
Prgm Director: John D Sheppard, MD
Department of Ophthalmology
880 Kempsville Road, Suite 2500
Norfolk, VA 23502
Tel: 757 461-0050
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 240-51-21-157

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm Director: William H Benson, MD*
1101 East Marshall Street, 8th Floor
MCV Box 980262
Richmond, VA 23298
Tel: 804 828-9680 *Fax:* 804 828-1289
E-mail: proleen@aol.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-51-21-158

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
University of Washington Medical Center
VA Puget Sound Health Care System
Prgm Director: Anuja Bhandari, MD*
Dept of Ophthalmology Box 356485
1959 NE Pacific
Seattle, WA 98195
Tel: 206 685-4749 *Fax:* 206 543-4414
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 240-54-21-159

Tacoma**Madigan Army Medical Center Program**

Sponsor: Madigan Army Medical Center
Prgm Director: William R Raymond, MD
Attn: MCHJ-SOU
Ophthalmology Service
Tacoma, WA 98431
Tel: 253 968-1760 *Fax:* 253 968-1451
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 240-54-21-175
US Armed Services Program

West Virginia**Morgantown****West Virginia University Program**

Sponsor: West Virginia University School of Medicine
Louis A Johnson Veterans Affairs Medical Center
West Virginia University Hospitals
Prgm Director: Jennifer A Sivak-Callcott, MD*
WVU Eye Institute, Dept of Ophthalmology
PO Box 9193, Stadium Drive
Morgantown, WV 26506
Tel: 304 598-6967 *Fax:* 304 598-6933
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-55-21-160

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Prgm Director: Neal P Barney, MD
F4/336 Clinical Science Center
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-7681 *Fax:* 608 263-7694
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-56-21-161

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Prgm Director: Dale Heuer, MD
The Eye Institute
925 N 87th Street
Milwaukee, WI 53226
Tel: 414 456-7915 *Fax:* 414 456-6563
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 240-56-21-162

Orthopaedic Sports Medicine (Orthopaedic Surgery)

Alabama

Birmingham

American Sports Medicine Institute Program

Sponsor: American Sports Medicine Institute
Prgm Director: James R Andrews, MD
1313 13th Street, South
Birmingham, AL 35205
Tel: 205 918-0000 *Fax:* 205 918-0310
Length: 1 Yr *ACGME Approved/Offered Positions:* 9
Program ID: 268-01-31-026

Arizona

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
University Medical Center
Prgm Director: Robert E Hunter, MD
University of Arizona Health Sciences Center
PO Box 245064
Tucson, AZ 85724
Tel: 520 626-9245 *Fax:* 520 626-2668
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 268-03-31-081

California

Long Beach

Long Beach Memorial Medical Center Program

Sponsor: Long Beach Memorial Medical Center
Southern California Center for Sports Medicine
Prgm Director: Peter R Kurzweil, MD
2801 Atlantic Avenue
Long Beach, CA 90801
Tel: 562 424-6666 *Fax:* 562 989-0027
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 268-05-21-013

Los Angeles

Kerlan-Jobe Orthopaedic Clinic Program

Sponsor: Kerlan-Jobe Orthopaedic Clinic
Centinela Hospital Medical Center
Prgm Director: Neal S ElAttrache, MD
6801 Park Terrace
Los Angeles, CA 90045
Tel: 310 665-7257 *Fax:* 310 665-7145
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Program ID: 268-05-21-030

Van Nuys

Southern California Orthopaedic Institute Program

Sponsor: Southern California Orthopaedic Institute
Prgm Director: Richard D Ferkel, MD
6815 Noble Street
Van Nuys, CA 91405
Tel: 818 901-6600 *Fax:* 818 901-6660
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 268-05-21-043

Colorado

Aspen

Aspen Foundation for Sports Medicine Education and Research Program

Sponsor: Aspen Foundation for Sports Medicine-Ortho Assoc of Aspen
Prgm Director: Norman L Harris, MD
100 E Main Street, Suite 202
Aspen, CO 81611
Tel: 970 920-4151 *Fax:* 970 920-4297
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 268-07-21-035

Vail

Steadman Hawkins Clinic Program

Sponsor: Steadman Hawkins Clinic
Vail Valley Medical Center
Prgm Director: J Richard Steadman, MD*
181 W Meadow Drive, Suite 400
Vail, CO 81657
Tel: 970 479-5782 *Fax:* 970 479-9753
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 268-07-21-063

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: John P Fulkerson, MD
Department of Orthopaedics
10 Talcott Notch Road
Farmington, CT 06032
Tel: 860 679-6645 *Fax:* 860 679-6649
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 268-08-21-006

Florida

Coral Gables

HealthSouth Doctors' Hospital Program

Sponsor: HealthSouth Doctors' Hospital
Prgm Director: Harlan Selesnick, MD
1150 Campo Sano Avenue, Suite 301
Coral Gables, FL 33146
Tel: 305 662-2424 *Fax:* 305 667-8279
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 268-11-21-074

UHZ Sports Medicine Institute Program

Sponsor: UHZ Sports Medicine Institute
HealthSouth Doctors' Hospital
Prgm Director: John W Uribe, MD
1150 Campo Sano Avenue
Suite 200
Coral Gables, FL 33146
Tel: 305 669-3320 *Fax:* 305 669-3352
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 268-11-21-015

Georgia**Columbus****Hughston Sports Medicine Foundation Program**

Sponsor: Hughston Sports Medicine Foundation
Columbia Hughston Sports Medicine Hospital
Prgm Director: Champ L Baker, MD
6262 Veteran's Parkway
PO Box 9517
Columbus, GA 31908
Tel: 706 494-3365
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 268-12-21-046

Illinois**Chicago****Rush University Medical Center Program**

Sponsor: Rush University Medical Center
Prgm Director: Bernard R Bach, MD
1725 West Harrison Street, Suite 1063
Chicago, IL 60612
Tel: 312 850-9117 *Fax:* 312 942-1517
E-mail: Phyllis_J_Velez@rush.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 268-16-31-064

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Sherwin S Ho, MD*
5841 S Maryland
MC 3079
Chicago, IL 60637

Tel: 773 702-5978 *Fax:* 773 702-3462
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 268-16-21-034

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
St Joseph Hospital
University of Illinois Hospital and Clinics
Prgm Director: Preston M Wolin, MD
Center for Athletic Medicine
830 W Diversey Suite 300
Chicago, IL 60614
Tel: 773 248-4150
E-mail: pwolin@athleticmed.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 268-16-31-075

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
Clarian Methodist Hospital of Indiana
Prgm Director: Arthur C Rettig, MD*
201 N Pennsylvania Parkway
Suite 200
Indianapolis, IN 46280
Tel: 317 817-1200
E-mail: aharris@methodistsports.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 268-17-21-003

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: John P Albright, MD
John Pappajohn Pavilion
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-3471 *Fax:* 319 353-6754
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 268-18-21-067

Kentucky**Lexington****University of Kentucky College of Medicine Program**

Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Prgm Director: Darren L Johnson, MD
Kentucky Clinic K401
740 S Limestone
Lexington, KY 40536
Tel: 859 323-5533 *Fax:* 859 323-2412
E-mail: csaitki@uky.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 268-20-21-016

Louisiana**Lake Charles****Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine
Lake Charles Memorial Hospital
Medical Center of Louisiana at New Orleans
Prgm Director: Robert Sellards, MD
Department of Orthopaedics
2025 Gravier Street, Ste 400
New Orleans, LA 70112
Tel: 504 568-4680 *Fax:* 504 568-4466
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 268-21-31-002

New Orleans**Tulane University Program**

Sponsor: Tulane University School of Medicine
Tulane University Hospital and Clinics
Prgm Director: Michael E Brunet, MD
1430 Tulane Avenue, SL 32
New Orleans, LA 70112
Tel: 504 588-5770 *Fax:* 504 584-3517
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 268-21-21-020

Maryland**Baltimore****Union Memorial Hospital Program**

Sponsor: Union Memorial Hospital
Prgm Director: Richard Y Hinton, MD, MPH*
3333 N Calvert Street, Suite 400
Baltimore, MD 21218
Tel: 410 554-2865 *Fax:* 410 261-8105
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 268-23-21-058

Massachusetts**Boston****Boston University Medical Center Program**

Sponsor: Boston Medical Center
Lahey Clinic
Prgm Director: Anthony A Schepsis, MD
720 Harrison Avenue
Doctors Building, Suite 808
Boston, MA 02118
Tel: 617 638-8933 *Fax:* 617 638-8493
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 268-24-21-080

Massachusetts General Hospital/Harvard Medical School Program

Sponsor: Massachusetts General Hospital
Prgm Director: Thomas Gill, MD*
15 Parkman Street, Suite 531
Boston, MA 02114
Tel: 617 726-7797 *Fax:* 617 726-6950
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 268-24-31-049

New England Baptist Hospital Program

Sponsor: New England Baptist Hospital
Prgm Director: Arnold D Scheller, MD
Department of Orthopaedics
125 Parker Hill Avenue
Boston, MA 02120
Tel: 617 754-5413
E-mail: psoinc@aol.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 268-24-21-044

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Caritas St Elizabeth's Medical Center of Boston
Prgm Director: William R Donaldson, MD*
Department of Orthopaedic Surgery
750 Washington St, Box 306
Boston, MA 02111
Tel: 617 636-5162 *Fax:* 617 636-5178
E-mail: jdolph@tufts-nemc.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 268-24-31-059

Worcester**University of Massachusetts Program**

Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Hahnemann Campus)
Prgm Director: Brian D Busconi, MD
Hahnemann Campus
281 Lincoln Street
Worcester, MA 01605
Tel: 508 856-4262 *Fax:* 508 334-7273
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 268-24-31-047

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Bruce S Miller, MD
24 Frank Lloyd Wright Drive
Ann Arbor, MI 48106
Tel: 734 930-7393 *Fax:* 734 930-7402
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 268-25-12-089

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital
Prgm Director: Clayton A Peimer, MD*
6525 Second Avenue
Detroit, MI 48202
Tel: 313 916-3879 *Fax:* 313 916-2478
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 268-25-21-082

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
The Michigan Orthopaedic Specialty Hospital
Prgm Director: Robert A Teitge, MD
4050 E 12 Mile Road
Warren, MI 48092
Tel: 586 573-3100 *Fax:* 586 573-7924
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 268-25-21-065

Minnesota

Eden Prairie

The Orthopaedic Center Program

Sponsor: The Orthopaedic Center
Methodist Hospital
Prgm Director: David A Fischer, MD
7905 Golden Triangle Drive
Suite 100
Eden Prairie, MN 55344
Tel: 952 746-2529 *Fax:* 952 746-9160
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 268-26-11-090

Edina

Minnesota Sports Medicine Program

Sponsor: Minnesota Sports Medicine
Abbott-Northwestern Hospital/Allina Health System
Fairview-University Medical Center
Prgm Director: J P Smith, MD
701 25th Avenue South
Suite 150
Minneapolis, MN 55454
Tel: 612 273-4802 *Fax:* 612 273-4560
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 268-26-21-048

Mississippi

Jackson

Mississippi Sports Medicine and Orthopaedic Center Program

Sponsor: Mississippi Sports Medicine & Orthopaedic Center
Prgm Director: Felix H Savoie, MD
1325 E Fortification Street
Jackson, MS 39202
Tel: 601 354-4488 *Fax:* 601 914-1835
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 268-27-21-071

Missouri

Kansas City

University of Missouri at Kansas City Program

Sponsor: University of Missouri-Kansas City School of Medicine
Baptist-Lutheran Medical Center
St Luke's Hospital
Truman Medical Center
Prgm Director: Jon E Browne, MD
3651 College Blvd #100A
Leawood, KS 66211
Tel: 913 319-7500 *Fax:* 913 319-7691
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 268-28-21-051

St Louis

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Barnes-Jewish West County Hospital
Veterans Affairs Medical Center (St Louis)
Prgm Director: George A Paletta, MD
Campus Box 8233
660 S Euclid Ave
St Louis, MO 63110
Tel: 314 747-2549 *Fax:* 314 747-3756
E-mail: orthosurg@msnotes.wustl.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 268-28-21-076

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
Prgm Director: Robert C Schenck, MD
Dept of Orth and Rehab, MSC10 5600
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505 272-6491 *Fax:* 505 272-8098
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 268-34-22-092

Taos

Taos Orthopaedic Institute and Research Foundation Program

Sponsor: Taos Orthopaedic Institute and Research Foundation
Prgm Director: James H Lubowitz, MD
1219-A Gusdorf Road
Taos, NM 87571
Tel: 505 758-0009 *Fax:* 505 758-8736
E-mail: info@taosortho.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 268-34-21-095

New York

East Amherst

Northtowns Orthopaedics/Bufalo General Hospital Program

Sponsor: Northtowns Orthopaedics
Kaleida Health System (Bufalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Prgm Director: Leslie J Bisson, MD
8750 Transit Road
E Amherst, NY 14051
Tel: 716 636-1470
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 268-35-12-079

New York

Hospital for Special Surgery/Cornell Medical Center Program

Sponsor: Hospital for Special Surgery
Prgm Director: Thomas L Wickiewicz, MD
535 East 70th Street
New York, NY 10021
Tel: 212 606-1156 *Fax:* 212 774-2243
E-mail: ambrosej@hss.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 268-35-21-025

Lenox Hill Hospital Program

Sponsor: Lenox Hill Hospital
Prgm Director: Barton Nisonson, MD
130 East 77th Street
New York, NY 10021
Tel: 212 570-9120
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 268-35-11-004

New York University School of Medicine/Hospital for Joint Diseases Orthopaedic Institute Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Hospital for Joint Diseases Orthopaedic Institute
Prgm Director: Orrin Sherman, MD
530 First Avenue
New York, NY 10016
Tel: 212 263-8961 *Fax:* 212 263-8750
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 268-35-31-078

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Kenneth E DeHaven, MD
601 Elmwood Avenue, Box 665
Rochester, NY 14642
Tel: 585 275-2970 *Fax:* 585 756-4733
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 268-35-21-060

West Point

Keller Army Community Hospital Program

Sponsor: Keller Army Community Hospital
Prgm Director: Dean C Taylor, MD
Orthopaedic Service
900 Washington Road
West Point, NY 10996
Tel: 845 938-4821 *Fax:* 845 938-6806
E-mail: dean.taylor@na.amedd.army.mil
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 268-35-21-055
US Armed Services Program

North Carolina

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Prgm Director: Laurence D Higgins, MD
Box 3615
Durham, NC 27710
Tel: 919 684-6603 *Fax:* 919 919-9919
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 268-36-31-091

Ohio**Cincinnati****Christ Hospital/University of Cincinnati College of Medicine Program**

Sponsor: Christ Hospital
University of Cincinnati College of Medicine
Prgm Director: Robert S Heidt, MD
2139 Auburn Avenue
Cincinnati, OH 45219
Tel: 513 585-2742 *Fax:* 513 585-3293
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 268-38-21-031

Cincinnati Sports Medicine and Orthopaedic Center Program

Sponsor: Cincinnati Sportsmedicine and Orthopaedic Center
Prgm Director: Frank R Noyes, MD
12115 Sheraton Lane
Cincinnati, OH 45246
Tel: 513 559-2823 *Fax:* 513 475-5263
E-mail: mwjaker@csnoc.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 268-38-21-041

Cleveland**Cleveland Clinic Foundation Program**

Sponsor: Cleveland Clinic Foundation
Prgm Director: Richard D Parker, MD*
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-2992 *Fax:* 216 445-7460
E-mail: parkerr@ccf.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 268-38-21-028

Columbus**Ohio State University Hospital Program**

Sponsor: Ohio State University Hospital
Prgm Director: Christopher C Kaeding, MD
2050 Kenny Road
Columbus, OH 43221
Tel: 614 293-8813 *Fax:* 614 293-4399
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 268-38-21-008

Pennsylvania**Philadelphia****Graduate Hospital Program**

Sponsor: Graduate Hospital (Tenet Health System)
Prgm Director: Frederick C Balduini, MD
One Graduate Plaza
1800 Lombard Street
Philadelphia, PA 19146
Tel: 856 228-6777 *Fax:* 856 228-6358
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 268-41-21-014

Temple University Hospital Program

Sponsor: Temple University Hospital
Prgm Director: Ray A Moyer, MD
3401 N Broad St
Philadelphia, PA 19140
Tel: 215 707-8331 *Fax:* 215 707-2324
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 268-41-21-040

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Cooper Hospital-University Medical Center
Lankenau Hospital
Prgm Director: Michael G Ciccotti, MD
1015 Chestnut Street, Suite 719
Philadelphia, PA 19107
Tel: 215 955-1500
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 268-41-21-054

Pittsburgh**University of Pittsburgh Medical Center Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC South Side
UPMC St Margaret
Prgm Director: Christopher D Harner, MD
3200 South Water Street
Pittsburgh, PA 15203
Tel: 412 432-3662 *Fax:* 412 432-3690
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 268-41-21-018

Tennessee**Nashville****Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Prgm Director: John E Kuhn, MD
Vanderbilt Sports Medicine Fellowship Program
2601 Jess Neely Drive
Nashville, TN 37212
Tel: 615 322-7878 *Fax:* 615 343-9893
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 268-47-13-086

Texas**Houston****Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
Methodist Hospital
St Luke's Episcopal Hospital
Prgm Director: Walter R Lowe, MD
Department of Orthopaedic Surgery
6550 Fannin, Suite 400
Houston, TX 77030
Tel: 713 986-5590 *Fax:* 713 986-5591
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 268-48-31-027

Lubbock**Texas Tech University (Lubbock) Program**

Sponsor: Texas Tech University Health Sciences Center at Lubbock
University Medical Center
Prgm Director: Mimi Zumwalt, MD*
3601 4th Street
Lubbock, TX 79430
Tel: 806 743-2465 *Fax:* 806 743-1919
E-mail: diane.robinson@ttuhsc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 268-48-31-088

San Antonio**University of Texas Health Science Center at San Antonio/Nix Medical Center Program**

Sponsor: University of Texas Medical School at San Antonio
Methodist Healthcare System
Nix Medical Center
Prgm Director: Jesse C DeLee, MD
2829 Babcock Road, Suite 700
San Antonio, TX 78229
Tel: 210 593-1475 *Fax:* 210 615-1634
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 268-48-21-042

Utah**Murray****The Advanced Orthopaedics and Sports Medicine Program**

Sponsor: The Advanced Orthopaedics and Sports Medicine Program
Prgm Director: Lonnie E Paulos, MD
Suite 200
Murray, UT 84107
Tel: 801 269-2827 *Fax:* 801 268-4794
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 268-49-31-011

Salt Lake City**University of Utah Program**

Sponsor: University of Utah Medical Center
Prgm Director: Robert T Burks, MD
590 Wakara Way
Salt Lake City, UT 84108
Tel: 801 587-5455
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 268-49-21-022

Virginia**Arlington****Georgetown University Program**

Sponsor: Virginia Hospital Center-Arlington
Nirschl Orthopedic Clinic
Prgm Director: Robert P Nirschl, MD, MS
1715 N George Mason Drive, Ste 504
Arlington, VA 22205
Tel: 703 525-2200 *Fax:* 703 522-2603
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 268-51-21-062

Charlottesville**University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: David Diduch, MD
PO Box 800159
Charlottesville, VA 22908
Tel: 434 243-0274 *Fax:* 434 243-0290
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 268-51-21-057

Richmond**Orthopaedic Research of Virginia Program**

Sponsor: Orthopaedic Research of Virginia
Tuckahoe Orthopaedic Associates
Prgm Director: John F Meyers, MD
7660 E Parham Road, Suite 207
Richmond, VA 23294
Tel: 804 527-5960 *Fax:* 804 527-5961
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 268-51-21-039

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics

Prgm Director: John F Orwin, MD

600 Highland Avenue, K4/751

Madison, WI 53792

Tel: 608 263-5636

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 268-56-21-017

Orthopaedic Surgery

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital

Children's Hospital of Alabama

Cooper Green Hospital

Veterans Affairs Medical Center (Birmingham)

Prgm Director: David A Volgas, MD

510 20th Street South

FOT960

Birmingham, AL 35294

Tel: 205 934-6413 *Fax:* 205 975-9532

Length: 5 Yrs *ACGME Approved/Offered Positions:* 30

Subspecialties: HSO

Program ID: 260-01-21-044

Mobile

University of South Alabama Program

Sponsor: University of South Alabama Hospitals

University of South Alabama Medical Center

USA Children's and Women's Hospital

USA Knollwood Park Hospital

Prgm Director: Frederick N Meyer, MD

3421 Medical Park Drive, Dept of Orthopaedic Surgery

2 Medical Park

Mobile, AL 36693

Tel: 251 665-8250 *Fax:* 251 665-8255

Length: 5 Yrs *ACGME Approved/Offered Positions:* 10

Program ID: 260-01-11-182

Arizona

Phoenix

Maricopa Medical Center Program

Sponsor: Maricopa Medical Center

Carl T Hayden Veterans Affairs Medical Center

(Phoenix)

Children's Rehabilitative Services

Prgm Director: Peter N Giovan, MD*

2601 E Roosevelt St

Phoenix, AZ 85008

Tel: 602 344-1318 *Fax:* 602 344-1311

E-mail: carole_richards@medprodoctors.com

Length: 5 Yrs *ACGME Approved/Offered Positions:* 15

Program ID: 260-03-22-073

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine

University Medical Center

Prgm Director: John T Ruth, MD

PO Box 245064

Tucson, AZ 85724

Tel: 520 626-9245 *Fax:* 520 626-2668

Length: 5 Yrs *ACGME Approved/Offered Positions:* 15

Subspecialties: OSM

Program ID: 260-03-31-054

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine

Arkansas Children's Hospital

Central Arkansas Veterans Health Center

University Hospital of Arkansas

Prgm Director: Robert D Blasler, MD*

4301 West Markham

Mail Slot 531

Little Rock, AR 72205

Tel: 501 686-5259 *Fax:* 501 603-1984

E-mail: BlasierRobertD@uams.edu

Length: 5 Yrs *ACGME Approved/Offered Positions:* 20

Subspecialties: HSO, OPA

Program ID: 260-04-21-094

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center

Arrowhead Regional Medical Center

Jerry L Pettis Memorial Veterans Hospital

Prgm Director: Michael J Coen, MD, MS

11406 Loma Linda Drive

Suite 218

Loma Linda, CA 92354

Tel: 909 558-6444 *Fax:* 909 558-6118

E-mail: orthoresidency@som.llu.edu

Length: 5 Yrs *ACGME Approved/Offered Positions:* 20

Subspecialties: HSO

Program ID: 260-05-21-063

Los Angeles

Charles R Drew University Program

Sponsor: Charles R Drew University of Medicine and Science

LAC-King/Drew Medical Center

LAC-Rancho Los Amigos National Rehabilitation Center

Orthopaedic Hospital

Prgm Director: Don P Sanders, MD, MSPH*

12021 South Wilmington Avenue

Los Angeles, CA 90059

Tel: 310 668-4534 *Fax:* 310 668-3105

E-mail: doctords@cox.net

Length: 5 Yrs *ACGME Approved/Offered Positions:* 10

Program ID: 260-05-22-069

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine

Shriners Hospitals for Children (Los Angeles)

UCLA Medical Center

VA Greater Los Angeles Healthcare System

Prgm Director: Gerald A M Finerman, MD

10833 Le Conte Avenue

Los Angeles, CA 90024

Tel: 310 794-4315

E-mail: sfulton@mednet.ucla.edu

Length: 5 Yrs *ACGME Approved/Offered Positions:* 30

Subspecialties: HSO

Program ID: 260-05-21-078

**University of Southern California/
LAC+USC Medical Center Program**

Sponsor: University of Southern California/LAC+USC Medical Center

Childrens Hospital Los Angeles
USC University Hospital

Prgm Director: Michael J Patzakis, MD
2025 Zonal Avenue, GNH 3900
Los Angeles, CA 90033

Tel: 323 226-7201 *Fax:* 323 226-2221

Length: 5 Yrs *ACGME Approved/Offered Positions:* 50
Subspecialties: HSO

Program ID: 260-05-21-193

Orange**University of California (Irvine) Program**

Sponsor: University of California (Irvine) Medical Center

Children's Hospital of Orange County
Mission Hospital Regional Medical Center
VA Long Beach Healthcare System

Prgm Director: Gary J Phipps, MD

101 City Drive South
Dept of Ortho Surgery, Pav III, 2nd Fl, Rte 81
Orange, CA 92668

Tel: 714 456-5754 *Fax:* 714 456-7547

E-mail: vvalle@uci.edu

Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: HSO

Program ID: 260-05-21-064

Sacramento**University of California (Davis) Health System Program**

Sponsor: UC Davis Health System
Shriners Hospitals for Children (Sacramento)
University of California (Davis) Medical Center

Prgm Director: David H Hak, MD, MBA
Department of Orthopaedic Surgery
4860 Y Street, Suite 3800

Sacramento, CA 95817

Tel: 916 734-6294 *Fax:* 916 734-7904

Length: 5 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: HSO

Program ID: 260-05-21-133

San Diego**Naval Medical Center (San Diego) Program**

Sponsor: Naval Medical Center (San Diego)

Prgm Director: Michael A Thompson, MD*

34800 Bob Wilson Drive
San Diego, CA 92134

Tel: 619 532-8427 *Fax:* 619 532-8467

E-mail: mastump@nmcscd.med.navy.mil

Length: 5 Yrs *ACGME Approved/Offered Positions:* 25

Program ID: 260-05-31-079

US Armed Services Program

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center

Children's Hospital and Health Center
Veterans Affairs Medical Center (San Diego)

Prgm Director: Robert Pedowitz, MD, PhD

350 Dickinson Street, Mail Code 8894
San Diego, CA 92103

Tel: 619 543-2694 *Fax:* 619 543-2540

E-mail: orthores@ucsd.edu

Length: 5 Yrs *ACGME Approved/Offered Positions:* 20

Subspecialties: HSO

Program ID: 260-05-21-109

San Francisco**St Mary's Hospital and Medical Center Program**

Sponsor: St Mary's Hospital and Medical Center
Alameda County Medical Center

Kaiser Permanente Medical Center (Oakland)

Prgm Director: Garnet F Wynne, MD

450 Stanyan Street
San Francisco, CA 94117

Tel: 415 750-5782

Length: 5 Yrs *ACGME Approved/Offered Positions:* 15

Program ID: 260-05-22-108

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine

San Francisco General Hospital Medical Center

University of California (San Francisco) Medical Center

Veterans Affairs Medical Center (San Francisco)

Prgm Director: Serena S Hu, MD*

Dept of Orthopaedic Surgery

500 Parnassus Avenue MU320W

San Francisco, CA 94143

Tel: 415 476-6043 *Fax:* 415 476-1304

E-mail: stuartm@orthosurg.ucsf.edu

Length: 5 Yrs *ACGME Approved/Offered Positions:* 30

Subspecialties: HSO

Program ID: 260-05-21-002

Stanford**Stanford University Program**

Sponsor: Stanford University Hospital

Lucile Salter Packard Children's Hospital at Stanford

Santa Clara Valley Medical Center

Veterans Affairs Palo Alto Health Care System

Prgm Director: Timothy R McAdams, MD*

Department of Orthopaedic Surgery

300 Pasteur Drive, Room R144

Stanford, CA 94305

Tel: 650 725-5903 *Fax:* 650 724-3044

E-mail: kdenry@stanford.edu

Length: 5 Yrs *ACGME Approved/Offered Positions:* 20

Subspecialties: HSO, OAR

Program ID: 260-05-21-098

Torrance**Los Angeles County-Harbor-UCLA Medical Center Program**

Sponsor: Los Angeles County-Harbor-UCLA Medical Center

Prgm Director: Louis M Kwong, MD*

1000 West Carson Street, Box 422

Torrance, CA 90509

Tel: 310 222-2716 *Fax:* 310 533-8791

Length: 5 Yrs *ACGME Approved/Offered Positions:* 15

Program ID: 260-05-31-122

Colorado**Denver****University of Colorado Program**

Sponsor: University of Colorado School of Medicine

Children's Hospital (The)

Denver Health Medical Center

University of Colorado Hospital

Veterans Affairs Medical Center (Denver)

Prgm Director: Steven J Morgan, MD

4200 E Ninth Avenue, Box B202

Denver, CO 80262

Tel: 303 372-5525 *Fax:* 303 372-5682

Length: 5 Yrs *ACGME Approved/Offered Positions:* 20

Program ID: 260-07-21-004

Connecticut**Farmington****University of Connecticut Program**

Sponsor: University of Connecticut School of Medicine

Connecticut Children's Medical Center

Hartford Hospital

St Francis Hospital and Medical Center

Univ of Connecticut Health Center/John Dempsey

Hospital

Prgm Director: Bruce D Browner, MD

10 Talcott Notch Road

PO Box 4037

Farmington, CT 06034

Tel: 860 679-6640 *Fax:* 860 679-6649

Length: 5 Yrs *ACGME Approved/Offered Positions:* 20

Subspecialties: HSO, OP, OSM

Program ID: 260-08-21-172

New Haven**Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital

Prgm Director: Thomas S Renshaw, MD

PO Box 208071

New Haven, CT 06520

Tel: 203 785-2579 *Fax:* 203 785-7132

Length: 5 Yrs *ACGME Approved/Offered Positions:* 25

Program ID: 260-08-21-005

District of Columbia**Washington****George Washington University Program**

Sponsor: George Washington University School of Medicine

Children's National Medical Center

Clinical Center at the National Institutes of Health

George Washington University Hospital (UHS)

Sibley Memorial Hospital

Washington Hospital Center

Prgm Director: Robert J Neviasser, MD

2150 Pennsylvania Avenue, NW

Room 7-416

Washington, DC 20037

Tel: 202 741-3301 *Fax:* 202 741-3313

Length: 5 Yrs *ACGME Approved/Offered Positions:* 20

Subspecialties: OMO

Program ID: 260-10-21-083

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital

Inova Fairfax Hospital

Virginia Hospital Center-Arlington

Prgm Director: Sam W Wiesel, MD

3800 Reservoir Road, NW

G-PHC

Washington, DC 20007

Tel: 202 444-7371 *Fax:* 202 444-7573

Length: 5 Yrs *ACGME Approved/Offered Positions:* 15

Subspecialties: OSM

Program ID: 260-10-21-014

Howard University Program

Sponsor: Howard University Hospital

Children's National Medical Center

Providence Hospital

Sinai Hospital of Baltimore

Veterans Affairs Medical Center (Washington DC)

Prgm Director: Terry L Thompson, MD

2041 Georgia Ave, NW

Washington, DC 20060

Tel: 202 865-1182 *Fax:* 202 865-4904

E-mail: ortho@howard.edu

Length: 5 Yrs *ACGME Approved/Offered Positions:* 20

Program ID: 260-10-21-115

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Robert A Vander Griend, MD

PO Box 112727
Gainesville, FL 32611
Tel: 352 273-7348

Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: HSO, OMO
Program ID: 260-11-21-123

Jacksonville

University of Florida Health Science Center/Jacksonville Program

Sponsor: University of Florida College of Medicine at Jacksonville

Shands Jacksonville Medical Center
Nemours Children's Clinic

Prgm Director: Hudson B Berrey, MD
Department of Orthopaedic Surgery

655 West 8th Street (ACC Bldg - 2nd Floor)
Jacksonville, FL 32209

Tel: 904 244-7757 *Fax:* 904 244-7744

E-mail: ortho.gme@jax.ufl.edu

Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 260-11-21-062

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System

Cedars Medical Center
HealthSouth Doctors' Hospital
Miami Children's Hospital
Veterans Affairs Medical Center (Miami)

Prgm Director: Frank J Eismont, MD
Rehabilitation Center- 3rd floor, RM 303

1611 NW 12th Avenue
Miami, FL 33136

Tel: 305 585-7138 *Fax:* 305 324-7658

E-mail: orthoapp@med.miami.edu

Length: 5 Yrs *ACGME Approved/Offered Positions:* 35
Subspecialties: HSO, OMO, OSS

Program ID: 260-11-21-076

Orlando

Orlando Regional Healthcare Program

Sponsor: Orlando Regional Healthcare
Orlando Regional Medical Center

Prgm Director: Thomas A Csencsitz, BS, MD*
Medical Education - Orthopaedics

22 W Underwood 4th Floor
Orlando, FL 32806

Tel: 407 649-6885 *Fax:* 321 843-7381

Length: 5 Yrs *ACGME Approved/Offered Positions:* 10

Subspecialties: OP

Program ID: 260-11-22-184

Georgia

Atlanta

Atlanta Medical Center Program

Sponsor: Atlanta Medical Center
Children's Healthcare of Atlanta

Prgm Director: Robert M Harris, MD*
303 Parkway Drive, NE

Box 423
Atlanta, GA 30312

Tel: 404 265-3838 *Fax:* 404 265-4989

Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-12-22-113

Emory University Program

Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston

Emory University Hospital
Grady Health System

Prgm Director: Gary R McGilivray, MD
Residency Coordinator's Office - 308 EFOB

49 Jesse Hill Jr Dr
Atlanta, GA 30303

Tel: 404 778-1550 *Fax:* 404 778-1552

Length: 5 Yrs *ACGME Approved/Offered Positions:* 25

Program ID: 260-12-21-039

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)

Prgm Director: Styles L Bertrand, MD
1120 Fifteenth Street

Augusta, GA 30912

Tel: 706 721-1639 *Fax:* 706 721-1794

Length: 5 Yrs *ACGME Approved/Offered Positions:* 15

Program ID: 260-12-21-114

Fort Gordon

Dwight David Eisenhower Army Medical Center Program

Sponsor: Dwight David Eisenhower Army Medical Center

Children's Healthcare of Atlanta

Prgm Director: Lt Col Theodore J Choma, MD*
Orthopaedic Surgery Service

Fort Gordon, GA 30905

Tel: 706 787-1859 *Fax:* 706 787-8087

Length: 5 Yrs *ACGME Approved/Offered Positions:* 10

Program ID: 260-12-21-192

US Armed Services Program

Hawaii

Honolulu

Tripler Army Medical Center Program

Sponsor: Tripler Army Medical Center
Prgm Director: John V Ingari, MD

Orthopaedic Surgery Services, MCHK-DSO
1 Jarrett White Road

Tripler AMC, HI 96859

Tel: 808 433-3557 *Fax:* 808 433-1554

Length: 5 Yrs *ACGME Approved/Offered Positions:* 15

Program ID: 260-14-31-086

US Armed Services Program

University of Hawaii Program

Sponsor: University of Hawaii John A Burns School of Medicine

Queen's Medical Center
Shriners Hospitals for Children (Honolulu)

Prgm Director: Robert E Atkinson, MD
School of Medicine

1356 Lusitana Street, 6th Floor
Honolulu, HI 96813

Tel: 808 547-4561 *Fax:* 808 586-3022

E-mail: vfredric@hawaii.edu

Length: 5 Yrs *ACGME Approved/Offered Positions:* 10

Program ID: 260-14-21-068

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University

Children's Memorial Hospital
Evanston Hospital

Northwestern Memorial Hospital
Prgm Director: Michael F Schafer, MD

645 N Michigan Ave
Suite 910

Chicago, IL 60611

Tel: 312 908-7937

Length: 5 Yrs *ACGME Approved/Offered Positions:* 45

Subspecialties: OP

Program ID: 260-16-21-007

Rush University Medical Center Program

Sponsor: Rush University Medical Center
John H Stroger Hospital of Cook County

Shriners Hospitals for Children (Chicago)
Prgm Director: Joshua J Jacobs, MD

1653 West Congress Parkway
Room 1471 - Jelke

Chicago, IL 60612

Tel: 312 942-5850 *Fax:* 312 942-2101

Length: 5 Yrs *ACGME Approved/Offered Positions:* 20

Subspecialties: OSM, OSS

Program ID: 260-16-31-174

University of Chicago Program

Sponsor: University of Chicago Hospitals
Louis A Weiss Memorial Hospital

Prgm Director: Terrance Peabody, MD
5841 S Maryland, MC 3079

Chicago, IL 60637

Tel: 773 702-3442 *Fax:* 773 702-4765

Length: 5 Yrs *ACGME Approved/Offered Positions:* 20

Subspecialties: HSO, OAR, OMO, OSM

Program ID: 260-16-21-136

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago

John H Stroger Hospital of Cook County
Shriners Hospitals for Children (Chicago)

University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center

Prgm Director: Edward Abraham, MD
835 S Wolcott Avenue

Room E-270, M/C 844

Chicago, IL 60612

Tel: 312 996-7161 *Fax:* 312 996-9025

Length: 5 Yrs *ACGME Approved/Offered Positions:* 35

Subspecialties: OSM

Program ID: 260-16-21-047

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital

Shriners Hospitals for Children (Chicago)
Prgm Director: Terry R Light, MD

2160 S First Avenue

Maguire Building 105, Room 1700

Maywood, IL 60153

Tel: 708 216-4570 *Fax:* 708 216-5858

E-mail: ortho@lumc.edu

Length: 5 Yrs *ACGME Approved/Offered Positions:* 25

Program ID: 260-16-21-050

Springfield**Southern Illinois University Program**

Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Prgm Director: D Gordon Allan, MD
PO Box 19679
Division of Orthopaedics
Springfield, IL 62794
Tel: 217 545-8865 *Fax:* 217 545-7901
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: OSS
Program ID: 260-16-21-110

Indiana**Fort Wayne****Fort Wayne Medical Education Program**

Sponsor: Fort Wayne Medical Education Program
Lutheran Hospital of Indiana
Parkview Memorial Hospital
St Joseph Hospital
Prgm Director: Daniel J Cumiskey, MD
2448 Lake Avenue
Fort Wayne, IN 46805
Tel: 260 422-6573 *Fax:* 260 423-6621
E-mail: knight@fwmep.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 260-17-22-138

Indianapolis**Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Prgm Director: Randall T Loder, MD
541 Clinical Drive, Room 600
Indianapolis, IN 46202
Tel: 317 274-7913 *Fax:* 317 274-3702
Length: 5 Yrs *ACGME Approved/Offered Positions:* 25
Subspecialties: HSO, OSM
Program ID: 260-17-21-008

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: J Lawrence Marsh, MD
Orthopaedic Surgery, 01008 JPP
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-0430 *Fax:* 319 356-8999
Length: 5 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: HSO, OSM
Program ID: 260-18-21-139

Kansas**Kansas City****University of Kansas Medical Center Program**

Sponsor: University of Kansas School of Medicine
Children's Mercy Hospital
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Prgm Director: E Bruce Toby, MD
Mail Stop 3017, 3901 Rainbow Boulevard
Kansas City, KS 66160
Tel: 913 588-7590 *Fax:* 913 588-8186
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-19-21-140

Wichita**University of Kansas (Wichita) Program**

Sponsor: University of Kansas School of Medicine (Wichita)
Shriners Hospitals for Children (St Louis)
Veterans Affairs Medical Center (Wichita)
Via Christi Regional Medical Center-St Francis
Wesley Medical Center
Prgm Director: David McQueen, MD
929 North St Francis
Orthopaedic Residency Program-Rm#4076
Wichita, KS 67214
Tel: 316 268-5988 *Fax:* 316 291-7799
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 260-19-31-106

Kentucky**Lexington****University of Kentucky College of Medicine Program**

Sponsor: University of Kentucky College of Medicine
Shriners Hospitals for Children (Lexington)
University of Kentucky Hospital
Prgm Director: William O Shaffer, MD, BS
740 S Limestone, K401
Lexington, KY 40536
Tel: 859 323-5533 *Fax:* 859 323-2412
E-mail: brian.judge@uky.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: OP, OSM
Program ID: 260-20-21-059

Louisville**University of Louisville Program**

Sponsor: University of Louisville School of Medicine
Jewish Hospital
Kosair Children's Hospital (Norton Healthcare, Inc)
Norton Medical Pavilion-Norton Healthcare, Inc
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: John R Johnson, MD
Department of Orthopaedic Surgery
210 E Gray Street, Suite 1603
Louisville, KY 40202
Tel: 502 852-5319
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 260-20-21-009

Louisiana**New Orleans****Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine
Children's Hospital
Earl K Long Medical Center
Kenner Regional Medical Center
Medical Center of Louisiana at New Orleans
Prgm Director: Robb Sellards, MD*
Department of Orthopaedic Surgery
2025 Gravier Street, Suite 400
New Orleans, LA 70112
Tel: 504 568-4680 *Fax:* 504 568-4466
E-mail: lbell@lsuhsc.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: OP, OSM
Program ID: 260-21-21-141

Ochsner Clinic Foundation Program

Sponsor: Ochsner Clinic Foundation
Leonard J Chabert Medical Center
Prgm Director: Michael R Wilson, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-5932
E-mail: jhamilton@ochsner.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 260-21-22-056

Tulane University Program

Sponsor: Tulane University School of Medicine
Children's Healthcare of Atlanta
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Raoul P Rodriguez, MD*
1430 Tulane Avenue, SL 32
New Orleans, LA 70112
Tel: 504 587-2178 *Fax:* 504 584-3600
Length: 5 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: OSM
Program ID: 260-21-31-010

Shreveport**Louisiana State University (Shreveport) Program**

Sponsor: LSU Health Sciences Center-University
Hospital
Overton Brooks Veterans Affairs Medical Center
Shriners Hospitals for Children (Shreveport)
Prgm Director: James A Albright, MD
PO Box 33932
1501 Kings Highway
Shreveport, LA 71103
Tel: 318 675-6180 *Fax:* 318 675-6186
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-21-21-043

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
Good Samaritan Hospital of Maryland
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Prgm Director: Michael C Ain, MD
601 N Caroline Street, Suite 5223
Baltimore, MD 21287
Tel: 410 955-3135 *Fax:* 410 955-1719
E-mail: nsimons@jhmi.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 25
Program ID: 260-23-21-057

Union Memorial Hospital Program

Sponsor: Union Memorial Hospital
 Johns Hopkins Hospital
Prgm Director: Leslie S Matthews, MD, MBA
 201 East University Parkway
 Baltimore, MD 21218
Tel: 410 554-2865
E-mail: kathy.lind@medstar.net
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Subspecialties: HSO, OFA, OSM
Program ID: 260-23-31-087

University of Maryland Program

Sponsor: University of Maryland Medical System
 Johns Hopkins Hospital
 Veterans Affairs Medical Center (Baltimore)
Prgm Director: Robert S Sterling, MD*
 22 South Greene Street
 Suite S11B
 Baltimore, MD 21201
Tel: 410 328-6040 *Fax:* 410 328-0534
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: OTR
Program ID: 260-23-31-088

Bethesda

National Capital Consortium (Bethesda) Program

Sponsor: National Capital Consortium
 National Naval Medical Center (Bethesda)
 Nemours Children's Clinic
Prgm Director: Patricia L McKay, MD*
 8901 Wisconsin Avenue
 Bethesda, MD 20889
Tel: 301 295-4293 *Fax:* 301 295-4141
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-23-21-183
US Armed Services Program

National Capital Consortium (Walter Reed) Program

Sponsor: National Capital Consortium
 Alfred I duPont Hospital for Children
 Walter Reed Army Medical Center
Prgm Director: Timothy R Kuklo, MD, JD
 6900 Georgia Ave, NW
 Building 2, Room 5A25
 Washington, DC 20307
Tel: 202 782-5852 *Fax:* 202 782-6845
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: HSO, OSM
Program ID: 260-10-11-075
US Armed Services Program

Massachusetts

Boston

Boston University Medical Center Program

Sponsor: Boston Medical Center
 Lahey Clinic
 Shriners Hospitals for Children (Springfield)
 Veterans Affairs Medical Center (Boston)
Prgm Director: Thomas A Einhorn, MD
 720 Harrison Avenue
 Doctors Office Building 808
 Boston, MA 02118
Tel: 617 638-8435 *Fax:* 617 638-8493
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: OSM
Program ID: 260-24-31-066

Massachusetts General Hospital/Brigham and Women's Hospital/Harvard Medical School Program

Sponsor: Massachusetts General Hospital
 Beth Israel Deaconess Medical Center
 Brigham and Women's Hospital
 Children's Hospital
Prgm Director: James H Herndon, MD, MBA
 55 Fruit Street, GRB 624
 Boston, MA 02114
Tel: 617 726-5117 *Fax:* 617 726-3124
E-mail: dsheehan@partners.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 60
Subspecialties: HSO, OMO, OP, OSM
Program ID: 260-24-21-011

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
 New England Baptist Hospital
 Newton-Wellesley Hospital
Prgm Director: Charles Cassidy, MD*
 Department of Orthopaedics, Box 306
 750 Washington Street
 Boston, MA 02111
Tel: 617 636-5150 *Fax:* 617 636-5178
E-mail: jdolph@tufts-nemc.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: HSO, OSM
Program ID: 260-24-21-013

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
 UMass Memorial Health Care (Memorial Campus)
 UMass Memorial Health Care (University Campus)
Prgm Director: Thomas F Breen, MD
 55 Lake Avenue North
 Worcester, MA 01655
Tel: 508 856-4262 *Fax:* 508 334-7273
E-mail: michelle.auger@umassmed.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: HSO, OSM
Program ID: 260-24-21-170

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Madhav A Karunakar, MD*
 1500 E Medical Center Dr
 2912D Taubman Center
 Ann Arbor, MI 48109
Tel: 734 615-3100 *Fax:* 734 764-9159
Length: 5 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: OSM
Program ID: 260-25-21-074

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital
 William Beaumont Hospital
Prgm Director: Paul Dougherty, MD*
 2799 West Grand Boulevard
 Detroit, MI 48202
Tel: 313 916-7123 *Fax:* 313 916-2478
Length: 5 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: OSM
Program ID: 260-25-11-142

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
 Children's Hospital of Michigan
 Detroit Receiving Hospital and University Health Center
 Providence Hospital and Medical Centers
 Sinai-Grace Hospital (Grace Campus)
 Sinai-Grace Hospital (Sinai Campus)
 The Michigan Orthopaedic Specialty Hospital
Prgm Director: Stephen P DeSilva, MD, MS
 28800 Ryan Road, Suite 220
 Warren, MI 48092
Tel: 586 558-1126 *Fax:* 586 558-1187
E-mail: ralph@blasier.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 40
Program ID: 260-25-31-203

Flint

McLaren Regional Medical Center Program

Sponsor: McLaren Regional Medical Center
 Hurley Medical Center
Prgm Director: Norman E Walter, MD
 401 South Ballenger Highway
 Attn: Orthopaedic Education Office
 Flint, MI 48832
Tel: 810 342-2111 *Fax:* 810 342-3659
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 260-25-12-089

Grand Rapids

Grand Rapids Medical Education and Research Center/Michigan State University Program

Sponsor: Grand Rapids Medical Education and Research Center
 Saint Mary's Mercy Medical Center (Grand Rapids)
 Spectrum Health-Blodgett Campus
 Spectrum Health-Butterworth Campus
Prgm Director: Ronald Hoekman, MD
 Michigan State University - Orthopaedic Res Prog
 300 Lafayette, SE #3400
 Grand Rapids, MI 49503
Tel: 616 752-6615 *Fax:* 616 732-3033
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 260-25-21-195

Kalamazoo

Kalamazoo Center for Medical Studies/Michigan State University Program

Sponsor: Michigan State Univ-Kalamazoo Center for Medical Studies
 Borgess Medical Center
 Bronson Methodist Hospital
Prgm Director: E Dennis Lyne, MD
 Michigan State University
 1000 Oakland Drive
 Kalamazoo, MI 49008
Tel: 269 337-6250 *Fax:* 269 337-6441
E-mail: orthosurg@kcms.msu.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 260-25-21-126

Royal Oak

William Beaumont Hospital Program

Sponsor: William Beaumont Hospital
Prgm Director: Harry N Herkowitz, MD
 3601 West 13 Mile Road
 Royal Oak, MI 48073
Tel: 248 551-0426 *Fax:* 248 551-5404
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: OSS
Program ID: 260-25-12-173

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Gillette Children's Speciality Healthcare
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Ann Van Heest, MD
2450 Riverside Avenue S, R200
Minneapolis, MN 55454
Tel: 612 273-1177 *Fax:* 612 273-7959
Length: 5 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: HSO, OAR, OSM
Program ID: 260-26-21-080

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prgm Director: Arlen D Hanssen, MD
200 First Street SW
Rochester, MN 55905
Tel: 507 284-3316 *Fax:* 507 284-5539
E-mail: Hanssen.arlen@mayo.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: HSO, OAR, OMO
Program ID: 260-26-21-121

Mississippi**Jackson****University of Mississippi Medical Center Program**

Sponsor: University of Mississippi School of Medicine
Mississippi Methodist Hospital and Rehabilitation Center
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Prgm Director: Robert A McGuire, MD
2500 N State Street
Jackson, MS 39216
Tel: 601 984-5142 *Fax:* 601 984-5151
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 260-27-21-006

Missouri**Columbia****University of Missouri-Columbia Program**

Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prgm Director: Barry J Gainor, MD
One Hospital Drive, MC213
Columbia, MO 65212
Tel: 573 884-5512 *Fax:* 573 882-1760
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-28-21-148

Kansas City**University of Missouri at Kansas City Program**

Sponsor: University of Missouri-Kansas City School of Medicine
Children's Mercy Hospital
St Luke's Hospital
Truman Medical Center
Prgm Director: James J Hamilton, MD
2301 Holmes Street
Kansas City, MO 64108
Tel: 816 404-5404 *Fax:* 816 404-5381
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: OSM
Program ID: 260-28-21-018

St Louis**St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
Prgm Director: Berton R Moed, MD*
3635 Vista Avenue at Grand Blvd
Department of Orthopaedic Surgery
St Louis, MO 63110
Tel: 314 577-8850 *Fax:* 314 268-5121
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-28-21-046

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Prgm Director: Lawrence G Lenke, MD
Orthopaedic Surgery, Campus Box 8233
660 S Euclid Ave
St Louis, MO 63110
Tel: 314 747-2803 *Fax:* 314 747-3756
E-mail: orthosurg@msnotes.wustl.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: HSO, OP, OSM, OSS
Program ID: 260-28-21-060

Nebraska**Omaha****University of Nebraska Medical Center College of Medicine/Creighton University Program**

Sponsor: University of Nebraska Medical Center College of Medicine
Children's Hospital
Creighton University Medical Center (Tenet - SJH)
The Nebraska Medical Center
Veterans Affairs Medical Center (Omaha)
Prgm Director: Matthew A Mormino, MD*
Department of Orthopaedic Surgery
981080 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-2258 *Fax:* 402 559-5511
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 260-30-21-001

New Hampshire**Lebanon****Dartmouth-Hitchcock Medical Center Program**

Sponsor: Mary Hitchcock Memorial Hospital
Connecticut Children's Medical Center
Veterans Affairs Medical Center (White River Junction)
Prgm Director: Charles F Carr, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-5970 *Fax:* 603 650-2097
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 260-32-21-082

New Jersey**Long Branch****Monmouth Medical Center Program**

Sponsor: Monmouth Medical Center
Children's Hospital of Philadelphia
Morristown Memorial Hospital
Prgm Director: Angelo J Lopano, MD
300 Second Avenue, Room 251SW
Long Branch, NJ 07740
Tel: 732 923-5046 *Fax:* 732 923-6768
E-mail: mmcorthosurgery@sbhcs.com
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 260-33-11-146

New Brunswick**UMDNJ-Robert Wood Johnson Medical School Program**

Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
St Peter's University Hospital
Prgm Director: Charles J Gatt, MD
PO Box 19, 51 French Street
New Brunswick, NJ 08903
Tel: 732 235-7869 *Fax:* 732 235-6002
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-33-21-149

Newark**UMDNJ-New Jersey Medical School Program**

Sponsor: UMDNJ-New Jersey Medical School
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Fred F Behrens, MD
90 Bergen Street, Suite 5200
Newark, NJ 07103
Tel: 973 972-5350 *Fax:* 973 972-9367
Length: 5 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: OMO
Program ID: 260-33-31-102

South Orange**Seton Hall University School of Graduate Medical Education Program**

Sponsor: Seton Hall University School of Graduate Medical Education
St Joseph's Regional Medical Center
Prgm Director: Vincent K McInerney, MD
St Joseph's Regional Medical Center
703 Main Street
Paterson, NJ 07503
Tel: 973 754-2926 *Fax:* 973 754-4357
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 260-33-12-147

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
 Carrie Tingley Hospital
 University of New Mexico Health Sciences
 Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Moheb S Moneim, MD
 MSC10 5600
 1 University of New Mexico
 Albuquerque, NM 87131
Tel: 505 272-4107 *Fax:* 505 272-8098
E-mail: agibson@salud.unm.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 25
Subspecialties: HSO, OSM, OTR
Program ID: 260-34-31-093

New York

Albany

Albany Medical Center Program

Sponsor: Albany Medical Center
 Ellis Hospital
 St Peter's Hospital
 Veterans Affairs Medical Center (Albany)
Prgm Director: Richard L Uhl, MD
 1367 Washington Avenue
 Suite 202
 Albany, NY 12206
Tel: 518 453-3079 *Fax:* 518 453-1463
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 260-35-21-055

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Jacobi Medical Center
 Montefiore Medical Center-Henry and Lucy Moses Division
 Montefiore Medical Center-Weiler Hospital
Prgm Director: I Martin Levy, MD
 1695 Eastchester Road
 2nd Floor
 Bronx, NY 10461
Tel: 718 405-8132 *Fax:* 718 405-8135
Length: 5 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 260-35-21-187

Brooklyn

Kingsbrook Jewish Medical Center Program

Sponsor: Kingsbrook Jewish Medical Center
 St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: Eli Bryk, MD
 585 Schenectady Avenue
 Brooklyn, NY 11203
Tel: 718 604-5483 *Fax:* 718 604-5575
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 260-35-31-185

Maimonides Medical Center Program

Sponsor: Maimonides Medical Center
 Connecticut Children's Medical Center
Prgm Director: Jack Choueka, MD
 4802 Tenth Avenue
 Brooklyn, NY 11219
Tel: 718 283-7362 *Fax:* 718 283-6199
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 260-35-21-107

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
 Veterans Affairs Medical Center (Brooklyn)
 Brookdale University Hospital and Medical Center
 Kings County Hospital Center
 Long Island College Hospital
 Staten Island University Hospital
 University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: William P Urban, MD
 450 Clarkson Avenue
 Box 30
 Brooklyn, NY 11203
Tel: 718 270-2179 *Fax:* 718 270-3983
Length: 5 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 260-35-21-144

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo
 Erie County Medical Center
 Kaleida Health System (Buffalo General Hospital)
 Kaleida Health System (Women and Children's Hosp of Buffalo)
 SUNY at Buffalo School of Medicine
Prgm Director: Lawrence B Bone, MD
 Department of Orthopaedic Surgery
 462 Grider Street
 Buffalo, NY 14215
Tel: 716 898-4735 *Fax:* 716 898-3323
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: HSO, OAR, OSM
Program ID: 260-35-21-024

Jamaica

New York Medical College (Brooklyn-Queens) Program

Sponsor: New York Medical College
 St Vincent Catholic Medical Centers (Brooklyn-Queens)
Prgm Director: John R Denton, MD
 88-25 153rd Street
 Jamaica, NY 11432
Tel: 718 558-7241 *Fax:* 718 558-6181
E-mail: JDenton@svcmcnyc.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-35-21-124

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program

Sponsor: Long Island Jewish Medical Center
 North Shore University Hospital
Prgm Director: David M Dines, MD
 270-05 76th Avenue
 Room 250
 New Hyde Park, NY 11040
Tel: 718 470-7020 *Fax:* 718 962-2809
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-35-21-152

New York

Hospital for Special Surgery/Cornell Medical Center Program

Sponsor: Hospital for Special Surgery
 New York Hospital Medical Center of Queens
 New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Thomas P Sculco, MD
 535 East 70th Street
 New York, NY 10021
Tel: 212 606-1466 *Fax:* 212 774-2779
Length: 5 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: HSO, OAR, OMO, OP, OSM, OSS
Program ID: 260-35-21-022

Lenox Hill Hospital Program

Sponsor: Lenox Hill Hospital
 Children's Hospital
Prgm Director: Chitrarajan S Ranawat, MD
 130 East 77th Street
 New York, NY 10021
Tel: 212 434-2710 *Fax:* 212 434-2268
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Subspecialties: OAR, OSM
Program ID: 260-35-11-175

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
 Elmhurst Hospital Center-Mount Sinai Services
 Mount Sinai Medical Center
Prgm Director: Richard I Ulin, MD
 One Gustave L Levy Place, Box 1188
 New York, NY 10029
Tel: 212 241-1621 *Fax:* 212 241-9429
E-mail: cielo.diaz@msnyuhealth.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: HSO
Program ID: 260-35-21-065

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: William N Levine, MD
 Department of Orthopaedic Surgery
 622 West 168th Street, Rm PH11
 New York, NY 10032
Tel: 212 305-5974 *Fax:* 212 305-6193
Length: 5 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: HSO, OAR
Program ID: 260-35-31-128

New York University School of Medicine/Hospital for Joint Diseases Orthopaedic Institute Program

Sponsor: New York University School of Medicine
 Bellevue Hospital Center
 Hospital for Joint Diseases Orthopaedic Institute
Prgm Director: Joseph D Zuckerman, MD
 301 East 17th Street
 Room 1402
 New York, NY 10003
Tel: 212 598-6674 *Fax:* 212 598-6793
Length: 5 Yrs *ACGME Approved/Offered Positions:* 60
Subspecialties: HSO, OP, OSM, OSS
Program ID: 260-35-12-125

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
 St Luke's-Roosevelt Hospital Center-Roosevelt Division
 St Luke's-Roosevelt Hospital Center-St Luke's Division
Prgm Director: George L Unis, MD
 1111 Amsterdam Avenue
 Clark 7 - Room 5-703
 New York, NY 10025
Tel: 212 523-2650 *Fax:* 212 523-4676
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: HSO
Program ID: 260-35-11-041

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
 Highland Hospital of Rochester
Prgm Director: Randy N Rosier, MD, PhD
 601 Elmwood Avenue, Box 665
 Rochester, NY 14642
Tel: 585 275-5168 *Fax:* 585 756-4721
E-mail: Debbie_Voleshen@urmc.rochester.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 25
Subspecialties: HSO, OSM
Program ID: 260-35-21-031

Stony Brook**SUNY at Stony Brook Program**

Sponsor: University Hospital-SUNY at Stony Brook
Winthrop-University Hospital
Prgm Director: Lawrence C Hurst, MD
T-18, Room 020
Stony Brook, NY 11794
Tel: 631 444-3145
Length: 5 Yrs *ACGME Approved/Offered Positions:* 25
Subspecialties: HSO
Program ID: 260-35-21-181

Syracuse**SUNY Upstate Medical University Program**

Sponsor: SUNY Upstate Medical University
Crouse Hospital
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Stephen A Albanese, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-5226 *Fax:* 315 464-6470
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: HSO, OSS
Program ID: 260-35-21-048

Valhalla**New York Medical College at Westchester Medical Center Program**

Sponsor: New York Medical College
Westchester Medical Center
St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: David E Asprinio, MD
Sunshine Cottage Adm Building, Valhalla Campus
Valhalla, NY 10595
Tel: 914 493-8743 *Fax:* 914 493-1230
E-mail: orthosurg@nymc.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-35-21-067

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
Wake Medical Center
Prgm Director: Edmund R Campion, MD
3144 Bioinformatics, CB#7065
Chapel Hill, NC 27599
Tel: 919 966-9066 *Fax:* 919 966-6730
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 260-36-21-081

Charlotte**Carolinas Medical Center Program**

Sponsor: Carolinas Medical Center
Prgm Director: Steven L Frick, MD
P O Box 32861
1000 Blythe Boulevard - MEB-503
Charlotte, NC 28232
Tel: 704 355-3184 *Fax:* 704 355-6041
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: OTR
Program ID: 260-36-22-104

Durham**Duke University Hospital Program**

Sponsor: Duke University Hospital
Durham Regional Hospital
Shriners Hospitals for Children (Greenville)
Veterans Affairs Medical Center (Asheville)
Veterans Affairs Medical Center (Durham)
Prgm Director: William T Hardaker, MD
Box 3956
Division of Orthopaedic Surgery
Durham, NC 27710
Tel: 919 684-3170 *Fax:* 919 681-7672
Length: 5 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: HSO, OFA, OSM
Program ID: 260-36-31-019

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Jeffrey S Shilt, MD
Medical Center Boulevard, Box 1070
Winston-Salem, NC 27157
Tel: 336 716-3946
E-mail: hermance@wfubmc.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: HSO
Program ID: 260-36-21-077

Ohio**Akron****Akron General Medical Center/NEOUCOM Program**

Sponsor: Akron General Medical Center
Children's Hospital Medical Center of Akron
Prgm Director: Mark C Leeson, MD
400 Wabash Avenue 224/430
Akron, OH 44307
Tel: 390 344-6055 *Fax:* 330 996-2973
E-mail: kwalsh@agmc.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-38-21-058

Summa Health System/NEOUCOM Program

Sponsor: Summa Health System
Akron City Hospital (Summa Health System)
Children's Hospital Medical Center of Akron
Prgm Director: Scott D Weiner, MD*
444 North Main Street
PO Box 2090
Akron, OH 44309
Tel: 330 378-5681 *Fax:* 330 379-5053
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-38-21-015

Cincinnati**University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc
Cincinnati Children's Hospital Medical Center
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Peter J Stern, MD
231 Albert Sabin Way
PO Box 670212
Cincinnati, OH 45267
Tel: 513 558-4516 *Fax:* 513 558-2220
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: HSO
Program ID: 260-38-21-017

Cleveland**Case Western Reserve University/University Hospitals of Cleveland Program**

Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Veterans Affairs Medical Center (Cleveland)
Prgm Director: Randall E Marcus, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3040 *Fax:* 216 844-5970
Length: 5 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 260-38-21-027

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Children's Hospital Medical Center of Akron
MetroHealth Medical Center
Prgm Director: Thomas E Kuivila, MD
9500 Euclid Avenue, A41
Cleveland, OH 44195
Tel: 216 444-2741 *Fax:* 216 445-3585
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: HSO, OSM
Program ID: 260-38-22-042

Columbus**Mount Carmel Program**

Sponsor: Mount Carmel
Children's Hospital (Columbus)
Prgm Director: Richard A Fankhauser, MD
793 West State Street
Columbus, OH 43222
Tel: 614 234-5354
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 260-38-32-025

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Children's Hospital (Columbus)
Riverside Methodist Hospitals (OhioHealth)
Prgm Director: Gary D Bos, MD
Department of Orthopaedics
N1050 Doan Hall / 410 W 10th Ave
Columbus, OH 43210
Tel: 614 293-6194 *Fax:* 614 293-3596
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: OP, OSM
Program ID: 260-38-21-099

Dayton**Wright State University Program**

Sponsor: Wright State University School of Medicine
Children's Medical Center
Miami Valley Hospital
Prgm Director: Richard T Laughlin, MD
128 E Apple Street - Room 2830
Dayton, OH 45409
Tel: 937 208-2127 *Fax:* 937 208-2820
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-38-21-105

Toledo**Medical College of Ohio Program**

Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
St Vincent Mercy Medical Center
Prgm Director: Nabil A Ebraheim, MD
3065 Arlington Avenue
Suite 2435
Toledo, OH 43614
Tel: 419 383-4020 *Fax:* 419 383-3526
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: OTR
Program ID: 260-38-31-176

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
Bone and Joint Hospital
OU Medical Center
OU Medical Center-Children's Hospital
Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: J Andy Sullivan, MD
P O Box 26901
Suite WP-1980
Oklahoma City, OK 73190
Tel: 405 271-4426 *Fax:* 405 271-3461
Length: 5 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 260-39-21-053

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Legacy Emanuel Hospital and Medical Center
Prgm Director: Ted J Vigeland, MD
Mail Code Ortho - OP-31
3181 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503 494-6406 *Fax:* 503 494-5050
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: OP
Program ID: 260-40-21-028

Pennsylvania

Danville

Geisinger Health System Program

Sponsor: Geisinger Health System
Geisinger Medical Center
Prgm Director: Gary D Harter, MD*
Department of Orthopaedic Surgery
100 N Academy Avenue
Danville, PA 17822
Tel: 570 271-6541
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 260-41-22-155

Erie

Hamot Medical Center Program

Sponsor: Hamot Medical Center
Shriners Hospitals for Children (Erie)
Prgm Director: John D Lubahn, MD
201 State Street
Erie, PA 16550
Tel: 814 877-6257 *Fax:* 814 877-4699
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 260-41-22-156

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
Prgm Director: Lee S Segal, MD
Penn State Orthopaedics, MC H089
500 University Drive, PO Box 850
Hershey, PA 17033
Tel: 717 531-4833 *Fax:* 717 531-0126
E-mail: OrthoResidency@hmc.psu.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-41-21-151

Philadelphia

Albert Einstein Healthcare Network Program

Sponsor: Albert Einstein Medical Center
Moss Rehabilitation Hospital
Prgm Director: John A Handal, MD
5501 Old York Road
WCB4
Philadelphia, PA 19141
Tel: 215 456-6051 *Fax:* 215 324-2426
E-mail: handalj@einstein.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 260-41-11-157

Drexel University College of Medicine/Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Abington Memorial Hospital
Hahnemann University Hospital (Tenet Health System)
St Christopher's Hospital for Children (Tenet Health System)
Prgm Director: Stephen J Bosacco, MD
Department of Orthopaedic Surgery
245 N 15th Street, MS 420
Philadelphia, PA 19102
Tel: 215 762-8168 *Fax:* 215 762-3442
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 260-41-21-026

Temple University Hospital Program

Sponsor: Temple University Hospital
Abington Memorial Hospital
Prgm Director: Joseph J Thoder, MD
Broad & Ontario Streets
3401 N Broad Street
Philadelphia, PA 19140
Tel: 215 707-2111 *Fax:* 215 707-2324
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: OSM
Program ID: 260-41-21-029

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Bryn Mawr Hospital
Prgm Director: Peter F Sharkey, MD
1015 Chestnut Street, Suite 719
Philadelphia, PA 19107
Tel: 215 955-1500 *Fax:* 215 503-0530
Length: 5 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: HSO, OAR, OP, OSM
Program ID: 260-41-21-021

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Pennsylvania Hospital (UPHS)
Presbyterian Medical Center (UPHS)
Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Richard D Lackman, MD
3400 Spruce Street
2 Silverstein
Philadelphia, PA 19104
Tel: 215 662-3350 *Fax:* 215 349-5890
E-mail: richard.lackman@uphs.upenn.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: HSO, OAR, OP
Program ID: 260-41-21-023

Pittsburgh

Allegheny General Hospital Program

Sponsor: Allegheny General Hospital
Prgm Director: Mark E Baratz, MD*
320 East North Avenue
Pittsburgh, PA 15212
Tel: 412 359-6501 *Fax:* 412 359-6265
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: HSO
Program ID: 260-41-21-201

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
UPMC Presbyterian/Shadyside
UPMC St Margaret
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Vincent F Deeney, MD
3471 Fifth Avenue, Suite 1000
Pittsburgh, PA 15213
Tel: 412 605-3262 *Fax:* 412 687-5255
E-mail: moenichrj@upmc.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: HSO, OAR, OSM
Program ID: 260-41-21-030

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
San Juan City Hospital
University Hospital
University Pediatric Hospital
Veterans Affairs Medical Center (San Juan)
Prgm Director: Manuel Garcia-Ariz, MD
PO Box 365067
San Juan, PR 00936
Tel: 787 764-5095 *Fax:* 787 764-5095
E-mail: clrivera@rcm.upr.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 260-42-21-161

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
Veterans Affairs Medical Center (Providence)
Prgm Director: Michael G Ehrlich, MD
593 Eddy Street
Coop 1st Floor
Providence, RI 02903
Tel: 401 444-5895 *Fax:* 401 444-6518
E-mail: michael_ehrlich@brown.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 25
Subspecialties: HSO
Program ID: 260-43-11-162

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Langdon A Hartsock, MD
96 Jonathan Lucas St, CSB 708
PO Box 250622
Charleston, SC 29425
Tel: 843 792-9542 *Fax:* 843 792-3674
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-45-21-052

Columbia**Palmetto Health/University of South Carolina School of Medicine Program**

Sponsor: Palmetto Health
Palmetto Health Richland
Shriners Hospitals for Children (Greenville)
William Jennings Bryan Dorn Veterans Hospital
Prgm Director: John L Eady, MD
Two Medical Park, Suite 404
Columbia, SC 29203
Tel: 803 434-6879 *Fax:* 803 434-7306
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 260-45-31-163

Greenville**Greenville Hospital System Program**

Sponsor: Greenville Hospital System
Shriners Hospitals for Children (Greenville)
Prgm Director: Edward W Bray, MD
Orthopaedic Surgery Education
701 Grove Road, 2nd Floor Support Tower
Greenville, SC 29605
Tel: 864 455-7878 *Fax:* 864 455-7082
E-mail: ebray@ghs.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-45-21-033

Tennessee**Chattanooga****University of Tennessee College of Medicine at Chattanooga Program**

Sponsor: University of Tennessee College of Medicine-Chattanooga
Erlanger Medical Center
T C Thompson Children's Hospital Medical Center
Prgm Director: Thomas W Currey, MD
Department of Orthopaedic Surgery
975 E Third Street, Hospital Box 260
Chattanooga, TN 37403
Tel: 423 778-9008 *Fax:* 423 778-9009
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-47-11-164

Memphis**University of Tennessee Program**

Sponsor: University of Tennessee College of Medicine
Baptist Memorial Hospital
Campbell Clinic - University of Tennessee
LeBonheur Children's Medical Center
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Prgm Director: Frederick M Azar, MD
1211 Union Avenue, Suite 510
Memphis, TN 38104
Tel: 901 759-3275 *Fax:* 901 759-3278
Length: 5 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: HSO, OP
Program ID: 260-47-21-061

Nashville**Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Prgm Director: Neil E Green, MD
D-4207 MCN
Nashville, TN 37232
Tel: 615 322-7133 *Fax:* 615 343-2423
Length: 5 Yrs *ACGME Approved/Offered Positions:* 25
Subspecialties: OSM
Program ID: 260-47-11-116

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
Baylor University Medical Center
Dallas County Hospital District-Parkland Memorial Hospital
Texas Scottish Rite Hospital for Children
Veterans Affairs Medical Center (Dallas)
Prgm Director: Robert W Bucholz, MD
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 643-3870 *Fax:* 214 643-9361
E-mail: rebecca.gibbs@utsouthwestern.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: OP
Program ID: 260-48-21-032

El Paso**William Beaumont Army Medical Center/ Texas Tech University (El Paso) Program**

Sponsor: William Beaumont Army Medical Center
R E Thomason General Hospital
Shriners Hospitals for Children (Spokane)
St Joseph's Hospital and Medical Center
Texas Tech University Health Sciences Center at El Paso
Prgm Director: Winston J Warme, MD, BA*
5005 North Piedras Street
El Paso, TX 79920
Tel: 915 569-2288 *Fax:* 915 569-1931
E-mail: winston.warme@amedd.army.mil
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 260-48-21-198
US Armed Services Program

Fort Sam Houston**San Antonio Uniformed Services Health Education Consortium (BAMC) Program**

Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
University of Texas Health Science Center
Prgm Director: Roman A Hayda, MD
Orthopaedic Surgery Service
3851 Roger Brooke Drive
Fort Sam Houston, TX 78234
Tel: 210 916-3410 *Fax:* 210 916-0559
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 260-48-32-117
US Armed Services Program

Fort Worth**John Peter Smith Hospital (Tarrant County Hospital District) Program**

Sponsor: John Peter Smith Hospital (Tarrant County Hospital District)
Cook-Fort Worth Children's Medical Center
Harris Methodist Fort Worth
Prgm Director: David M Lichtman, MD
1500 South Main Street
Fort Worth, TX 76104
Tel: 817 927-1370 *Fax:* 817 927-3955
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-48-22-100

Galveston**University of Texas Medical Branch Hospitals Program**

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Kelly D Carmichael, MD
301 University Boulevard
Galveston, TX 77555
Tel: 409 747-5770 *Fax:* 409 747-5704
Length: 5 Yrs *ACGME Approved/Offered Positions:* 25
Subspecialties: OSS
Program ID: 260-48-21-165

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Texas Children's Hospital
Prgm Director: Michael H Heggeness, MD, PhD
6560 Fannin, Suite 1900
Houston, TX 77030
Tel: 713 986-5730 *Fax:* 713 986-5731
Length: 5 Yrs *ACGME Approved/Offered Positions:* 25
Subspecialties: HSO, OP, OSM, OSS, OTR
Program ID: 260-48-31-049

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Prgm Director: Kevin J Coupe, MD
6431 Fannin, Rm 6.140
Houston, TX 77030
Tel: 713 500-7010 *Fax:* 713 500-6989
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: OMO
Program ID: 260-48-21-166

Lackland AFB**San Antonio Uniformed Services Health Education Consortium (WHMC) Program**

Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilford Hall Medical Center (AETC)
Prgm Director: Craig R Ruder, MD*
2200 Bergquist Drive, Suite 1
Lackland AFB, TX 78236
Tel: 210 292-5875 *Fax:* 210 292-5844
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 260-48-31-120
US Armed Services Program

Lubbock**Texas Tech University (Lubbock) Program**

Sponsor: Texas Tech University Health Sciences Center at Lubbock
University Medical Center
Prgm Director: Robert C Schutt, MD
3601 4th Street STOP 9436
Lubbock, TX 79430
Tel: 806 743-1703 *Fax:* 806 743-1020
E-mail: diane.robinson@ttuhsc.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Subspecialties: OSM
Program ID: 260-48-31-160

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
Christus Santa Rosa Health Care Corporation
Methodist Healthcare System
University Health System
Prgm Director: Daniel W Cartisle, MD
7703 Floyd Curl Drive
MC-7774
San Antonio, TX 78229
Tel: 210 567-5125 *Fax:* 210 567-5167
Length: 5 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: HSO, OSM
Program ID: 260-48-31-095

Temple

Texas A&M College of Medicine-Scott and White Program

Sponsor: Scott and White Memorial Hospital
Central Texas Veterans Affairs Healthcare System
Prgm Director: George W Brindley, MD*
2401 South 31st Street
Temple, TX 76508
Tel: 254 724-5455
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-48-21-171

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
LDS Hospital
Primary Children's Medical Center
Shriners Hospital for Children (Intermountain Unit)
Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Christopher L Peters, MD
590 Wakara Way
Salt Lake City, UT 84108
Tel: 801 581-7601 *Fax:* 801 581-6178
Length: 5 Yrs *ACGME Approved/Offered Positions:* 25
Subspecialties: HSO, OP, OSM
Program ID: 260-49-31-034

Vermont

Burlington

University of Vermont Program

Sponsor: Fletcher Allen Health Care
Prgm Director: Claude E Nichols, MD
Dept of Orthopaedics and Rehab
440 Stafford Building
Burlington, VT 05405
Tel: 802 656-2250 *Fax:* 802 656-4247
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-50-11-167

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Carilion Medical Center-Roanoke Memorial Hospital
Prgm Director: Thomas E Brown, MD
PO Box 800159
Charlottesville, VA 22908
Tel: 434 243-0278 *Fax:* 434 243-5387
Length: 5 Yrs *ACGME Approved/Offered Positions:* 25
Subspecialties: OAR, OSM, OSS
Program ID: 260-51-21-129

Portsmouth

Naval Medical Center (Portsmouth) Program

Sponsor: Naval Medical Center (Portsmouth)
Prgm Director: Daniel V Unger, MD
620 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757 953-1814
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-51-12-130
US Armed Services Program

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
Bon Secours St Mary's Hospital
Children's Hospital
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm Director: Wilhelm A Zuelzer, MD
Box 980153
Richmond, VA 23298
Tel: 804 827-1204 *Fax:* 804 828-1086
Length: 5 Yrs *ACGME Approved/Offered Positions:* 25
Subspecialties: OAR, OTR
Program ID: 260-51-21-035

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
University of Washington Medical Center
VA Puget Sound Health Care System
Prgm Director: Frederick A Matsen, MD
Department of Orthopaedics
Box 356500
Seattle, WA 98195
Tel: 206 543-3690 *Fax:* 206 685-3139
Length: 5 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: HSO
Program ID: 260-54-21-036

Tacoma

Madigan Army Medical Center Program

Sponsor: Madigan Army Medical Center
University of Washington Medical Center
Prgm Director: Paul L Benfanti, MD
Attn: MCHJ-SOP
Orthopaedic Surgery Service
Tacoma, WA 98431
Tel: 253 968-3180 *Fax:* 253 968-1586
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 260-54-32-178
US Armed Services Program

West Virginia

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine
Monongalia General Hospital
West Virginia University Hospitals
Prgm Director: Sanford F Emery, MD, MBA
Department of Orthopaedics
PO Box 9196
Morgantown, WV 26506
Tel: 304 293-1168 *Fax:* 304 293-7042
E-mail: cthompson@hsc.wvu.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 260-55-21-169

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
Meriter Hospital
William S Middleton Veterans Hospital
Prgm Director: Thomas A Zdeblick, MD
K3/705 Clinical Science Center
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-1348 *Fax:* 608 265-6375
Length: 5 Yrs *ACGME Approved/Offered Positions:* 25
Subspecialties: OSM
Program ID: 260-56-21-097

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Prgm Director: Gregory J Schmeling, MD
MCW Orthopaedics
9200 W Wisconsin Ave
Milwaukee, WI 53226
Tel: 414 805-7436 *Fax:* 414 805-7499
Length: 5 Yrs *ACGME Approved/Offered Positions:* 25
Program ID: 260-56-21-037

Orthopaedic Surgery of the Spine (Orthopaedic Surgery)

Florida

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System

Prgm Director: Frank J Eismont, MD

PO Box 016960 (D-27)

Dept of Orthopaedics

Miami, FL 33101

Tel: 305 585-7138 *Fax:* 305 324-7658

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 267-11-21-004

Illinois

Chicago

Rush University Medical Center Program

Sponsor: Rush University Medical Center

Shriners Hospitals for Children (Chicago)

Prgm Director: Howard S An, MD

1653 West Congress Parkway

Room 1471-Jelke Building

Chicago, IL 60612

Tel: 312 942-5850 *Fax:* 312 942-2101

E-mail: Beverly_Kendall-Morgan@rush.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 267-16-21-015

Springfield

Southern Illinois University Program

Sponsor: Southern Illinois University School of Medicine

Memorial Medical Center

St John's Hospital

Prgm Director: John R Fisk, MD

PO Box 19665

Springfield, IL 62794

Tel: 217 545-6504 *Fax:* 217 545-8901

E-mail: jfisk@siuimed.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 267-16-21-001

Michigan

Royal Oak

William Beaumont Hospital Program

Sponsor: William Beaumont Hospital

Prgm Director: Harry N Herkowitz, MD

3535 West 13 Mile Road, #604

Royal Oak, MI 48073

Tel: 248 551-0426 *Fax:* 248 551-5404

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 267-25-21-007

Minnesota

Minneapolis

Twin Cities Spine Center Program

Sponsor: Twin Cities Spine Center

Prgm Director: Ensor E Transfeldt, MD

913 East 26th Street, Suite 600

Minneapolis, MN 55404

Tel: 612 775-6200 *Fax:* 612 775-6222

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 267-26-21-010

Missouri

St Louis

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium

Barnes-Jewish Hospital

Shriners Hospitals for Children (St Louis)

St Louis Children's Hospital

Prgm Director: Keith H Bridwell, MD

Barnes-Jewish Hospital Spine Fellowship

660 S Euclid Avenue, Campus Box 8233

St Louis, MO 63110

Tel: 314 747-2536 *Fax:* 314 747-2600

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 267-28-21-016

New York

New York

Hospital for Special Surgery/Cornell Medical Center Program

Sponsor: Hospital for Special Surgery

Memorial Sloan-Kettering Cancer Center

Prgm Director: Frank P Cammisa, MD

535 East 70th Street

New York, NY 10021

Tel: 212 606-1466 *Fax:* 212 606-1477

E-mail: academictraining@hss.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 4

Program ID: 267-35-21-022

New York University School of Medicine/Hospital for Joint Diseases Orthopaedic Institute Program

Sponsor: New York University School of Medicine

Hospital for Joint Diseases Orthopaedic Institute

NYU Hospitals Center

Prgm Director: Thomas Errico, MD

301 East 17th Street, Room 1016

New York, NY 10003

Tel: 212 263-7182 *Fax:* 212 263-7180

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 267-35-21-011

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University

Prgm Director: Bruce E Fredrickson, MD

550 Harrison Street, Suite 130

Syracuse, NY 13202

Tel: 315 464-8621 *Fax:* 315 464-5223

E-mail: millerh@upstate.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 267-35-11-019

Texas

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals

Prgm Director: Kim J Garges, MD*

301 University Boulevard

2,316 Rebecca Sealy

Galveston, TX 77555

Tel: 409 747-1300 *Fax:* 409 747-1305

E-mail: spine.services@utmb.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 267-48-21-023

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine

Harris County Hospital District-Ben Taub General

Hospital

Methodist Hospital

Michael E DeBakey VA Medical Center - Houston

St Luke's Episcopal Hospital

Prgm Director: Stephen I Esses, MD

6560 Fannin Street, Suite 1900

Houston, TX 77030

Tel: 713 986-5740 *Fax:* 713 986-7391

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 267-48-31-026

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center

Prgm Director: Vincent Arlet, MD*

Division of Spine Surgery

PO Box 800159

Charlottesville, VA 22908

Tel: 434 243-0266 *Fax:* 434 243-0242

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 267-51-21-024

Orthopaedic Trauma (Orthopaedic Surgery)

Maryland

Baltimore

University of Maryland Program

Sponsor: University of Maryland Medical System

Prgm Director: Clifford H Turen, MD

22 South Greene Street

Room T3R57

Baltimore, MD 21201

Tel: 410 328-6280 *Fax:* 410 328-2893

Length: 1 Yr *ACGME Approved/Offered Positions:* 4

Program ID: 269-23-21-008

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine

University of New Mexico Health Sciences

Prgm Director: Thomas A DeCoster, MD

Dept of Orth and Rehab, MSC10 5600

1 University of New Mexico

Albuquerque, NM 87131

Tel: 505 272-4107 *Fax:* 505 272-8098

E-mail: agibson@salud.unm.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 269-34-13-010

North Carolina

Charlotte

Carolinas Medical Center Program

Sponsor: Carolinas Medical Center

Prgm Director: James F Kellam, MD

PO Box 32861

Charlotte, NC 28232

Tel: 704 355-3184 *Fax:* 704 355-7902

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 269-36-21-001

Ohio

Toledo

Medical College of Ohio Program

Sponsor: Medical College of Ohio

Medical College of Ohio Hospital

Prgm Director: Nabil A Ebraheim, MD

3065 Arlington Avenue

Toledo, OH 43614

Tel: 419 383-4020 *Fax:* 419 383-3526

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 269-38-21-007

Texas

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine

Harris County Hospital District-Ben Taub General

Hospital

Methodist Hospital

Prgm Director: Ronald W Lindsey, MD

6560 Fannin Street, Suite 1900

Houston, TX 77030

Tel: 713 986-5680 *Fax:* 713 986-5681

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 269-48-21-004

Virginia

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health

System

Prgm Director: Mark C Willis, MD*

Box 980153

Richmond, VA 23298

Tel: 804 828-7165 *Fax:* 804 828-4762

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 269-51-21-009

Otolaryngology

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital

Children's Hospital of Alabama

Cooper Green Hospital

Veterans Affairs Medical Center (Birmingham)

Prgm Director: Jeffery S Magnuson, MD

1501 5th Avenue, South

Birmingham, AL 35233

Tel: 205 934-9766 *Fax:* 205 934-3993

Length: 4 Yrs *ACGME Approved/Offered Positions:* 12

Program ID: 280-01-21-010

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine

Arkansas Children's Hospital

Central Arkansas Veterans Health Center

University Hospital of Arkansas

Prgm Director: Felicia L Johnson, MD*

4301 West Markham, Slot 543

Little Rock, AR 72205

Tel: 501 603-1214 *Fax:* 501 526-7153

Length: 4 Yrs *ACGME Approved/Offered Positions:* 12

Program ID: 280-04-21-012

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center

Jerry L Pettis Memorial Veterans Hospital

Riverside County Regional Medical Center

Prgm Director: Mark R Rowe, MD*

11234 Anderson Street

Room 2586A

Loma Linda, CA 92354

Tel: 909 558-8558 *Fax:* 909 558-4819

E-mail: tfoster@som.llu.edu

Length: 4 Yrs *ACGME Approved/Offered Positions:* 8

Program ID: 280-05-21-117

Los Angeles

Charles R Drew University Program

Sponsor: Charles R Drew University of Medicine and

Science

Arrowhead Regional Medical Center

LAC-King/Drew Medical Center

Prgm Director: Jimmy J Brown, MD, DDS

1731 E 120th Street

Suite 5004

Los Angeles, CA 90059

Tel: 310 668-4536 *Fax:* 310 668-4554

E-mail: drewent@edrewu.edu

Length: 4 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 280-05-11-016

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Los Angeles County-Harbor-UCLA Medical Center
Olive View/UCLA Medical Center
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Gerald S Berke, MD
10833 Le Conte Avenue
CHS 62-132
Los Angeles, CA 90095
Tel: 310 825-5179 *Fax:* 310 206-1393
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 280-05-21-017

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
Kenneth Norris Jr Cancer Hospital and Research Institute
LAC+USC Medical Center
USC University Hospital
Prgm Director: Uttam Sinha, MD
Otolaryngology - Head and Neck Surgery
1200 N State Street, Box 795
Los Angeles, CA 90033
Tel: 323 226-7315 *Fax:* 323 226-2780
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: NO
Program ID: 280-05-21-015

Oakland**Kaiser Permanente Medical Group (Northern California) Program**

Sponsor: Kaiser Permanente Medical Group (Northern California)
Kaiser Permanente Medical Center (Oakland)
Kaiser Permanente Medical Center (Redwood City)
Kaiser Permanente Medical Center (San Francisco)
Prgm Director: Raul M Cruz, MD
280 W MacArthur Boulevard
Oakland, CA 94611
Tel: 510 752-6401 *Fax:* 510 752-1571
E-mail: daria.anderson@kp.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-05-22-020

Orange**University of California (Irvine) Program**

Sponsor: University of California (Irvine) Medical Center
Children's Hospital of Orange County
Kaiser Foundation Hospitals (Anaheim)
Prgm Director: William B Armstrong, MD
Building 56, Suite 500, Rte 81
101 City Drive South
Orange, CA 92868
Tel: 714 456-8450 *Fax:* 714 456-5747
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-05-21-014

Sacramento**University of California (Davis) Health System Program**

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
VA Northern California Health Care System
Prgm Director: Hilary A Brodie, MD, PhD
Department of Otolaryngology - HNS
2521 Stockton Boulevard, Suite 7200
Sacramento, CA 95817
Tel: 916 734-3744 *Fax:* 916 456-7509
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-05-21-013

San Diego**Naval Medical Center (San Diego) Program**

Sponsor: Naval Medical Center (San Diego)
Kaiser Foundation Hospital (San Diego)
Prgm Director: Craig L Cupp, MD, EdD
Department of Otolaryngology-Head & Neck Surgery
34520 Bob Wilson Drive, Suite 200
San Diego, CA 92134
Tel: 619 532-9604 *Fax:* 619 532-5400
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-05-11-007
US Armed Services Program

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
Kaiser Foundation Hospital (San Diego)
Scripps Clinic
Veterans Affairs Medical Center (San Diego)
Prgm Director: Jeffrey P Harris, MD, PhD
200 W Arbor Drive
San Diego, CA 92103
Tel: 619 543-5910 *Fax:* 619 543-5521
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-05-21-021

San Francisco**University of California (San Francisco) Program**

Sponsor: University of California (San Francisco) School of Medicine
Mount Zion Medical Center of the University of California
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Andrew H Murr, MD*
400 Parnassus Avenue, Room A-730
San Francisco, CA 94143
Tel: 415 476-4952 *Fax:* 415 502-6437
E-mail: tvenegas@ohns.ucsf.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-05-21-022

Stanford**Stanford University Program**

Sponsor: Stanford University Hospital
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Prgm Director: Anna H Messner, MD
Department of Otolaryngology-Head & Neck Surgery
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 497-8075 *Fax:* 650 498-2734
E-mail: amessner@stanfordmed.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-05-21-023

Colorado**Denver****University of Colorado Program**

Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Denver Health Medical Center
University of Colorado Hospital
Veterans Affairs Medical Center (Denver)
Prgm Director: Herman A Jenkins, MD
4200 East Ninth Avenue
Denver, CO 80262
Tel: 303 315-0743 *Fax:* 303 315-8787
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-07-21-024

Connecticut**Farmington****University of Connecticut Program**

Sponsor: University of Connecticut School of Medicine
Connecticut Children's Medical Center
Hartford Hospital
New Britain General Hospital
St Francis Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Gerald Leonard, MD
263 Farmington Avenue
Farmington, CT 06030
Tel: 860 679-3372 *Fax:* 860 679-8892
E-mail: thorp@nso.uconn.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-08-21-025

New Haven**Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
Hospital of St Raphael
Veterans Affairs Medical Center (West Haven)
Prgm Director: Douglas A Ross, MD
Department of Surgery, Section of Otolaryngology
333 Cedar Street, PO Box 208041
New Haven, CT 06520
Tel: 203 737-4043 *Fax:* 203 785-3970
E-mail: douglas.ross@yale.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-08-21-026

District of Columbia**Washington****George Washington University Program**

Sponsor: George Washington University School of Medicine
Children's National Medical Center
George Washington University Hospital (UHS)
Holy Cross Hospital of Silver Spring
Prgm Director: Steven A Bielamowicz, MD
2150 Pennsylvania Avenue, 6-301
Washington, DC 20037
Tel: 202 741-3260 *Fax:* 202 741-3218
E-mail: surmbrn@gwuvmc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 280-10-21-130

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Washington Hospital Center
Prgm Director: Bruce J Davidson, MD
3800 Reservoir Road, NW
1st Floor Gorman Building
Washington, DC 20007
Tel: 202 444-7659 *Fax:* 202 444-1312
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-10-32-027

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Douglas B Villaret, MD
Box 100264
1600 SW Archer Road, RM M-228
Gainesville, FL 32610
Tel: 352 392-4461 *Fax:* 352 392-6781
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 280-11-21-028

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Bascom Palmer Eye Institute-Anne Bates Leach Eye Hospital
University of Miami Hospital and Clinics
Veterans Affairs Medical Center (Miami)
Prgm Director: Donald T Weed, MD*
Department of Otolaryngology (D-48)
PO Box 016960
Miami, FL 33101
Tel: 305 243-9095 *Fax:* 305 326-7610
E-mail: mruiz@med.miami.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: NO
Program ID: 280-11-21-029

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
All Children's Hospital
H Lee Moffitt Cancer Center
James A Haley Veterans Hospital
Tampa General Hospital
Prgm Director: Thomas V McCaffrey, MD, PhD
12902 Magnolia Drive, Suite 3057
Tampa, FL 33612
Tel: 813 972-8463 *Fax:* 813 979-3830
E-mail: burnhamj@moffitt.usf.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-11-31-030

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Crawford Long Hospital of Emory University
Emory University Hospital
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Prgm Director: Douglas E Mattox, MD
1365-A Clifton Road, NE
Room A2328
Atlanta, GA 30322
Tel: 404 778-5724 *Fax:* 404 778-4295
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 280-12-21-031

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Prgm Director: David J Terris, MD
Department of OTO-HNS
1120 Fifteenth St BP-4109
Augusta, GA 30912
Tel: 706 721-6100 *Fax:* 706 721-0112
E-mail: donnab@mcg.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-12-21-032

Hawaii

Honolulu

Tripler Army Medical Center Program

Sponsor: Tripler Army Medical Center
Prgm Director: Joseph C Sniezek, MD
(Attn: MCHK-DSH)
1 Jarrett White Road
Tripler AMC, HI 96859
Tel: 808 433-3205 *Fax:* 808 433-9033
E-mail: joseph.sniezek@amedd.army.mil
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 280-14-11-116
US Armed Services Program

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
John H Stroger Hospital of Cook County
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Prgm Director: Edward L Applebaum, MD
303 East Chicago Avenue
Searle Building 12-561
Chicago, IL 60611
Tel: 312 503-0458 *Fax:* 312 503-1616
E-mail: oto-hns@northwestern.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: NO
Program ID: 280-16-21-033

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: David D Caldarelli, MD
1653 W Congress Parkway
Chicago, IL 60612
Tel: 312 942-6303 *Fax:* 312 942-7925
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 280-16-21-034

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Robert M Naclerio, MD
Section of Otolaryngology (MC 1035)
5841 S Maryland Avenue, RM E102
Chicago, IL 60637
Tel: 773 702-0080 *Fax:* 773 702-9813
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-16-21-035

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
John H Stroger Hospital of Cook County
University of Illinois Hosp-Illinois Eye and Ear Infirmary
Prgm Director: Mike Yao, MD*
1855 W Taylor Street
Suite 2.42, M/C 648
Chicago, IL 60612
Tel: 312 996-6584 *Fax:* 312 996-1282
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 280-16-21-036

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: James A Stankiewicz, MD
2160 S First Avenue
Maywood, IL 60153
Tel: 708 216-9183 *Fax:* 708 216-4834
E-mail: jstank@lumc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-16-31-037

Springfield

Southern Illinois University Program

Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Prgm Director: Gayle E Woodson, MD
301 N Eighth Street
PO Box 19662
Springfield, IL 62794
Tel: 217 545-4777 *Fax:* 217 545-7512
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-16-21-118

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: Richard T Miyamoto, MD, MS
699 West Drive, RR 132
Indianapolis, IN 46202
Tel: 317 278-1259 *Fax:* 317 278-3743
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-17-21-038

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Richard J Smith, MD
200 Hawkins Drive 21151 PFP
Iowa City, IA 52242
Tel: 319 356-2173 *Fax:* 319 356-3967
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: NO, PDO
Program ID: 280-18-21-039

Kansas**Kansas City****University of Kansas Medical Center Program**

Sponsor: University of Kansas School of Medicine
Children's Mercy Hospital
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Prgm Director: Terry T Tsue, MD
3901 Rainbow Blvd
Mailstop 3010
Kansas City, KS 66160
Tel: 913 588-6739 *Fax:* 913 588-6708
E-mail: pcranmore@kumc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-19-31-040

Kentucky**Lexington****University of Kentucky College of Medicine Program**

Sponsor: University of Kentucky College of Medicine
Veterans Affairs Medical Center (Lexington)
Prgm Director: Raleigh O Jones, MD
Dept of Otolaryngology - Head & Neck Surgery
800 Rose Street, Room C236
Lexington, KY 40536
Tel: 859 257-5097 *Fax:* 859 257-5096
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 280-20-21-127

Louisville**University of Louisville Program**

Sponsor: University of Louisville School of Medicine
Kosair Children's Hospital (Norton Healthcare, Inc)
Norton Healthcare - Norton Hospital
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: Jeffrey M Bumpous, MD
Myers Hall
Louisville, KY 40292
Tel: 502 852-6994 *Fax:* 502 852-0865
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-20-21-041

Louisiana**New Orleans****Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine
Children's Hospital
Medical Center of Louisiana at New Orleans
Memorial Medical Center
University Medical Center (Lafayette)
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Daniel W Nuss, MD
Department of Otolaryngology
533 Bolivar Street, 5th Floor
New Orleans, LA 70112
Tel: 504 568-4785 *Fax:* 504 568-4460
E-mail: cchamb@lsuhsc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-21-31-042

Tulane University Program

Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Ochsner Clinic Foundation
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (Biloxi)
Prgm Director: Ronald G Amedee, MD
1430 Tulane Avenue, SL-59
New Orleans, LA 70112
Tel: 504 988-5454 *Fax:* 504 988-7846
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-21-21-043

Shreveport**Louisiana State University (Shreveport) Program**

Sponsor: LSU Health Sciences Center-University
Hospital
Overton Brooks Veterans Affairs Medical Center
Prgm Director: Timothy S Lian, MD
1501 Kings Highway
Shreveport, LA 71130
Tel: 318 675-6262 *Fax:* 318 675-6260
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-21-21-121

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
Greater Baltimore Medical Center
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Prgm Director: Paul W Flint, MD
601 North Caroline Street
Room 6210
Baltimore, MD 21287
Tel: 410 955-1080 *Fax:* 410 955-6526
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: NO
Program ID: 280-23-21-047

University of Maryland Program

Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Prgm Director: Hinrich Staecker, MD, PhD*
Division of Otolaryngology-HNS
16 South Eutaw Street, Suite 500
Baltimore, MD 21201
Tel: 410 328-5828 *Fax:* 410 328-5827
E-mail: kcarter@smail.umaryland.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 280-23-21-048

Bethesda**National Capital Consortium Program**

Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Prgm Director: Martin P Sorensen, MD*
Otolaryngology Department
8901 Wisconsin Avenue
Bethesda, MD 20889
Tel: 301 295-4677 *Fax:* 301 295-6666
E-mail: penny.sharps@na.med.d.army.mil
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 280-10-31-132
US Armed Services Program

Massachusetts**Boston****Boston University Medical Center Program**

Sponsor: Boston Medical Center
Lahey Clinic
Veterans Affairs Medical Center (Boston)
Prgm Director: Gregory A Grillone, MD
88 East Newton Street, D616
Boston, MA 02118
Tel: 617 638-7933 *Fax:* 617 638-7965
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-24-31-051

Massachusetts Eye and Ear Infirmary/Harvard Medical School Program

Sponsor: Massachusetts Eye and Ear Infirmary
Beth Israel Deaconess Medical Center
Brigham and Women's Hospital
Prgm Director: Michael J Cunningham, MD*
243 Charles Street
Boston, MA 02114
Tel: 617 573-3654 *Fax:* 617 573-3939
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: NO
Program ID: 280-24-21-049

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Rhode Island Hospital-Lifespan
Prgm Director: Elie E Rebeiz, MD
750 Washington Street, Box 850
Boston, MA 02111
Tel: 617 636-1664 *Fax:* 617 636-1479
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-24-31-050

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health
Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Gregory T Wolf, MD
1500 East Medical Center Drive
1904 Taubman Center
Ann Arbor, MI 48109
Tel: 734 936-8029 *Fax:* 734 647-9691
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: NO
Program ID: 280-25-21-052

Detroit**Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital
Prgm Director: Elizabeth R Ransom, MD
2799 West Grand Boulevard
Detroit, MI 48202
Tel: 313 916-3275 *Fax:* 313 916-7263
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-25-12-053

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center Children's Hospital of Michigan Detroit Receiving Hospital and University Health Center Harper-Hutzel Hospital Veterans Affairs Medical Center (Detroit)
Prgm Director: Robert H Mathog, MD
4201 St Antoine, 5E-UHC
Detroit, MI 48201
Tel: 313 577-0804 *Fax:* 313 577-8555
E-mail: rmathog@med.wayne.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: NO
Program ID: 280-25-21-054

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School Fairview-University Medical Center Hennepin County Medical Center Regions Hospital Veterans Affairs Medical Center (Minneapolis)
Prgm Director: George L Adams, MD
Mayo Mail Code 396
420 Delaware St SE
Minneapolis, MN 55455
Tel: 612 625-2410 *Fax:* 612 625-2101
E-mail: adams002@umn.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 280-26-31-055

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine Mayo Clinic (Rochester) Rochester Methodist Hospital St Mary's Hospital of Rochester
Prgm Director: Eric J Moore, MD
200 First Street SW
Rochester, MN 55905
Tel: 507 284-3521 *Fax:* 507 284-8855
E-mail: chapman.barbara@mayo.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 280-26-21-056

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University of Mississippi School of Medicine University Hospitals and Clinics Veterans Affairs Medical Center (Jackson)
Prgm Director: Scott P Stringer, MD, MS
Dept of Otolaryngology & Communicative Sciences
2500 North State Street
Jackson, MS 39216
Tel: 601 984-5160 *Fax:* 601 984-5085
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-27-21-122

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital University Hospitals and Clinics
Prgm Director: Karen H Calhoun, MD*
One Hospital Drive, Rm MA314
DC027.00
Columbia, MO 65212
Tel: 573 882-8173 *Fax:* 573 884-4205
E-mail: calhounk@health.missouri.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-28-21-058

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine Cardinal Glennon Children's Hospital St John's Mercy Medical Center St Louis University Hospital
Prgm Director: Mark A Varvares, MD*
3635 Vista Avenue at Grand Blvd
St Louis, MO 63110
Tel: 314 577-8887 *Fax:* 314 268-5111
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-28-21-059

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium Barnes-Jewish Hospital St Louis Children's Hospital Veterans Affairs Medical Center (St Louis)
Prgm Director: Joel A Goebel, MD
Department of Otolaryngology
660 S Euclid, Campus Box 8115
St Louis, MO 63110
Tel: 314 747-0553 *Fax:* 314 362-7522
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 280-28-21-060

Nebraska

Omaha

University of Nebraska Medical Center College of Medicine Program

Sponsor: University of Nebraska Medical Center College of Medicine Boys Town National Research Hospital Nebraska Methodist Hospital The Nebraska Medical Center Veterans Affairs Medical Center (Omaha)
Prgm Director: Barbara M Heywood, MD
981225 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-7777 *Fax:* 402 559-8940
E-mail: bheywood@unmc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-30-21-061

New Jersey

Newark

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School Hackensack University Medical Center UMDNJ-University Hospital Veterans Affairs New Jersey Health Care System
Prgm Director: Soly Baredes, MD
90 Bergen Street
Suite 8100
Newark, NJ 07103
Tel: 973 972-4588 *Fax:* 973 972-3767
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-33-31-062

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine University of New Mexico Health Sciences Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Daniel H Morrison, MD
Department of Surgery-Otolaryngology ACC-2
2211 Lomas Blvd NE
Albuquerque, NM 87131
Tel: 505 272-6452 *Fax:* 505 272-1669
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 280-34-21-126

New York

Albany

Albany Medical Center Program

Sponsor: Albany Medical Center Albany Medical Center South Clinical Campus St Peter's Hospital Veterans Affairs Medical Center (Albany)
Prgm Director: Steven M Parnes, MD
Lions Eye Building
35 Hackett Boulevard, First Floor
Albany, NY 12208
Tel: 518 262-5897 *Fax:* 518 262-5184
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-35-21-063

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University Beth Israel Medical Center Jacobi Medical Center Long Island Jewish Medical Center Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Marvin P Fried, MD
Medical Arts Pavilion Bldg 3rd Fl
111 East 210th Street
Bronx, NY 10467
Tel: 718 920-2991 *Fax:* 718 405-9014
E-mail: mfried@montefiore.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 280-35-21-133

Brooklyn**SUNY Health Science Center at Brooklyn Program**

Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Long Island College Hospital
Veterans Affairs Medical Center (Brooklyn)
Prgm Director: Frank E Lucente, MD
450 Clarkson Avenue, Box 126
Brooklyn, NY 11208
Tel: 718 780-1282 *Fax:* 718 780-1488
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-35-21-123

New York**Mount Sinai School of Medicine Program**

Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Veterans Affairs Medical Center (Bronx)
Prgm Director: Eric Genden, MD
Department of Otolaryngology
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-6690 *Fax:* 212 831-3700
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 280-35-21-069

New York Medical College (New York Eye and Ear Infirmary) Program

Sponsor: New York Medical College
New York Eye and Ear Infirmary
St Luke's-Roosevelt Hospital Center-St Luke's Division
St Vincent Catholic Medical Centers (Manhattan)
Westchester Medical Center
Prgm Director: Steven D Schaefer, MD
Department of Otolaryngology
310 East 14th Street
New York, NY 10003
Tel: 212 979-4071 *Fax:* 212 979-4315
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 280-35-21-072

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Lanny G Close, MD
Columbia University
630 W 168th Street, Box 21
New York, NY 10032
Tel: 212 305-5820 *Fax:* 212 305-2249
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-35-11-074

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Lenox Hill Hospital
Manhattan VA Harbor Health Care System
NYU Hospitals Center
Prgm Director: Anil K Lalwani, MD
550 First Avenue
New York, NY 10016
Tel: 212 263-6344 *Fax:* 212 263-8257
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: NO
Program ID: 280-35-21-073

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
Rochester General Hospital
Prgm Director: Arthur S Hengerer, MD*
601 Elmwood Avenue, Box 629
Rochester, NY 14642
Tel: 585 758-5700 *Fax:* 585 758-1293
E-mail: ent@urmc.rochester.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-35-21-078

Stony Brook**SUNY at Stony Brook Program**

Sponsor: University Hospital-SUNY at Stony Brook
St Catherine of Sienna Hospital
Prgm Director: Arnold E Katz, MD
Department of Surgery
HSC, T19-090
Stony Brook, NY 11794
Tel: 631 444-3993 *Fax:* 631 444-7635
E-mail: ybarnett@notes.cc.sunysb.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 280-35-31-128

Syracuse**SUNY Upstate Medical University Program**

Sponsor: SUNY Upstate Medical University
Crouse Hospital
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Robert M Kellman, MD
750 E Adams Street
Syracuse, NY 13210
Tel: 315 464-7281 *Fax:* 315 464-7298
E-mail: guyer@upstate.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-35-21-079

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
Wake Medical Center
Prgm Director: Harold C Pillsbury, MD
CB# 7070 610 Burnett-Womack Bldg
Chapel Hill, NC 27599
Tel: 919 966-8926 *Fax:* 919 966-7656
E-mail: hcp@med.unc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-36-21-080

Durham**Duke University Hospital Program**

Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Asheville)
Veterans Affairs Medical Center (Durham)
Prgm Director: Joseph C Farmer, MD
Box 3805
Durham, NC 27710
Tel: 919 681-6820 *Fax:* 919 681-8053
E-mail: DukeOHNS@duke.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-36-21-081

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Daniel J Kirse, MD*
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-3648 *Fax:* 336 716-3857
E-mail: dholland@wfubmc.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-36-11-082

Ohio**Cincinnati****University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc
Cincinnati Children's Hospital Medical Center
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Thomas A Tami, MD
Mail Location 528
231 Albert Sabin Way
Cincinnati, OH 45267
Tel: 513 558-4143 *Fax:* 513 558-5203
E-mail: charles.myer@cchmc.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: PDO
Program ID: 280-38-21-083

Cleveland**Case Western Reserve University/University Hospitals of Cleveland Program**

Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Veterans Affairs Medical Center (Cleveland)
Prgm Director: James E Arnold, MD
University Hospitals of Cleveland
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-5031 *Fax:* 216 844-5727
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-38-21-124

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Peter C Weber, MD
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-6696 *Fax:* 216 445-9409
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-38-22-085

Columbus**Ohio State University Hospital Program**

Sponsor: Ohio State University Hospital
Arthur G James Cancer Hospital and Research Institute
Children's Hospital (Columbus)
Prgm Director: David E Schuller, MD
Department of Otolaryngology-Head and Neck Surgery
456 W 10th Avenue, Room 4024B-UHC
Columbus, OH 43210
Tel: 614 293-4453 *Fax:* 614 293-3193
E-mail: smith.290@osu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: NO
Program ID: 280-38-31-087

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
OU Medical Center
OU Medical Center-Children's Hospital
Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Jesus E Medina, MD
Department of Otorhinolaryngology
OUHSC, PO Box 26901, WP1360
Oklahoma City, OK 73190
Tel: 405 271-5504 *Fax:* 405 271-3248
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-39-21-088

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Prgm Director: Mark A Richardson, MD
3181 SW Sam Jackson Park Road PV-01
Portland, OR 97239
Tel: 503 494-5674 *Fax:* 503 494-4631
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-40-21-089

Pennsylvania

Danville

Geisinger Health System Program

Sponsor: Geisinger Health System
Prgm Director: J Scott Greene, MD
100 North Academy Avenue
Danville, PA 17822
Tel: 570 271-6427 *Fax:* 570 271-6854
E-mail: entres@geisinger.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 280-41-12-090

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
Lehigh Valley Hospital
Prgm Director: Fred G Fedok, MD
PO Box 850, MC H091
500 University Drive
Hershey, PA 17033
Tel: 717 531-8946 *Fax:* 717 531-6160
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 280-41-11-091

Philadelphia

Temple University Hospital Program

Sponsor: Temple University Hospital
Hahnemann University Hospital (Tenet Health System)
Temple University Children's Medical Center
Prgm Director: Wasyl Szeremeta, MD, MBA*
First Floor, Kresge West
3400 North Board Street
Philadelphia, PA 19140
Tel: 215 707-3665 *Fax:* 215 707-7523
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-41-21-092

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Alfred I duPont Hospital for Children
Virtua-Memorial Hospital Burlington County
Prgm Director: Edmund A Pribitkin, MD*
925 Chestnut Street
6th Floor
Philadelphia, PA 19107
Tel: 215 955-6784 *Fax:* 215 923-4532
E-mail: Edmund.Pribitkin@jefferson.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 280-41-21-093

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Pennsylvania Hospital (UPHS)
Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Michael J Ruckenstein, MD*
Dept of Otorhinolaryngology: HNS
3400 Spruce Street, Ravdin Pavilion, 5th Floor
Philadelphia, PA 19104
Tel: 215 662-6017 *Fax:* 215 662-4182
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: PDO
Program ID: 280-41-21-095

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
UPMC Presbyterian/Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Jonas T Johnson, MD
200 Lothrop Street
Suite 500
Pittsburgh, PA 15213
Tel: 412 647-2130 *Fax:* 412 647-2080
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: PDO
Program ID: 280-41-21-096

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
San Juan City Hospital
University Hospital
Veterans Affairs Medical Center (San Juan)
Prgm Director: Juan Trinidad-Pinedo, MD
PO Box 365067
San Juan, PR 00936
Tel: 787 765-0240 *Fax:* 787 296-1641
E-mail: jtrinidad@centennialpr.net
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 280-42-31-098

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
Charleston Memorial Hospital
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Paul R Lambert, MD
PO Box 250550
135 Rutledge Avenue - Suite 1117
Charleston, SC 29425
Tel: 843 792-7161 *Fax:* 843 792-5910
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 280-45-21-100

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
Methodist Healthcare-Memphis Hospitals
Regional Medical Center at Memphis
University of Tennessee Medical Center
Veterans Affairs Medical Center (Memphis)
Prgm Director: Rakesh K Chandra, MD*
956 Court Avenue, Suite B226
Memphis, TN 38163
Tel: 901 448-5886 *Fax:* 901 448-5120
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 280-47-21-101

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Prgm Director: Brian B Burkey, MD
S-2100 Medical Center North
Nashville, TN 37232
Tel: 615 343-6072 *Fax:* 615 343-9725
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-47-21-125

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
John Peter Smith Hospital (Tarrant County Hospital District)
Veterans Affairs Medical Center (Dallas)
Zale-Lipsky University Hospital
Prgm Director: Robert J Sinar, MD
Dept of Otolaryngology-Head and Neck Surgery
5323 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-9355 *Fax:* 214 648-2246
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 280-48-21-102

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Shawn D Newlands, MD, PhD
John Sealy Annex 7th floor
301 University Boulevard
Galveston, TX 77555
Tel: 409 772-4907 *Fax:* 409 772-1715
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-48-11-103

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
University of Texas M D Anderson Cancer Center
Prgm Director: Bobby R Alford, MD
One Baylor Plaza
Houston, TX 77030
Tel: 713 798-5906 *Fax:* 713 798-3403
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: PDO
Program ID: 280-48-31-104

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Christus St Joseph Hospital
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
University of Texas M D Anderson Cancer Center
Prgm Director: Ching-Yen J Chang, MD*
6410 Fannin, Suite 1200
Houston, TX 77030
Tel: 713 500-5421 *Fax:* 713 500-0661
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-48-21-105

Lackland AFB**San Antonio Uniformed Services Health Education Consortium Program**

Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (AETC)
Prgm Director: Lt Col Joe B Wiseman, MD, BS
2200 Bergquist Drive, Suite 1
Lackland AFB, TX 78236
Tel: 210 292-7075 *Fax:* 210 292-5621
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-48-21-131
US Armed Services Program

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Prgm Director: G Richard Holt, MD*
7703 Floyd Curl Drive, MS 7777
San Antonio, TX 78229
Tel: 210 567-5655 *Fax:* 210 567-3617
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-48-21-106

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Salt Lake Regional Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Clough Shelton, MD
50 N Medical Center Drive
Room 3C120
Salt Lake City, UT 84132
Tel: 801 585-5450 *Fax:* 801 585-5744
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-49-21-107

Vermont**Burlington****University of Vermont Program**

Sponsor: Fletcher Allen Health Care
Mary Hitchcock Memorial Hospital
Prgm Director: Robert A Sofferman, MD
One South Prospect Street
Burlington, VT 05401
Tel: 802 847-4535 *Fax:* 802 847-8198
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 280-50-11-108

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: Stephen S Park, MD
PO Box 800713
Charlottesville, VA 22908
Tel: 434 982-0251 *Fax:* 434 244-7512
E-mail: ssp8a@virginia.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: NO
Program ID: 280-51-21-109

Norfolk**Eastern Virginia Medical School Program**

Sponsor: Eastern Virginia Medical School
Naval Medical Center (Portsmouth)
Sentara Norfolk General Hospital
Prgm Director: John T Sinacori, MD
825 Fairfax Avenue, Suite 510
Norfolk, VA 23507
Tel: 757 446-5934 *Fax:* 757 446-5968
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-51-21-110

Portsmouth**Naval Medical Center (Portsmouth) Program**

Sponsor: Naval Medical Center (Portsmouth)
Prgm Director: Eric J Simko, MD
Charette Medical Center
620 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757 953-2518 *Fax:* 757 953-0845
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-51-21-120
US Armed Services Program

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm Director: Evan R Reiter, MD
PO Box 980146
1201 E Marshall St, Ste 401
Richmond, VA 23298
Tel: 804 828-2766 *Fax:* 804 828-3495
E-mail: erreiter@vcu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-51-21-111

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
University of Washington Medical Center
VA Puget Sound Health Care System
Prgm Director: Nicole Maronian, MD
1959 NE Pacific, Rm BB 1165
Box 356515
Seattle, WA 98195
Tel: 206 543-8102 *Fax:* 206 543-5152
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-54-21-112

Tacoma**Madigan Army Medical Center Program**

Sponsor: Madigan Army Medical Center
Virginia Mason Medical Center
Prgm Director: Douglas M Sorensen, MD
Attn: MCHJ-SET
Otolaryngology Service
Tacoma, WA 98431
Tel: 253 968-1430 *Fax:* 253 968-3154
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-54-31-005
US Armed Services Program

West Virginia**Morgantown****West Virginia University Program**

Sponsor: West Virginia University School of Medicine
Louis A Johnson Veterans Affairs Medical Center
West Virginia University Hospitals
Prgm Director: Stephen J Wetmore, MD, MBA
Health Sciences Center So, Rm 2222
PO Box 9200
Morgantown, WV 26506
Tel: 304 293-3233 *Fax:* 304 293-2902
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 280-55-11-113

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
Meriter Hospital
William S Middleton Veterans Hospital
Prgm Director: G Mark Pyle, MD
Otolaryngology - Head & Neck Surgery
600 Highland Avenue K4/719
Madison, WI 53792
Tel: 608 265-0494 *Fax:* 608 252-0926
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 280-56-21-114

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Prgm Director: P Ashley Wackym, MD
Department of Otolaryngology and Communication Sciences
9200 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 266-3750 *Fax:* 414 266-6989
E-mail: wackym@mcw.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 280-56-21-115

Pain Medicine (Anesthesiology)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Prgm Director: Timothy J Ness, MD, PhD
845 Jefferson Tower
619 19th Street South
Birmingham, AL 35249
Tel: 205 975-9643 *Fax:* 205 934-7437
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 048-01-21-094

Arizona

Scottsdale

Mayo School of Graduate Medical Education (Scottsdale) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Scottsdale)
Mayo Clinic (Jacksonville)
Mayo Clinic (Rochester)
Prgm Director: David P Seamans, MD
13400 East Shea Boulevard
Scottsdale, AZ 85259
Tel: 480 342-2448 *Fax:* 480 342-2319
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 048-03-13-106

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
University Medical Center
Prgm Director: Kutaiba Tabbaa, MD
1501 N Campbell Avenue
PO Box 245114
Tucson, AZ 85724
Tel: 520 694-9662 *Fax:* 520 694-9696
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 048-03-21-080

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Prgm Director: Lowell W Reynolds, MD
11234 Anderson Street, Room 2532
PO Box 933
Loma Linda, CA 92354
Tel: 909 558-4475 *Fax:* 909 558-4143
E-mail: lreynolds@som.llu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 048-05-21-001

Los Angeles

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
Pasadena Rehabilitation Institute
Santa Monica-UCLA Medical Center
Prgm Director: Francis M Ferrante, MD
Center for the Health Sciences
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 825-3316 *Fax:* 310 267-1790
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 048-05-21-076

University of Southern California/ LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC
Medical Center
Kenneth Norris Jr Cancer Hospital and Research
Institute
USC University Hospital
Prgm Director: Ali Nemat, MD
1510 San Pablo Street, Suite 233
Los Angeles, CA 90093
Tel: 323 442-6202 *Fax:* 323 442-6255
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 048-05-22-111

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical
Center
Prgm Director: Shermeen Vakharia, MD*
101 The City Drive, South
Route 81A
Orange, CA 92668
Tel: 714 456-6437 *Fax:* 714 456-8748
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 048-05-31-002

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: Peter Moore, MD, PhD
Pain Management Academic Office
4860 Y Street, Suite 3020
Sacramento, CA 95817
Tel: 916 734-5048 *Fax:* 916 734-6827
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 048-05-21-064

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical
Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Mark S Wallace, MD
Department of Anesthesiology
9500 Gilman Drive, #0924
La Jolla, CA 92093
Tel: 858 657-7030 *Fax:* 858 657-7035
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 048-05-21-047

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School
of Medicine
Mount Zion Medical Center of the University of
California
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Pamela P Palmer, MD, PhD
2255 Post Street
San Francisco, CA 94143
Tel: 415 885-7246 *Fax:* 415 885-3883
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 048-05-31-082

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Prgm Director: Raymond R Gaeta, MD
780 Welch Road
Suite 208
Palo Alto, CA 94304
Tel: 650 725-5852 *Fax:* 650 725-8052
Length: 1 Yr
Program ID: 048-05-21-059

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Veterans Affairs Medical Center (Denver)
Prgm Director: Daniel S Rowe, Jr, MD*
Campus Box B113
4200 E 9th Avenue
Denver, CO 80262
Tel: 303 372-6344 *Fax:* 303 372-6315
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 048-07-21-090

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Prgm Director: Keun Sam Chung, MD
333 Cedar Street
PO Box 208051
New Haven, CT 06520
Tel: 203 785-2802 *Fax:* 203 785-6664
E-mail: keun.chung@yale.edu
Length: 1 Yr
Program ID: 048-08-21-083

District of Columbia

Washington

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Prgm Director: Veronica D Mitchell, MD
S-CCC
3800 Reservoir Road, NW
Washington, DC 20007
Tel: 202 784-2090 *Fax:* 202 784-1340
Length: 1 Yr
Program ID: 048-10-21-055

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Jerry J Berger, MD*
Box 100254
1600 Archer Road
Gainesville, FL 32610
Tel: 352 846-1299 *Fax:* 352 302-7029
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 048-11-21-046

Jacksonville**Mayo School of Graduate Medical Education (Jacksonville) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Jacksonville)
St Luke's Hospital
Prgm Director: Tim J Lamer, MD
4500 San Pablo Road
Jacksonville, FL 32224
Tel: 904 296-5289 *Fax:* 904 296-3877
E-mail: jax-anes-res@mayo.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 048-11-31-054

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Dennis J Patin, MD*
Dept of Anesthesiology (R-370)
PO Box 016370
Miami, FL 33101
Tel: 305 585-6283 *Fax:* 305 585-8359
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 048-11-21-003

Tampa**University of South Florida Program**

Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital
Prgm Director: Rafael V Miguel, MD
Dept of Anesthesiology, MDC-59
12901 Bruce B Downs Boulevard
Tampa, FL 33612
Tel: 813 844-7438 *Fax:* 813 844-7418
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 048-11-21-050

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine
Crawford Long Hospital of Emory University
Emory University Hospital
Prgm Director: Anne M McKenzie-Brown, MD*
Dept of Anesthesiology, 3 B South
1364 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 778-5582 *Fax:* 404 778-5194
Length: 1 Yr
Program ID: 048-12-21-004

Augusta**Medical College of Georgia Program**

Sponsor: Medical College of Georgia
Prgm Director: Ines Berger, MD*
1120 15th Street
Augusta, GA 30912
Tel: 706 721-4544 *Fax:* 706 721-7753
E-mail: sdawkins@mcg.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 048-12-21-105

Illinois**Chicago****Cook County Hospital Program**

Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Silvio Glusman, MD, PhD
Department of Anesthesiology
1901 West Harrison Street
Chicago, IL 60612
Tel: 312 864-3221 *Fax:* 312 864-9276
Length: 1 Yr
Program ID: 048-16-21-077

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Prgm Director: Honorio T Benzon, MD
Department of Anesthesiology
251 E Huron Street, Suite 5-704
Chicago, IL 60611
Tel: 312 926-8105 *Fax:* 312 926-9206
Length: 1 Yr
Program ID: 048-16-21-005

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Timothy R Lubenow, MD
1653 West Congress Parkway
Chicago, IL 60612
Tel: 312 942-6504 *Fax:* 312 942-8858
Length: 1 Yr
Program ID: 048-16-21-095

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Friedl Pantle-Fisher, MD
5841 South Maryland Avenue
Chicago, IL 60637
Tel: 773 834-3643 *Fax:* 773 834-2218
Length: 1 Yr
Program ID: 048-16-31-098

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
Michael Reese Hospital and Medical Center
Prgm Director: Charles E Laurito, MD
Center for Pain Management MC 945
835 South Wolcott Avenue
Chicago, IL 60612
Tel: 312 996-1128 *Fax:* 312 413-3153
E-mail: sharps@uic.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 048-16-31-006

Maywood**Loyola University Program**

Sponsor: Loyola University Medical Center
Prgm Director: Vikram Patel, MD
2160 South First Avenue
Maywood, IL 60153
Tel: 708 216-5074 *Fax:* 708 216-8267
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 048-16-31-078

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: Dennis L Wagner, MD*
1120 South Drive
Fesler Hall 204
Indianapolis, IN 46202
Tel: 317 274-0269 *Fax:* 317 274-0256
E-mail: lvpolen@iupui.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 048-17-21-039

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Richard W Rosenquist, MD
200 Hawkins Drive 6 JCP
Iowa City, IA 52242
Tel: 319 353-7783 *Fax:* 319 356-3431
Length: 1 Yr
Program ID: 048-18-21-007

Kentucky**Lexington****University of Kentucky College of Medicine Program**

Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Prgm Director: Joseph R Holtman, PhD, MD
Dept of Anesthesiology, Room N-202
800 Rose Street
Lexington, KY 40536
Tel: 859 323-5956 *Fax:* 859 323-1924
E-mail: jrjr@uky.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 048-20-21-035

Louisville**University of Louisville Program**

Sponsor: University of Louisville School of Medicine
Prgm Director: Linda Lucas, MD
Department of Anesthesiology and Perioperative Med
530 S Jackson Street
Louisville, KY 40202
Tel: 502 852-5851 *Fax:* 502 852-6056
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 048-20-12-108

Louisiana

Shreveport

Louisiana State University (Shreveport) Program

Sponsor: LSU Health Sciences Center-University Hospital
Prgm Director: Randall C Cork, MD, PhD
1501 Kings Highway
PO Box 33932
Shreveport, LA 71130
Tel: 318 875-7195 *Fax:* 318 675-4658
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 048-21-21-099

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Paul J Christo, MD
550 N Broadway
Suite 301
Baltimore, MD 21205
Tel: 410 955-1818 *Fax:* 410 502-6730
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 048-23-21-008

University of Maryland Program

Sponsor: University of Maryland Medical System
Prgm Director: Joel L Kent, MD
Suite S11C00
22 S Greene Street
Baltimore, MD 21201
Tel: 410 448-6824 *Fax:* 410 448-6825
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 048-23-31-009

Bethesda

National Capital Consortium Program

Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Prgm Director: Dominique H Schiffer, MD
6900 Georgia Avenue, NW
Bldg 2, Ward 44
Washington, DC 20307
Tel: 202 782-2930 *Fax:* 202 782-9301
Length: 1 Yr
Program ID: 048-10-21-101
US Armed Services Program

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program

Sponsor: Beth Israel Deaconess Medical Center
Brigham and Women's Hospital
Children's Hospital
Prgm Director: Christine G Peeters-Asdourian, MD
330 Brookline Avenue, SV-330
Boston, MA 02215
Tel: 617 667-5558 *Fax:* 617 667-8065
E-mail: rmayes@caregroup.harvard.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Program ID: 048-24-21-010

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital
Prgm Director: Srdjan S Nedeljkovic, MD
Department of Anesthesiology
75 Francis Street
Boston, MA 02115
Tel: 617 732-5500 *Fax:* 617 731-5453
E-mail: hponde@partners.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Program ID: 048-24-31-043

Caritas St Elizabeth's Medical Center Program

Sponsor: Caritas St Elizabeth's Medical Center of Boston
Prgm Director: Janet D Pearl, MD, MSc
736 Cambridge Street
Boston, MA 02135
Tel: 617 789-3100 *Fax:* 617 789-2467
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 048-24-13-112

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: Gary J Brenner, MD, PhD
MGH Pain Center, WAC-333
15 Parkman Street
Boston, MA 02114
Tel: 617 726-9332 *Fax:* 617 724-2719
E-mail: gjbrenner@partners.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 048-24-21-040

Springfield

Baystate Medical Center/Tufts University School of Medicine Program

Sponsor: Baystate Medical Center
Prgm Director: Stuart A Dunbar, MD
Porter 2
759 Chestnut Street
Springfield, MA 01199
Tel: 413 794-4326 *Fax:* 413 794-5349
E-mail: kristen.kolb@bhs.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 048-24-31-011

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Ronald Wasserman, MD
Department of Anesthesiology
C213 Med Inn Building
Ann Arbor, MI 48109
Tel: 734 763-5459 *Fax:* 734 936-6585
Length: 1 Yr
Program ID: 048-25-31-065

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital
Prgm Director: Henry Kroll, MD
Anesthesia Fellowship Office, Rm # WC-461
2799 West Grand Blvd
Detroit, MI 48202
Tel: 313 916-8234 *Fax:* 313 916-9434
E-mail: hkroll1@hfhs.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 048-25-21-061

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Prgm Director: Todd Liningner, MD
4201 St Antoine
DRH/UHC, Annex 2T
Detroit, MI 48201
Tel: 313 745-4300 *Fax:* 313 745-4777
E-mail: telineinger@msn.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 048-25-11-109

Minnesota

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prgm Director: Richard H Rho, MD*
200 First Street, SW
Rochester, MN 55905
Tel: 507 266-2077 *Fax:* 507 284-0120
E-mail: painfellowship@mayo.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 048-26-21-012

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Prgm Director: Ike Eriator, MD, MPH
2500 North State Street
Department of Anesthesiology
Jackson, MS 39216
Tel: 601 984-5950 *Fax:* 601 984-5939
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 048-27-21-104

Missouri

St Louis

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Prgm Director: Robert A Swarm, MD
Department of Anesthesiology
660 S Euclid Avenue
St Louis, MO 63110
Tel: 314 747-0202 *Fax:* 314 286-2675
E-mail: swarmr@msnotes.wustl.edu
Length: 1 Yr
Program ID: 048-28-21-013

Nebraska**Omaha****University of Nebraska Medical Center College of Medicine Program**

Sponsor: University of Nebraska Medical Center College of Medicine
The Nebraska Medical Center
Prgm Director: Christopher M Criscuolo, MD
984455 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-7405 *Fax:* 402 559-7372
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 048-30-21-100

New Hampshire**Lebanon****Dartmouth-Hitchcock Medical Center Program**

Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: Ralph D Beasley, MD
One Medical Center Drive
Lebanon, NH 03766
Tel: 603 650-8391 *Fax:* 603 650-8199
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 048-32-21-044

New Jersey**New Brunswick****UMDNJ-Robert Wood Johnson Medical School Program**

Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Prgm Director: William Grubb, MD
CAB, Suite 3100
125 Paterson Street
New Brunswick, NJ 08901
Tel: 732 235-7827 *Fax:* 732 235-6131
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 048-33-21-063

New Mexico**Albuquerque****University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Prgm Director: Robert Zuniga, MD
2701 Frontier NE
Surge Building Room 110
Albuquerque, NM 87131
Tel: 505 272-2734 *Fax:* 505 272-1300
Length: 1 Yr
Program ID: 048-34-21-015

New York**Bronx****Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Beth Israel Medical Center
Prgm Director: Ronald Kaplan, MD
Department of Pain Medicine and Palliative Care
First Avenue at 16th Street
New York, NY 10003
Tel: 212 844-1479 *Fax:* 212 844-1503
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 048-35-21-062

Brooklyn**Brookdale University Hospital and Medical Center Program**

Sponsor: Brookdale University Hospital and Medical Center
Prgm Director: Yvette Abraham, MD
One Brookdale Plaza
Brooklyn, NY 11212
Tel: 718 240-5356 *Fax:* 718 240-5367
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 048-35-21-060

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Long Island College Hospital
Lutheran Medical Center
University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Joshua L Greenspan, MD
450 Clarkson Avenue
Box 6
Brooklyn, NY 11203
Tel: 718 780-2090 *Fax:* 718 780-1080
E-mail: jgreensp@chnpnet.org
Length: 1 Yr
Program ID: 048-35-31-056

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
Roswell Park Cancer Institute
Prgm Director: Oscar De-Leon Casasola, MD
9th Floor, B Wing
3495 Bailey Avenue
Buffalo, NY 14215
Tel: 716 862-7331 *Fax:* 716 862-7340
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 048-35-31-017

New York**Mount Sinai School of Medicine Program**

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Paru Pandya, MD*
Box 1192
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-6372 *Fax:* 212 348-8695
Length: 1 Yr
Program ID: 048-35-31-066

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: Amr Hosny, MD*
153 West 11th Street
New York, NY 10011
Tel: 212 604-7566 *Fax:* 212 604-2637
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 048-35-21-070

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Michael Weinberger, MD
622 West 168th Street
New York, NY 10032
Tel: 212 305-7114 *Fax:* 212 305-8883
E-mail: mlw45@columbia.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 048-35-31-085

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
Hospital for Special Surgery
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Columbia Campus)
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Sudhir A Diwan, MD, MS
Anesthesiology Department
525 East 68th Street, Box 124
New York, NY 10021
Tel: 212 746-2775 *Fax:* 212 746-8563
E-mail: sad2003@med.cornell.edu
Length: 1 Yr
Program ID: 048-35-21-049

New York Presbyterian Hospital (Cornell Campus) Program A

Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Kenneth Cubert, MD
Department of Anesthesiology
1275 York Avenue M308
New York, NY 10021
Tel: 212 639-6851 *Fax:* 212 717-3206
Length: 1 Yr
Program ID: 048-35-11-073

New York University School of Medicine Program

Sponsor: New York University School of Medicine
NYU Hospitals Center
Prgm Director: Michel Y Dubois, MD
Suite 902
317 East 34th street
New York, NY 10016
Tel: 212 201-1004 *Fax:* 212 685-5365
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 048-35-21-084

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
Prgm Director: Ronny Hertz, MD, DDS
Department of Anesthesiology
428 West 59th Street
New York, NY 10019
Tel: 212 523-6357 *Fax:* 212 523-6217
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 048-35-11-018

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester

Prgm Director: Rajbala Thakur, MD
Department of Anesthesiology, Box 604
601 Elmwood Avenue
Rochester, NY 14642

Tel: 585 275-3524 *Fax:* 585 244-7271

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 048-35-21-051

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook

Prgm Director: Carole Agin, MD
Health Sciences Center L4-060
Stony Brook, NY 11794

Tel: 631 444-4234 *Fax:* 631 444-4152

Length: 1 Yr

Program ID: 048-35-11-067

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)

Prgm Director: P Sebastian Thomas, MD
750 East Adams Street
Syracuse, NY 13210

Tel: 315 464-4259 *Fax:* 315 464-4905

Length: 1 Yr *ACGME Approved/Offered Positions:* 4

Program ID: 048-35-21-092

Valhalla

New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College
Sound Shore Medical Center of Westchester

Prgm Director: James P O'Connell, MD
Department of Anesthesiology
Grasslands Road, Macy-West Rm2395
Valhalla, NY 10595

Tel: 914 493-8829 *Fax:* 914 493-7927

E-mail: raymondm@wcmc.com

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 048-35-32-019

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: William S Blau, MD, PhD

The Dept of Anesthesiology, School of Medicine
CB#7010, N2201 UNC Hospitals
Chapel Hill, NC 27599

Tel: 919 966-5136 *Fax:* 919 966-4873

E-mail: wblau@aims.unc.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 048-36-21-088

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)

Prgm Director: Billy K Huh, MD, PhD*
932 Morreene Road
Room 232
Durham, NC 27705

Tel: 919 668-2386 *Fax:* 919 681-7094

E-mail: huh00002@mc.duke.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 048-36-21-020

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: William Spillane, MD

Department of Anesthesiology, Pain Management
1900 South Hawthorne Road
Winston-Salem, NC 27103

Tel: 336 716-5530 *Fax:* 336 716-5537

Length: 1 Yr

Program ID: 048-36-21-036

Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc

Prgm Director: Karen Krone, MD
231 Albert Sabin Way
PO Box 670531

Cincinnati, OH 45267

Tel: 513 558-6356 *Fax:* 513 558-0895

E-mail: donna.benesch@uc.edu

Length: 1 Yr

Program ID: 048-38-21-021

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland

Prgm Director: Mark V Boswell, MD, PhD
11100 Euclid Avenue
Cleveland, OH 44106

Tel: 216 844-2689 *Fax:* 216 844-2660

E-mail: boswellmv@earthlink.net

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 048-38-21-097

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation

Prgm Director: Nagy Mekhail, MD, PhD
Department of Pain Management
9500 Euclid Avenue
Cleveland, OH 44195

Tel: 216 444-9118 *Fax:* 216 444-0797

E-mail: elsayeh@ccf.org

Length: 1 Yr

Program ID: 048-38-31-022

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital

Prgm Director: Steven Severyn, MD, MBA
N416 Doan Hall
410 W 10th Avenue
Columbus, OH 43210

Tel: 614 293-8158 *Fax:* 614 293-8557

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 048-38-21-048

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
OU Medical Center

OU Medical Center-Children's Hospital
Prgm Director: Badie S Mansour, MD

920 SL Young Blvd Rm WP 2530
Oklahoma City, OK 73104

Tel: 405 271-4354 *Fax:* 405 271-1216

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 048-39-21-087

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)

Prgm Director: David M Sibell, MD
Dept of Anesthesiology UHS-2

3181 SW Sam Jackson Park Road
Portland, OR 97239

Tel: 503 494-5370 *Fax:* 503 494-3002

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 048-40-21-023

Pennsylvania

Allentown

Drexel University College of Medicine (Lehigh Valley) Program

Sponsor: Drexel University College of Medicine (MCP
Hahnemann)

Lehigh Valley Hospital
Medical College of Pennsylvania Hosp (Tenet Health
System)

Prgm Director: Bruce D Nicholson, MD
1245 South Cedar Crest Boulevard, Suite 301
Allentown, PA 18103

Tel: 610 402-1764 *Fax:* 610 402-9089

Length: 1 Yr

Program ID: 048-41-23-110

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center

Prgm Director: Vitaly Gordin, MD
Department of Anesthesiology, MC-H187

PO Box 350

Hershey, PA 17033

Tel: 717 531-5680 *Fax:* 717 531-4204

Length: 1 Yr

Program ID: 048-41-21-024

Philadelphia

Temple University Hospital Program

Sponsor: Temple University Hospital

Prgm Director: Rodger Barnette, MD*
3401 N Broad Street

Dept of Anesthesia
Philadelphia, PA 19140

Tel: 215 707-3326 *Fax:* 215 707-8028

E-mail: anesres@blue.temple.edu

Length: 1 Yr

Program ID: 048-41-31-025

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Gregory H Pharo, DO
 834 Chestnut Street, Suite T-150
 Philadelphia, PA 19107
Tel: 215 955-2108 *Fax:* 215 923-5086
Length: 1 Yr
Program ID: 048-41-21-041

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
 Presbyterian Medical Center (UPHS)
Prgm Director: Dell R Burkey, MD*
 Suite 300 Medical Office Building
 39th & Market Streets
 Philadelphia, PA 19104
Tel: 215 662-8650 *Fax:* 215 243-4616
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 048-41-11-026

Pittsburgh**University of Pittsburgh Medical Center Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 UPMC Presbyterian/Shadyside
Prgm Director: Doris K Cope, MD
 200 Medical Arts Building
 200 Delafield Avenue, Suite 2070
 Pittsburgh, PA 15215
Tel: 412 784-5343 *Fax:* 412 784-5350
Length: 1 Yr
Program ID: 048-41-32-027

Western Pennsylvania Hospital/Temple University Program

Sponsor: The Western Pennsylvania Hospital
 Allegheny General Hospital
Prgm Director: Abraham J Kabazie, MD
 4800 Friendship Avenue
 Suite 459 MP
 Pittsburgh, PA 15224
Tel: 412 578-5635 *Fax:* 412 578-5628
E-mail: akabazie@wpahs.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 048-41-12-107

South Carolina**Charleston****Medical University of South Carolina Program**

Sponsor: Medical University of South Carolina College of Medicine
 MUSC Medical Center
Prgm Director: Arthur R Smith, MD
 165 Ashley Avenue
 PO Box 250912
 Charleston, SC 29425
Tel: 843 876-0847 *Fax:* 843 876-0848
E-mail: smithar@musc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 048-45-21-074

Tennessee**Nashville****Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Prgm Director: Benjamin W Johnson, MD, MBA
 Medical Arts Building, Suite 526
 1211 21st Avenue, South
 Nashville, TN 37212
Tel: 615 771-7580 *Fax:* 615 771-7580
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 048-47-21-038

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
 Dallas County Hospital District-Parkland Memorial Hospital
 Texas Scottish Rite Hospital for Children
 Veterans Affairs Medical Center (Dallas)
Prgm Director: Leland Lou, MD
 5323 Harry Hines Boulevard
 Dallas, TX 75390
Tel: 214 648-0660 *Fax:* 214 648-0693
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 048-48-21-052

Galveston**University of Texas Medical Branch Hospitals Program**

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Courtney G Williams, MD
 Pain Clinic, 3C John Sealy Tower
 301 University Blvd
 Galveston, TX 77555
Tel: 409 772-1221 *Fax:* 409 772-1224
Length: 1 Yr
Program ID: 048-48-21-103

Houston**University of Texas at Houston (M D Anderson Cancer Center) Program**

Sponsor: University of Texas Medical School at Houston
 Memorial Hermann Hospital System
 University of Texas M D Anderson Cancer Center
Prgm Director: Madhuri Are, MD*
 1515 Holcombe Boulevard
 Box 42
 Houston, TX 77030
Tel: 713 745-7246 *Fax:* 713 745-0177
E-mail: talvarad@gmail.com
Length: 1 Yr
Program ID: 048-48-21-093

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
 Memorial Hermann Hospital System
Prgm Director: Gbadebo J Adebayo, MD
 Department of Anesthesiology, Pain Medicine
 8431 Fannin, MSB 5.020
 Houston, TX 77030
Tel: 713 704-2861 *Fax:* 713 704-6137
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 048-48-21-029

Lubbock**Texas Tech University (Lubbock) Program**

Sponsor: Texas Tech University Health Sciences Center at Lubbock
 University Medical Center
Prgm Director: Gabor B Racz, MD
 Dept of Anesthesiology 1C282
 3601 4th Street
 Lubbock, TX 79430
Tel: 806 743-2981 *Fax:* 806 743-2984
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 048-48-21-030

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
 Audie L Murphy Memorial Veterans Hospital (San Antonio)
 University Health System
Prgm Director: Somayaji Ramamurthy, MD
 Department of Anesthesiology
 7703 Floyd Curl Drive
 San Antonio, TX 78229
Tel: 210 567-4543 *Fax:* 210 567-4471
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 048-48-31-031

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
 Primary Children's Medical Center
Prgm Director: Robert F Finnegan, MD
 Department of Anesthesiology
 50 North Medical Drive, Room 3C444
 Salt Lake City, UT 84132
Tel: 801 581-6393 *Fax:* 801 581-4367
Length: 1 Yr
Program ID: 048-49-21-086

Vermont**Burlington****University of Vermont Program**

Sponsor: Fletcher Allen Health Care
Prgm Director: James P Rathmell, MD, MS
 Department of Anesthesiology
 111 Colchester Avenue
 Burlington, VT 05401
Tel: 802 847-2415 *Fax:* 802 847-5324
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 048-50-21-069

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: John C Rowlingson, MD
 Dept of Anesthesiology
 PO Box 800710
 Charlottesville, VA 22908
Tel: 434 924-2283 *Fax:* 434 982-0019
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 048-51-21-075

Portsmouth**Naval Medical Center (Portsmouth) Program**

Sponsor: Naval Medical Center (Portsmouth)
Prgm Director: Robert J Mendez, DO
 Department of Anesthesiology
 820 John Paul Jones Circle
 Portsmouth, VA 23708
Tel: 757 953-3158 *Fax:* 757 953-0870
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 048-51-21-032
 US Armed Services Program

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System

Medical College of Virginia Hospitals
Prgm Director: Robert S Litwack, MD
1200 East Broad Street

PO Box 980459
Richmond, VA 23298

Tel: 804 828-0733 *Fax:* 804 828-8682

Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 048-51-31-033

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
VA Puget Sound Health Care System

Prgm Director: W Thomas Edwards, MD, PhD
Multidisciplinary Pain Center Box 356044

1959 NE Pacific
Seattle, WA 98195

Tel: 206 341-5625 *Fax:* 206 341-5627

Length: 1 Yr

Program ID: 048-54-21-034

Virginia Mason Medical Center Program

Sponsor: Virginia Mason Medical Center

Prgm Director: Hugh W Allen, MD
925 Seneca Street

H8-GME
Seattle, WA 98111

Tel: 206 223-6980 *Fax:* 206 583-2307

Length: 1 Yr

Program ID: 048-54-21-053

West Virginia

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals

Prgm Director: Stanford J Huber, MD
3618 HSC PO Box 9134

Morgantown, WV 26506

Tel: 304 293-5411 *Fax:* 304 293-7607

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 048-55-21-102

Wisconsin

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc

Froedtert Memorial Lutheran Hospital
Prgm Director: Stephen E Abram, MD*

Department of Anesthesiology
9200 West Wisconsin Avenue
Milwaukee, WI 53226

Tel: 414 805-6124 *Fax:* 414 805-6147

E-mail: sabram@mcw.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 4

Program ID: 048-56-21-042

Pain Medicine (Neurology)

Georgia

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Walton Rehabilitation Hospital

Prgm Director: Michael H Rivner, MD
1120 15th Street

BP 3115

Augusta, GA 30912

Tel: 706 721-2681 *Fax:* 706 721-8701

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 181-12-21-001

Ohio

Cleveland

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Edward Covington, MD

9500 Euclid Avenue
Cleveland, OH 44195

Tel: 216 444-5964 *Fax:* 216 445-7000

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 181-38-12-003

Pain Medicine (Physical Medicine and Rehabilitation)

California

Los Angeles

VA Greater Los Angeles Healthcare System Program

Sponsor: VA Greater Los Angeles Healthcare System
UCLA Medical Center

Prgm Director: Quynh Pham, MD
11301 Wilshire Boulevard (w117)

Los Angeles, CA 90073

Tel: 310 268-4935

E-mail: dfish@mednet.ucla.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 341-05-31-003

District of Columbia

Washington

Georgetown University Hospital/National Rehabilitation Hospital Program

Sponsor: National Rehabilitation Hospital
Washington Hospital Center

Prgm Director: Malady S Kodgi, MD
110 Irving Street, NW

Washington, DC 20010

Tel: 202 877-3442 *Fax:* 202 877-8194

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 341-10-31-009

Georgia

Atlanta

Emory University Program/Georgia Pain Physicians

Sponsor: Emory University School of Medicine
Wesley Woods Geriatric Hospital

Prgm Director: Robert E Windsor, MD
2550 Windy Hill Road, Suite 215

Marietta, GA 30067

Tel: 770 850-8464 *Fax:* 770 850-9727

Length: 1 Yr *ACGME Approved/Offered Positions:* 5

Program ID: 341-12-22-008

Maryland

Baltimore

Sinai Hospital of Baltimore Program

Sponsor: Sinai Hospital of Baltimore
Center for Pain Mgmt. and Rehabilitation-East York Office

Prgm Director: Michael B Furman, MD, MS
2901 Pleasant Valley Road

York, PA 17402

Tel: 717 848-4800 *Fax:* 717 755-9618

E-mail: mbfurman@hotmail.com

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 341-23-12-007

Massachusetts**Boston****Harvard Medical School/Spaulding Rehabilitation Hospital Program**

Sponsor: Spaulding Rehabilitation Hospital
Massachusetts General Hospital

Prgm Director: Alec L. Meleger, MD

125 Nashua Street

Boston, MA 02114

Tel: 617 573-2178 *Fax:* 617 573-2769

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 341-24-12-004

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers

Veterans Affairs Medical Center (Ann Arbor)

Prgm Director: J Steven Schultz, MD

Dept of PM&R

325 E Eisenhower, Suite 100

Ann Arbor, MI 48108

Tel: 734 936-7201 *Fax:* 734 763-4224

E-mail: twiley@med.umich.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 341-25-21-006

Oklahoma**Oklahoma City****Baylor University Medical Center (Oklahoma City) Program**

Sponsor: Baylor University Medical Center
Saint Anthony North Ambulatory Surgery Center

Baylor Institute for Rehabilitation

Prgm Director: Michael J Carl, MD

8205 North Santa Fe Avenue, Suite 200

Oklahoma City, OK 73118

Tel: 405 427-6776 *Fax:* 405 419-5646

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 341-48-13-005

Virginia**Richmond****Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System

Hunter Holmes McGuire VA Medical Center (Richmond)

Medical College of Virginia Hospitals

Prgm Director: David F Drake, MD*

PO Box 980661-0677

Richmond, VA 23298

Tel: 804 828-0861 *Fax:* 804 828-5074

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 341-51-21-001

Pain Medicine (Psychiatry)**Ohio****Cleveland****Cleveland Clinic Foundation Program**

Sponsor: Cleveland Clinic Foundation

Prgm Director: Edward C Covington, MD

C-21

9500 Euclid Avenue

Cleveland, OH 44195

Tel: 216 444-5064 *Fax:* 216 445-7000

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 402-38-12-001

Pathology-Anatomic and Clinical**Alabama****Birmingham****Baptist Health System Program**

Sponsor: Baptist Health System Inc

Baptist Medical Center-Montclair

Baptist Medical Center-Princeton

Prgm Director: Arthur S Ludwig, MD*

800 Montclair Road

Department of Pathology

Birmingham, AL 35211

Tel: 205 592-5052 *Fax:* 205 599-3736

Length: 4 Yrs *ACGME Approved/Offered Positions:* 8

Program ID: 300-01-21-017

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Veterans Affairs Medical Center (Birmingham)

Prgm Director: C Bruce Alexander, MD

619 South 19th Street, WP P220

Birmingham, AL 35233

Tel: 205 934-4303 *Fax:* 205 934-5499

Length: 4 Yrs *ACGME Approved/Offered Positions:* 32

Program ID: 300-01-31-018

Mobile**University of South Alabama Program**

Sponsor: University of South Alabama Hospitals

University of South Alabama Medical Center

Prgm Director: Joseph A Tucker, MD*

University of South Alabama Medical Center

2451 Fillingim Street

Mobile, AL 36617

Tel: 251 471-7786 *Fax:* 251 471-7884

E-mail: pathres@usouthal.edu

Length: 4 Yrs *ACGME Approved/Offered Positions:* 15

Program ID: 300-01-11-019

Arizona**Phoenix****St Joseph's Hospital and Medical Center Program**

Sponsor: St Joseph's Hospital and Medical Center

Prgm Director: Jeffrey D Oliver, MD

Department of Pathology

350 West Thomas Road

Phoenix, AZ 85013

Tel: 602 406-6994 *Fax:* 602 406-7191

E-mail: joliver@chw.edu

Length: 4 Yrs *ACGME Approved/Offered Positions:* 10

Program ID: 300-03-12-022

Tucson**University of Arizona Program**

Sponsor: University of Arizona College of Medicine

Southern Arizona VA Health Care Center (Tucson)

University Medical Center

Prgm Director: Richard E Sobonya, MD

1501 North Campbell Avenue

PO Box 245108

Tucson, AZ 85724

Tel: 520 626-3100 *Fax:* 520 626-2521

Length: 4 Yrs *ACGME Approved/Offered Positions:* 16

Subspecialties: HMP, MGP

Program ID: 300-03-21-023

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Harry H Brown, OD, MD*
4301 West Markham, Slot 517
Department of Pathology
Little Rock, AR 72205
Tel: 501 526-7507 *Fax:* 501 686-5874
E-mail: gordonreeneen@uams.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: BBK
Program ID: 300-04-21-024

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Jerry L Pettis Memorial Veterans Hospital
Prgm Director: Brian S Bull, MD
11234 Anderson Street
Department of Pathology & Lab Medicine, Room 2516
Loma Linda, CA 92354
Tel: 909 558-4094 *Fax:* 909 558-4189
Length: 4 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 300-05-21-028

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center
Prgm Director: Wesley S Nichols, MD
8700 Beverly Boulevard
Los Angeles, CA 90048
Tel: 310 423-4782 *Fax:* 310 423-0338
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 300-05-12-030

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Charles R Lassman, MD, PhD*
13-145B Center for Health Sciences
10833 Le Conte Avenue
Los Angeles, CA 90024
Tel: 310 825-5719 *Fax:* 310 267-2058
E-mail: jhamady@mednet.ucla.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 300-05-11-034

University of Southern California/ LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Wesley Y Naritoku, MD, PhD
1200 North State Street, Room 2900
Los Angeles, CA 90033
Tel: 323 226-7148 *Fax:* 323 226-5925
E-mail: norona@usc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 300-05-21-033

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
Long Beach Memorial Medical Center
VA Long Beach Healthcare System
Prgm Director: Philip M Carpenter, MD
Department of Pathology
101 The City Drive South
Orange, CA 92868
Tel: 714 456-6141 *Fax:* 714 456-5873
Length: 4 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: PCP
Program ID: 300-05-21-407

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: Rajen Ramsamoj, MD
2315 Stockton Boulevard
Sacramento, CA 95817
Tel: 916 734-5534 *Fax:* 916 734-6468
E-mail: penny.young@ucdmc.ucdavis.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 300-05-11-025

San Diego

Naval Medical Center (San Diego) Program

Sponsor: Naval Medical Center (San Diego)
Prgm Director: CDR Michael M Quigley, MD, PhD
34800 Bob Wilson Drive
Laboratory Department
San Diego, CA 92134
Tel: 619 532-9230 *Fax:* 619 532-9403
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 300-05-12-011
US Armed Services Program

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Henry C Powell, MD, ScD
Dept of Pathology Mail Code 8320
200 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-5966 *Fax:* 619 543-3730
E-mail: jpmchugh@ucsd.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 300-05-21-040

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Patrick Tresseler, MD, PhD
Department of Pathology
505 Parnassus Avenue, Box 0506
San Francisco, CA 94143
Tel: 415 514-1641 *Fax:* 415 353-1200
Length: 4 Yrs *ACGME Approved/Offered Positions:* 29
Program ID: 300-05-21-044

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Veterans Affairs Palo Alto Health Care System
Prgm Director: Stephen J Galli, MD
Department of Pathology, L 235
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 723-7975 *Fax:* 650 725-6902
Length: 4 Yrs *ACGME Approved/Offered Positions:* 26
Subspecialties: MGP, PCP
Program ID: 300-05-21-046

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Marcia E Cornford, MD, PhD
Department of Pathology
1000 W Carson St
Torrance, CA 90509
Tel: 310 222-2643 *Fax:* 310 222-5333
E-mail: mcorford@ladhs.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 300-05-11-047

Colorado

Colorado Springs

Penrose-St Francis Healthcare System Program

Sponsor: Penrose-St Francis Healthcare System
Prgm Director: Douglas W Franquemont, MD
2215 North Cascade Avenue
Colorado Springs, CO 80907
Tel: 719 776-5816 *Fax:* 719 776-2108
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 300-07-12-048

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Prgm Director: Brad Brimhall, MD, MPH*
4200 East Ninth Avenue, Box B-216
Denver, CO 80262
Tel: 303 372-0324 *Fax:* 303 372-0382
E-mail: diane.colyer@uchsc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 300-07-21-058

Connecticut

Danbury

Danbury Hospital Program

Sponsor: Danbury Hospital
Yale-New Haven Hospital
Prgm Director: Ramon N Kranwinkel, MD
24 Hospital Avenue
Danbury, CT 06810
Tel: 203 797-7338 *Fax:* 203 731-5343
E-mail: ramon.kranwinkel@danhosp.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 300-08-11-057

Hartford**Hartford Hospital Program**

Sponsor: Hartford Hospital
Prgm Director: Rebecca Williams, MD
 80 Seymour Street
 PO Box 5037
 Hartford, CT 06102
Tel: 860 545-1593 *Fax:* 860 545-2204
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Specialties: SP
Program ID: 300-08-11-059

New Haven**Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
Prgm Director: Stuart Flynn, MD
 Department of Pathology
 PO Box 208070
 New Haven, CT 06520
Tel: 203 785-6424 *Fax:* 203 785-3585
E-mail: stuart.flynn@yale.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 26
Specialties: HMP, SP
Program ID: 300-08-21-062

District of Columbia**Washington****George Washington University Program**

Sponsor: George Washington University School of Medicine
 George Washington University Hospital (UHS)
 Veterans Affairs Medical Center (Washington DC)
Prgm Director: Donald S Karcher, MD
 2300 Eye Street, NW
 Ross Hall, Room 502
 Washington, DC 20037
Tel: 202 994-3391 *Fax:* 202 994-2618
Length: 4 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 300-10-31-069

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Prgm Director: David F Garvin, MD
 3900 Reservoir Road, NW
 Washington, DC 20007
Tel: 202 444-2592 *Fax:* 202 687-8934
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 300-10-11-068

Howard University Program

Sponsor: Howard University Hospital
Prgm Director: Josephine J Marshalleck, MD
 2041 Georgia Avenue, NW
 Washington, DC 20060
Tel: 202 806-9822 *Fax:* 202 806-7022
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 300-10-21-070

Washington Hospital Center Program

Sponsor: Washington Hospital Center
Prgm Director: Erwin Brun, MD
 110 Irving Street, NW
 Washington, DC 20010
Tel: 202 877-5222 *Fax:* 202 877-3820
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 300-10-12-071

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine
 North Florida/South Georgia Veterans Health System
 Shands Hospital at the University of Florida
Prgm Director: John D Reith, MD*
 PO Box 100275 JHMHC
 1600 SW Archer Road
 Gainesville, FL 32610
Tel: 352 846-2998 *Fax:* 352 864-2149
Length: 4 Yrs *ACGME Approved/Offered Positions:* 17
Program ID: 300-11-21-073

Jacksonville**University of Florida Health Science Center/Jacksonville Program**

Sponsor: University of Florida College of Medicine at Jacksonville
 Shands Jacksonville Medical Center
Prgm Director: Shahla Masood, MD
 Department of Pathology
 655 West Eighth Street
 Jacksonville, FL 32209
Tel: 904 244-4387 *Fax:* 904 244-4060
E-mail: rebel.jones@jax.ufl.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 300-11-31-074

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Carmen E Gomez-Fernandez, MD*
 1611 NW 12th Avenue
 Holtz Center 2053
 Miami, FL 33136
Tel: 305 585-7242 *Fax:* 305 324-9932
Length: 4 Yrs *ACGME Approved/Offered Positions:* 22
Program ID: 300-11-21-075

Miami Beach**Mount Sinai Medical Center of Florida Program**

Sponsor: Mount Sinai Medical Center of Florida Inc
Prgm Director: Morton J Robinson, MD
 4300 Alton Road
 Miami Beach, FL 33140
Tel: 305 674-2277
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 300-11-31-076

Orlando**Orlando Regional Healthcare Program**

Sponsor: Orlando Regional Healthcare
 Orlando Regional Medical Center
Prgm Director: Shuan Li, MD
 1414 Kuhl Avenue, MP44
 Orlando, FL 32806
Tel: 407 841-5217
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 300-11-12-077

Tampa**University of South Florida Program**

Sponsor: University of South Florida College of Medicine
 H Lee Moffitt Cancer Center
 James A Haley Veterans Hospital
 Tampa General Hospital
Prgm Director: Jane L Messina, MD
 12901 Bruce B Downs Blvd
 MDC 11
 Tampa, FL 33612
Tel: 813 974-3744 *Fax:* 813 974-5536
Length: 4 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 300-11-31-078

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine
 Emory University Hospital
 Grady Health System
Prgm Director: Charles W Sewell, MD
 1364 Clifton Road, NE
 Department of Pathology and Laboratory Medicine
 Atlanta, GA 30322
Tel: 404 727-4283 *Fax:* 404 727-2519
E-mail: mmojonn@emory.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Specialties: MM
Program ID: 300-12-21-080

Augusta**Medical College of Georgia Program**

Sponsor: Medical College of Georgia
 Veterans Affairs Medical Center (Augusta)
Prgm Director: D Greer Falls, MD
 Department of Pathology (BF-121)
 1120 15th Street
 Augusta, GA 30912
Tel: 706 721-7453 *Fax:* 706 721-7781
Length: 4 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 300-12-21-082

Hawaii**Honolulu****University of Hawaii Program**

Sponsor: University of Hawaii John A Burns School of Medicine
 Kaiser Foundation Hospital (Moanalua)
 Kapiolani Medical Center for Women and Children
 Queen's Medical Center
 St Francis Medical Center
Prgm Director: John M Hardman, MD
 Biomed Tower D209E
 1960 East-West Road
 Honolulu, HI 96822
Tel: 808 587-8357 *Fax:* 808 587-8366
E-mail: pathres@hawaii.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 300-14-21-085

Illinois

Chicago

Cook County Hospital Program

Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Bourke L Firfer, MD, MPH
 Dept of Pathology
 1901 W Harrison Street
 Chicago, IL 60612
Tel: 312 864-7157 *Fax:* 312 864-9244
E-mail: bfirmf@medscape.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 300-16-21-088

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
 Northwestern Memorial Hospital
Prgm Director: G Kenneth Haines, MD
 Department of Pathology, Fineberg 7-342
 251 E Huron Street
 Chicago, IL 60611
Tel: 312 926-7572 *Fax:* 312 926-3127
E-mail: gkhainesii@northwestern.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 22
Program ID: 300-16-21-094

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Vijaya B Reddy, MD
 1653 West Congress Parkway
 Chicago, IL 60612
Tel: 312 942-5288 *Fax:* 312 942-3434
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 300-16-11-095

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: John Anastasi, MD
 5841 S Maryland Avenue, MC 3083
 Chicago, IL 60637
Tel: 773 702-6196 *Fax:* 773 702-1200
E-mail: john.anastasi@uchospitals.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 300-16-21-097

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
 University of Illinois Hospital and Clinics
 Veterans Affairs West Side Medical Center
Prgm Director: Michele D Raible, MD
 1819 West Polk Street, Room 446
 Chicago, IL 60612
Tel: 312 996-7250 *Fax:* 312 996-7586
Length: 4 Yrs *ACGME Approved/Offered Positions:* 22
Subspecialties: BBK, SP
Program ID: 300-16-21-098

Evanston

McGaw Medical Center of Northwestern University (Evanston) Program

Sponsor: McGaw Medical Center of Northwestern University
 Evanston Hospital
Prgm Director: Karen L Kaul, MD, PhD
 2650 Ridge Avenue
 Evanston, IL 60201
Tel: 847 570-2052 *Fax:* 847 733-5012
E-mail: k-kaul@northwestern.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 11
Program ID: 300-16-21-412

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
 Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Eva M Wojcik, MD
 2160 S First Avenue
 Bldg 103, Room 0177
 Maywood, IL 60153
Tel: 708 327-2616 *Fax:* 708 327-2620
E-mail: vmadden@lumc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 300-16-21-394

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
 Clarian Indiana University Hospital
 Clarian Methodist Hospital of Indiana
 Clarian Riley Hospital for Children
 Richard L Roudebush Veterans Affairs Medical Center
 William N Wishard Memorial Hospital
Prgm Director: Randall W Strate, MD
 635 Barnhill Drive, MS 128
 Indianapolis, IN 46202
Tel: 317 274-1736 *Fax:* 317 278-2018
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: NP
Program ID: 300-17-21-111

Muncie

Ball Memorial Hospital Program

Sponsor: Ball Memorial Hospital
Prgm Director: Janet E Roepeke, MD, PhD
 Pathology Residency Program
 2401 W University Avenue
 Muncie, IN 47303
Tel: 765 751-2702 *Fax:* 765 747-4466
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 300-17-21-114

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
 Veterans Affairs Medical Center (Iowa City)
Prgm Director: Fred R Dee, MD
 Dept of Pathology
 100 Medical Laboratories, 1198 ML
 Iowa City, IA 52242
Tel: 319 384-4424 *Fax:* 319 384-4437
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 300-18-21-116

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
 University of Kansas Medical Center
 Veterans Affairs Medical Center (Kansas City)
Prgm Director: Diane L Persons, MD, MA
 3901 Rainbow Boulevard
 2017 Wahl Hall West
 Kansas City, KS 66160
Tel: 913 588-1728 *Fax:* 913 588-1777
E-mail: dpersons@kumc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 300-19-21-117

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine
 University of Kentucky Hospital
 Veterans Affairs Medical Center (Lexington)
Prgm Director: Paul Bachner, MD
 Department of Pathology & Laboratory Medicine
 800 Rose Street, Suite MS-117
 Lexington, KY 40536
Tel: 859 257-1446 *Fax:* 859 323-1590
E-mail: bachner@email.uky.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 300-20-21-120

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
 Kosair Children's Hospital (Norton Healthcare, Inc)
 University of Louisville Hospital
 Veterans Affairs Medical Center (Louisville)
Prgm Director: Joseph C Parker, MD, MS
 530 South Jackson Street, C1R06
 Louisville, KY 40202
Tel: 502 852-8203 *Fax:* 502 852-1771
E-mail: jcpark01@gwise.louisville.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 300-20-21-121

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
 Medical Center of Louisiana at New Orleans
 Veterans Affairs Medical Center (New Orleans)
Prgm Director: Gary E Lipscomb, MD
 Pathology Department
 1901 Perdido Street
 New Orleans, LA 70112
Tel: 504 568-6032 *Fax:* 504 568-6037
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 300-21-21-123

Tulane University Program

Sponsor: Tulane University School of Medicine
 Medical Center of Louisiana at New Orleans
 Tulane University Hospital and Clinics
Prgm Director: John R Krause, MD
 1430 Tulane Avenue
 Department of Pathology, SL-79
 New Orleans, LA 70112
Tel: 504 988-1170 *Fax:* 504 988-7862
Length: 4 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 300-21-21-122

Shreveport**Louisiana State University (Shreveport) Program**

Sponsor: LSU Health Sciences Center-University Hospital
Prgm Director: Marjorie R Fowler, MD
 1501 Kings Highway, PO Box 33932
 Shreveport, LA 71130
Tel: 318 675-5868 *Fax:* 318 675-7662
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 300-21-31-126

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Hospital
Prgm Director: Edward F McCarthy, MD
 600 North Wolfe Street
 Pathology 401
 Baltimore, MD 21287
Tel: 410 614-3653 *Fax:* 410 614-9011
Length: 4 Yrs *ACGME Approved/Offered Positions:* 34
Subspecialties: SP
Program ID: 300-23-11-129

University of Maryland Program

Sponsor: University of Maryland Medical System
 Mercy Medical Center
 Veterans Affairs Medical Center (Baltimore)
Prgm Director: Olga Ioffe, MD*
 22 South Greene Street
 Baltimore, MD 21201
Tel: 410 328-5525 *Fax:* 410 328-5508
Length: 4 Yrs *ACGME Approved/Offered Positions:* 17
Subspecialties: PCP
Program ID: 300-23-31-135

Bethesda**National Capital Consortium Program**

Sponsor: National Capital Consortium
 National Naval Medical Center (Bethesda)
 Armed Forces Institute of Pathology
 Walter Reed Army Medical Center
Prgm Director: Carol F Adair, MD
 Walter Reed Army Medical Center
 Department of Pathology, Ward 47
 Washington, DC 20307
Tel: 202 782-7744 *Fax:* 202 782-3217
E-mail: cfadair@earthlink.net
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 300-10-21-416
 US Armed Services Program

National Institutes of Health Clinical Center Program

Sponsor: Clinical Center at the National Institutes of Health
Prgm Director: Lance A Liotta, MD, PhD
 Bldg 10, Rm 2A33
 10 Center Drive
 Bethesda, MD 20892
Tel: 301 496-3185 *Fax:* 301 480-0853
E-mail: vnorman@mail.nih.gov
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: HMP
Program ID: 300-23-12-015
 US Armed Services Program

Massachusetts**Boston****Beth Israel Deaconess Medical Center/Harvard Medical School Program**

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Laura C Collins, MD
 Department of Pathology
 330 Brookline Avenue
 Boston, MA 02215
Tel: 617 667-7284 *Fax:* 617 667-7120
E-mail: lcollins@bidmc.harvard.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: SP
Program ID: 300-24-31-419

Boston University Medical Center Program

Sponsor: Boston Medical Center
Prgm Director: Carl J O'Hara, MD
 784 Massachusetts Avenue
 Boston, MA 02118
Tel: 617 414-5182 *Fax:* 617 414-5315
Length: 4 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 300-24-21-139

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital
Prgm Director: Gayle L Winters, MD
 Department of Pathology
 75 Francis Street
 Boston, MA 02115
Tel: 617 732-8613 *Fax:* 617 232-9820
E-mail: marosado@partners.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 35
Program ID: 300-24-31-146

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: W Stephen Black-Schaffer, MD, MA
 Dept of Pathology, WRN Building, Room 219
 55 Fruit Street
 Boston, MA 02114
Tel: 617 724-1463 *Fax:* 617 726-3226
E-mail: mgpath@partners.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 35
Program ID: 300-24-31-143

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: Nora M Laver, MD
 750 Washington Street, NEMCH #802
 Boston, MA 02111
Tel: 617 636-1035 *Fax:* 617 636-8302
E-mail: nlaver@tufts-nemc.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 300-24-21-145

Pittsfield**Berkshire Medical Center Program**

Sponsor: Berkshire Medical Center
Prgm Director: Rebecca L Johnson, MD
 725 North Street
 Pittsfield, MA 01201
Tel: 413 447-2565 *Fax:* 413 447-2097
E-mail: drathbun@bhs1.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 300-24-11-153

Springfield**Baystate Medical Center/Tufts University School of Medicine Program**

Sponsor: Baystate Medical Center
Prgm Director: Jean Henneberry, MD
 Department of Pathology
 759 Chestnut Street
 Springfield, MA 01199
Tel: 413 794-5085 *Fax:* 413 794-5893
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 300-24-21-413

Worcester**University of Massachusetts Program**

Sponsor: University of Massachusetts Medical School
 UMass Memorial Health Care (Memorial Campus)
 UMass Memorial Health Care (University Campus)
Prgm Director: Ashraf Khan, MD
 55 Lake Avenue, North
 Worcester, MA 01655
Tel: 508 856-6214 *Fax:* 508 856-2868
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: HMP, PCP
Program ID: 300-24-21-400

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Joseph C Fantone, MD
 1500 E Medical Center Drive
 Room 2G332/UH
 Ann Arbor, MI 48109
Tel: 734 936-1888 *Fax:* 734 763-4095
Length: 4 Yrs *ACGME Approved/Offered Positions:* 22
Program ID: 300-25-21-158

Detroit**Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital
Prgm Director: Richard Zarbo, MD
 Department of Pathology
 2799 West Grand Blvd
 Detroit, MI 48202
Tel: 313 916-3194 *Fax:* 313 916-2385
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 300-25-12-160

St John Hospital and Medical Center Program

Sponsor: St John Hospital and Medical Center
Prgm Director: Basim M Al-Khafaji, MD
 Department of Pathology
 22101 Moross Road
 Detroit, MI 48236
Tel: 313 343-3520 *Fax:* 313 881-4727
E-mail: sue.moynihan@stjohn.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 300-25-12-162

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
 Detroit Receiving Hospital and University Health Center
 Harper-Hutzel Hospital
Prgm Director: William J Kupsky, MD
 540 East Canfield, Room 9374
 Detroit, MI 48201
Tel: 313 577-2488
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: NP
Program ID: 300-25-21-165

Royal Oak

William Beaumont Hospital Program

Sponsor: William Beaumont Hospital
Prgm Director: Michele T Rooney, MD
3601 West Thirteen Mile Road
Royal Oak, MI 48073
Tel: 248 898-9060 *Fax:* 248 898-9054
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 300-25-21-173

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School
Abbott-Northwestern Hospital/Allina Health System
Fairview-University Medical Center
Hennepin County Medical Center
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: John T Crosson, MD
420 Delaware Street SE
Mayo Mail Code 609
Minneapolis, MN 55455
Tel: 612 347-3010 *Fax:* 612 273-1142
Length: 4 Yrs *ACGME Approved/Offered Positions:* 26
Subspecialties: HMP
Program ID: 300-26-31-178

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prgm Director: Mary E Fidler, MD
200 First Street, SW
Rochester, MN 55905
Tel: 507 284-1196 *Fax:* 507 284-1599
E-mail: pathologyeducation@mayo.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 300-26-21-179

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Prgm Director: Elizabeth R Flowers, MD
2500 North State Street
Jackson, MS 39216
Tel: 601 984-1530 *Fax:* 601 984-1531
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 300-27-21-182

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine
Ellis Fischel Cancer Center
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prgm Director: Alan M Luger, MD
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-7910 *Fax:* 573 884-4612
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 300-28-21-185

Kansas City

University of Missouri at Kansas City Program

Sponsor: University of Missouri-Kansas City School of Medicine
Children's Mercy Hospital
St Luke's Hospital
Truman Medical Center
Prgm Director: William D DePond, MD
2301 Holmes Street
Kansas City, MO 64108
Tel: 816 404-0550 *Fax:* 816 404-0572
E-mail: william.depond@tmcmcd.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 300-28-21-408

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
St Mary's Health Center
Veterans Affairs Medical Center (St Louis)
Prgm Director: Carole A Vogler, MD
1402 South Grand Boulevard
St Louis, MO 63104
Tel: 314 577-5348 *Fax:* 314 268-5645
E-mail: paradoea@slu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 300-28-21-192

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Prgm Director: John D Pfeifer, MD, PhD*
660 South Euclid Avenue
St Louis, MO 63110
Tel: 314 362-7440
Length: 4 Yrs *ACGME Approved/Offered Positions:* 42
Program ID: 300-28-11-193

Nebraska

Omaha

Creighton University Program

Sponsor: Creighton University School of Medicine
Creighton University Medical Center (Tenet - SJH)
Veterans Affairs Medical Center (Omaha)
Prgm Director: William J Hunter, MD
601 North 30th Street
Department of Pathology
Omaha, NE 68131
Tel: 402 280-3536 *Fax:* 402 280-5247
E-mail: residentprogram@pathology.creighton.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 300-30-21-195

University of Nebraska Medical Center College of Medicine Program

Sponsor: University of Nebraska Medical Center College of Medicine
The Nebraska Medical Center
Prgm Director: Leslie Bruch, MD
983135 Nebraska Medical Center
UMA Room 3538
Omaha, NE 68198
Tel: 402 559-4186 *Fax:* 402 559-6018
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 300-30-21-197

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: James P AuBuchon, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-8693 *Fax:* 603 650-4845
Length: 4 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 300-32-21-198

New Jersey

Livingston

St Barnabas Medical Center Program

Sponsor: St Barnabas Medical Center
Monmouth Medical Center
Prgm Director: Jonathan F Lara, MD
94 Old Short Hills Road
Livingston, NJ 07039
Tel: 973 322-5762 *Fax:* 973 322-5564
E-mail: Jlara@sbhcs.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 300-33-21-418

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School
Cooper Hospital-University Medical Center
Robert Wood Johnson University Hospital
Prgm Director: Peter S Amenta, MD, PhD
One Robert Wood Johnson Place
Medical Education Building, Room 212
New Brunswick, NJ 08903
Tel: 732 235-8121 *Fax:* 732 235-8124
E-mail: martinm7@umdnj.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 300-33-21-215

Newark

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Kenneth M Klein, MD
185 South Orange Avenue
Newark, NJ 07103
Tel: 973 972-4716 *Fax:* 973 972-5724
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 300-33-21-381

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Therese J Bocklage, MD
915 Camino de Salud, BMSB 335
Attn: Jeanne Lay
Albuquerque, NM 87131
Tel: 505 272-3696 *Fax:* 505 272-6726
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: BBK, PCP
Program ID: 300-34-21-218

New York**Albany****Albany Medical Center Program**

Sponsor: Albany Medical Center
St Clare's Hospital of Schenectady
Veterans Affairs Medical Center (Albany)
Prgm Director: Ann B Boguniewicz, MD
Department of Pathology (MC-81)
47 New Scotland Avenue
Albany, NY 12208
Tel: 518 262-5436 *Fax:* 518 262-5861
E-mail: bogunia@mailamc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 300-35-21-219

Bronx**Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Prgm Director: Jacob J Steinberg, MD
111 East 210th Street (C410)
Bronx, NY 10467
Tel: 718 920-6573 *Fax:* 718 547-8349
E-mail: steinber@aecom.yu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 300-35-21-230

Brooklyn**SUNY Health Science Center at Brooklyn Program**

Sponsor: SUNY Health Science Center at Brooklyn Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Prgm Director: Peter J Howanitz, MD
450 Clarkson Avenue
Box 25
Brooklyn, NY 11203
Tel: 718 270-4522 *Fax:* 718 270-4524
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 300-35-21-260

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Prgm Director: Amy M Sands, MD
100 High Street
Suite A-115
Buffalo, NY 14203
Tel: 716 859-3760 *Fax:* 716 859-4015
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 300-35-21-224

East Meadow**Nassau University Medical Center Program**

Sponsor: Nassau University Medical Center
Prgm Director: Jen H Lin, MD
2201 Hempstead Turnpike Box 47
East Meadow, NY 11554
Tel: 516 572-3201 *Fax:* 516 572-8894
E-mail: alozza@NUMC.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 300-35-21-225

Manhasset**North Shore University Hospital/NYU School of Medicine Program**

Sponsor: North Shore University Hospital
Prgm Director: Leonard B Kahn, MBChB
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-2947 *Fax:* 516 562-4591
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 300-35-11-228

Mineola**Winthrop-University Hospital Program**

Sponsor: Winthrop-University Hospital
Prgm Director: Virginia M Donovan, MD
259 First Street
222 Professional Bldg, Suite 618
Mineola, NY 11501
Tel: 516 663-2450 *Fax:* 516 663-4584
E-mail: residency@pathology.winthrop.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 300-35-12-229

New Hyde Park**Albert Einstein College of Medicine at Long Island Jewish Medical Center Program**

Sponsor: Long Island Jewish Medical Center
Prgm Director: Leonard B Kahn, MD
270-05 76th Avenue
Room B-67
New Hyde Park, NY 11040
Tel: 718 470-7491 *Fax:* 718 470-4431
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 300-35-21-245

New York**Lenox Hill Hospital Program**

Sponsor: Lenox Hill Hospital
Prgm Director: Harry L Ioachim, MD
100 East 77th Street
New York, NY 10021
Tel: 212 434-2330 *Fax:* 212 434-2497
E-mail: hioachim@lenoxhill.net
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 300-35-11-243

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Veterans Affairs Medical Center (Bronx)
Prgm Director: James A Strauchen, MD
Department of Pathology
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-8014 *Fax:* 212 426-5129
E-mail: james.strauchen@mssm.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 300-35-21-251

New York Medical College at St Vincent's Hospital and Medical Center Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: John F Gillooley, MD
153 West 11th Street
New York, NY 10011
Tel: 212 604-8384 *Fax:* 212 604-8426
E-mail: jgillooley@svcmcnyc.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 300-35-21-259

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Charles C Marboe, MD
630 West 168th Street
New York, NY 10032
Tel: 212 305-8063 *Fax:* 212 305-6595
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Specialties: HMP
Program ID: 300-35-11-237

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
Prgm Director: Amy Chadburn, MD
525 East 68th Street
Room C-302
New York, NY 10021
Tel: 212 746-2442 *Fax:* 212 746-8192
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Specialties: HMP
Program ID: 300-35-11-253

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
NYU Hospitals Center
Prgm Director: Aylin Simsir, MD*
550 First Avenue (BH-4S17D)
New York, NY 10016
Tel: 212 263-6455 *Fax:* 212 731-5535
Length: 4 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 300-35-21-255

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
Beth Israel Medical Center
Prgm Director: John R Protic, MD
1111 Amsterdam Ave at 114th Street
New York, NY 10025
Tel: 212 523-4332 *Fax:* 212 523-4829
E-mail: jprotic@chpnet.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 300-35-21-398

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Scott A Kirkley, MD
601 Elmwood Avenue, Box 626
Rochester, NY 14642
Tel: 585 275-5297 *Fax:* 585 276-2099
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 300-35-21-263

Stony Brook**SUNY at Stony Brook Program**

Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: Bernard P Lane, MD, MA
Department of Pathology, HOS 2-766
Stony Brook, NY 11794
Tel: 631 444-2224 *Fax:* 631 444-3419
Length: 4 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 300-35-21-396

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Gustavo de la Roza, MD*
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-4670 *Fax:* 315 464-4675
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 300-35-21-265

Valhalla

New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College
Westchester Medical Center
Prgm Director: Muhammad B Zaman, MD
Basic Science Building
Department of Pathology - Room 413
Valhalla, NY 10595
Tel: 914 594-4150 *Fax:* 914 594-4163
E-mail: elizabeth_iannucci@nymc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 300-35-11-266

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Thomas W Bouldin, MD
CB #7525
Chapel Hill, NC 27599
Tel: 919 966-4585 *Fax:* 919 966-6718
Length: 4 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 300-36-11-267

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Patrick J Buckley, MD, PhD
Box 3712
Durham, NC 27710
Tel: 919 681-6578 *Fax:* 919 684-1856
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 300-36-21-269

Greenville

Pitt County Memorial Hospital/East Carolina University Program

Sponsor: Pitt County Memorial Hospital
Prgm Director: Peter J Kragel, MD
2100 Stantonsburg Road
PO Box 6028
Greenville, NC 27834
Tel: 252 744-4961 *Fax:* 252 744-8200
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 300-36-21-404

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: A Julian Garvin, MD, PhD
Department of Pathology
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-2650 *Fax:* 336 716-4836
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: FOP, HMP
Program ID: 300-36-11-270

Ohio

Akron

Summa Health System/NEOUCOM Program

Sponsor: Summa Health System
Akron City Hospital (Summa Health System)
Prgm Director: Raymond E Clarke, MD
525 East Market Street
Medical Education/Mary Yanik
Akron, OH 44304
Tel: 330 375-3786 *Fax:* 330 375-4874
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 300-38-11-272

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
Prgm Director: Toni Robinson-Smith, MD
PO Box 670529
231 Albert Sabin Way
Cincinnati, OH 45267
Tel: 513 558-3529 *Fax:* 513 558-2289
E-mail: pathology@uc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 300-38-21-276

Cleveland

Case Western Reserve University (MetroHealth) Program

Sponsor: MetroHealth Medical Center
Prgm Director: Joseph F Tomaszefski, MD
2500 MetroHealth Drive
Cleveland, OH 44109
Tel: 216 778-5181 *Fax:* 216 778-5701
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 300-38-11-279

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Robert D Hoffman, MD, PhD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3478 *Fax:* 216 844-1810
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 300-38-21-277

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Carol F Farver, MD
Division of Pathology and Laboratory Medicine
9500 Euclid Avenue/L21
Cleveland, OH 44195
Tel: 216 445-7695 *Fax:* 216 445-9535
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: PCP
Program ID: 300-38-12-278

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Prgm Director: Wendy Frankel, MD
N-308 Doan Hall
410 West 10th Avenue
Columbus, OH 43210
Tel: 614 293-2458 *Fax:* 614 293-7273
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 300-38-21-286

Toledo

Medical College of Ohio Program

Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
Prgm Director: Aiman Zaher, MD
3000 Arlington Avenue
Toledo, OH 43614
Tel: 419 383-4511 *Fax:* 419 383-3066
Length: 4 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 300-38-11-290

Youngstown

Western Reserve Care System/NEOUCOM Program

Sponsor: Forum Health/Western Reserve Care System (Youngstown)
Northside Medical Center
Prgm Director: Geoffrey Mendelsohn, MD
Northside Medical Center
500 Gypsy Lane
Youngstown, OH 44501
Tel: 330 884-3767 *Fax:* 330 884-3790
E-mail: gmendelsohn@forumhealth.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 300-38-11-292

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
OU Medical Center
Prgm Director: Michael L Talbert, MD*
Department of Pathology
940 Stanton L Young, BMSB 451
Oklahoma City, OK 73104
Tel: 405 271-2451 *Fax:* 405 271-2328
E-mail: Dianne-Wright@ouhsc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 300-39-21-295

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Kaiser Foundation Hospitals-Northwest Region
Veterans Affairs Medical Center (Portland)
Prgm Director: Richard M Scanlan, MD
Dept of Pathology, L-113
3181 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503 494-6776
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: HMP, MGP
Program ID: 300-40-11-302

Pennsylvania

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
Prgm Director: Ronald E Domen, MD
500 University Drive
PO Box 850
Hershey, PA 17033
Tel: 717 531-5116 *Fax:* 717 531-5021
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 300-41-11-308

Johnstown**Conemaugh Valley Memorial Hospital Program**

Sponsor: Conemaugh Valley Memorial Hospital
 Temple University Hospital
Prgm Director: Sidney A Goldblatt, MD
 1086 Franklin Street
 Johnstown, PA 15905
 Tel: 814 534-9818 Fax: 814 534-9872
E-mail: rnelson@conemaugh.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 300-41-21-397

Philadelphia**Drexel University College of Medicine/
Hahnemann University Hospital Program**

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
 Hahnemann University Hospital (Tenet Health System)
Prgm Director: Cheryl A Hanau, MD
 Broad and Vine Streets
 Mail Stop 435
 Philadelphia, PA 19102
 Tel: 215 842-7074
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Subspecialties: HMP
Program ID: 300-41-21-316

**Pennsylvania Hospital of the University
of Pennsylvania Health System Program**

Sponsor: Pennsylvania Hospital (UPHS)
Prgm Director: Helen M Haupt, MD
 8th and Spruce Streets
 Philadelphia, PA 19107
 Tel: 215 829-3544 Fax: 215 829-7564
E-mail: anmcc@pahosp.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 11
Program ID: 300-41-11-318

Temple University Hospital Program

Sponsor: Temple University Hospital
Prgm Director: Henry Simpkins, MD, PhD
 3400 North Broad Street
 Philadelphia, PA 19140
 Tel: 215 707-4353 Fax: 215 707-6864
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 300-41-11-321

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Pamela R Edmonds, MD
 125 South 11th Street
 Room P 204 Pavillion Building
 Philadelphia, PA 19107
 Tel: 215 955-7524
E-mail: pamel.edmonds@jefferson.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 300-41-11-322

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: Gordon Yu, MD
 3400 Spruce Street
 6 Founders
 Philadelphia, PA 19104
 Tel: 215 662-3211 Fax: 215 614-1856
E-mail: brodam@uphs.upenn.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: SP
Program ID: 300-41-21-314

Pittsburgh**Allegheny General Hospital Program**

Sponsor: Allegheny General Hospital
Prgm Director: Katherine M Jasnosz, MD
 320 East North Avenue
 Pittsburgh, PA 15212
 Tel: 412 359-6037 Fax: 412 359-3598
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 300-41-12-323

**University of Pittsburgh Medical Center
Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 Magee-Women's Hospital
 UPMC Presbyterian/Shadyside
Prgm Director: Gregory J Naus, MD
 Presbyterian Hospital C901
 200 Lothrop Street
 Pittsburgh, PA 15213
 Tel: 412 648-9699 Fax: 412 624-0614
E-mail: training_path@msx.upmc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 33
Subspecialties: SP
Program ID: 300-41-21-324

Puerto Rico**San Juan****University of Puerto Rico Program**

Sponsor: University of Puerto Rico School of Medicine
 University Hospital
Prgm Director: Roman Velez Rosario, MD
 Department of Pathology
 PO Box 365087
 San Juan, PR 00936
 Tel: 787 758-2525 Fax: 787 754-0710
Length: 4 Yrs *ACGME Approved/Offered Positions:* 11
Program ID: 300-42-21-385

Rhode Island**Providence****Brown University Program**

Sponsor: Rhode Island Hospital-Lifespan
 Miriam Hospital-Lifespan
 Women and Infants Hospital of Rhode Island
Prgm Director: Robert A Van Wesep, PhD, MD
 593 Eddy St
 Providence, RI 02903
 Tel: 401 444-5981 Fax: 401 444-8514
E-mail: ACrouse@lifespan.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 300-43-21-414

South Carolina**Charleston****Medical University of South Carolina
Program**

Sponsor: Medical University of South Carolina College of Medicine
 MUSC Medical Center
Prgm Director: David Lewin, MD
 165 Ashley Avenue, Suite 309
 PO Box 250908
 Charleston, SC 29425
 Tel: 843 792-3121 Fax: 843 792-0555
Length: 4 Yrs *ACGME Approved/Offered Positions:* 22
Program ID: 300-45-21-332

South Dakota**Sioux Falls****University of South Dakota Program**

Sponsor: University of South Dakota School of Medicine
 Royal C Johnson Veterans Affairs Medical Center
 Sioux Valley Hospital and University of SD Medical Center
Prgm Director: Joel A Ziebarth, MD
 LCM Pathologists, PC
 1400 West 22nd Street
 Sioux Falls, SD 57105
 Tel: 605 333-1730 Fax: 605 333-1966
E-mail: ktuschen@lcmphath.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 300-46-21-333

Tennessee**Johnson City****East Tennessee State University Program**

Sponsor: James H Quillen College of Medicine
 Johnson City Medical Center Hospital
 Veterans Affairs Medical Center (Mountain Home)
Prgm Director: John Schweitzer, MD
 PO Box 70568
 Johnson City, TN 37614
 Tel: 423 439-6210 Fax: 423 439-8060
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 300-47-21-399

Knoxville**University of Tennessee Medical Center
at Knoxville Program**

Sponsor: University of Tennessee Graduate School of Medicine
 University of Tennessee Memorial Hospital
Prgm Director: John C Neff, MD
 1924 Alcoa Highway, Drawer 108
 Knoxville, TN 37920
 Tel: 865 544-8994 Fax: 865 544-6866
E-mail: jneff@utk.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Subspecialties: PCP
Program ID: 300-47-11-335

Memphis**University of Tennessee Program**

Sponsor: University of Tennessee College of Medicine
 Baptist Memorial Hospital
 Regional Medical Center at Memphis
 St Jude Children's Research Hospital
 Veterans Affairs Medical Center (Memphis)
Prgm Director: John Duckworth, MD
 930 Madison Avenue
 Memphis, TN 38163
 Tel: 901 448-6344 Fax: 901 448-6970
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: PP
Program ID: 300-47-12-336

Nashville**Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Prgm Director: Mary M Zutter, MD*
 21st Avenue South at Garland
 Department of Pathology, C3319 MCN
 Nashville, TN 37232
 Tel: 615 343-4882 Fax: 615 343-7023
E-mail: pathres.prog@vanderbilt.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 25
Program ID: 300-47-21-341

Texas

Dallas

Baylor University Medical Center Program

Sponsor: Baylor University Medical Center
Prgm Director: Lesley Kresie, MD
 3500 Gaston Avenue
 Dallas, TX 75246
Tel: 214 820-3303 *Fax:* 214 820-2171
Length: 4 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 300-48-12-343

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
 Dallas County Hospital District-Parkland Memorial Hospital
Prgm Director: Charles F Timmons, MD, PhD
 5323 Harry Hines Boulevard
 Dallas, TX 75390
Tel: 214 648-4141 *Fax:* 214 648-4070
Length: 4 Yrs *ACGME Approved/Offered Positions:* 38
Program ID: 300-48-11-345

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Juan P Olano, MD
 301 University Boulevard
 Galveston, TX 77555
Tel: 409 772-2870 *Fax:* 409 747-2400
Length: 4 Yrs *ACGME Approved/Offered Positions:* 25
Subspecialties: PCP
Program ID: 300-48-11-349

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
 Harris County Hospital District-Ben Taub General Hospital
 Methodist Hospital
 Michael E DeBakey VA Medical Center - Houston
 Texas Children's Hospital
Prgm Director: Deborah Citron, MD*
 One Baylor Plaza
 Department of Pathology
 Houston, TX 77030
Tel: 713 873-3212
E-mail: yboney@bcm.tmc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 300-48-31-350

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
 Lyndon B Johnson General Hospital
 Memorial Hermann Hospital System
 St Luke's Episcopal Hospital
Prgm Director: Margaret O Uthman, MD
 6431 Fannin Street, MSB 2.120
 Houston, TX 77030
Tel: 713 500-5348 *Fax:* 713 500-0712
E-mail: Margaret.O.Uthman@uth.tmc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 300-48-11-352

Lackland AFB

San Antonio Uniformed Services Health Education Consortium Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
 Brooke Army Medical Center
 Wilford Hall Medical Center (AETC)
Prgm Director: Thomas J Casey, MD, MBA*
 Department of Pathology
 3851 Roger Brooke Drive
 Fort Sam Houston, TX 78234
Tel: 210 916-1921 *Fax:* 210 916-2694
Length: 4 Yrs *ACGME Approved/Offered Positions:* 23
Program ID: 300-48-11-417
 US Armed Services Program

Lubbock

Texas Tech University (Lubbock) Program

Sponsor: Texas Tech University Health Sciences Center at Lubbock
 Covenant Health System
 University Medical Center
Prgm Director: Dale M Dunn, MD
 3601 4th Street
 Lubbock, TX 79430
Tel: 806 743-2172 *Fax:* 806 743-2152
E-mail: John.Omalley@ttuhsc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 300-48-31-415

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
 Audie L Murphy Memorial Veterans Hospital (San Antonio)
 University Health System
Prgm Director: Larry J Fowler, MD
 7703 Floyd Curl Drive
 San Antonio, TX 78229
Tel: 210 567-4025 *Fax:* 210 567-2478
E-mail: fowler@uthscsa.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 300-48-21-356

Temple

Texas A&M College of Medicine-Scott and White Program

Sponsor: Scott and White Memorial Hospital
Prgm Director: V O Speights, DO
 2401 South 31st Street
 Temple, TX 76508
Tel: 254 724-3688 *Fax:* 254 724-6329
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 300-48-12-357

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
 LDS Hospital
 Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Chris Lehman, MD
 Department of Pathology
 30 North 1900 East
 Salt Lake City, UT 84132
Tel: 801 585-6877 *Fax:* 801 585-6666
Length: 4 Yrs *ACGME Approved/Offered Positions:* 19
Subspecialties: MM, PP
Program ID: 300-49-21-360

Vermont

Burlington

University of Vermont Program

Sponsor: Fletcher Allen Health Care
Prgm Director: Abdelmonem Elhosseiny, MD*
 Department of Pathology and Laboratory Medicine
 111 Colchester Avenue
 Burlington, VT 05401
Tel: 802 847-0392 *Fax:* 802 847-3509
Length: 4 Yrs *ACGME Approved/Offered Positions:* 14
Subspecialties: DMP
Program ID: 300-50-11-361

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Prgm Director: Mark R Wick, MD
 PO Box 800214
 2200 Jefferson Park Avenue
 Charlottesville, VA 22908
Tel: 434 924-8038 *Fax:* 434 924-9617
E-mail: mrw9c@virginia.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Subspecialties: DMP, HMP
Program ID: 300-51-11-362

Norfolk

Eastern Virginia Medical School Program

Sponsor: Eastern Virginia Medical School
 Children's Hospital of the King's Daughters
 Naval Medical Center (Portsmouth)
 Sentara Norfolk General Hospital
Prgm Director: William F Glass, MD, PhD
 700 Olney Road
 PO Box 1980
 Norfolk, VA 23507
Tel: 757 446-5620 *Fax:* 757 446-5719
E-mail: Glasswf@evms.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 300-51-21-365

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
 Medical College of Virginia Hospitals
Prgm Director: Margaret M Grimes, MD
 PO Box 980662
 1101 E Marshall Street, Room 4-006
 Richmond, VA 23298
Tel: 804 828-9004 *Fax:* 804 827-1078
Length: 4 Yrs *ACGME Approved/Offered Positions:* 22
Subspecialties: HMP, MGP, SP
Program ID: 300-51-11-366

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
 Swedish Medical Center-Seattle
 University of Washington Medical Center
 VA Puget Sound Health Care System
Prgm Director: Rochelle L Garcia, MD
 Box 356100
 1959 NE Pacific, NE110
 Seattle, WA 98195
Tel: 206 598-4933 *Fax:* 206 598-4933
E-mail: residency@pathology.washington.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 300-54-21-367

Tacoma**Madigan Army Medical Center Program**

Sponsor: Madigan Army Medical Center
 University of Washington Medical Center
Prgm Director: Jerome B Myers, MD, PhD
 Department of Pathology
 MCHJ-H
 Tacoma, WA 98431
Tel: 253 968-1723 *Fax:* 253 968-1084
E-mail: jerome.myers@nw.amedd.army.mil
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 300-54-12-009
 US Armed Services Program

West Virginia**Morgantown****West Virginia University Program**

Sponsor: West Virginia University School of Medicine
 Charleston Area Medical Center/West Virginia University
 West Virginia University Hospitals
Prgm Director: Jeffrey A Stead, MD
 Robert C Byrd Health Sciences North
 PO Box 9203
 Morgantown, WV 26506
Tel: 304 293-3212 *Fax:* 304 293-1627
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 300-55-11-373

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
 William S Middleton Veterans Hospital
Prgm Director: Roby Rogers, MD
 600 Highland Avenue, B4/243-2472 CSC
 Madison, WI 53792
Tel: 608 262-7158 *Fax:* 608 263-1568
E-mail: jm.thornton@hosp.wisc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 300-56-31-376

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated
 Hospitals Inc
 Clement J Zablocki Veterans Affairs Medical Center
 Froedtert Memorial Lutheran Hospital
Prgm Director: Richard A Komorowski, MD
 9200 West Wisconsin Avenue
 Milwaukee, WI 53226
Tel: 414 805-8443
Length: 4 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 300-56-21-377

**Pediatric
Anesthesiology
(Anesthesiology)****Alabama****Birmingham****University of Alabama Medical Center
Program**

Sponsor: University of Alabama Hospital
 Children's Hospital of Alabama
Prgm Director: Jerral Cox, MD
 1600 7th Avenue South
 Birmingham, AL 35233
Tel: 205 939-9235 *Fax:* 205 939-9936
Length: 1 Yr
Program ID: 042-01-21-017

Arkansas**Little Rock****University of Arkansas for Medical
Sciences Program**

Sponsor: University of Arkansas College of Medicine
 Arkansas Children's Hospital
Prgm Director: James M Vollers, MD
 Dept of Anesthesia and Pain Medicine
 800 Marshall Street, Slot 203
 Little Rock, AR 72202
Tel: 501 364-3933 *Fax:* 501 364-3134
Length: 1 Yr
Program ID: 042-04-21-023

California**Loma Linda****Loma Linda University Program**

Sponsor: Loma Linda University Medical Center
 Childrens Hospital Los Angeles
Prgm Director: Linda J Mason, MD
 11234 Anderson Street
 Department of Anesthesiology
 Loma Linda, CA 92354
Tel: 909 558-4015 *Fax:* 909 558-0214
Length: 1 Yr
Program ID: 042-05-31-042

Los Angeles**Children's Hospital of Los Angeles/
University of Southern California
Program**

Sponsor: Childrens Hospital Los Angeles
 University of Southern California/LAC+USC Medical
 Center
Prgm Director: Gary M Scott, MD
 Mail Stop #3
 4650 Sunset Blvd
 Los Angeles, CA 90027
Tel: 323 669-2262 *Fax:* 323 660-8983
E-mail: gscott@chla.usc.edu
Length: 1 Yr
Program ID: 042-05-11-051

Sacramento**University of California (Davis) Health
System Program**

Sponsor: UC Davis Health System
 Children's Hospital-Oakland
 University of California (Davis) Medical Center
Prgm Director: Cathleen R Lammers, MD
 Patient Support Services Bldg #1200
 2315 Stockton Boulevard
 Sacramento, CA 95817
Tel: 916 734-5311 *Fax:* 916 734-7980
E-mail: blythe.myers@ucdmc.ucdavis.edu
Length: 1 Yr
Program ID: 042-05-21-024

San Francisco**University of California (San Francisco)
Program**

Sponsor: University of California (San Francisco) School
 of Medicine
 Children's Hospital-Oakland
 University of California (San Francisco) Medical Center
Prgm Director: Maurice S Zwass, MD
 Dept of Anesthesiology (Rm M680)
 505 Parnassus Avenue
 San Francisco, CA 94143
Tel: 415 476-8716 *Fax:* 415 502-4186
Length: 1 Yr
Program ID: 042-05-21-018

Stanford**Stanford University Program**

Sponsor: Stanford University Hospital
 Lucile Salter Packard Children's Hospital at Stanford
Prgm Director: Chandra Ramamoorthy, MB, BS
 Department of Anes, Rm H3580
 300 Pasteur Drive
 Stanford, CA 94305
Tel: 650 723-5728 *Fax:* 650 725-8544
Length: 1 Yr
Program ID: 042-05-31-019

Colorado**Denver****University of Colorado Program**

Sponsor: University of Colorado School of Medicine
 Children's Hospital (The)
Prgm Director: Rita Agarwal, MD
 1056 E 19th Avenue
 Denver, CO 80218
Tel: 303 861-6224 *Fax:* 303 837-2899
Length: 1 Yr
Program ID: 042-07-21-020

Connecticut**New Haven****Yale-New Haven Medical Center
Program**

Sponsor: Yale-New Haven Hospital
Prgm Director: Sarah Khan, MD
 PO Box 208051
 333 Cedar Street
 New Haven, CT 06520
Tel: 203 785-2802 *Fax:* 203 785-6664
Length: 1 Yr
Program ID: 042-08-21-005

District of Columbia

Washington

George Washington University Program

Sponsor: George Washington University School of Medicine
Children's National Medical Center
Prgm Director: Raafat S Hannallah, MD
111 Michigan Avenue
Washington, DC 20010
Tel: 202 884-2025 *Fax:* 202 884-5099
E-mail: rhannall@cnmc.org
Length: 1 Yr
Program ID: 042-10-21-006

Florida

Jacksonville

Mayo School of Graduate Medical Education (Jacksonville) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Wolfson Children's Hospital
Prgm Director: Stefanie F Schrum, MD
807 Children's Way
Jacksonville, FL 32207
Tel: 904 202-8332 *Fax:* 904 202-8340
E-mail: sschrum@nemours.org
Length: 1 Yr
Program ID: 042-11-21-031

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Miami Children's Hospital
Prgm Director: Norman J Halliday, MD
1611 NW 12th Avenue
Miami, FL 33136
Tel: 305 585-6970 *Fax:* 305 585-8359
E-mail: nhalliday@med.miami.edu
Length: 1 Yr
Program ID: 042-11-31-007

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Prgm Director: Carolyn F Bannister, MD
1405 Clifton Road
Atlanta, GA 30322
Tel: 404 785-6670 *Fax:* 404 785-1362
Length: 1 Yr
Program ID: 042-12-21-041

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Prgm Director: Steven C Hall, MD
2300 Children's Plaza
Box #19
Chicago, IL 60614
Tel: 773 880-4414 *Fax:* 773 880-3331
Length: 1 Yr
Program ID: 042-16-21-011

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
Michael Reese Hospital and Medical Center
University of Illinois Hospital and Clinics
Prgm Director: Timothy B McDonald, MD, JD
Dept of Anesthesiology, M/C 515
1740 W Taylor Street
Chicago, IL 60612
Tel: 312 996-4020 *Fax:* 312 996-4019
E-mail: tmcd@uic.edu
Length: 1 Yr
Program ID: 042-16-21-025

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Prgm Director: Gopal Krishna, MD
702 Barnhill Drive, #2001
Indianapolis, IN 46202
Tel: 317 274-9981 *Fax:* 317 274-0282
Length: 1 Yr
Program ID: 042-17-11-047

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Deborah A Schwengel, MD*
Dept of Anesthesiology, Blalock 912
600 North Wolfe Street
Baltimore, MD 21287
Tel: 410 955-2393 *Fax:* 410 502-5312
E-mail: dschweng@jhmi.edu
Length: 1 Yr
Program ID: 042-23-21-028

Massachusetts

Boston

Children's Hospital/Harvard Medical School Program

Sponsor: Children's Hospital
Prgm Director: David B Waisel, MD*
Dept of Anesthesiology, Perioperative & Pain Med
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-6457 *Fax:* 617 730-0894
Length: 1 Yr
Program ID: 042-24-21-004

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: Jonathan Griswold, MD, MS
Dept of Anesthesiology, Box 298
750 Washington Street
Boston, MA 02111
Tel: 617 636-6044 *Fax:* 617 636-8384
E-mail: jgriswold@tufts-nemc.org
Length: 1 Yr
Program ID: 042-24-21-026

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Paul I Reynolds, MD
Pediatric Anesthesiology, F3900 Mott, Box 0211
1500 E Medical Drive
Ann Arbor, MI 48109
Tel: 734 936-6986 *Fax:* 734 763-6651
E-mail: polaris@umich.edu
Length: 1 Yr
Program ID: 042-25-21-029

Detroit

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Prgm Director: Maria M Zestos, MD
3901 Beaubien Boulevard
Room 3B17
Detroit, MI 48201
Tel: 313 745-5535 *Fax:* 313 745-5448
Length: 1 Yr
Program ID: 042-25-21-008

Minnesota

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
St Mary's Hospital of Rochester
Wolfson Children's Hospital
Prgm Director: Randall P Flick, MD
Department of Anesthesiology, Mary Brigh 2-505C
200 First Street SW
Rochester, MN 55905
Tel: 507 284-2511 *Fax:* 507 255-2939
Length: 1 Yr
Program ID: 042-26-12-054

Missouri

St Louis

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Prgm Director: David J Murray, MD
One Children's Place Street
Room 5S31
St Louis, MO 63110
Tel: 314 454-2539 *Fax:* 314 454-2296
Length: 1 Yr
Program ID: 042-28-21-033

New Mexico**Albuquerque****University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Prgm Director: Michele Moro, MD, MPH
2701 Frontier NE
Surge Building Room 110
Albuquerque, NM 87131
Tel: 505 272-2610 *Fax:* 505 272-1300
E-mail: anesthesiology@salud.unm.edu
Length: 1 Yr
Program ID: 042-34-21-012

New York**Buffalo****University at Buffalo Program**

Sponsor: University at Buffalo
Kaleida Health System (Women and Children's Hosp of Buffalo)
Prgm Director: Jerrold Lerman, MD*
9th Floor, B Wing
3495 Bailey Avenue
Buffalo, NY 14215
Tel: 716 878-7701 *Fax:* 716 878-7316
Length: 1 Yr
Program ID: 042-35-21-035

New York**New York Presbyterian Hospital (Columbia Campus) Program**

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Lena Sun, MD
BHN 4-440
622 West 168th Street
New York, NY 10032
Tel: 212 305-2413 *Fax:* 212 350-2395
Length: 1 Yr
Program ID: 042-35-31-014

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Ashwani K Chhibber, MD
Dept of Anesthesiology, Box 604
601 Elmwood Avenue
Rochester, NY 14642
Tel: 585 275-2143 *Fax:* 585 244-7271
Length: 1 Yr
Program ID: 042-35-21-027

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
Prgm Director: Robert D Valley, MD
Dept of Anesthesiology, UNC School of Medicine
CB#7010, N2201 UNC Hospitals
Chapel Hill, NC 27599
Tel: 919 966-5136 *Fax:* 919 966-4873
E-mail: rvalley@aims.unc.edu
Length: 1 Yr
Program ID: 042-36-31-040

Ohio**Cincinnati****Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program**

Sponsor: Cincinnati Children's Hospital Medical Center
University Hospital Inc
Prgm Director: C Dean Kurth, MD
3333 Burnet Avenue
Outpatient Services Building #3
Cincinnati, OH 45229
Tel: 513 636-4408 *Fax:* 513 636-7337
E-mail: debbie.klug@chmcc.org
Length: 1 Yr
Program ID: 042-38-21-009

Cleveland**Case Western Reserve University/ University Hospitals of Cleveland Program**

Sponsor: University Hospitals of Cleveland
Prgm Director: Mark M Goldfinger, MD
Department of Anesthesiology
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-7340 *Fax:* 216 844-3781
Length: 1 Yr
Program ID: 042-38-21-015

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Children's Hospital Medical Center of Akron
Prgm Director: Julie Niezgoda, MD
Div of Anes & Critical Care Med-E30
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-0278 *Fax:* 216 444-9247
E-mail: aned@ccf.org
Length: 1 Yr
Program ID: 042-38-21-043

Columbus**Ohio State University Hospital Program**

Sponsor: Ohio State University Hospital
Children's Hospital (Columbus)
Prgm Director: David A Tingley, MD, MBA*
Department of Anesthesiology
700 Children's Drive
Columbus, OH 43205
Tel: 614 722-4200 *Fax:* 614 722-4203
Length: 1 Yr
Program ID: 042-38-31-016

Oregon**Portland****Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital
Prgm Director: Kirk Lalwani, MD
UHS-2
3181 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503 418-5681 *Fax:* 503 494-4518
Length: 1 Yr
Program ID: 042-40-22-052

Pennsylvania**Hershey****Penn State University/Milton S Hershey Medical Center Program**

Sponsor: Milton S Hershey Medical Center
Prgm Director: Kim L Walker, MD*
500 University Drive
Hershey, PA 17033
Tel: 717 531-4264 *Fax:* 717 531-4110
E-mail: jmzeager@psu.edu
Length: 1 Yr
Program ID: 042-41-21-048

Philadelphia**Children's Hospital of Philadelphia/ University of Pennsylvania Program**

Sponsor: Children's Hospital of Philadelphia
Prgm Director: Alan Jay Schwartz, MD, MS
34th Street & Civic Center Boulevard
Philadelphia, PA 19104
Tel: 215 590-1885 *Fax:* 215 590-1415
Length: 1 Yr
Program ID: 042-41-31-044

St Christopher's Hospital for Children Program

Sponsor: St Christopher's Hospital for Children (Tenet Health System)
Hahnemann University Hospital (Tenet Health System)
Prgm Director: David A Lowe, MD
Erie Avenue at Front Street
Philadelphia, PA 19134
Tel: 215 427-5220 *Fax:* 215 427-4339
E-mail: david.lowe@tenethealth.com
Length: 1 Yr
Program ID: 042-41-21-032

Pittsburgh**University of Pittsburgh Medical Center Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Prgm Director: Peter J Davis, MD
3705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 692-5260 *Fax:* 412 692-8658
Length: 1 Yr
Program ID: 042-41-21-010

Tennessee**Nashville****Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Prgm Director: Ira S Landsman, MD*
Vanderbilt Children's Hospital, Div of Ped Anes
2200 Children's Way, Suite 3115
Nashville, TN 37232
Tel: 615 936-0023
E-mail: landsman113@comcast.net
Length: 1 Yr
Program ID: 042-47-21-021

Texas

Corpus Christi

University of Texas Medical Branch Hospitals (Corpus Christi) Program

Sponsor: University of Texas Medical Branch Hospitals
Driscoll Children's Hospital
Prgm Director: Adolph J Koska, MD, PhD
3533 S Alameda
Corpus Christi, TX 78411
Tel: 361 694-5445 *Fax:* 361 694-5449
Length: 1 Yr
Program ID: 042-48-21-030

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Cook-Fort Worth Children's Medical Center
Prgm Director: John K Hall, MD*
5323 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-7834 *Fax:* 214 648-7660
Length: 1 Yr
Program ID: 042-48-31-037

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Texas Children's Hospital
Prgm Director: Stephen A Stayer, MD*
Smith Tower, Suite 1003
6550 Fannin St
Houston, TX 77030
Tel: 832 824-5800 *Fax:* 832 825-5801
E-mail: resoffice@anesmail.anesth.bcm.tmc.edu
Length: 1 Yr
Program ID: 042-48-21-022

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
University of Washington Medical Center
Prgm Director: Lucy Everett, MD
Mail Stop 9G-1
4800 Sand Point Way NE
Seattle, WA 98105
Tel: 206 987-3996 *Fax:* 206 987-3935
E-mail: caseyjones@seattlechildrens.org
Length: 1 Yr
Program ID: 042-54-21-038

Wisconsin

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Prgm Director: Eric J Walbergh, MD
PO Box 1997
9000 West Wisconsin Avenue
Milwaukee, WI 53201
Tel: 414 266-3560 *Fax:* 414 266-6092
E-mail: walbergh@mcw.edu
Length: 1 Yr
Program ID: 042-56-21-039

Pediatric Cardiology (Pediatrics)

California

Los Angeles

Childrens Hospital Los Angeles Program

Sponsor: Childrens Hospital Los Angeles
Prgm Director: Alan B Lewis, MD
Division of Cardiology, MS #34
4650 Sunset Boulevard
Los Angeles, CA 90027
Tel: 323 669-4637 *Fax:* 323 671-1513
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 325-05-11-001

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Vivek Allada, MD
Division of Pediatric Cardiology
B2-427 MDCC, 10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 794-9738 *Fax:* 310 825-9524
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 325-05-21-002

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Prgm Director: Mark W Cocalis, MD*
3020 Childrens Way MC 5004
San Diego, CA 92123
Tel: 858 966-5855 *Fax:* 858 571-7903
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 325-05-11-003

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Prgm Director: Michael M Brook, MD
505 Parnassus Ave, Room M-1305
Box 0130
San Francisco, CA 94143
Tel: 415 476-9316 *Fax:* 415 502-8710
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 325-05-21-004

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Lucile Salter Packard Children's Hospital at Stanford
Prgm Director: George F Van Hare, MD
750 Welch Road, Suite 305
Palo Alto, CA 94304
Tel: 650 723-7913 *Fax:* 650 725-8343
E-mail: vanhare@stanford.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 325-05-21-062

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Prgm Director: Kak-Chen Chan, MD
1056 East 19th Avenue, Box B100
Denver, CO 80218
Tel: 303 837-2940 *Fax:* 303 837-2595
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 325-07-21-054

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Prgm Director: John Fahey, MD
Department of Pediatrics
333 Cedar Street, PO Box 208064
New Haven, CT 06520
Tel: 203 785-2022 *Fax:* 203 737-2786
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 325-08-11-006

District of Columbia

Washington

Children's National Medical Center/George Washington University Program

Sponsor: Children's National Medical Center
Prgm Director: Craig A Sable, MD
111 Michigan Avenue, NW
Washington, DC 20010
Tel: 202 884-2020 *Fax:* 202 884-5700
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 325-10-21-007

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Prgm Director: Kenneth O Schowengerdt, MD
1600 SW Archer Rd - HD 303
Gainesville, FL 32610
Tel: 352 392-6436 *Fax:* 352 392-0547
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 325-11-11-008

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Grace S Wolf, MD
PO Box 016960 (R-76)
East Tower - Room 5043
Miami, FL 33101
Tel: 305 585-6683 *Fax:* 305 324-6012
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 325-11-21-009

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Prgm Director: Derek A Fyfe, MD, PhD
Department of Pediatrics
52 Executive Park South, Suite 5200
Atlanta, GA 30329
Tel: 404 785-6210 *Fax:* 404 785-6021
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 325-12-21-010

Augusta**Medical College of Georgia Program**

Sponsor: Medical College of Georgia
Prgm Director: William A Lutin, MD, PhD
1120 15th Street, BAA800W
Augusta, GA 30912
Tel: 706 721-2336 *Fax:* 706 721-3838
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 325-12-11-011

Illinois**Chicago****McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Prgm Director: Wayne H Franklin, MD, MPH
2300 Children's Plaza
Mail Code 21
Chicago, IL 60614
Tel: 773 880-4211 *Fax:* 773 880-3111
E-mail: swwhite@childrensmemorial.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 325-16-11-013

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Ra-id Abdulla, MD
5839 S Maryland Avenue, MC 4051
Chicago, IL 60637
Tel: 773 702-6172 *Fax:* 773 702-2319
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 325-16-11-074

Oak Lawn**Advocate Christ Medical Center Program**

Sponsor: Advocate Christ Medical Center
Prgm Director: Earl P Ow, MD
Hope Children's Hospital
4440 W 95th St
Oak Lawn, IL 60453
Tel: 708 346-5580 *Fax:* 708 346-4068
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 325-16-21-067

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Prgm Director: Roger A Hurwitz, MD
Riley Research, Room #127
702 Barnhill Drive
Indianapolis, IN 46202
Tel: 317 274-8906 *Fax:* 317 274-4022
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 325-17-11-017

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Thomas D Scholz, MD
Department of Pediatrics
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-3539 *Fax:* 319 356-4693
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 325-18-11-018

Louisiana**New Orleans****Tulane University Program**

Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Prgm Director: Nancy Ross-Ascuitto, MD
Department of Pediatrics
1430 Tulane Avenue
New Orleans, LA 70112
Tel: 504 888-6231 *Fax:* 504 584-2950
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 325-21-21-064

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Anne M Murphy, MD
600 N Wolfe St, Brady 516
Baltimore, MD 21287
Tel: 410 955-5987 *Fax:* 410 955-0897
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 325-23-11-021

Massachusetts**Boston****Children's Hospital/Boston Medical Center Program**

Sponsor: Children's Hospital
Prgm Director: James E Lock, MD
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-8539 *Fax:* 617 739-6282
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 325-24-11-022

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Macdonald Dick, MD
L1242 Womens, Box 0204
1500 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-7418 *Fax:* 734 936-9470
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 325-25-11-023

Detroit**Wayne State University/Detroit Medical Center/Children's Hospital of Michigan Program**

Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Prgm Director: Robert D Ross, MD*
3901 Beaubien Boulevard
Detroit, MI 48201
Tel: 313 745-5956 *Fax:* 313 993-0894
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 325-25-21-061

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
Children's Hospitals & Clinics - St Paul
Fairview-University Medical Center
Prgm Director: Elizabeth A Braunlin, MD, PhD
420 Delaware Street, SE
MMC 94
Minneapolis, MN 55455
Tel: 612 626-2755 *Fax:* 612 626-2467
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 325-26-21-024

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
St Mary's Hospital of Rochester
Prgm Director: Allison K Cabalka, MD
200 First Street, SW
Rochester, MN 55905
Tel: 507 538-0154 *Fax:* 507 266-5201
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 325-26-21-025

Missouri**St Louis****Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium
St Louis Children's Hospital
Prgm Director: Mark C Johnson, MD
One Children's Place
St Louis, MO 63110
Tel: 314 454-6095 *Fax:* 314 454-2561
E-mail: johnson_m@kids.wustl.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 325-28-11-027

New York

Great Neck

North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program

Sponsor: North Shore-Long Island Jewish Health System
Schneider Children's Hospital at North Shore University Hosp

Prgm Director: Fredrick Z Bierman, MD

260-01 76th Avenue
New Hyde Park, NY 11040

Tel: 718 470-7350 *Fax:* 718 347-5864

Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 325-35-21-030

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center

Prgm Director: Ira A Farness, MD

One Gustave L Levy Place; Box 1201
New York, NY 10029

Tel: 212 241-6640 *Fax:* 212 534-2659

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 325-35-11-060

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)

Prgm Director: Welton M Gersony, MD
3059 Broadway, Room 2 North
New York, NY 10032

Tel: 212 305-3262 *Fax:* 212 305-4429

Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 325-35-11-034

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center

Prgm Director: Marcelo Auslender, MD
530 First Avenue Suite 9U
New York, NY 10016

Tel: 212 263-5940 *Fax:* 212 263-5808

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 325-35-21-035

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester

Prgm Director: Roger P Vermilion, MD
Pediatric Cardiology, Box 631
601 Elmwood Avenue
Rochester, NY 14642

Tel: 585 275-6090 *Fax:* 585 275-7436

E-mail: pearl_bloom@urmc.rochester.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 325-35-21-035

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Crouse Hospital

Prgm Director: Winston E Gaum, MD*
725 Irving Avenue
Suite 804
Syracuse, NY 13210

Tel: 315 464-5868 *Fax:* 315 464-5761

E-mail: gaumw@upstate.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 325-35-21-053

North Carolina

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Prgm Director: Brenda E Armstrong, MD

PO Box 3090 DUMC
Division of Pediatric Cardiology
Durham, NC 27710

Tel: 919 681-2916 *Fax:* 919 681-8927

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 325-36-11-037

Ohio

Cincinnati

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program

Sponsor: Cincinnati Children's Hospital Medical Center

Prgm Director: Robert L Spicer, MD

Division of Cardiology

3333 Burnet Avenue

Cincinnati, OH 45229

Tel: 513 636-1199 *Fax:* 513 636-3852

E-mail: robert.spicer@chmcc.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 325-38-11-038

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland

Prgm Director: Ernest S Siwik, MD

Div of Pediatric Cardiology

11100 Euclid Avenue

Cleveland, OH 44106

Tel: 216 844-3275 *Fax:* 216 844-5478

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 325-39-11-039

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation

Prgm Director: Geoffrey L Rosenthal, MD, PhD

9500 Euclid Avenue, Desk M41

Cleveland, OH 44195

Tel: 216 444-3326 *Fax:* 216 445-5679

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 325-38-31-075

Columbus

Children's Hospital/Ohio State University Program

Sponsor: Children's Hospital (Columbus)

Ohio State University Hospital

Prgm Director: David P Chan, MD

700 Children's Drive

Columbus, OH 43205

Tel: 614 722-2530 *Fax:* 614 722-2549

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 325-38-21-070

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital

Prgm Director: Grant H Burch, MD

707 SW Gaines Road, CDRC-P

Portland, OR 97239

Tel: 503 494-2192 *Fax:* 503 494-2824

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 325-40-11-040

Pennsylvania

Philadelphia

Children's Hospital of Philadelphia Program

Sponsor: Children's Hospital of Philadelphia

Prgm Director: Paul M Weinberg, MD

34th St and Civic Center Blvd

Philadelphia, PA 19104

Tel: 215 590-3274 *Fax:* 215 590-5825

E-mail: weinberg@email.chop.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 325-41-11-041

St Christopher's Hospital for Children Program

Sponsor: St Christopher's Hospital for Children (Tenet Health System)

Prgm Director: R Lee Vogel, MD

Heart Center for Children

Erie Avenue at Front Street

Philadelphia, PA 19134

Tel: 215 427-4819 *Fax:* 215 427-4822

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 325-41-11-042

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program

Children's Hospital of Pittsburgh

Prgm Director: Frederick S Sherman, MD, MBA

One Children's Place

3705 Fifth Avenue at De Soto Street

Pittsburgh, PA 15213

Tel: 412 641-4107 *Fax:* 412 641-1669

Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 325-41-11-043

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine

MUSC Medical Center

Prgm Director: Girish S Shirali, MD*

165 Ashley Avenue

Room 601 Children's Hospital

Charleston, SC 29425

Tel: 843 792-3286 *Fax:* 843 792-3284

E-mail: shiralig@musc.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 325-45-11-044

Tennessee**Nashville****Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Prgm Director: James A Johns, MD
 Vanderbilt Children's Hospital, Suite 5230
 2200 Children's Way
 Nashville, TN 37232
Tel: 615 322-7447 *Fax:* 615 322-2210
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 325-47-11-045

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
 Children's Medical Center of Dallas
Prgm Director: Lynn Mahony, MD
 5323 Harry Hines Boulevard
 Dallas, TX 75390
Tel: 214 456-2333 *Fax:* 214 456-6154
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 325-48-21-058

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
 Texas Children's Hospital
Prgm Director: Steven R Neish, MD
 Pediatric Cardiology
 6621 Fannin Street, MC 19345-C
 Houston, TX 77030
Tel: 832 826-5642 *Fax:* 832 826-1901
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 325-48-11-047

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
 Primary Children's Medical Center
Prgm Director: Susan P Etheridge, MD*
 100 North Medical Drive, Suite 1500
 Salt Lake City, UT 84113
Tel: 801 588-2606 *Fax:* 801 588-2677
E-mail: pcsether@ihc.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 325-49-13-072

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: Paul Matherne, MD*
 PO Box 800886
 Charlottesville, VA 22908
Tel: 434 924-5365 *Fax:* 434 924-5656
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 325-51-21-050

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
 Medical College of Virginia Hospitals
Prgm Director: William B Moskowitz, MD
 PO Box 980543
 Richmond, VA 23298
Tel: 804 828-9143 *Fax:* 804 828-8517
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 325-51-11-051

Wisconsin**Milwaukee****Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
 Children's Hospital of Wisconsin
Prgm Director: Peter Prommelt, MD
 8701 Watertown Plank Rd
 PO Box 26509
 Milwaukee, WI 53226
Tel: 414 266-7584 *Fax:* 414 266-2294
E-mail: mmitchell@chw.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 325-56-13-076

Pediatric Critical Care Medicine (Pediatrics)**Alabama****Birmingham****University of Alabama Medical Center Program**

Sponsor: University of Alabama Hospital
 Children's Hospital of Alabama
Prgm Director: Margaret K Winkler, MD
 1600 7th Avenue, South
 ACC 504
 Birmingham, AL 35293
Tel: 205 939-9387 *Fax:* 205 975-6505
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 323-01-21-040

Arkansas**Little Rock****University of Arkansas for Medical Sciences Program**

Sponsor: University of Arkansas College of Medicine
 Arkansas Children's Hospital
Prgm Director: Stephen M Schexnayder, MD
 Critical Care Medicine, Slot 512-12
 800 Marshall St
 Little Rock, AR 72202
Tel: 501 364-1845 *Fax:* 501 364-3188
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 323-04-21-006

California**Loma Linda****Loma Linda University Program**

Sponsor: Loma Linda University Medical Center
Prgm Director: Shamel A Abd-Allah, MD
 11175 Campus St, A1117
 Dept of Peds, Pediatric Critical Care Division
 Loma Linda, CA 92354
Tel: 909 558-4250 *Fax:* 909 558-0303
E-mail: sabd-Allah@ahs.llumc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 323-05-31-057

Los Angeles**Childrens Hospital Los Angeles Program**

Sponsor: Childrens Hospital Los Angeles
Prgm Director: Christopher J Newth, MB
 4650 Sunset Boulevard MS #12
 Los Angeles, CA 90027
Tel: 323 669-2557 *Fax:* 323 664-0728
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 323-05-31-047

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
 UCLA Medical Center
Prgm Director: Irwin Weiss, MD
 Department of Pediatrics
 Box 951752
 Los Angeles, CA 90095
Tel: 310 825-6752 *Fax:* 310 794-6623
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 323-05-21-023

San Diego

Naval Medical Center (San Diego) Program

Sponsor: Naval Medical Center (San Diego) Children's Hospital and Health Center
Prgm Director: Bradley M Peterson, MD
3020 Children's Way MC 5065
San Diego, CA 92123
Tel: 858 966-5863 *Fax:* 858 279-8415
Length: 3 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 323-05-21-042
US Armed Services Program

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
Children's Hospital-Oakland
University of California (San Francisco) Medical Center
Prgm Director: Scott J Soifer, MD, MS
505 Parnassus Avenue, M-680
Campus Box 0106
San Francisco, CA 94143
Tel: 415 476-5153 *Fax:* 415 502-4186
E-mail: banaszek@peds.ucsf.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 323-05-21-021

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Lucile Salter Packard Children's Hospital at Stanford
Prgm Director: Joseph V DiCarlo, MD
750 Welch Road - Suite 315
Palo Alto, CA 94304
Tel: 650 723-5495 *Fax:* 650 725-8351
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 323-05-21-056

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Children's Hospital of Orange County
Prgm Director: Richard B Mink, MD
1000 West Carson Street, Box 491
Torrance, CA 90509
Tel: 310 222-4002 *Fax:* 310 320-2271
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 323-05-21-033

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
National Jewish Medical and Research Center
Prgm Director: Emily L Dobyns, MD
The Children's Hospital
1056 E 19th Ave, B530
Denver, CO 80218
Tel: 303 861-6211 *Fax:* 303 764-8074
E-mail: dobynse.emily@tcdden.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 323-07-21-034

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Prgm Director: Clifford W Bogue, MD
PO Box 208064
New Haven, CT 06520
Tel: 203 785-4651 *Fax:* 203 785-5833
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 323-08-21-036

Delaware

Wilmington

Thomas Jefferson University/duPont Hospital for Children Program

Sponsor: Thomas Jefferson University Hospital
Alfred I duPont Hospital for Children
Prgm Director: Scott Penfil, MD
1600 Rockland Road
PO Box 269
Wilmington, DE 19899
Tel: 302 651-5390 *Fax:* 302 651-5365
E-mail: spenfil@nemours.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 323-41-13-076

District of Columbia

Washington

Children's National Medical Center/George Washington University Program

Sponsor: Children's National Medical Center
Prgm Director: Christiane O Corriveau, MD, MA*
111 Michigan Avenue, NW
Suite 3-100
Washington, DC 20010
Tel: 202 884-2130 *Fax:* 202 884-5724
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 323-10-21-035

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Prgm Director: Arno L Zaritsky, MD
PO Box 100296
Pediatric Critical Care Medicine
Gainesville, FL 32610
Tel: 352 265-0462 *Fax:* 352 265-0443
Length: 3 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 323-11-21-020

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: G P Cantwell, MD
PO Box 016960 (R-131)
Miami, FL 33101
Tel: 305 585-6051 *Fax:* 305 325-0293
E-mail: mbarreto@med.miami.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 323-11-21-012

Miami Children's Hospital Program

Sponsor: Miami Children's Hospital
Prgm Director: Balagangadhar R Totapally, MD*
3100 SW 62nd Avenue
Miami, FL 33155
Tel: 305 662-2639 *Fax:* 305 663-0530
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 323-11-21-061

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Prgm Director: Atul Vats, MD
1405 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 785-6397 *Fax:* 404 785-6233
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 323-12-21-030

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Prgm Director: Lyle E Fisher, MD*
1446 Harper Street, BT 2641
Augusta, GA 30912
Tel: 706 721-4402 *Fax:* 706 721-7872
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 323-12-21-010

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Prgm Director: Denise M Goodman, MD, MS
Div of Pediatric Critical Care, #73
2300 Children's Plaza
Chicago, IL 60614
Tel: 773 880-4780 *Fax:* 773 880-6300
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 323-16-21-032

University of Chicago Program

Sponsor: University of Chicago Hospitals
University of Chicago Children's Hospital
Prgm Director: John M Downie, MD
5841 S Maryland Avenue, MC4064
Chicago, IL 60637
Tel: 773 834-8585 *Fax:* 773 702-4041
E-mail: jdownie@peds.bsd.chicago.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 323-16-21-031

Oak Lawn

Advocate Christ Medical Center Program

Sponsor: Advocate Christ Medical Center
Prgm Director: Luis E Torero, MD
4440 West 95th Street
Room 3194H
Oak Lawn, IL 60453
Tel: 708 346-5685 *Fax:* 708 346-4712
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 323-16-21-073

Park Ridge**Advocate Lutheran General Hospital Program**

Sponsor: Advocate Lutheran General Hospital
Prgm Director: Suresh Havalad, MD
 1775 Dempster Street
 Park Ridge, IL 60068
Tel: 847 723-7682 *Fax:* 847 723-2325
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 323-16-21-046

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Jessica G Moreland, MD
 Department of Pediatrics, 2 JCP
 200 Hawkins Drive
 Iowa City, IA 52242
Tel: 319 356-1615 *Fax:* 319 353-8597
E-mail: jessica-moreland@uiowa.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 323-18-21-077

Kentucky**Louisville****University of Louisville Program**

Sponsor: University of Louisville School of Medicine
 Kosair Children's Hospital (Norton Healthcare, Inc)
Prgm Director: Amy O Hardin, MD
 Department of Pediatrics
 571 S Floyd St #332
 Louisville, KY 40202
Tel: 502 852-3720 *Fax:* 502 852-3998
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 323-20-21-071

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Hospital
Prgm Director: Z Leah Harris, MD
 600 N Wolfe Street, Blalock 904
 Baltimore, MD 21287
Tel: 410 955-2393 *Fax:* 410 502-5312
E-mail: achalif1@jhmi.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 323-23-21-009

University of Maryland Program

Sponsor: University of Maryland Medical System
Prgm Director: Vinay Vaidya, MD
 22 South Greene Street
 Room N5E13
 Baltimore, MD 21201
Tel: 410 328-6957 *Fax:* 410 328-0680
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 323-23-21-070

Massachusetts**Boston****Children's Hospital/Boston Medical Center Program**

Sponsor: Children's Hospital
Prgm Director: Jeffrey P Burns, MD, MPH
 MSICU Office - Farley 517
 300 Longwood Avenue
 Boston, MA 02115
Tel: 617 355-7327 *Fax:* 617 734-3863
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 323-24-21-019

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: Natan Noviski, MD
 Pediatric Critical Care Medicine
 55 Fruit Street, Ellison-317
 Boston, MA 02114
Tel: 617 724-4380 *Fax:* 617 724-4391
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 323-24-21-048

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Thomas P Shanley, MD, MPH*
 F-6882 Mott/0243
 1500 East Medical Center Drive
 Ann Arbor, MI 48109
Tel: 734 764-5302 *Fax:* 734 647-5624
E-mail: tshanley@med.umich.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 323-25-21-008

Detroit**Wayne State University/Detroit Medical Center/Children's Hospital of Michigan Program**

Sponsor: Wayne State University/Detroit Medical Center
 Children's Hospital of Michigan
Prgm Director: Mary W Lieh-Lai, MD
 3901 Beaubien Blvd
 Detroit, MI 48201
Tel: 313 745-5629 *Fax:* 313 966-0105
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 323-25-21-039

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
 Children's Hospitals & Clinics - St Paul
 Fairview-University Medical Center
Prgm Director: David N Cornfield, MD
 MMC 742
 420 Delaware Street, SE
 Minneapolis, MN 55455
Tel: 612 626-2916 *Fax:* 612 626-0413
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 323-26-21-005

Missouri**St Louis****Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium
 St Louis Children's Hospital
Prgm Director: J Julio Perez Fontan, MD
 One Children's Place
 Suite 5S20, Campus Box 8116
 St Louis, MO 63110
Tel: 314 454-2527 *Fax:* 314 361-0733
E-mail: Goldsmith_M@kids.wustl.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 323-28-21-060

New Jersey**Camden****UMDNJ-Robert Wood Johnson Medical School (Camden) Program**

Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Shonola S Da-Silva, MD
 Pediatric Intensive Care Unit
 E & R Building, 401 Haddon Avenue, Suite 384
 Camden, NJ 08103
Tel: 856 757-7755 *Fax:* 856 968-9598
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 323-33-31-049

New York**Bronx****Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Lewis P Singer, MD
 111 East 210th Street
 Bronx, NY 10467
Tel: 718 741-2477 *Fax:* 718 654-6692
E-mail: lsinger@montefiore.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 323-35-21-004

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
 Kaleida Health System (Women and Children's Hosp of Buffalo)
Prgm Director: Bradley P Fuhrman, MD
 219 Bryant Street
 Buffalo, NY 14222
Tel: 716 878-7442 *Fax:* 716 878-7101
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 323-35-31-055

Great Neck**North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program**

Sponsor: North Shore-Long Island Jewish Health System
 Schneider Children's Hospital at Long Island Jewish Med Ctr
 Schneider Children's Hospital at North Shore University Hosp
Prgm Director: Mayer Sagy, MD
 LI Jewish Medical Center
 New Hyde Park, NY 11040
Tel: 718 470-3330 *Fax:* 718 470-0159
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 323-35-32-059

New York

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Katherine Biagas, MD
Department of Pediatrics
630 W 168th Street, CHN 10
New York, NY 10032
Tel: 212 305-8458 *Fax:* 212 342-2283
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 323-35-31-075

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Bruce M Greenwald, MD
525 East 68 Street
Room M-508
New York, NY 10021
Tel: 212 746-3056 *Fax:* 212 746-8932
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 323-35-21-037

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Heidi V Connolly, MD
Department of Pediatrics
601 Elmwood Avenue, Box 667
Rochester, NY 14642
Tel: 585 275-8138 *Fax:* 585 275-0707
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 323-35-21-053

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Keith C Kocis, MD, MS*
Div of Critical Care Medicine
Department of Pediatrics, CB#7221
Chapel Hill, NC 27599
Tel: 919 966-7495 *Fax:* 919 966-6164
E-mail: kkocis@med.unc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 323-36-21-016

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Prgm Director: Craig B Weldon, MD*
Box 3046
Durham, NC 27710
Tel: 919 681-9544 *Fax:* 919 681-8357
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 323-36-21-038

Ohio

Cincinnati

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program

Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Neil W Kooy, MD*
Division of Critical Care Medicine
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 636-4259 *Fax:* 513 636-4267
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 323-38-21-015

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Michael R Anderson, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3310 *Fax:* 216 844-5122
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 323-38-21-051

Columbus

Children's Hospital/Ohio State University Program

Sponsor: Children's Hospital (Columbus)
Prgm Director: Jill A Fitch, MD
700 Children's Drive
Columbus, OH 43205
Tel: 614 722-3437 *Fax:* 614 722-3443
E-mail: hallma@chi.osu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 323-38-22-078

Pennsylvania

Philadelphia

Children's Hospital of Philadelphia Program

Sponsor: Children's Hospital of Philadelphia
Prgm Director: Vinay M Nadkarni, MD
Dept of Anesthesiology & Critical Care Medicine
34th & Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 590-1868 *Fax:* 215 590-4327
Length: 3 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 323-41-21-014

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Prgm Director: Robert S Clark, MD
3705 Fifth Avenue at DeSoto Street
Pittsburgh, PA 15213
Tel: 412 692-5164 *Fax:* 412 692-6076
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 323-41-21-028

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
Cardiovascular Center of Puerto Rico and the Caribbean
University Pediatric Hospital
Prgm Director: Ricardo L Garcia-De Jesus, MD
PO Box 365067
San Juan, PR 00936
Tel: 787 777-3535 *Fax:* 787 751-5306
E-mail: rigarcia@rcm.upr.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 323-42-21-069

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
LeBonheur Children's Medical Center
Prgm Director: Stephanie A Storgion, MD*
50 N Dunlap Street
4th Floor Pediatrics
Memphis, TN 38103
Tel: 901 572-3132 *Fax:* 901 572-5198
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 323-47-21-027

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Prgm Director: Kevin B Churchwell, MD
714 Medical Arts Building
1211 21st Avenue South
Nashville, TN 37212
Tel: 615 936-3648 *Fax:* 615 936-3467
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 323-47-21-062

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Prgm Director: Steven G Kernie, MD
5323 Harry Hines Blvd
Dallas, TX 75235
Tel: 214 456-7593 *Fax:* 214 456-7594
E-mail: steven.kernie@utsouthwestern.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 323-48-21-041

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Texas Children's Hospital
Prgm Director: Mona L McPherson, MD, MPH
Department of Pediatrics
6621 Fannin, WT6-006
Houston, TX 77030
Tel: 832 826-6208 *Fax:* 832 826-6229
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 323-48-31-044

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
 Memorial Hermann Hospital System
Prgm Director: Beatriz S Cua, MD
 6431 Fannin, MSB 3.228
 Houston, TX 77030
Tel: 713 500-5650 *Fax:* 713 500-0653
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 323-48-13-079

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
 Christus Santa Rosa Health Care Corporation
 University Health System
Prgm Director: Richard P Taylor, MD, MS
 Pediatric Critical Care, MC 7829 - Department of P
 7703 Floyd Curl Drive
 San Antonio, TX 78229
Tel: 210 567-5314 *Fax:* 210 567-5311
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 323-48-21-072

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
 Primary Children's Medical Center
Prgm Director: Madolin K Witte, MD
 Department of Pediatrics
 100 North Medical Drive
 Salt Lake City, UT 84113
Tel: 801 588-3286 *Fax:* 801 588-3297
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 323-49-21-003

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: Allan Doctor, MD
 Children's Medical Center
 HSC Box 800386
 Charlottesville, VA 22908
Tel: 434 982-1707 *Fax:* 434 982-3843
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 323-51-21-026

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
 Medical College of Virginia Hospitals
Prgm Director: Sue S Sreedhar, MD*
 Box 980530, MCV Station
 Richmond, VA 23298
Tel: 804 828-9964 *Fax:* 804 828-6662
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 323-51-21-025

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
 Children's Hospital and Regional Medical Center
Prgm Director: Harris P Baden, MD
 4800 Sand Point Way, NE, 9G-1
 Seattle, WA 98105
Tel: 206 987-2140 *Fax:* 206 987-3935
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 323-54-21-013

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
Prgm Director: Gregory A Hollman, MD
 H4/470
 600 Highland Avenue
 Madison, WI 53792
Tel: 608 263-8832 *Fax:* 608 265-7957
E-mail: ghollman@facstaff.wisc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 323-56-21-001

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
 Children's Hospital of Wisconsin
Prgm Director: Karen J Marcandante, MD
 9000 West Wisconsin Avenue
 PO Box 1997, MS 681
 Milwaukee, WI 53226
Tel: 414 266-3360 *Fax:* 414 266-3563
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 323-56-21-002

Pediatric Emergency Medicine (Emergency Medicine)**California****Loma Linda****Loma Linda University Program**

Sponsor: Loma Linda University Medical Center
Prgm Director: T Kent Denmark, MD
 Dept of Emergency Medicine A-108
 11234 Anderson Street
 Loma Linda, CA 92594
Tel: 909 558-7698 *Fax:* 909 558-0121
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 114-05-21-002

San Diego**Naval Medical Center (San Diego) Program**

Sponsor: Naval Medical Center (San Diego)
 Children's Hospital and Health Center
 Scripps Mercy Hospital
 University of California (San Diego) Medical Center
Prgm Director: David J Gutglass, MD
 3020 Children's Way, MC 5075
 San Diego, CA 92123
Tel: 858 966-8036 *Fax:* 858 966-7433
E-mail: tlee@chsd.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 114-05-13-007
 US Armed Services Program

Connecticut**Farmington****University of Connecticut Program**

Sponsor: University of Connecticut School of Medicine
 Connecticut Children's Medical Center
 Hartford Hospital
Prgm Director: John C Brancato, MD
 282 Washington Street
 Hartford, CT 06106
Tel: 860 545-9187 *Fax:* 860 545-9202
E-mail: jbranca@ccmckids.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 114-08-31-006

Florida**Jacksonville****University of Florida Health Science Center/Jacksonville Program**

Sponsor: University of Florida College of Medicine at Jacksonville
 Baptist Medical Center
 Shands Jacksonville Medical Center
Prgm Director: Madeline M Joseph, MD
 655 West 8th Street
 Jacksonville, FL 32209
Tel: 904 244-4046 *Fax:* 904 244-4508
E-mail: pedemergencymed.gme@jax.ufl.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 114-11-21-004

Massachusetts

Springfield

Baystate Medical Center/Tufts University School of Medicine Program

Sponsor: Baystate Medical Center
Prgm Director: Blake Spirko, MD
Department of Emergency Medicine
759 Chestnut Street
Springfield, MA 01199
Tel: 413 794-5899 *Fax:* 413 794-8070
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 114-24-31-013

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Hurley Medical Center
Prgm Director: Rachael Stanley, MD, MHA
1500 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 763-9849 *Fax:* 734 763-9298
E-mail: saconnol@med.umich.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 114-25-13-011

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program

Sponsor: Cooper Hospital-University Medical Center
Children's Hospital of Philadelphia
Virtua-Memorial Hospital Burlington County
Prgm Director: Elliott M Harris, MD
Department of Emergency Medicine
One Cooper Plaza
Camden, NJ 08103
Tel: 856 342-2930 *Fax:* 856 968-8272
E-mail: tierno-nancy@cooperhealth.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 114-33-31-009

New York

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Colleen Davis, MD, MPH*
Department of Emergency Medicine
601 Elmwood Avenue, Box 655
Rochester, NY 14642
Tel: 585 275-5720 *Fax:* 585 473-3516
E-mail: tawni_biggins@urmc.rochester.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 114-35-21-001

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Prgm Director: James M Callahan, MD
Department of Emergency Medicine
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-4363 *Fax:* 315 464-6229
E-mail: callahaj@upstate.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 114-35-12-012

Pennsylvania

Philadelphia

Drexel University College of Medicine/Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
St Christopher's Hospital for Children (Tenet Health System)
Prgm Director: Gail Rudnitsky, MD*
Front Street at Erie Avenue
Philadelphia, PA 19134
Tel: 215 427-5366 *Fax:* 215 427-4668
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 114-41-21-003

Tennessee

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Prgm Director: Timothy Givens, MD
703 Oxford House
1313 21st Avenue South
Nashville, TN 37232
Tel: 615 936-1322 *Fax:* 615 936-1316
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 114-47-21-008

Pediatric Emergency Medicine (Pediatrics)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Prgm Director: Michele H Nichols, MD
1600 7th Avenue South
Midtown Suite 205
Birmingham, AL 35233
Tel: 205 934-2116 *Fax:* 205 975-4623
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 324-01-21-041

Arizona

Phoenix

Phoenix Children's Hospital/Maricopa Medical Center Program

Sponsor: Phoenix Children's Hospital
Prgm Director: Chris Ramsook, MD
1919 E Thomas Road
Phoenix, AZ 85016
Tel: 602 546-1910 *Fax:* 602 516-1918
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 324-03-21-050

California

Los Angeles

Childrens Hospital Los Angeles Program

Sponsor: Childrens Hospital Los Angeles
Prgm Director: Vincent J Wang, MD
4650 Sunset Boulevard
MS 113
Los Angeles, CA 90027
Tel: 323 699-2109 *Fax:* 323 953-8519
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 324-05-21-001

Oakland

Children's Hospital-Oakland Program

Sponsor: Children's Hospital-Oakland
Prgm Director: Augusta J Saulys, MD
747 52nd Street
Oakland, CA 94609
Tel: 510 428-3259 *Fax:* 510 450-5836
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 324-05-31-002

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Marianne Gausche-Hill, MD
1000 W Carson Street, Box 21
Torrance, CA 90509
Tel: 310 222-3501 *Fax:* 310 782-1763
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 324-05-11-003

Colorado**Denver****University of Colorado Program**

Sponsor: University of Colorado School of Medicine
Children's Hospital (The)

Prgm Director: Mark G Roback, MD
1056 E 19th Avenue, B251
Denver, CO 80218

Tel: 303 837-2888 *Fax:* 303 764-8694

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 324-07-21-004

Connecticut**New Haven****Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
Prgm Director: Karen Santucci, MD

20 York Street, Room WP 143
New Haven, CT 06504

Tel: 203 688-7970 *Fax:* 203 688-4195

Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 324-08-21-045

Delaware**Wilmington****Thomas Jefferson University/duPont Hospital for Children Program**

Sponsor: Thomas Jefferson University Hospital
Alfred I duPont Hospital for Children

Prgm Director: Magdy W Attia, MD
1600 Rockland Road
PO Box 269

Wilmington, DE 19899

Tel: 302 651-4296 *Fax:* 302 651-4227

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 324-41-11-032

District of Columbia**Washington****Children's National Medical Center/George Washington University Program**

Sponsor: Children's National Medical Center

Prgm Director: James M Chamberlain, MD*

Children's National Medical Center
111 Michigan Avenue, NW Rm 1450

Washington, DC 20010

Tel: 202 884-3253 *Fax:* 202 881-3573

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 324-10-21-005

Florida**Miami****Miami Children's Hospital Program**

Sponsor: Miami Children's Hospital

Prgm Director: Marc Y Linares, MD

3100 SW 62nd Avenue

Miami, FL 33155

Tel: 305 666-6511 *Fax:* 305 662-8291

Length: 3 Yrs

Program ID: 324-11-31-006

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Grady Health System

Prgm Director: Harold K Simon, MD

Egleston Children's Hospital Div

1405 Clifton Road

Atlanta, GA 30322

Tel: 404 785-7142 *Fax:* 404 785-7898

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 324-12-21-007

Illinois**Chicago****McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern

University

Children's Memorial Hospital

Prgm Director: Elizabeth C Powell, MD, MPH*

Pediatric Emergency Medicine #62

2300 Children's Plaza

Chicago, IL 60614

Tel: 773 880-8245 *Fax:* 773 880-8267

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 324-16-21-008

Kentucky**Louisville****University of Louisville Program**

Sponsor: University of Louisville School of Medicine

Kosair Children's Hospital (Norton Healthcare, Inc)

Prgm Director: In Kim, MD

Department of Pediatrics

571 S Floyd Street, Suite 300

Louisville, KY 40202

Tel: 502 629-7212 *Fax:* 502 629-5991

E-mail: in.kim@louisville.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 324-20-31-009

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine

Johns Hopkins Hospital

Prgm Director: Teresa Carlin, MD

600 North Wolfe Street

CMSC 144

Baltimore, MD 21287

Tel: 410 955-6143 *Fax:* 410 614-7339

E-mail: tcarlin@jhmi.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 324-23-21-010

Massachusetts**Boston****Children's Hospital/Boston Medical Center Program**

Sponsor: Children's Hospital

Prgm Director: Richard G Bachur, MD

300 Longwood Avenue

Boston, MA 02115

Tel: 617 355-6624 *Fax:* 617 730-0935

E-mail: richard.bachur@childrens.harvard.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 18

Program ID: 324-24-21-011

Children's Hospital/Boston Medical Center Program A

Sponsor: Children's Hospital

Boston Medical Center

Prgm Director: Elizabeth A Calmar, MD*

91 E Concord Street, 6th Floor

Boston, MA 02118

Tel: 617 414-5514 *Fax:* 617 414-4393

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 324-24-31-012

Michigan**Detroit****Wayne State University/Detroit Medical Center/Children's Hospital of Michigan Program**

Sponsor: Wayne State University/Detroit Medical Center

Children's Hospital of Michigan

Prgm Director: Nirruala Bhaya, MD

3901 Beaubien Boulevard

Detroit, MI 48201

Tel: 313 745-5260

Length: 3 Yrs *ACGME Approved/Offered Positions:* 9

Program ID: 324-25-21-013

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School

Children's Hospitals & Clinics - Minneapolis

Children's Hospitals & Clinics - St Paul

Prgm Director: Paula C Fink, MD

2525 Chicago Avenue, South

Minneapolis, MN 55404

Tel: 612 813-6843 *Fax:* 612 813-7362

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 324-26-11-015

Missouri**Kansas City****University of Missouri at Kansas City Program**

Sponsor: University of Missouri-Kansas City School of

Medicine

Children's Mercy Hospital

Prgm Director: Christopher S Kennedy, MD

2401 Gillham Rd

Kansas City, MO 64108

Tel: 816 234-3665 *Fax:* 816 234-3039

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 324-28-31-017

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
Prgm Director: Albert K Nakanishi, MD, MPH
1465 S Grand Boulevard
St Louis, MO 63104
Tel: 314 577-5360 *Fax:* 314 268-4116
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 324-28-11-018

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
St Louis Children's Hospital
Prgm Director: David M Jaffe, MD
One Children's Place - Room 4S 50
St Louis, MO 63110
Tel: 314 454-2341 *Fax:* 314 454-4345
E-mail: heller_c@kids.wustl.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 324-28-21-016

New York

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Jeffrey R Avner, MD
Pediatric Emergency Medicine
111 East 210th Street
Bronx, NY 10467
Tel: 718 920-5312 *Fax:* 718 798-6485
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 324-35-21-019

Albert Einstein College of Medicine Program A

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Prgm Director: Ellen F Crain, MD, PhD
1W20 Jacobi Hospital
1400 Pelham Parkway South
Bronx, NY 10461
Tel: 718 918-5817 *Fax:* 718 918-7062
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 324-35-31-020

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo
Kaleida Health System (Women and Children's Hosp of Buffalo)
Prgm Director: Niel F Miele, MD
219 Bryant Street
Buffalo, NY 14222
Tel: 716 878-7109 *Fax:* 716 888-3874
E-mail: nmiele@upa.chob.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 324-35-12-022

Great Neck

North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program

Sponsor: North Shore-Long Island Jewish Health System
Schneider Children's Hospital at Long Island Jewish Med Ctr
Schneider Children's Hospital at North Shore University Hosp
Prgm Director: Robert F Gochman, MD
Schneider Children's Hospital
268-01 76th Avenue
New Hyde Park, NY 11040
Tel: 718 470-7640 *Fax:* 718 962-9057
E-mail: rgochman@optonline.net
Length: 3 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 324-35-12-025

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Karin Sadow, MD
1 Gustave L Levy Place
Box 1620
New York, NY 10029
Tel: 212 241-7156 *Fax:* 212 427-2180
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 324-35-12-047

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Peter S Dayan, MD
622 W 168th Street, PH-137
New York, NY 10032
Tel: 212 305-8595 *Fax:* 212 305-6792
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 324-35-21-023

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
New York Methodist Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Shari L Platt, MD*
525 East 68th Street
Emergency Medicine / Box 573
New York, NY 10021
Tel: 212 746-3431 *Fax:* 212 746-4883
E-mail: slp9001@med.cornell.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 324-35-21-024

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Prgm Director: Michael A Mojica, MD
New Bellevue Room 1-West 6
First Avenue & 27th Street
New York, NY 10016
Tel: 212 562-8147 *Fax:* 212 562-8148
E-mail: mamojica@yahoo.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 324-35-31-026

Ohio

Akron

Children's Hospital Medical Center of Akron/NEOUCOM Program

Sponsor: Children's Hospital Medical Center of Akron
Prgm Director: Maria L Ramundo, MD
One Perkins Square
Akron, OH 44308
Tel: 330 543-3460 *Fax:* 330 543-3761
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 324-38-21-027

Cincinnati

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program

Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Constance M McAnaney, MD, MS
Division of Emergency Medicine
3333 Burnet Avenue, OBS-4
Cincinnati, OH 45229
Tel: 513 636-7966 *Fax:* 513 636-7967
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 324-38-31-028

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Deanna Dahl-Grove, MD*
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-8716 *Fax:* 216 844-8233
Length: 3 Yrs
Program ID: 324-38-31-049

Columbus

Children's Hospital/Ohio State University Program

Sponsor: Children's Hospital (Columbus)
Prgm Director: Mary Jo A Bowman, MD
700 Children's Drive
Columbus, OH 43205
Tel: 614 722-4386 *Fax:* 614 722-4380
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 324-38-11-029

Pennsylvania

Philadelphia

Children's Hospital of Philadelphia Program

Sponsor: Children's Hospital of Philadelphia
Prgm Director: Joel Fein, MD*
34th Street and Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 590-1944 *Fax:* 215 590-4454
E-mail: fein@email.chop.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 324-41-21-030

Pittsburgh**University of Pittsburgh Medical Center Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 Children's Hospital of Pittsburgh
Prgm Director: Raymond D Pitetti, MD, MPH
 3705 Fifth Avenue
 Pittsburgh, PA 15213
Tel: 412 692-7980 *Fax:* 412 692-6540
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 324-41-31-046

Rhode Island**Providence****Brown University Program**

Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: Dale W Steele, MD
 Pediatric Emergency Medicine
 593 Eddy Street Potter 159
 Providence, RI 02903
Tel: 401 444-6680 *Fax:* 401 444-2583
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 324-43-21-033

Tennessee**Memphis****University of Tennessee Program**

Sponsor: University of Tennessee College of Medicine
 LeBonheur Children's Medical Center
Prgm Director: Camilla R Forsythe, MD
 50 North Dunlap
 Memphis, TN 38103
Tel: 901 572-5986 *Fax:* 901 572-5025
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 324-47-21-042

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
 Children's Medical Center of Dallas
Prgm Director: Susan Scott, MD
 5323 Harry Hines Boulevard
 Dallas, TX 75390
Tel: 214 456-8312 *Fax:* 214 456-7736
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 324-48-21-034

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
 Texas Children's Hospital
Prgm Director: Charles G Macias, MD, MPH
 One Baylor Plaza
 6621 Fannin St, Suite A210, MC 1-1481
 Houston, TX 77030
Tel: 832 824-5416 *Fax:* 832 825-5426
E-mail: pkwomack@texaschildrenshospital.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 324-48-31-035

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
 Primary Children's Medical Center
Prgm Director: Nanette C Dudley, MD*
 100 North Medical Drive
 Salt Lake City, UT 84113
Tel: 801 587-6570 *Fax:* 801 587-6595
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 324-49-31-044

Virginia**Falls Church****Inova Fairfax Hospital/Inova Fairfax Hospital for Children Program**

Sponsor: Inova Fairfax Hospital
Prgm Director: Maybelle Kou, MD
 c/o Department of Emergency Medicine
 3300 Gallows Road
 Falls Church, VA 22042
Tel: 703 776-3169 *Fax:* 703 776-2893
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 324-51-21-036

Norfolk**Eastern Virginia Medical School Program**

Sponsor: Eastern Virginia Medical School
 Children's Hospital of the King's Daughters
Prgm Director: Michael P Poirier, MD
 Children's Hosp of the King's Daughters
 601 Children's Lane
 Norfolk, VA 23507
Tel: 757 668-9220 *Fax:* 757 688-7568
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 324-51-11-037

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
 Children's Hospital and Regional Medical Center
Prgm Director: Eileen J Klein, MD, MPH
 4800 Sand Point Way NE
 Mail Stop 5D-1
 Seattle, WA 98105
Tel: 206 987-2599 *Fax:* 206 729-3070
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 324-54-21-038

Wisconsin**Milwaukee****Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
 Children's Hospital of Wisconsin
Prgm Director: Christine M Walsh-Kelly, MD
 9000 W Wisconsin Avenue
 MS 677
 Milwaukee, WI 53226
Tel: 414 266-2615 *Fax:* 414 266-2635
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 324-56-21-039

Pediatric Endocrinology (Pediatrics)**Alabama****Birmingham****University of Alabama Medical Center Program**

Sponsor: University of Alabama Hospital
 Children's Hospital of Alabama
Prgm Director: Kenneth L McCormick, MD
 1600 7th Avenue, South, ACC 608
 Birmingham, AL 35233
Tel: 205 939-9107 *Fax:* 205 939-9821
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 326-01-31-073

Arizona**Phoenix****Phoenix Children's Hospital/Maricopa Medical Center Program**

Sponsor: Phoenix Children's Hospital
Prgm Director: Khalid S Hasan, MD
 1919 East Thomas Road
 Phoenix, AZ 85016
Tel: 602 546-0935 *Fax:* 602 546-0610
E-mail: khasan@phoenixchildrens.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-03-12-072

Arkansas**Little Rock****University of Arkansas for Medical Sciences Program**

Sponsor: University of Arkansas College of Medicine
 Arkansas Children's Hospital
Prgm Director: J Paul Frindik, MD
 800 Marshall Street
 Little Rock, AR 72202
Tel: 501 364-1430 *Fax:* 501 364-6299
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-04-21-040

California**Los Angeles****Childrens Hospital Los Angeles Program**

Sponsor: Childrens Hospital Los Angeles
Prgm Director: Mitchell E Geffner, MD
 Division of Endocrinology
 4650 Sunset Boulevard MS 61
 Los Angeles, CA 90027
Tel: 323 669-7032 *Fax:* 323 953-1349
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 326-05-11-001

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Pinchas Cohen, MD
22-315 MDCC
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 206-5844 *Fax:* 310 206-5843
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 326-05-21-003

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Prgm Director: Michael E Gottschalk, MD, PhD
Dept of Peds, Div of Endocrinology
9500 Gilman Drive, 0831
La Jolla, CA 92093
Tel: 858 966-4032 *Fax:* 858 966-6227
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-05-31-004

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Prgm Director: Walter L Miller, MD
Department of Pediatrics
Bldg MRIV, Room 209
San Francisco, CA 94143
Tel: 415 476-2598 *Fax:* 415 476-6286
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 326-05-21-005

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Lucile Salter Packard Children's Hospital at Stanford
Prgm Director: Laura K Bachrach, MD
Dept of Pediatrics, Room S-302
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 723-5791 *Fax:* 650 725-8375
E-mail: lkbach@stanford.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-05-21-005

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Jo Anne Brasel, MD
Box 446
1000 West Carson Street
Torrance, CA 90509
Tel: 310 222-1971 *Fax:* 310 533-0627
E-mail: brasel@labiomed.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-05-11-006

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
University of Colorado Hospital
Prgm Director: Philip S Zeitler, MD, PhD*
1056 E 19th Avenue
Box B-265
Denver, CO 80218
Tel: 303 861-6128 *Fax:* 303 864-5679
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 326-07-21-007

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Connecticut Children's Medical Center
Prgm Director: Elizabeth Estrada, MD*
Div of Pediatric Endocrinology
282 Washington Street
Hartford, CT 06106
Tel: 860 545-9370 *Fax:* 860 545-9371
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 326-08-21-054

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Prgm Director: Thomas O Carpenter, MD
Department of Pediatrics
PO Box 208064
New Haven, CT 06520
Tel: 203 785-4648 *Fax:* 203 737-1998
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 326-08-21-053

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Prgm Director: Janet H Silverstein, MD*
J Hillis Miller Health Center
Box 100296
Gainesville, FL 32610
Tel: 352 334-1390 *Fax:* 352 334-1325
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-11-31-008

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Gary D Berkovitz, MD
Pediatric Endocrinology
1601 W 12th Avenue, MCCC 3044A (D820)
Miami, FL 33136
Tel: 305 243-2920 *Fax:* 305 243-6309
E-mail: gberkovitz@med.miami.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-11-21-067

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Grady Health System
Prgm Director: John S Parks, MD, PhD
Department of Pediatrics
2040 Ridgewood Dr, NE
Atlanta, GA 30322
Tel: 404 727-5753 *Fax:* 404 727-3423
E-mail: jparks@emory.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 326-12-21-042

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Prgm Director: Donald Zimmerman, MD
2300 Children's Plaza # 54
Chicago, IL 60614
Tel: 773 880-4440 *Fax:* 773 880-4063
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-16-21-060

University of Chicago Program

Sponsor: University of Chicago Hospitals
University of Chicago Children's Hospital
Prgm Director: Sally Radovick, MD
Children's Hospital
5841 S Maryland Avenue MC5053
Chicago, IL 60637
Tel: 773 702-6432 *Fax:* 773 702-0443
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 326-16-11-010

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Prgm Director: Songya Pang, MD
Department of Pediatrics
840 S Wood Street, M/C 856
Chicago, IL 60612
Tel: 312 996-1795 *Fax:* 312 996-8218
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 326-16-31-062

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Prgm Director: John S Fuqua, MD
Riley Hospital for Children
702 Barnhill Drive, Room 5960
Indianapolis, IN 46202
Tel: 317 274-3889 *Fax:* 317 274-3882
E-mail: jsfuqua@iupui.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 326-17-21-052

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Eva Tsalikian, MD
 Department of Pediatrics
 200 Hawkins Drive
 Iowa City, IA 52242
 Tel: 319 356-1833 Fax: 319 356-8170
 Length: 3 Yrs ACGME Approved/Offered Positions: 1
 Program ID: 326-18-11-011

Kentucky**Louisville****University of Louisville Program**

Sponsor: University of Louisville School of Medicine
 Kosair Children's Hospital (Norton Healthcare, Inc)
Prgm Director: Pamela Clark, MD
 571 South Floyd Street, Suite 314
 Louisville, KY 40202
 Tel: 502 852-4347 Fax: 502 852-4189
 Length: 3 Yrs
 Program ID: 326-20-21-079

Louisiana**New Orleans****Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine
 Children's Hospital
Prgm Director: Stuart A Chalew, MD
 200 Henry Clay Avenue
 New Orleans, LA 70118
 Tel: 504 896-9441 Fax: 504 894-5139
 Length: 3 Yrs ACGME Approved/Offered Positions: 2
 Program ID: 326-21-31-071

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Hospital
Prgm Director: David W Cooke, MD
 600 N Wolfe Street, Park 211
 Baltimore, MD 21287
 Tel: 410 955-6463 Fax: 410 955-9773
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 326-23-21-012

University of Maryland Program

Sponsor: University of Maryland Medical System
Prgm Director: Debra R Counts, MD
 22 South Greene Street, Room N6W84
 University Center
 Baltimore, MD 21201
 Tel: 410 328-3410 Fax: 410 328-0679
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 326-23-21-013

Bethesda**National Capital Consortium Program**

Sponsor: National Capital Consortium
 National Naval Medical Center (Bethesda)
 Walter Reed Army Medical Center
Prgm Director: Gary L Francis, MD, PhD
 Department of Pediatrics
 4301 Jones Bridge Road
 Bethesda, MD 20814
 Tel: 301 295-9716 Fax: 301 295-8770
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 326-10-11-041
 US Armed Services Program

NICHD/Georgetown University Hospital Program

Sponsor: Clinical Center at the National Institutes of Health
 Georgetown University Hospital
Prgm Director: Constantine A Stratakis, MD, ScD
 10 Center Drive, Building 10
 Room 10N262
 Bethesda, MD 20892
 Tel: 301 496-4686 Fax: 301 402-0574
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 326-23-21-056
 US Armed Services Program

Massachusetts**Boston****Children's Hospital/Boston Medical Center Program**

Sponsor: Children's Hospital
Prgm Director: Joseph A Majzoub, MD
 300 Longwood Avenue
 Karp 4-125
 Boston, MA 02115
 Tel: 617 919-2930 Fax: 617 730-0244
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Program ID: 326-24-11-014

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: Lynne L Levitsky, MD
 WACC 709
 15 Parkman Street
 Boston, MA 02114
 Tel: 617 726-5790 Fax: 617 726-3044
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 326-24-31-015

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Delia M Vazquez, MD, PhD
 CS Mott Children's Hospital
 Room D1205 Medical Professional Bldg
 Ann Arbor, MI 48109
 Tel: 734 764-5175 Fax: 734 615-9353
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 326-25-21-016

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
 Fairview-University Medical Center
Prgm Director: Antoinette Moran, MD
 MMC 404 Mayo; 13-128 PWB
 516 Delaware Street, SE
 Minneapolis, MN 55455
 Tel: 612 624-5409 Fax: 612 626-5262
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 326-26-21-043

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Rochester)
Prgm Director: W Frederick Schwenk, MD
 200 First St, SW
 Rochester, MN 55905
 Tel: 507 284-2511 Fax: 507 284-0727
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 326-26-21-017

Missouri**Kansas City****University of Missouri at Kansas City Program**

Sponsor: University of Missouri-Kansas City School of Medicine
 Children's Mercy Hospital
Prgm Director: Jill D Jacobson, MD
 2401 Gillham Road
 Kansas City, MO 64108
 Tel: 816 234-3070 Fax: 816 855-1919
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 326-28-11-018

St Louis**Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium
 St Louis Children's Hospital
Prgm Director: Louis J Muglia, MD, PhD*
 Division of Pediatric Endocrinology and Metabolism
 660 S Euclid Ave, Campus Box 8208
 St Louis, MO 63110
 Tel: 314 286-2761 Fax: 314 286-2893
 E-mail: muglia_l@wustl.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 326-28-11-019

New York**Bronx****Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Montefiore Medical Center-Henry and Lucy Moses
 Division
 Montefiore Medical Center-Weiler Hospital
Prgm Director: Joan Di Martino-Nardi, MD*
 Division of Pediatric Endocrinology
 111 East 210th Street
 Bronx, NY 10467
 Tel: 718 920-4664 Fax: 718 405-5609
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 326-35-21-020

Brooklyn

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
Maimonides Medical Center
Prgm Director: Svetlana Ten, MD*
4802 Tenth Avenue
Brooklyn, NY 11219
Tel: 718 283-7942 *Fax:* 718 635-7946
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 326-35-21-022

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo
Kaleida Health System (Women and Children's Hosp of Buffalo)
Prgm Director: Teresa Quattrin, MD
219 Bryant Street
Buffalo, NY 14222
Tel: 716 878-7588 *Fax:* 716 888-3827
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-35-21-021

Great Neck

North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program

Sponsor: North Shore-Long Island Jewish Health System
Schneider Children's Hospital at North Shore University Hosp
Prgm Director: Phyllis W Speiser, MD
400 Lakeville Road
Suite 180
New Hyde Park, NY 11040
Tel: 718 470-3290 *Fax:* 718 470-4565
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-35-21-044

Mineola

Winthrop-University Hospital Program

Sponsor: Winthrop-University Hospital
Prgm Director: Mariano Castro-Magana, MD
120 Mineola Blvd, Suite 210
Mineola, NY 11501
Tel: 516 663-3090 *Fax:* 516 663-3070
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 326-35-31-057

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Robert Rapaport, MD
One Gustave L Levy Place, Box 1616
New York, NY 10029
Tel: 212 241-6936 *Fax:* 212 876-2503
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-35-11-023

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Sharon E Oberfield, MD
630 West 168th Street, BHN-Box 50
New York, NY 10032
Tel: 212 305-6559 *Fax:* 212 305-4778
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-35-21-070

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Maria G Vogiatzi, MD*
525 East 68th Street
New York, NY 10021
Tel: 212 746-3486 *Fax:* 212 746-3807
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 326-35-21-049

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Prgm Director: Raphael David, MD
550 First Avenue
New York, NY 10016
Tel: 212 263-6462 *Fax:* 212 562-3273
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-35-21-045

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: Thomas A Wilson, MD
Department of Pediatrics
Stony Brook, NY 11794
Tel: 631 444-3429 *Fax:* 631 444-6045
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-35-21-061

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Augustine J D'Ercole, MD
Division of Pediatric Endocrinology
CB #7039, 3341 Biomolecular Building
Chapel Hill, NC 27599
Tel: 919 966-4435 *Fax:* 919 966-2423
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 326-36-21-025

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Prgm Director: Michael S Freemark, MD
Department of Pediatric Endocrinology
306 Bell Bldg, Box 3080
Durham, NC 27710
Tel: 919 684-3772 *Fax:* 919 684-8613
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-36-21-026

Ohio

Cincinnati

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program

Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Steven D Chernausk, MD
Division of Endocrinology
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 559-4744 *Fax:* 513 636-7486
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 326-38-21-027

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Mark R Palmert, MD, PhD*
Division of Pediatric Endocrinology and Metabolism
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3661 *Fax:* 216 844-8900
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-38-21-028

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
OU Medical Center-Children's Hospital
Prgm Director: Kenneth C Copeland, MD
940 NE 13th Street, CH 2B2426
Oklahoma City, OK 73104
Tel: 405 271-6764 *Fax:* 405 271-3093
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 326-39-12-077

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Prgm Director: Bruce A Boston, MD
Department of Pediatrics
707 SW Gaines Rd
Portland, OR 97239
Tel: 503 494-1927 *Fax:* 503 494-1933
E-mail: bostonbr@ohsu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 326-40-12-031

Pennsylvania

Philadelphia

Children's Hospital of Philadelphia Program

Sponsor: Children's Hospital of Philadelphia
Prgm Director: Charles A Stanley, MD
34th & Civic Center Boulevard
Abramson Research Center, 8th Floor, Rm 802
Philadelphia, PA 19104
Tel: 215 590-3420 *Fax:* 215 590-1605
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 326-41-21-032

St Christopher's Hospital for Children Program

Sponsor: St Christopher's Hospital for Children (Tenet Health System)
Prgm Director: Francesco De Luca, MD
Erie Avenue at Front Street
Philadelphia, PA 19134
Tel: 215 427-8100 *Fax:* 215 427-8105
E-mail: francesco.deluca@drexel.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-41-31-078

Pittsburgh**University of Pittsburgh Medical Center
Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Prgm Director: Selma F Witchel, MD*
Children's Hospital of Pittsburgh
3705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 692-5172 *Fax:* 412 692-5834
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 326-41-21-033

Rhode Island**Providence****Brown University Program**

Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: Charlotte M Boney, MD
Div of Pediatric Endocrinology
593 Eddy Street
Providence, RI 02903
Tel: 401 444-5504 *Fax:* 401 444-2534
E-mail: Charlotte_Boney@brown.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-43-21-034

South Carolina**Charleston****Medical University of South Carolina
Program**

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Prgm Director: Richard W Furlanetto, MD, PhD*
96 Jonathan Lucas Street
P O Box 250608
Charleston, SC 29425
Tel: 843 792-6807 *Fax:* 843 792-0548
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-45-21-076

Tennessee**Memphis****University of Tennessee Program**

Sponsor: University of Tennessee College of Medicine
LeBonheur Children's Medical Center
Prgm Director: George A Burghen, MD
50 N Dunlap
Memphis, TN 38103
Tel: 901 572-3292 *Fax:* 901 572-5198
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-47-31-035

Nashville**Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Prgm Director: William E Russell, MD
T-0107 Medical Center North
Nashville, TN 37232
Tel: 615 322-7427 *Fax:* 615 343-5845
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-47-21-036

Texas**Dallas****University of Texas Southwestern
Medical School Program**

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Prgm Director: Perrin C White, MD
5323 Harry Hines Boulevard, G2.236
Dallas, TX 75390
Tel: 214 648-3501 *Fax:* 214 648-9772
E-mail: Perrin.White@UTSouthwestern.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 326-48-31-069

Galveston**University of Texas Medical Branch
Hospitals Program**

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Jose L Gonzalez, MD, JD
Div of Ped Endocrinology-Diabetes
301 University Blvd
Galveston, TX 77555
Tel: 409 772-3365 *Fax:* 409 747-2213
E-mail: josgonza@utmb.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 326-48-11-037

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
Texas Children's Hospital
Prgm Director: Morey W Haymond, MD
6621 Fannin St, CCC1020.05
Pediatrics Endocrinology & Metabolism
Houston, TX 77030
Tel: 713 798-6776 *Fax:* 713 798-7119
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 326-48-21-051

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Prgm Director: Patrick G Brosnan, MD
6431 Fannin
Suite MSB 3.122
Houston, TX 77030
Tel: 713 500-5646 *Fax:* 713 500-0526
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-48-21-066

San Antonio**University of Texas Health Science
Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
Christus Santa Rosa Health Care Corporation
University Health System
Prgm Director: Robert J Ferry, MD
540-F4 Pediatrics, Mail Code 7806
7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-5283 *Fax:* 210 567-0492
E-mail: bob@uthscsa.edu
Length: 3 Yrs
Program ID: 326-48-12-082

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Prgm Director: Mary A Murray, MD
615 Arapeen Drive #100
Salt Lake City, UT 84108
Tel: 801 587-3905 *Fax:* 801 587-9607
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 326-49-21-074

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: William L Clarke, MD
PO Box 800386
Charlottesville, VA 22908
Tel: 434 924-5897 *Fax:* 434 924-9181
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-51-11-039

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Prgm Director: Catherine Pihoker, MD
2800 Sand Point Way, NE, M1-3
Seattle, WA 98105
Tel: 206 987-5037 *Fax:* 206 987-2720
Length: 3 Yrs
Program ID: 326-54-31-081

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
Prgm Director: David B Allen, MD
600 Highland Ave H4/448
Madison, WI 53792
Tel: 608 263-5835 *Fax:* 608 260-0440
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 326-56-21-059

Milwaukee**Medical College of Wisconsin Affiliated
Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Prgm Director: Paola Palma-Sisto, MD
Department of Pediatrics MRFC
8701 Watertown Plank Road
Milwaukee, WI 53226
Tel: 414 266-6750 *Fax:* 414 266-6749
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 326-56-12-080

Pediatric Gastroenterology (Pediatrics)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital Children's Hospital of Alabama
Prgm Director: Frank A Franklin, MD, PhD
 1600 7th Avenue South, ACC Suite 618
 Birmingham, AL 35233
Tel: 205 939-6904 *Fax:* 205 939-9919
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 332-01-21-001

California

Los Angeles

Childrens Hospital Los Angeles Program

Sponsor: Childrens Hospital Los Angeles
Prgm Director: Frank R Sinatra, MD
 LAC/USC Medical Center
 1249 N Mission Road
 Los Angeles, CA 90033
Tel: 323 226-5603 *Fax:* 323 226-4380
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 332-05-21-051

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
 UCLA Medical Center
Prgm Director: Marvin E Ament, MD
 10833 Le Conte Avenue, MDCC 12-383
 Los Angeles, CA 90095
Tel: 310 206-6134 *Fax:* 310 206-0203
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 332-05-31-004

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
 Children's Hospital and Health Center
Prgm Director: Joel E Lavine, MD
 200 West Arbor Drive
 MC 8450
 San Diego, CA 92103
Tel: 619 543-7544 *Fax:* 619 543-7537
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 332-05-11-055

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
 University of California (San Francisco) Medical Center
Prgm Director: Melvin B Heyman, MD, MPH
 M U 4-East, Room 406 UCSF
 500 Parnassus Avenue
 San Francisco, CA 94143
Tel: 415 476-5892 *Fax:* 415 476-1343
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 332-05-21-047

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
 Lucile Salter Packard Children's Hospital at Stanford
Prgm Director: John Alan Kerner, MD
 Lucile Packard Children's Hospital
 750 Welch Road, Suite 116
 Palo Alto, CA 94304
Tel: 650 723-5070 *Fax:* 650 498-5608
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 332-05-11-005

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
 Children's Hospital (The)
Prgm Director: Judith A O'Connor, MD*
 1056 E 19th Avenue, B290
 Denver, CO 80218
Tel: 303 861-6669 *Fax:* 303 764-8025
E-mail: oconnorjudith@tchden.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 332-07-21-006

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Prgm Director: Fredric Daum, MD*
 333 Cedar Street, FMP 408
 PO Box 208064
 New Haven, CT 06520
Tel: 203 785-4649 *Fax:* 203 737-1384
E-mail: natalie.decasure@yale.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 332-08-21-007

Delaware

Wilmington

Thomas Jefferson University/duPont Hospital for Children Program

Sponsor: Thomas Jefferson University Hospital
 Alfred I duPont Hospital for Children
Prgm Director: Devendra Mehta, MD
 1600 Rockland Road
 Wilmington, DE 19803
Tel: 302 651-5928 *Fax:* 302 651-5838
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 332-41-12-058

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
 Shands Hospital at the University of Florida
Prgm Director: Joel M Andres, MD*
 PO Box 100296
 Gainesville, FL 32610
Tel: 352 392-6410 *Fax:* 352 846-2147
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 332-11-21-011

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: John F Thompson, MD
 1601 NW 12th Avenue, Room 3005A
 Miami, FL 33136
Tel: 305 243-6426 *Fax:* 305 243-2617
Length: 3 Yrs
Program ID: 332-11-21-067

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
 Children's Healthcare of Atlanta at Egleston
 Grady Health System
Prgm Director: Rene Romero, MD
 2015 Uppergate Drive, NE
 Atlanta, GA 30322
Tel: 404 727-4921 *Fax:* 404 727-4069
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 332-12-31-057

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
 Children's Memorial Hospital
Prgm Director: B U Li, MD
 2300 Children's Plaza, #57
 Chicago, IL 60614
Tel: 773 880-4643 *Fax:* 773 880-4036
E-mail: bli@northwestern.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 332-16-21-056

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Stefano Guandalini, MD
 5841 S Maryland Avenue, MC 4065
 Chicago, IL 60637
Tel: 773 702-6418 *Fax:* 773 702-0666
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 332-16-21-012

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
 Clarian Riley Hospital for Children
Prgm Director: Marian D Pfefferkorn, MD
 Indiana University School of Medicine
 702 Barnhill Drive, Room ROC 4210
 Indianapolis, IN 46202
Tel: 317 274-3774 *Fax:* 317 274-8521
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 332-17-21-013

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Warren P Bishop, MD
 Department of Pediatrics
 200 Hawkins Drive
 Iowa City, IA 52242
Tel: 319 356-2950 *Fax:* 319 353-8967
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 332-18-21-053

Kentucky**Louisville****University of Louisville Program**

Sponsor: University of Louisville School of Medicine
 Kosair Children's Hospital (Norton Healthcare, Inc)
Prgm Director: Thomas C Stephen, MD
 Dept of Ped Gastroenterology
 571 S Floyd Street, Room 325
 Louisville, KY 40202
Tel: 502 852-3874 *Fax:* 502 852-4093
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 332-20-21-014

Louisiana**New Orleans****Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine
 Children's Hospital
Prgm Director: Eberhard Schmidt-Sommerfeld, MD, PhD
 1542 Tulane Avenue T8-1
 New Orleans, LA 70112
Tel: 504 568-6224 *Fax:* 504 568-6330
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 332-21-21-015

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Hospital
Prgm Director: Carmen Cuffari, MD
 Brady 320, 600 North Wolfe Street
 Baltimore, MD 21287
Tel: 410 955-8769 *Fax:* 410 955-1464
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 332-23-21-016

University of Maryland Program

Sponsor: University of Maryland Medical System
Prgm Director: Karoly Horvath, MD, PhD
 22 S Greene Street, N5W70
 Baltimore, MD 21201
Tel: 410 328-0812 *Fax:* 410 328-1072
E-mail: khorvath@peds.umaryland.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 332-23-21-061

Bethesda**National Capital Consortium Program**

Sponsor: National Capital Consortium
 Walter Reed Army Medical Center
Prgm Director: Carolyn A Sullivan, MD
 Department of Pediatrics
 4301 Jones Bridge Road
 Bethesda, MD 20814
Tel: 202 782-0056 *Fax:* 202 782-9364
E-mail: carolyn.sullivan@na.amedd.army.mil
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 332-10-21-010
 US Armed Services Program

Massachusetts**Boston****Children's Hospital/Boston Medical Center Program**

Sponsor: Children's Hospital
 Massachusetts General Hospital
Prgm Director: Wayne I Lencer, MD
 Children's Hospital
 300 Longwood Avenue
 Boston, MA 02115
Tel: 617 355-8599 *Fax:* 617 730-0498
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 332-24-31-018

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: Aubrey Katz, MD
 750 Washington Street, NEMC #213
 Boston, MA 02111
Tel: 617 636-0130 *Fax:* 617 636-8718
E-mail: akatz3@tufts-nemc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 332-24-21-017

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: James Lopez, BA, MD*
 1500 E Medical Center Dr
 D8252 MPB
 Ann Arbor, MI 48109
Tel: 734 763-9650 *Fax:* 734 763-7359
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 332-25-21-019

Detroit**Wayne State University/Detroit Medical Center/Children's Hospital of Michigan Program**

Sponsor: Wayne State University/Detroit Medical Center
 Children's Hospital of Michigan
Prgm Director: Vasundhara Tolia, MD
 3901 Beaubien Boulevard
 Detroit, MI 48201
Tel: 313 745-5585
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 332-25-21-020

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
 Fairview-University Medical Center
Prgm Director: Harvey L Sharp, MD
 MMC 185
 420 Delaware Street SE
 Minneapolis, MN 55455
Tel: 612 624-1133 *Fax:* 612 626-0639
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 332-26-21-048

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Rochester)
 St Mary's Hospital of Rochester
Prgm Director: Mounif El Youssef, MD
 200 First Street, SW
 Rochester, MN 55905
Tel: 507 266-0114 *Fax:* 507 266-5205
E-mail: el-youssef.mounif@mayo.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 332-26-21-021

Missouri**Kansas City****University of Missouri at Kansas City Program**

Sponsor: University of Missouri-Kansas City School of Medicine
 Children's Mercy Hospital
Prgm Director: James F Daniel, MD
 2401 Gillham Road
 Kansas City, MO 64108
Tel: 816 234-3016 *Fax:* 816 346-1328
E-mail: jdaniel@cmh.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 332-28-11-065

St Louis**Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium
 St Louis Children's Hospital
Prgm Director: Phillip I Tarr, MD
 One Children's Place
 St Louis, MO 63110
Tel: 314 286-2848 *Fax:* 314 286-2895
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 332-28-31-023

Nebraska**Omaha****University of Nebraska Medical Center College of Medicine/Creighton University Program**

Sponsor: University of Nebraska Medical Center College of Medicine
 Children's Hospital
 The Nebraska Medical Center
Prgm Director: Thomas M Attard, MD*
 985160 Nebraska Medical Center
 Omaha, NE 68198
Tel: 402 559-2412 *Fax:* 402 559-9525
E-mail: tattard@unmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 332-30-21-024

New York

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Barry K Wershil, MD
 3425 Bainbridge Ave
 Bronx, NY 10467
 Tel: 718 741-2325 Fax: 718 515-5426
 E-mail: bkwershil@aol.com
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 332-35-21-050

Brooklyn

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn Kings County Hospital Center
 University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Stanley E Fisher, MD
 450 Clarkson Avenue, Box 49
 Brooklyn, NY 11203
 Tel: 718 270-1911 Fax: 718 270-1985
 Length: 3 Yrs ACGME Approved/Offered Positions: 2
 Program ID: 332-35-21-026

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo
 Kaleida Health System (Women and Children's Hosp of Buffalo)
Prgm Director: Susan S Baker, MD, PhD
 219 Bryant Street
 Buffalo, NY 14222
 Tel: 716 878-7198 Fax: 716 888-3842
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 332-35-13-060

Great Neck

North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program

Sponsor: North Shore-Long Island Jewish Health System
 Schneider Children's Hospital at Long Island Jewish Med Ctr
 Schneider Children's Hospital at North Shore University Hosp
Prgm Director: Toba Weinstein, MD
 269-01 76th Rd
 New Hyde Park, NY 11040
 Tel: 718 470-3430 Fax: 718 962-2908
 Length: 3 Yrs ACGME Approved/Offered Positions: 2
 Program ID: 332-35-31-027

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
 Mount Sinai Medical Center
Prgm Director: Keith J Benkov, MD
 One Gustave L Levy Place
 New York, NY 10029
 Tel: 212 241-5415 Fax: 212 831-7974
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 332-35-11-028

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: William R Treem, MD*
 630 West 168th Street
 New York, NY 10032
 Tel: 212 305-7082 Fax: 212 305-8995
 E-mail: wt2115@columbia.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 332-35-21-030

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Robbyn E Sockolow, MD*
 525 E 68th Street, M-610
 New York, NY 10021
 Tel: 212 746-3520 Fax: 212 746-8577
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 332-35-32-029

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Thomas M Rossi, MD
 601 Elmwood Avenue
 Box 667
 Rochester, NY 14642
 Tel: 585 275-2647 Fax: 585 275-0707
 Length: 3 Yrs ACGME Approved/Offered Positions: 2
 Program ID: 332-35-21-064

Valhalla

New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College
 Westchester Medical Center
Prgm Director: Stuart H Berezin, MD
 Department of Pediatrics
 Division of Gastroenterology and Nutrition
 Valhalla, NY 10595
 Tel: 914 594-4610 Fax: 914 594-4392
 Length: 3 Yrs ACGME Approved/Offered Positions: 2
 Program ID: 332-35-31-031

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Katherine Freeman, MD
 200 Mason Farm Road, CB# 7220
 Bioinformatics Building
 Chapel Hill, NC 27599
 Tel: 919 966-1343 Fax: 919 966-8641
 Length: 3 Yrs ACGME Approved/Offered Positions: 2
 Program ID: 332-36-21-032

Ohio

Cincinnati

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program

Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Mitchell B Cohen, MD
 3333 Burnet Avenue
 Bldg C, MLC 2010
 Cincinnati, OH 45229
 Tel: 513 636-4415 Fax: 513 636-5581
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Program ID: 332-38-21-033

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Gisela Chelimsky, MD
 Div of Pediatric Gastroenterology
 2101 Adelbert Road
 Cleveland, OH 44106
 Tel: 216 844-1765 Fax: 216 844-8397
 Length: 3 Yrs ACGME Approved/Offered Positions: 3
 Program ID: 332-38-11-035

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Lori Mahajan, MD
 9500 Euclid Avenue, Desk A111
 Cleveland, OH 44195
 Tel: 216 445-1572 Fax: 216 444-2974
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 332-38-31-034

Columbus

Children's Hospital/Ohio State University Program

Sponsor: Children's Hospital (Columbus)
Prgm Director: Steven H Erdman, MD
 700 Children's Drive
 Columbus, OH 43205
 Tel: 614 722-3411 Fax: 614 722-3454
 E-mail: erdmans@pediatrics.ohio-state.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 332-38-12-062

Pennsylvania

Philadelphia

Children's Hospital of Philadelphia Program

Sponsor: Children's Hospital of Philadelphia
Prgm Director: Elizabeth B Rand, MD
 34th Street & Civic Center Blvd
 Philadelphia, PA 19104
 Tel: 215 590-3247 Fax: 215 590-3680
 E-mail: greenv@email.chop.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 9
 Program ID: 332-41-21-038

Pittsburgh**University of Pittsburgh Medical Center
Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Prgm Director: Mark E Lowe, MD, MPH
3705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 692-5180 *Fax:* 412 692-7355
E-mail: mark.lowe@chp.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 332-41-21-040

Rhode Island**Providence****Brown University Program**

Sponsor: Rhode Island Hospital-Lifespan
Women and Infants Hospital of Rhode Island
Prgm Director: Neal S Leleiko, MD, PhD
MP-126
593 Eddy Street
Providence, RI 02903
Tel: 401 444-4917 *Fax:* 401 444-8748
E-mail: rholder1@lifespan.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 332-43-21-041

Tennessee**Nashville****Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Prgm Director: D Brent Polk, MD
S-4322 Medical Center North
21st and Garland Ave
Nashville, TN 37232
Tel: 615 322-7449 *Fax:* 615 343-8915
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 332-47-21-042

Texas**Dallas****University of Texas Southwestern
Medical School Program**

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Prgm Director: Norberto Rodriguez-Baez, MD*
1935 Motor Street
Dallas, TX 75235
Tel: 214 456-8032 *Fax:* 214 456-8006
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 332-48-11-045

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Texas Children's Hospital
Prgm Director: Mark A Gilger, MD*
6621 Fannin Street, MC: CC1010.00
Houston, TX 77030
Tel: 832 822-3608 *Fax:* 832 825-3633
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 332-48-21-043

Wisconsin**Milwaukee****Medical College of Wisconsin Affiliated
Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Prgm Director: Steven L Werlin, MD
8701 Watertown Plank Road
Division of Pediatric Gastroenterology
Milwaukee, WI 53226
Tel: 414 266-3690 *Fax:* 414 266-3676
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 332-56-21-046

**Pediatric
Hematology/
Oncology (Pediatrics)****Alabama****Birmingham****University of Alabama Medical Center
Program**

Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Prgm Director: Roger L Berkow, MD
Children's Hospital of Alabama
1600 7th Avenue South, Ste 651
Birmingham, AL 35233
Tel: 205 939-5425 *Fax:* 205 975-6377
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 327-01-21-043

California**Los Angeles****Childrens Hospital Los Angeles Program**

Sponsor: Childrens Hospital Los Angeles
Prgm Director: Walter E Laug, MD
Division of Hematology-Oncology
4650 Sunset Boulevard
Los Angeles, CA 90027
Tel: 323 669-2375 *Fax:* 323 664-8455
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 327-05-11-001

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Stephen A Feig, MD
Div of Hematology-Oncology
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 825-6708 *Fax:* 310 206-8089
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 327-05-21-003

Oakland**Children's Hospital-Oakland Program**

Sponsor: Children's Hospital-Oakland
Prgm Director: Caroline A Hastings, MD
747 52nd Street
Oakland, CA 94609
Tel: 510 428-3631 *Fax:* 510 601-3916
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 327-05-31-056

Orange**Children's Hospital of Orange County
Program**

Sponsor: Children's Hospital of Orange County
Prgm Director: Guy Young, MD
455 S Main Street
Orange, CA 92668
Tel: 714 532-8459 *Fax:* 714 532-8771
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 327-05-21-057

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
 University of California (San Francisco) Medical Center
Prgm Director: Katherine K Matthay, MD
 505 Parnassus Ave
 Box 0106
 San Francisco, CA 94143
Tel: 415 502-7816 *Fax:* 415 502-7861
E-mail: matthayk@peds.ucsf.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 327-05-21-006

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
 Lucile Salter Packard Children's Hospital at Stanford
Prgm Director: Neyssa Marina, MD
 Pediatric Hematology/Oncology - Mail Code 5798
 1000 Welch Road, Suite 300
 Palo Alto, CA 94304
Tel: 650 723-5535 *Fax:* 650 723-5231
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 327-05-21-004

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
 Children's Hospital (The)
Prgm Director: Robert L Garcea, MD
 1056 E 19th Avenue, B115
 Denver, CO 80218
Tel: 303 861-6673 *Fax:* 303 837-2831
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 327-07-21-007

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Prgm Director: Diana S Beardsley, MD, PhD
 333 Cedar Street, LMP 4087
 PO Box 208064
 New Haven, CT 06520
Tel: 203 785-4640 *Fax:* 203 737-2228
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 327-08-21-008

District of Columbia

Washington

Children's National Medical Center/George Washington University Program

Sponsor: Children's National Medical Center
Prgm Director: Michael F Guerrero, MD*
 111 Michigan Avenue, NW
 Suite 4W 600
 Washington, DC 20010
Tel: 202 884-2800 *Fax:* 202 884-5685
E-mail: mfguerre@cnmc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 327-10-21-009

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
 Shands Hospital at the University of Florida
Prgm Director: Stephen P Hunger, MD
 Box 100296, UFHSC
 Gainesville, FL 32610
Tel: 352 392-4732 *Fax:* 352 392-8725
Length: 3 Yrs *ACGME Approved/Offered Positions:* 0
Program ID: 327-11-31-010

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
 Children's Healthcare of Atlanta at Egleston
 Grady Health System
Prgm Director: Thomas C Abshire, MD
 Department of Pediatrics
 2040 Ridgewood Drive, NE, Ste 100
 Atlanta, GA 30322
Tel: 404 727-1608 *Fax:* 404 727-3681
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 327-12-21-041

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
 Children's Memorial Hospital
Prgm Director: David O Walterhouse, MD
 Division of Hematology/Oncology Box 30
 2300 Children's Plaza
 Chicago, IL 60614
Tel: 773 880-4562 *Fax:* 773 880-3223
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 327-16-21-011

University of Chicago Program

Sponsor: University of Chicago Hospitals
 University of Chicago Children's Hospital
Prgm Director: Eric C Beyer, MD, PhD
 5841 South Maryland Avenue
 Box MC 4060
 Chicago, IL 60637
Tel: 773 702-6808 *Fax:* 773 702-9881
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 327-16-11-050

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
 Clarian Riley Hospital for Children
Prgm Director: Terry A Vik, MD
 Clarian Riley Hospital for Children
 720 Barnhill Drive
 Indianapolis, IN 46202
Tel: 317 274-8967 *Fax:* 317 278-0616
E-mail: tvik@iupui.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 327-17-21-012

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Thomas W Loew, MD
 Dept of Pediatrics, 2530 JCP
 200 Hawkins Drive
 Iowa City, IA 52242
Tel: 319 356-2437 *Fax:* 319 356-7659
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 327-18-11-013

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
 Children's Hospital
Prgm Director: Rajasekharan P Warriar, MD
 Department of Pediatrics
 1542 Tulane Avenue
 New Orleans, LA 70112
Tel: 504 568-4561 *Fax:* 504 568-3078
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 327-21-21-048

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Hospital
Prgm Director: Kenneth J Cohen, MD, MS
 600 N Wolfe Street, CMSC 800
 Baltimore, MD 21287
Tel: 410 614-5055 *Fax:* 410 955-0028
E-mail: kcohen@jhmi.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 327-23-21-014

Bethesda

National Capital Consortium Program

Sponsor: National Capital Consortium
 National Naval Medical Center (Bethesda)
 Walter Reed Army Medical Center
Prgm Director: Col Gary Crouch, MD
 Department of Pediatrics
 1600 Georgia Ave, NW
 Washington, DC 20307
Tel: 202 782-0421 *Fax:* 202 782-7020
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 327-10-21-044
 US Armed Services Program

Massachusetts

Boston

Children's Hospital/Boston Medical Center Program

Sponsor: Children's Hospital
Prgm Director: Samuel E Lux, MD
 300 Longwood Avenue
 Boston, MA 02115
Tel: 617 919-2093 *Fax:* 617 730-0222
Length: 3 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 327-24-11-015

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Daniel S Wechsler, MD, PhD*
 1500 East Medical Center Drive
 L2110 Women's Hospital, Box 0238
 Ann Arbor, MI 48109
Tel: 734 764-7127 *Fax:* 734 615-0464
E-mail: dwechs1@umich.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 327-25-21-016

Detroit**Wayne State University/Detroit Medical Center/Children's Hospital of Michigan Program**

Sponsor: Wayne State University/Detroit Medical Center Children's Hospital of Michigan
Prgm Director: Yaddanapudi Ravindranath, MD
 3901 Beaubien Blvd
 Detroit, MI 48201
Tel: 313 745-5515 *Fax:* 313 745-5237
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 327-25-21-017

Grand Rapids**Grand Rapids Medical Education and Research Center/Michigan State University Program**

Sponsor: Grand Rapids Medical Education and Research Center
 Spectrum Health-Butterworth Campus
Prgm Director: Albert S Cornelius, MD
 100 Michigan Street NE MC 85
 Grand Rapids, MI 49503
Tel: 616 391-2086 *Fax:* 616 391-8873
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 327-25-19-076

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School Fairview-University Medical Center
Prgm Director: K Scott Baker, MD, MS*
 MMC 484
 420 Delaware Street, SE
 Minneapolis, MN 55455
Tel: 612 625-4952 *Fax:* 612 626-1434
E-mail: devoe001@umn.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 327-26-21-018

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
 Mayo Clinic (Rochester)
 St Mary's Hospital of Rochester
Prgm Director: Shakila P Khan, MD
 Dept of Pediatric Hematology/Oncology
 200 First St, S W
 Rochester, MN 55905
Tel: 507 284-3442 *Fax:* 507 284-0727
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 327-26-21-019

Mississippi**Jackson****University of Mississippi Medical Center Program**

Sponsor: University of Mississippi School of Medicine University Hospitals and Clinics
Prgm Director: Jeanette Pullen, MD
 2500 North State Street
 Jackson, MS 39216
Tel: 601 984-5220 *Fax:* 601 984-5279
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 327-27-12-065

Missouri**Kansas City****University of Missouri at Kansas City Program**

Sponsor: University of Missouri-Kansas City School of Medicine
 Children's Mercy Hospital
Prgm Director: Gerald M Woods, MD
 2401 Gillham Road
 Kansas City, MO 64108
Tel: 816 234-3265 *Fax:* 816 855-1700
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 327-28-21-060

St Louis**Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium
 St Louis Children's Hospital
Prgm Director: Robert J Hayashi, MD
 Pediatric Hematology-Oncology
 One Children's Place, CB 8116
 St Louis, MO 63110
Tel: 314 454-6005 *Fax:* 314 454-2780
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 327-28-11-020

New Mexico**Albuquerque****University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine
 University of New Mexico Health Sciences
Prgm Director: Prasad Mathew, MD*
 Department of Pediatrics, ACC 3rd Floor
 Albuquerque, NM 87131
Tel: 505 272-4461 *Fax:* 505 272-8699
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 327-34-21-070

New York**Bronx****Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Adam Levy, MD*
 Section of Pediatric Hematology-Oncology
 3415 Bainbridge Avenue
 Bronx, NY 10467
Tel: 718 741-2342 *Fax:* 718 920-6506
E-mail: adlevy@montefiore.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 327-35-21-071

Brooklyn**SUNY Health Science Center at Brooklyn Program**

Sponsor: SUNY Health Science Center at Brooklyn Kings County Hospital Center
 University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Sreedhar P Rao, MD
 450 Clarkson Avenue, Box 49
 Brooklyn, NY 11203
Tel: 718 270-1693 *Fax:* 718 270-1692
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 327-35-21-022

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
 Kaleida Health System (Women and Children's Hosp of Buffalo)
 Roswell Park Cancer Institute
Prgm Director: Martin L Brecher, MD
 219 Bryant Street
 Buffalo, NY 14222
Tel: 716 878-7349 *Fax:* 716 888-3801
E-mail: martin.brecher@roswellpark.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 327-35-21-021

Great Neck**North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program**

Sponsor: North Shore-Long Island Jewish Health System
 Schneider Children's Hospital at Long Island Jewish Med Ctr
Prgm Director: Jeffrey M Lipton, MD, PhD
 Long Island Jewish Medical Center
 269-01 76th Ave
 New Hyde Park, NY 11040
Tel: 718 470-3460 *Fax:* 718 343-4642
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 327-35-21-023

New York**New York Presbyterian Hospital (Columbia Campus) Program**

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Mitchell S Cairo, MD
 180 Fort Washington Avenue, HP5-506
 New York, NY 10032
Tel: 212 305-8316 *Fax:* 212 305-8428
E-mail: mc1310@columbia.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 327-35-11-027

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
 Memorial Sloan-Kettering Cancer Center
Prgm Director: Paul A Meyers, MD
 Memorial Sloan Kettering Cancer Ctr
 1275 York Avenue
 New York, NY 10021
Tel: 212 639-5952 *Fax:* 212 717-3447
E-mail: wernerw@mskcc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 327-35-21-024

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Prgm Director: Margaret Karpatkin, MD
 550 First Avenue
 New York, NY 10016
Tel: 212 263-6428 *Fax:* 212 263-8089
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 327-35-21-026

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Andrea S Hinkle, MD
601 Elmwood Avenue
Box 777
Rochester, NY 14642
Tel: 585 275-0515 *Fax:* 585 273-1039
E-mail: andrea_hinkle@urmc.rochester.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 327-35-21-049

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Julie Blatt, MD
Department of Pediatrics
CB#7220, Burnett-Womack Bldg
Chapel Hill, NC 27599
Tel: 919 966-0590 *Fax:* 919 966-7629
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 327-36-21-058

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Prgm Director: Susan G Kreissman, MD
Box 2916
Room 222, Bell Bldg Trent Drive
Durham, NC 27710
Tel: 919 684-3401 *Fax:* 919 681-7950
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 327-36-21-029

Ohio

Cincinnati

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program

Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: David A Williams, MD
3333 Burnet Avenue
MLC7015
Cincinnati, OH 45229
Tel: 513 636-1281 *Fax:* 513 636-3549
E-mail: bonnie.ison@chmcc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 327-38-21-030

Cleveland

Case Western Reserve University/ University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Sarah W Alexander, MD
Rainbow Babies and Children's Hospital
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3345 *Fax:* 216 844-5431
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 327-38-21-031

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Michael G Levien, MD
The Cleveland Clinic
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-3866 *Fax:* 216 444-3577
Length: 3 Yrs
Program ID: 327-38-31-078

Columbus

Children's Hospital/Ohio State University Program

Sponsor: Children's Hospital (Columbus)
Prgm Director: Kathryn J Klopfenstein, MD*
700 Children's Drive
Columbus, OH 43205
Tel: 614 722-3653 *Fax:* 614 722-3699
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 327-38-21-042

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Prgm Director: Linda C Stork, MD
3181 SW Sam Jackson Park Rd
CDRCP
Portland, OR 97239
Tel: 503 494-1543 *Fax:* 503 494-0714
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 327-40-21-072

Pennsylvania

Philadelphia

Children's Hospital of Philadelphia Program

Sponsor: Children's Hospital of Philadelphia
Prgm Director: John M Maris, MD
34th Street and Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 590-2821 *Fax:* 215 590-3770
Length: 3 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 327-41-21-032

St Christopher's Hospital for Children Program

Sponsor: St Christopher's Hospital for Children (Tenet Health System)
Prgm Director: Carlton D Dampier, MD*
Section of Hematology/Oncology
Erie Avenue at Front Street
Philadelphia, PA 19134
Tel: 215 427-5261 *Fax:* 215 427-4281
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 327-41-12-061

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Prgm Director: Arthur K Ritchey, MD
3705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 692-5055 *Fax:* 412 692-7693
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 327-41-21-066

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
University Pediatric Hospital
Prgm Director: Pedro J Santiago-Borrero, MD
GPO Box 365067
San Juan, PR 00936
Tel: 787 777-3535 *Fax:* 787 751-5812
E-mail: pjsantiago@centennialpr.net
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 327-42-21-065

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: Sandra J Meech, MD*
Multiphasic Building, 1st floor
593 Eddy Street
Providence, RI 02903
Tel: 401 444-5171 *Fax:* 401 444-8845
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 327-43-21-033

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Prgm Director: Julio C Barredo, MD
Room 480 Rutledge Towers
135 Rutledge Avenue
Charleston, SC 29425
Tel: 843 792-2957 *Fax:* 843 792-8012
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 327-45-21-068

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
St Jude Children's Research Hospital
Prgm Director: Jeffrey E Rubnitz, MD, PhD
Department of Hematology-Oncology
332 North Lauderdale
Memphis, TN 38105
Tel: 901 495-2388 *Fax:* 901 521-9005
Length: 3 Yrs *ACGME Approved/Offered Positions:* 11
Program ID: 327-47-31-034

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Prgm Director: James A Whitlock, MD
Div of Ped Hematology-Oncology
397 Preston Research Bldg, 2220 Pierce Avenue
Nashville, TN 37232
Tel: 615 936-1762 *Fax:* 615 936-1767
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 327-47-21-035

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School

Children's Medical Center of Dallas

Prgm Director: Patrick J Leavey, MD*

Department of Pediatrics

5323 Harry Hines Blvd

Dallas, TX 75390

Tel: 214 648-3150 *Fax:* 214 648-3122

E-mail: patrick.leavey@utsouthwestern.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 327-48-21-046

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine

Texas Children's Hospital

Prgm Director: David G Poplack, MD

Texas Children's Hospital

6621 Fannin Street, CC1410.00

Houston, TX 77030

Tel: 832 822-4200 *Fax:* 832 825-4299

Length: 3 Yrs *ACGME Approved/Offered Positions:* 18

Program ID: 327-48-21-037

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston

University of Texas M D Anderson Cancer Center

Prgm Director: Laura L Worth, MD, PhD*

Division of Pediatrics-Unit 853

1515 Holcombe Boulevard

Houston, TX 77030

Tel: 713 563-5404 *Fax:* 713 563-5407

Length: 3 Yrs *ACGME Approved/Offered Positions:* 7

Program ID: 327-48-21-038

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center

Primary Children's Medical Center

Prgm Director: David M Virshup, MD

100 N Medical Drive

Salt Lake City, UT 84113

Tel: 801 585-6902 *Fax:* 801 587-9415

E-mail: david.virshup@hci.utah.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 327-49-21-039

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center

Prgm Director: Nancy L McDaniel, MD

University of Virginia Health System

PO Box 800386

Charlottesville, VA 22908

Tel: 804 924-5105 *Fax:* 804 982-1927

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 327-51-21-069

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine

Children's Hospital and Regional Medical Center

Fred Hutchinson Cancer Research Center

Prgm Director: Irwin D Bernstein, MD

1100 Fairview Avenue N, D2-373

Seattle, WA 98109

Tel: 206 667-4886 *Fax:* 206 667-6084

Length: 3 Yrs *ACGME Approved/Offered Positions:* 9

Program ID: 327-54-21-040

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics

Prgm Director: Carol Diamond, MD

KA/426 CSC

600 Highland Avenue

Madison, WI 53792

Tel: 608 265-5399 *Fax:* 608 265-9721

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 327-56-21-059

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated

Hospitals Inc

Children's Hospital of Wisconsin

Prgm Director: J Paul Scott, MD

MACC Fund Research Center

8701 Watertown Plank Road

Milwaukee, WI 53222

Tel: 414 937-6223 *Fax:* 414 937-3804

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 327-56-21-063

Pediatric Infectious Diseases (Pediatrics)**Alabama****Birmingham****University of Alabama Medical Center Program**

Sponsor: University of Alabama Hospital

Children's Hospital of Alabama

Prgm Director: Suresh B Boppana, MD

CHT 752

1600 7th Avenue South

Birmingham, AL 35233

Tel: 205 996-7765 *Fax:* 205 975-6549

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 335-01-21-001

Arkansas**Little Rock****University of Arkansas for Medical Sciences Program**

Sponsor: University of Arkansas College of Medicine

Arkansas Children's Hospital

Prgm Director: Gordon E Schutze, MD

800 Marshall Street

Little Rock, AR 72202

Tel: 501 364-1416 *Fax:* 501 364-3551

Length: 3 Yrs *ACGME Approved/Offered Positions:* 1

Program ID: 335-04-21-002

California**Los Angeles****Cedars-Sinai Medical Center Program**

Sponsor: Cedars-Sinai Medical Center

Prgm Director: Deborah Lehman, MD*

8700 Beverly Blvd Rm 4221

Los Angeles, CA 90048

Tel: 310 423-4471 *Fax:* 310 423-8284

E-mail: liza.celis@cshs.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 1

Program ID: 335-05-21-066

Childrens Hospital Los Angeles Program

Sponsor: Childrens Hospital Los Angeles

Prgm Director: Wilbert H Mason, MD, MPH

4650 Sunset Boulevard, MS #51

Los Angeles, CA 90027

Tel: 323 669-2509 *Fax:* 323 660-2661

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 335-05-31-004

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen

School of Medicine

UCLA Medical Center

Prgm Director: Paul A Krogstad, MD, MS

10833 Le Conte Avenue

MDCC Room 22-442

Los Angeles, CA 90095

Tel: 310 825-5235 *Fax:* 310 206-4764

Length: 3 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 335-05-11-005

Oakland

Children's Hospital-Oakland Program

Sponsor: Children's Hospital-Oakland
Prgm Director: Brian P Lee, MD*
 747 52nd Street
 Oakland, CA 94609
Tel: 510 428-3336 *Fax:* 510 601-3957
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 335-05-12-006

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
 Children's Hospital and Health Center
Prgm Director: Stephen A Spector, MD
 Stein Clinical Research Building, Room 430
 9500 Gilman Drive, MC 0672
 La Jolla, CA 92093
Tel: 858 534-7170 *Fax:* 858 534-7411
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 335-05-13-007

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
 San Francisco General Hospital Medical Center
 University of California (San Francisco) Medical Center
Prgm Director: Peggy Sue Weintrub, MD
 500 Parnassus Avenue, MU4 East Room 407
 Box 0136
 San Francisco, CA 94143
Tel: 415 476-8016 *Fax:* 415 476-1343
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-05-22-008

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
 Lucile Salter Packard Children's Hospital at Stanford
Prgm Director: Yvonne A Maldonado, MD
 Department of Pediatrics MC 5208
 300 Pasteur Drive
 Stanford, CA 94305
Tel: 650 723-5682 *Fax:* 650 725-8040
Length: 3 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 335-05-23-009

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Margaret A Keller, MD
 1000 W Carson Street, N-25
 Torrance, CA 90509
Tel: 310 222-4175 *Fax:* 310 320-2271
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 335-05-21-010

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
 Children's Hospital (The)
Prgm Director: Myron J Levin, MD
 B055 - 1056 E 19th Avenue
 Denver, CO 80218
Tel: 303 315-4620 *Fax:* 303 837-2707
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 335-07-21-011

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Prgm Director: George Miller, MD
 333 Cedar Street, Box 208064
 New Haven, CT 06520
Tel: 203 785-4758 *Fax:* 203 785-6961
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 335-08-21-012

District of Columbia

Washington

Children's National Medical Center/George Washington University Program

Sponsor: Children's National Medical Center
Prgm Director: Barbara A Jantusch, MD
 111 Michigan Avenue, NW
 Washington, DC 20010
Tel: 202 884-6151 *Fax:* 202 884-3850
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 335-10-21-013

Florida

Jacksonville

University of Florida Health Science Center/Jacksonville at Wolfson Children's Hospital Program

Sponsor: University of Florida College of Medicine at Jacksonville
 Shands Jacksonville Medical Center
 Wolfson Children's Hospital
Prgm Director: Ana M Alvarez, MD
 Pediatrics Dept
 653-1 W 8th St, LRC 3rd FL
 Jacksonville, FL 32209
Tel: 904 244-8251 *Fax:* 904 244-5341
E-mail: denise.bivens@jax.ufl.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-11-21-015

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Charles D Mitchell, MD
 1580 NW 10th Avenue, Room 286
 Batchelor Children's Research Institute
 Miami, FL 33136
Tel: 305 243-2755 *Fax:* 305 243-5562
E-mail: cmitchel@med.miami.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-11-31-064

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
 Children's Healthcare of Atlanta at Egleston
 Grady Health System
Prgm Director: Steven R Nesheim, MD
 Department of Pediatrics
 2040 Ridgewood Road
 Atlanta, GA 30322
Tel: 404 727-5642 *Fax:* 404 727-8249
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-12-21-017

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
 Children's Memorial Hospital
Prgm Director: Stanford T Shulman, MD
 2300 Children's Plaza, Box #20
 Chicago, IL 60614
Tel: 773 880-4187 *Fax:* 773 880-8226
E-mail: sshulman@northwestern.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-16-21-018

University of Chicago Program

Sponsor: University of Chicago Hospitals
 University of Chicago Children's Hospital
Prgm Director: Robert S Daum, MD
 5841 South Maryland Avenue
 (MC 6054)
 Chicago, IL 60637
Tel: 773 702-6176 *Fax:* 773 702-1196
E-mail: rdaum@peds.bsrd.uchicago.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-16-31-019

Kentucky

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
 Kosair Children's Hospital (Norton Healthcare, Inc)
Prgm Director: Gary S Marshall, MD
 571 South Floyd Street, Suite 300
 Louisville, KY 40202
Tel: 502 852-3774 *Fax:* 502 852-3939
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 335-20-21-021

Louisiana

New Orleans

Tulane University Program

Sponsor: Tulane University School of Medicine
 Medical Center of Louisiana at New Orleans
 Tulane Hospital for Children
 Tulane University Hospital and Clinics
Prgm Director: James E Robinson, MD
 1430 Tulane Avenue
 New Orleans, LA 70112
Tel: 504 588-5422 *Fax:* 504 584-2613
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-21-21-022

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Kwang S Kim, MD
600 North Wolfe Street/Park 256
Baltimore, MD 21287
Tel: 410 614-3917 *Fax:* 410 614-1491
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-23-21-023

University of Maryland Program

Sponsor: University of Maryland Medical System
Prgm Director: James P Nataro, MD, MBA
685 West Baltimore Street, Room 480 HSF
Baltimore, MD 21201
Tel: 410 706-5328 *Fax:* 410 706-6205
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-23-31-024

Bethesda**National Capital Consortium Program**

Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Prgm Director: Martin G Ottolini, MD
4301 Jones Bridge Road
Bethesda, MD 20814
Tel: 301 295-9721 *Fax:* 301 295-3808
E-mail: mottolini@usuhs.mil
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 335-10-31-014
US Armed Services Program

Massachusetts**Boston****Children's Hospital/Boston Medical Center Program**

Sponsor: Children's Hospital
Prgm Director: Robert N Husson, MD
300 Longwood Avenue
Enders Building, Enders 761
Boston, MA 02115
Tel: 617 919-2900 *Fax:* 617 730-0254
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 335-24-21-025

Children's Hospital/Boston Medical Center Program A

Sponsor: Children's Hospital
Boston Medical Center
Prgm Director: Stephen I Pelton, MD
1 Boston Medical Center Place
Boston, MA 02118
Tel: 617 534-7408 *Fax:* 617 534-5806
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-24-31-026

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Janet R Gilsdorf, MD
1500 East Medical Center Drive
L2225, Women's/0244
Ann Arbor, MI 48109
Tel: 734 763-2440 *Fax:* 734 936-7635
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 335-25-21-027

Detroit**Wayne State University/Detroit Medical Center/Children's Hospital of Michigan Program**

Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Prgm Director: Basim I Asmar, MD
3901 Beaubien Boulevard
Detroit, MI 48201
Tel: 313 745-5863 *Fax:* 313 993-8846
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 335-25-31-028

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Prgm Director: Patricia Ferrieri, MD
420 Delaware Street SE
MMC-296
Minneapolis, MN 55455
Tel: 612 624-1112 *Fax:* 612 624-8927
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-26-21-029

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
Prgm Director: Thomas G Boyce, MD, MPH
200 First Street SW
Rochester, MN 55905
Tel: 507 255-3464 *Fax:* 507 255-7767
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-26-12-069

Missouri**Kansas City****University of Missouri at Kansas City Program**

Sponsor: University of Missouri-Kansas City School of Medicine
Children's Mercy Hospital
Prgm Director: Denise Bratcher, DO
2401 Gillham Road
Kansas City, MO 64108
Tel: 816 234-3061 *Fax:* 816 346-1328
E-mail: dbratcher@cmh.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-28-31-068

St Louis**Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium
St Louis Children's Hospital
Prgm Director: Joseph W St Geme, MD
One Children's Place
St Louis, MO 63110
Tel: 314 286-2887 *Fax:* 314 286-2895
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 335-28-21-030

Nebraska**Omaha****University of Nebraska Medical Center College of Medicine/Creighton University Program**

Sponsor: University of Nebraska Medical Center College of Medicine
Children's Hospital
Creighton University Medical Center (Tenet - SJH)
Prgm Director: José R Romero, MD
Department of Pediatrics
982165 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-8883 *Fax:* 402 559-9333
E-mail: jromero@unmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-30-21-031

New Jersey**Newark****UMDNJ-New Jersey Medical School Program**

Sponsor: UMDNJ-New Jersey Medical School
Prgm Director: Barry Dashefsky, MD
PO Box 1709, 185 S Orange Avenue
Newark, NJ 07101
Tel: 973 972-5066 *Fax:* 973 972-6443
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-33-21-062

New York**Bronx****Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Prgm Director: Nathan Litman, MD
111 East 210th Street
Department of Pediatrics
Bronx, NY 10467
Tel: 718 741-2470 *Fax:* 718 654-6692
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-35-21-034

Brooklyn**SUNY Health Science Center at Brooklyn Program**

Sponsor: SUNY Health Science Center at Brooklyn Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Margaret R Hammerschlag, MD
450 Clarkson Avenue, Box 49
Brooklyn, NY 11203
Tel: 718 270-3097 *Fax:* 718 270-1985
E-mail: mhammerschlag@pol.net
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 335-35-11-036

Great Neck

North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program

Sponsor: North Shore-Long Island Jewish Health System
Schneider Children's Hospital at Long Island Jewish
Med Ctr
Schneider Children's Hospital at North Shore University
Hosp
Prgm Director: Lorry G Rubin, MD
269-01 76th Avenue
New Hyde Park, NY 11040
Tel: 718 470-3480 *Fax:* 718 470-0887
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 335-35-12-037

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Roberto Posada, MD
One Gustave L Levy Place, Box 1657
New York, NY 10029
Tel: 212 241-1468 *Fax:* 212 426-4813
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 335-35-13-038

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Lisa Saiman, MD, MPH
650 W 168th Street, (PH 4 West Room 470)
New York, NY 10032
Tel: 212 305-9446 *Fax:* 212 305-9491
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-35-21-040

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Joseph J Stavola, MD
525 East 68th Street
Box 296
New York, NY 10021
Tel: 212 746-3326 *Fax:* 212 746-8716
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-35-22-039

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
NYU Hospitals Center
Prgm Director: Henry J Pollack, MD
550 First Avenue
New York, NY 10016
Tel: 212 263-8197 *Fax:* 212 263-7806
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-35-21-065

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of
Rochester
Prgm Director: Mary T Caserta, MD
601 Elmwood Avenue, Box 690
Rochester, NY 14642
Tel: 585 275-5944 *Fax:* 585 273-1104
E-mail: mary_caserta@urmc.rochester.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-35-31-041

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: Lucy R Pontrelli, MD*
Department of Pediatrics
HSC T11 060
Stony Brook, NY 11794
Tel: 631 444-7692 *Fax:* 631 444-7292
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 335-35-31-063

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Crouse Hospital
St Joseph's Hospital Health Center
Prgm Director: Leonard B Weiner, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-6331 *Fax:* 315 464-7564
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 335-35-11-042

North Carolina

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Prgm Director: Coleen K Cunningham, MD
Box 3499, DUMC
2200 West Main St, Suite 200B
Durham, NC 27705
Tel: 919 684-6335 *Fax:* 919 416-9268
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 335-36-31-044

Ohio

Cincinnati

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program

Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Beverly L Connelly, MD
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 636-8492 *Fax:* 513 636-7598
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-38-21-045

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Grace A McComsey, MD
11100 Euclid Avenue
Mail Stop 8A
Cleveland, OH 44106
Tel: 216 884-3645 *Fax:* 216 844-8362
E-mail: mcomsey.grace@clevelandactu.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-38-31-046

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Johanna Goldfarb, MD
9500 Euclid Avenue - Desk A120
Cleveland, OH 44195
Tel: 216 445-6863 *Fax:* 216 445-7792
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 335-38-13-067

Columbus

Children's Hospital/Ohio State University Program

Sponsor: Children's Hospital (Columbus)
Prgm Director: Michael T Brady, MD
Department of Pediatrics
700 Children's Drive, ED 583
Columbus, OH 43205
Tel: 614 722-4451 *Fax:* 614 722-4458
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-38-12-071

Pennsylvania

Philadelphia

Children's Hospital of Philadelphia Program

Sponsor: Children's Hospital of Philadelphia
Prgm Director: Theoklis E Zautis, MD*
34th Street and Civic Center Blvd
Abramson Research Building, Room 1202
Philadelphia, PA 19104
Tel: 267 426-5570 *Fax:* 215 590-0426
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 335-41-21-047

St Christopher's Hospital for Children Program

Sponsor: St Christopher's Hospital for Children (Tenet
Health System)
Prgm Director: Sarah S Long, MD
Erie Avenue at Front Street, Suite 1112
Philadelphia, PA 19134
Tel: 215 427-6204 *Fax:* 215 427-8389
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 335-41-31-048

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical
Education Program
Children's Hospital of Pittsburgh
Prgm Director: Marian G Michaels, MD, MPH
3705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 692-7438 *Fax:* 412 692-8499
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-41-11-049

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
Women and Infants Hospital of Rhode Island
Prgm Director: David L Pugatch, MD
593 Eddy Street
Providence, RI 02903
Tel: 401 444-8360 *Fax:* 401 444-5650
E-mail: DPugatch@Lifespan.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-43-21-050

Tennessee**Memphis****University of Tennessee Program**

Sponsor: University of Tennessee College of Medicine
LeBonheur Children's Medical Center
St Jude Children's Research Hospital
Prgm Director: Jerry Shenep, MD
332 N Lauderdale Street
Memphis, TN 38105
Tel: 901 495-3377 *Fax:* 901 495-3099
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 335-47-21-051

Nashville**Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Prgm Director: Paul W Spearman, MD
Ped ID: D-7235 MCN
1161 21st Ave South
Nashville, TN 37232
Tel: 615 343-5618 *Fax:* 615 343-9723
E-mail: paul.spearman@vanderbilt.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 335-47-31-052

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Prgm Director: George H McCracken, MD
5323 Harry Hines Boulevard
Dallas, TX 75235
Tel: 214 648-3439 *Fax:* 214 648-2961
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-48-21-053

Galveston**University of Texas Medical Branch Hospitals Program**

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Tasnee Chonmaitree, MD
301 University Boulevard
Galveston, TX 77555
Tel: 409 772-2798 *Fax:* 409 747-1753
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-48-31-054

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Texas Children's Hospital
The Woman's Hospital of Texas
Prgm Director: Judith R Campbell, MD
One Baylor Plaza, Room 302A
Houston, TX 77030
Tel: 713 798-4790 *Fax:* 713 798-7249
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 335-48-11-055

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Prgm Director: Thomas G Cleary, MD
Department of Pediatrics - Ped Infectious Diseases
6431 Fannin, JFB 1.739
Houston, TX 77030
Tel: 713 500-5714 *Fax:* 713 500-5688
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 335-48-12-056

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Prgm Director: Andrew T Pavia, MD
50 N Medical Drive
Salt Lake City, UT 84132
Tel: 801 581-6791 *Fax:* 801 585-3789
Length: 3 Yrs
Program ID: 335-49-31-070

Virginia**Norfolk****Eastern Virginia Medical School Program**

Sponsor: Eastern Virginia Medical School
Children's Hospital of the King's Daughters
Sentara Norfolk General Hospital
Prgm Director: Stephen Buescher, MD
855 W Brambleton Avenue
Norfolk, VA 23510
Tel: 757 668-8400 *Fax:* 757 668-6476
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-51-21-058

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
Medical College of Virginia Hospitals
Prgm Director: Beth C Marshall, MD*
1101 East Marshall Street
PO Box 980163
Richmond, VA 23298
Tel: 804 828-1808 *Fax:* 804 827-0575
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 335-51-31-059

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Prgm Director: Craig E Rubens, MD, PhD
4800 Sand Point Way NE, #8G-1
Seattle, WA 98105
Tel: 206 987-2073 *Fax:* 206 987-7311
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 335-54-21-060

Pediatric Nephrology (Pediatrics)**California****Los Angeles****Cedars-Sinai Medical Center Program**

Sponsor: Cedars-Sinai Medical Center
Prgm Director: Elaine S Kamil, MD
8700 Beverly Blvd
Suite 1165 W
Los Angeles, CA 90048
Tel: 310 423-4747 *Fax:* 310 423-1676
E-mail: elaine.kamil@cshs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 328-05-21-052

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Robert B Ettenger, MD
Box 951752
Los Angeles, CA 90095
Tel: 310 206-6987 *Fax:* 310 825-0442
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 328-05-21-002

San Diego**University of California (San Diego) Program**

Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Prgm Director: Jacques M Lemire, MD
9500 Gilman Dr #0831
La Jolla, CA 92093
Tel: 619 543-5218 *Fax:* 619 543-3575
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 328-05-21-047

San Francisco**University of California (San Francisco) Program**

Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Prgm Director: Anthony A Portale, MD
533 Parnassus Avenue, Room U585
San Francisco, CA 94143
Tel: 415 476-2423 *Fax:* 415 476-9976
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 328-05-11-022

Stanford**Stanford University Program**

Sponsor: Stanford University Hospital
Lucile Salter Packard Children's Hospital at Stanford
Prgm Director: Peter D Yorgin, MD
Department of Pediatrics, G306
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 723-7903 *Fax:* 650 498-6714
E-mail: yelnats@stanford.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 328-05-21-029

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Prgm Director: Norman J Siegel, MD
 Department of Pediatrics
 333 Cedar Street, PO Box 208064
 New Haven, CT 06520
Tel: 203 785-4643 *Fax:* 203 785-3462
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 328-08-21-004

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
 Shands Hospital at the University of Florida
Prgm Director: Vikas R Dharnidharka, MD*
 Division of Pediatric Nephrology
 PO Box 100296, JHMHC
 Gainesville, FL 32610
Tel: 352 392-4434 *Fax:* 352 392-7107
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 328-11-31-006

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Gaston E Zilleruelo, MD
 Department of Pediatrics (M-714)
 PO Box 016960
 Miami, FL 33101
Tel: 305 585-6726 *Fax:* 305 585-7025
E-mail: GZilleruelo@med.miami.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 328-11-21-032

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
 Children's Memorial Hospital
Prgm Director: Craig B Langman, MD
 2300 Children's Plaza, Box 37
 Chicago, IL 60614
Tel: 773 327-9930 *Fax:* 773 327-3937
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 328-16-21-030

Louisiana

New Orleans

Tulane University Program

Sponsor: Tulane University School of Medicine
 Medical Center of Louisiana at New Orleans
 Tulane Hospital for Children
Prgm Director: Samir S El-Dahr, MD*
 1430 Tulane Avenue
 Box SL-37
 New Orleans, LA 70112
Tel: 504 988-5377 *Fax:* 504 988-1852
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 328-21-21-009

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Hospital
Prgm Director: Susan L Furth, MD, PhD
 600 N Wolfe Street, Park 335
 Baltimore, MD 21287
Tel: 410 955-2467 *Fax:* 410 614-3680
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 328-23-13-056

Massachusetts

Boston

Children's Hospital/Boston Medical Center Program

Sponsor: Children's Hospital
Prgm Director: William E Harmon, MD
 300 Longwood Avenue
 Boston, MA 02115
Tel: 617 355-6129 *Fax:* 617 730-0569
E-mail: william.harmon@childrens.harvard.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 328-24-11-010

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: Julie R Ingelfinger, MD
 WACC 709
 15 Parkman Street
 Boston, MA 02114
Tel: 617 726-2908 *Fax:* 617 726-3044
E-mail: jingelfinger@partners.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 328-24-21-048

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: David B Kershaw, MD
 Mott F6885/0297
 1521 Simpson Road East
 Ann Arbor, MI 48109
Tel: 734 936-4210 *Fax:* 734 763-6997
E-mail: dkershaw@umich.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 328-25-21-034

Detroit

Wayne State University/Detroit Medical Center/Children's Hospital of Michigan Program

Sponsor: Wayne State University/Detroit Medical Center
 Children's Hospital of Michigan
Prgm Director: Tej K Mattoo, MD
 3901 Beaubien Boulevard
 Detroit, MI 48201
Tel: 313 745-5604 *Fax:* 313 966-0039
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 328-25-31-068

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School
 Fairview-University Medical Center
Prgm Director: Clifford E Kashtan, MD
 Department of Pediatrics
 420 Delaware Street SE, Mayo Mail Code 491
 Minneapolis, MN 55455
Tel: 612 626-2922 *Fax:* 612 626-2791
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 328-26-21-035

Missouri

Kansas City

University of Missouri at Kansas City Program

Sponsor: University of Missouri-Kansas City School of Medicine
 Children's Mercy Hospital
Prgm Director: Uri S Alon, MD
 2401 Gillham Road
 Kansas City, MO 64108
Tel: 816 234-3010 *Fax:* 816 234-3494
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 328-28-11-038

St Louis

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
 St Louis Children's Hospital
Prgm Director: Stanley P Hmiel, MD, PhD
 Suite 11W 32, St Louis Children's Hospital
 One Children's Place
 St Louis, MO 63110
Tel: 314 454-6043 *Fax:* 314 454-4283
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 328-28-21-031

New York

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Frederick J Kaskel, MD, PhD
 Division of Pediatric Nephrology
 111 E 210th Street
 Bronx, NY 10467
Tel: 718 655-1120 *Fax:* 718 652-3136
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 328-35-21-011

Brooklyn

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
 University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Morris J Schoeneman, MD
 450 Clarkson Avenue, Box 49
 Brooklyn, NY 11203
Tel: 718 270-1626
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 328-35-21-012

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
Kaleida Health System (Women and Children's Hosp of Buffalo)
Prgm Director: Wayne R Waz, MD
219 Bryant Street
Buffalo, NY 14222
Tel: 716 878-7275 *Fax:* 716 888-3801
E-mail: wwaz@upa.chob.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 328-35-21-024

New York**Mount Sinai School of Medicine Program**

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Lisa M Satlin, MD
One Gustave L Levy Place, Box 1664
New York, NY 10029
Tel: 212 241-6187 *Fax:* 212 426-1972
E-mail: lisa.satlin@mssm.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 328-35-31-051

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Valerie L Johnson, MD, PhD
525 East 68th Street
Room N-0008
New York, NY 10021
Tel: 212 746-3260 *Fax:* 212 746-8861
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 328-35-31-049

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: William S Varade, MD
601 Elmwood Avenue, Box 777
Rochester, NY 14642
Tel: 585 275-9784 *Fax:* 585 756-8054
E-mail: william_varade@urmc.rochester.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 328-35-21-050

Stony Brook**SUNY at Stony Brook Program**

Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: Dilys A Whyte, MD
Dept of Pediatrics, HSC T-11
Stony Brook, NY 11794
Tel: 631 444-7884 *Fax:* 631 444-7865
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 328-35-21-033

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
Prgm Director: Debbie S Gipson, MD, MSPH
Division of Nephrology and Hypertension
CB #7155; 349 MacNider Building
Chapel Hill, NC 27599
Tel: 919 966-2561 *Fax:* 919 966-4251
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 328-36-22-070

Ohio**Cincinnati****Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program**

Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: John J Bissler, MD
3333 Burnet Avenue
MLC 7022 Nephrology
Cincinnati, OH 45229
Tel: 513 636-4531 *Fax:* 513 636-7407
E-mail: john.bissler@cchmc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 328-38-21-015

Cleveland**Case Western Reserve University/University Hospitals of Cleveland Program**

Sponsor: University Hospitals of Cleveland
Prgm Director: Ira D Davis, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-1389 *Fax:* 216 844-8977
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 328-38-21-054

Columbus**Children's Hospital/Ohio State University Program**

Sponsor: Children's Hospital (Columbus)
Prgm Director: John D Mahan, MD
700 Children's Drive
Columbus, OH 43205
Tel: 614 722-4360 *Fax:* 614 722-6482
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 328-38-11-069

Pennsylvania**Philadelphia****Children's Hospital of Philadelphia Program**

Sponsor: Children's Hospital of Philadelphia
Prgm Director: Kevin Meyers, MD*
Division of Nephrology
34th Street & Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 590-2449 *Fax:* 215 590-3705
E-mail: meyersk@email.chop.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 328-41-21-025

Tennessee**Memphis****University of Tennessee Program**

Sponsor: University of Tennessee College of Medicine
LeBonheur Children's Medical Center
Prgm Director: Robert J Wyatt, MD, MS
50 N Dunlap, Room 301
Memphis, TN 38103
Tel: 901 572-5376 *Fax:* 901 572-5036
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 328-47-31-018

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Prgm Director: Michel G Baum, MD
5323 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-3438 *Fax:* 214 648-2034
E-mail: michel.baum@utsouthwestern.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 328-48-21-019

Galveston**University of Texas Medical Branch Hospitals Program**

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Alok Kalia, MD
Children's Hosp, Dept of Pediatrics
301 University Blvd
Galveston, TX 77555
Tel: 409 772-2538 *Fax:* 409 772-5293
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 328-48-11-020

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
Texas Children's Hospital
Prgm Director: Eileen D Brewer, MD
One Baylor Plaza
Houston, TX 77030
Tel: 832 824-3800 *Fax:* 832 825-3889
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 328-48-21-026

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
Prgm Director: Ronald J Portman, MD
6431 Fannin Street, MSB 3.124
Houston, TX 77030
Tel: 713 500-5670 *Fax:* 713 500-5680
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 328-48-21-041

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: Victoria F Norwood, MD
Children's Medical Center
PO Box 800386
Charlottesville, VA 22908
Tel: 434 924-2096 *Fax:* 434 924-5505
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 328-51-11-027

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center

Prgm Director: Allison A Eddy, MD
Division of Nephrology, Room M112
4800 Sand Point Way NE

Seattle, WA 98105

Tel: 206 987-2524 *Fax:* 206 987-2636

E-mail: mary.caverly@seattlechildrens.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 328-54-21-042

Pediatric Orthopaedics (Orthopaedic Surgery)

California

Los Angeles

Orthopaedic Hospital Program

Sponsor: Orthopaedic Hospital
Prgm Director: M Mark Hoffer, MD

2300 S Flower Street, Suite 200

Los Angeles, CA 90007

Tel: 213 742-6527

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 265-05-21-043

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Connecticut Children's Medical Center

Prgm Director: Jeffrey Thomson, MD

282 Washington Street

Hartford, CT 06106

Tel: 860 545-8643

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 265-08-21-020

Delaware

Wilmington

duPont Hospital for Children Program

Sponsor: Alfred I duPont Hospital for Children

Prgm Director: William G Mackenzie, MD

1600 Rockland Road

PO Box 269

Wilmington, DE 19899

Tel: 302 651-5890

Length: 1 Yr *ACGME Approved/Offered Positions:* 3

Program ID: 265-09-31-004

Florida

Jacksonville

Nemours Children's Clinic Program

Sponsor: Nemours Children's Clinic

Prgm Director: R Jay Cummings, MD

807 Children's Way

Jacksonville, FL 32207

Tel: 904 390-3670 *Fax:* 904 390-3689

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 265-11-31-026

Orlando

Orlando Regional Healthcare Program

Sponsor: Orlando Regional Healthcare
Arnold Palmer Hospital for Children and Women

Nemours Children's Clinic

Orlando Regional Medical Center

Prgm Director: Charles T Price, MD

Division of Pediatric Orthopaedics

83 W Columbia St

Orlando, FL 32806

Tel: 407 650-7518 *Fax:* 407 650-7550

E-mail: gsouza@nemours.org

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 265-11-11-037

Tampa

Shriners Hospitals for Children (Tampa) Program

Sponsor: Shriners Hospitals for Children (Tampa)

Prgm Director: Dennis P Grogan, MD

12502 Pine Drive

Tampa, FL 33612

Tel: 813 975-7130 *Fax:* 813 975-7129

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 265-11-31-035

Georgia

Atlanta

Children's Healthcare of Atlanta Scottish Rite Program

Sponsor: Children's Healthcare of Atlanta

Prgm Director: John S Blanco, MD*

5445 Meridian Mark Road

Suite 250

Atlanta, GA 30342

Tel: 404 255-1933 *Fax:* 404 256-7924

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 265-12-21-022

Hawaii

Honolulu

Shriners Hospitals for Children (Honolulu) Program

Sponsor: Shriners Hospitals for Children (Honolulu)

Prgm Director: Ellen M Raney, MD

1310 Punahou Street

Honolulu, HI 96826

Tel: 808 951-3638 *Fax:* 808 942-8573

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 265-14-21-020

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern
University

Children's Memorial Hospital

Prgm Director: John Sarwark, MD

2300 Children's Plaza, Box 69

Chicago, IL 60614

Tel: 773 327-1233 *Fax:* 773 327-1166

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 265-16-21-019

Kentucky**Lexington****Shriners Hospital for Children Program**

Sponsor: Shriners Hospitals for Children (Lexington) University of Kentucky Hospital
Prgm Director: Chester M Tylkowski, MD
 1900 Richmond Road
 Lexington, KY 40502
Tel: 859 266-2101 *Fax:* 859 268-5636
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 265-20-31-041

Louisiana**New Orleans****Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine Children's Hospital
Prgm Director: Andrew G King, MD*
 200 Henry Clay Avenue
 New Orleans, LA 70118
Tel: 504 896-9569 *Fax:* 504 896-9849
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 265-21-21-016

Massachusetts**Boston****Children's Hospital Program**

Sponsor: Children's Hospital
Prgm Director: James R Kasser, MD
 Department of Orthopaedic Surgery
 300 Longwood Avenue
 Boston, MA 02115
Tel: 617 355-6617 *Fax:* 617 730-0465
E-mail: james.kasser@childrens.harvard.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 265-24-21-008

Missouri**St Louis****Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium Shriners Hospitals for Children (St Louis) St Louis Children's Hospital
Prgm Director: Perry L Schoenecker, MD
 2001 South Lindbergh Blvd
 St Louis, MO 63131
Tel: 314 872-7824 *Fax:* 314 872-7808
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 265-28-21-006

New York**New York****Hospital for Special Surgery/Cornell Medical Center Program**

Sponsor: Hospital for Special Surgery New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Roger Widmann, MD*
 535 E 70th Street
 New York, NY 10021
Tel: 212 606-1466 *Fax:* 212 606-1477
E-mail: academictraining@hss.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 265-35-12-024

New York University School of Medicine/Hospital for Joint Diseases Orthopaedic Institute Program

Sponsor: New York University School of Medicine Hospital for Joint Diseases Orthopaedic Institute
Prgm Director: Wallace B Lehman, MD
 301 East 17th Street
 New York, NY 10003
Tel: 212 598-6403 *Fax:* 212 598-6084
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 265-35-12-007

Ohio**Cincinnati****Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program**

Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Alvin H Crawford, MD
 3333 Burnet Avenue
 MLC 2017
 Cincinnati, OH 45229
Tel: 513 636-4785 *Fax:* 513 636-3928
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 265-38-21-039

Columbus**Children's Hospital/Ohio State University Program**

Sponsor: Children's Hospital (Columbus)
Prgm Director: Martin Toreh, MD
 700 Children's Drive
 Columbus, OH 43205
Tel: 614 722-3390 *Fax:* 614 722-3373
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 265-38-22-044

Oregon**Portland****Shriners Hospitals for Children (Portland) Program**

Sponsor: Shriners Hospitals for Children (Portland)
Prgm Director: J Ivan Krajbich, MD
 3101 SW Sam Jackson Park Road
 Portland, OR 97239
Tel: 503 221-3424 *Fax:* 503 221-3490
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 265-40-21-005

Pennsylvania**Philadelphia****Children's Hospital of Philadelphia Program**

Sponsor: Children's Hospital of Philadelphia Children's Seashore House
Prgm Director: John P Dormans, MD
 34th Street and Civic Center Boulevard
 2nd Floor Wood Building
 Philadelphia, PA 19104
Tel: 215 590-1527 *Fax:* 215 590-1101
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 265-41-21-040

Tennessee**Memphis****University of Tennessee Program**

Sponsor: University of Tennessee College of Medicine Campbell Clinic - University of Tennessee LeBonheur Children's Medical Center
Prgm Director: James H Beaty, MD
 1211 Union Ave
 Suite 510
 Memphis, TN 38104
Tel: 901 759-3274 *Fax:* 901 759-3278
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 265-47-21-034

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School Children's Medical Center of Dallas Texas Scottish Rite Hospital for Children
Prgm Director: John A Herring, MD
 2222 Welborn Street
 Dallas, TX 75219
Tel: 214 559-7556 *Fax:* 214 559-7570
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 265-48-21-013

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine Shriners Hospitals for Children (Houston) Texas Children's Hospital
Prgm Director: Richard J Haynes, MD
 6977 Main Street
 Houston, TX 77030
Tel: 713 793-3776 *Fax:* 713 793-3779
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 265-48-31-002

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center Primary Children's Medical Center Shriners Hospital for Children (Intermountain Unit)
Prgm Director: Peter M Stevens, MD
 100 North Medical Drive, Suite 4550
 Salt Lake City, UT 84113
Tel: 801 588-3900 *Fax:* 801 588-3918
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 265-49-31-015

Pediatric Otolaryngology (Otolaryngology)

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Richard J H Smith, MD
Head and Neck Surgery 21151 PFP
Iowa City, IA 52242
Tel: 319 356-3612 *Fax:* 319 356-4547
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 288-18-21-003

Ohio

Cincinnati

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program

Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Jay Paul Willging, MD
3333 Burnet Avenue ML 2018
Cincinnati, OH 45229
Tel: 513 636-2287 *Fax:* 513 636-8133
E-mail: PedENTfellowship@cehmcc.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 288-38-21-004

Pennsylvania

Philadelphia

Children's Hospital of Philadelphia Program

Sponsor: Children's Hospital of Philadelphia
University of Pennsylvania Health System
Prgm Director: Ralph F Wetmore, MD
34th Street & Civic Center Boulevard
ENT, 1 Wood Center
Philadelphia, PA 19104
Tel: 215 590-1582 *Fax:* 215 590-3986
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 288-41-13-006

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical
Education Program
Children's Hospital of Pittsburgh
Prgm Director: Margaretha L Casselbrant, MD, PhD
Department of Pediatric Otolaryngology
3705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 692-8577 *Fax:* 412 692-6074
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 288-41-21-001

Texas

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Texas Children's Hospital
Prgm Director: Carla M Giannoni, MD
Texas Children's Hospital
6701 Fannin, Suite 610.22
Houston, TX 77030
Tel: 832 822-3267 *Fax:* 832 825-3251
E-mail: giannoni@bcm.tmc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 288-48-21-005

Pediatric Pathology (Pathology)

California

Los Angeles

Childrens Hospital Los Angeles Program

Sponsor: Childrens Hospital Los Angeles
Prgm Director: Paul Pattengale, MD
4650 Sunset Boulevard
Los Angeles, CA 90027
Tel: 323 669-5608 *Fax:* 323 668-1047
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 316-05-21-029

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Prgm Director: Joel E Haas, MD
1056 E 19th Avenue
Department of Pathology B-120
Denver, CO 80218
Tel: 303 861-6718 *Fax:* 303 831-4112
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 316-07-21-022

Connecticut

Hartford

Hartford Hospital Program

Sponsor: Hartford Hospital
Prgm Director: Fabiola Balarezo, MD
80 Seymour Street
PO Box 5037
Hartford, CT 06102
Tel: 860 545-2249 *Fax:* 860 545-2204
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 316-08-21-023

Florida

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health
System
Prgm Director: Maria M Rodriguez, MD
1611 NW 12th Avenue
Department of Pathology
Miami, FL 33136
Tel: 305 585-6637 *Fax:* 305 585-5311
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 316-11-21-026

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
All Children's Hospital
Tampa General Hospital
Prgm Director: Enid Gilbert-Barnes, MD
PO Box 1289
2 Columbia Drive
Tampa, FL 33606
Tel: 813 844-7565
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 316-11-21-015

Illinois**Chicago****McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern University
 Children's Memorial Hospital
 Northwestern Memorial Hospital
Prgm Director: Pauline Chou, MD
 Department of Pathology and Laboratory Medicine
 2300 Children's Plaza, Box 17
 Chicago, IL 60614
Tel: 773 880-4439 *Fax:* 773 880-8127
E-mail: pchou@childrensmemorial.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 316-16-21-024

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
 Clarian Indiana University Hospital
 Clarian Riley Hospital for Children
Prgm Director: Mary M Davis, MD, MS
 702 Barnhill Drive, Room 2536
 Indianapolis, IN 46202
Tel: 317 274-2616 *Fax:* 317 274-2810
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 316-17-21-002

Louisiana**New Orleans****Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine
 Children's Hospital
Prgm Director: Randall Craver, MD
 1901 Perdido Street
 New Orleans, LA 70112
Tel: 504 896-8815
E-mail: rcrave@lsuhsc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 316-21-21-001

Massachusetts**Boston****Children's Hospital Program**

Sponsor: Children's Hospital
 Brigham and Women's Hospital
Prgm Director: Antonio R Perez-Atayde, MD
 300 Longwood Avenue
 Bader 1
 Boston, MA 02115
Tel: 617 355-7431
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 316-24-21-017

Michigan**Detroit****Wayne State University/Detroit Medical Center Program**

Sponsor: Wayne State University/Detroit Medical Center
 Children's Hospital of Michigan
Prgm Director: David J Grignon, MD
 Department of Pathology
 3901 Beaubien Boulevard
 Detroit, MI 48201
Tel: 313 745-5491
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 316-25-21-004

Missouri**Kansas City****Children's Mercy Hospital Program**

Sponsor: Children's Mercy Hospital
Prgm Director: David L Zwick, MD
 2401 Gillham Road
 Kansas City, MO 64108
Tel: 816 234-3234 *Fax:* 816 802-1492
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 316-28-13-028

St Louis**St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine
 Cardinal Glennon Children's Hospital
Prgm Director: Cirilo Sotelo-Avila, MD
 1465 South Grand Boulevard
 St Louis, MO 63104
Tel: 314 268-6424 *Fax:* 314 268-6471
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 316-28-21-008

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
Prgm Director: Louis P Dehner, MD
 One Barnes Hospital Plaza
 MS 90-23-357
 St Louis, MO 63110
Tel: 314 362-0150 *Fax:* 314 362-0327
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 316-28-21-019

New York**Brooklyn****SUNY Health Science Center at Brooklyn Program**

Sponsor: SUNY Health Science Center at Brooklyn
 Kings County Hospital Center
 University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Virginia M Anderson, MD
 450 Clarkson, Box 25
 Brooklyn, NY 11203
Tel: 718 270-1294 *Fax:* 718 270-3313
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 316-35-31-018

New York**New York University School of Medicine Program**

Sponsor: New York University School of Medicine
Prgm Director: M Alba Greco, MD
 TH 461
 560 First Avenue
 New York, NY 10016
Tel: 212 263-6443 *Fax:* 212 263-8994
E-mail: mag10@nyu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 316-35-21-007

Ohio**Akron****Children's Hospital Medical Center of Akron/NEOUCOM Program**

Sponsor: Children's Hospital Medical Center of Akron
Prgm Director: Dimitris P Agamanolis, MD
 Department of Pathology
 One Perkins Square
 Akron, OH 44308
Tel: 330 543-8219
E-mail: dagamanolis@chmca.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 316-38-31-012

Cincinnati**Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program**

Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Margaret H Collins, MD
 Department of Pathology, MLC 1010
 3333 Burnet Avenue
 Cincinnati, OH 45228
Tel: 513 636-4261 *Fax:* 513 636-3924
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 316-38-21-021

Columbus**Children's Hospital/Ohio State University Program**

Sponsor: Children's Hospital (Columbus)
Prgm Director: Samir Kahwash, MD*
 700 Children's Drive
 Anatomic Pathology
 Columbus, OH 43205
Tel: 614 722-5427 *Fax:* 614 722-2899
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 316-38-21-010

Pennsylvania**Philadelphia****Children's Hospital of Philadelphia Program**

Sponsor: Children's Hospital of Philadelphia
Prgm Director: Eduardo D Ruchelli, MD
 324 S 34th Street
 Department of Pathology, Room 5206
 Philadelphia, PA 19104
Tel: 215 590-1728 *Fax:* 215 590-1736
E-mail: ruchelli@email.chop.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 316-41-31-014

St Christopher's Hospital for Children Program

Sponsor: St Christopher's Hospital for Children (Tenet Health System)
Prgm Director: Judy Mae Pascasio, MD
Erie Avenue at Front Street
Philadelphia, PA 19134
Tel: 215 427-5272 *Fax:* 215 427-4284
E-mail: judy.pascasio@drexel.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 316-41-21-013

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh Magee-Women's Hospital
Prgm Director: Ronald Jaffe, MD
3705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 692-5655 *Fax:* 412 692-6550
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 316-41-11-016

Rhode Island

Providence

Brown University Program

Sponsor: Women and Infants Hospital of Rhode Island
Rhode Island Hospital-Lifespan
Prgm Director: M Halit Pinar, MD
101 Dudley Street
Providence, RI 02905
Tel: 401 274-1122 *Fax:* 401 453-7681
E-mail: Halit_Pinar@brown.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 316-43-21-005

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
LeBonheur Children's Medical Center
St. Jude Children's Research Hospital
Prgm Director: Olga Lasater, MD
Pathology Department
50 North Dunlap
Memphis, TN 38103
Tel: 901 572-3213 *Fax:* 901 572-3214
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 316-47-31-033

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Prgm Director: Beverly B Rogers, MD
1935 Motor Street
Dallas, TX 75235
Tel: 214 456-2085 *Fax:* 214 456-6199
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 316-48-21-003

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Texas Children's Hospital
Prgm Director: Edwina J Popek, DO
Department of Pathology, MC 1-2261
6621 Fannin Street
Houston, TX 77030
Tel: 832 824-1870 *Fax:* 832 825-1032
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 316-48-31-009

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
Christus Santa Rosa Health Care Corporation
Prgm Director: Victor A Saldivar, MD
333 N Santa Rosa Street
San Antonio, TX 78207
Tel: 210 704-2306
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 316-48-21-020

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Prgm Director: Cheryl Coffin, MD
100 North Medical Drive
Salt Lake City, UT 84132
Tel: 801 588-3120 *Fax:* 801 588-3169
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 316-49-22-032

Washington

Seattle

Children's Hospital and Medical Center (Seattle) Program

Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Prgm Director: Laura Finn, MD
4800 Sand Point Way, NE
Seattle, WA 98105
Tel: 206 987-2103
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 316-54-11-031

Pediatric Pulmonology (Pediatrics)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Prgm Director: Raymond K Lyrene, MD
1600 7th Avenue South
Suite 620 ACC
Birmingham, AL 35233
Tel: 205 939-9583 *Fax:* 205 975-5983
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-01-21-001

Arizona

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
Tucson Medical Center
University Medical Center
Prgm Director: John D Mark, MD
Box 245073
1501 N Campbell Avenue
Tucson, AZ 85724
Tel: 520 626-7780 *Fax:* 520 626-9465
E-mail: jmark@ahsc.arizona.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-03-21-002

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Prgm Director: John L Carroll, MD
Departments of Pediatrics and Physiology
800 Marshall Street, Slot 512-17
Little Rock, AR 72202
Tel: 501 364-1006 *Fax:* 501 364-3930
Length: 3 Yrs
Program ID: 330-04-31-057

California

Los Angeles

Childrens Hospital Los Angeles Program

Sponsor: Childrens Hospital Los Angeles
Prgm Director: Thomas G Keens, MD
Division of Pediatric Pulmonology
4650 Sunset Blvd, Box #83
Los Angeles, CA 90027
Tel: 323 669-2101 *Fax:* 323 664-9758
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 330-05-21-004

Oakland**Children's Hospital-Oakland Program**

Sponsor: Children's Hospital-Oakland
Prgm Director: Karen A Hardy, MD
 747 52nd Street
 Oakland, CA 94609
Tel: 510 428-3305 *Fax:* 510 597-7154
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 330-05-13-055

Orange**University of California (Irvine) Program**

Sponsor: University of California (Irvine) Medical Center
 Long Beach Memorial Medical Center
 Miller Children's Hospital
Prgm Director: Eliezer Nussbaum, MD
 2801 Atlantic Avenue
 Long Beach, CA 90806
Tel: 562 933-8740 *Fax:* 562 933-8744
E-mail: enussbaum@memorialcare.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-05-21-003

San Francisco**University of California (San Francisco) Program**

Sponsor: University of California (San Francisco) School of Medicine
 University of California (San Francisco) Medical Center
Prgm Director: Dennis W Nielson, MD, PhD
 521 Parnassus Avenue, C344
 Box 0632
 San Francisco, CA 94143
Tel: 415 476-2072 *Fax:* 415 476-9278
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-05-21-005

Colorado**Denver****University of Colorado Program**

Sponsor: University of Colorado School of Medicine
 Children's Hospital (The)
Prgm Director: Robin R Deterding, MD
 1056 E 19th Avenue (B395)
 Denver, CO 80218
Tel: 303 837-2522 *Fax:* 303 837-2024
E-mail: bialkowski.michele@tchden.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-07-21-008

Connecticut**Farmington****University of Connecticut Program**

Sponsor: University of Connecticut School of Medicine
 Connecticut Children's Medical Center
Prgm Director: Karen L Daigle, MD
 282 Washington Street
 Hartford, CT 06106
Tel: 860 545-0440 *Fax:* 860 545-0445
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 330-08-21-007

New Haven**Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
Prgm Director: Alia Bazyz-Asaad, MD
 Fitkin Bldg-Room 509
 333 Cedar Street
 New Haven, CT 06520
Tel: 203 785-2480 *Fax:* 203 785-6337
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-08-21-014

District of Columbia**Washington****Children's National Medical Center/George Washington University Program**

Sponsor: Children's National Medical Center
Prgm Director: Iman R Sami-Zakhari, MD
 111 Michigan Avenue, NW
 Washington, DC 20010
Tel: 202 884-5718 *Fax:* 202 884-5864
E-mail: isami@cnmc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 330-10-21-049

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine
 Shands Hospital at the University of Florida
Prgm Director: Sarah E Chesrown, MD, PhD
 Department of Pediatrics
 PO Box 100296 HSC
 Gainesville, FL 32610
Tel: 352 392-4458 *Fax:* 352 392-4450
E-mail: chesrse@peds.ufl.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-11-21-017

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Henry Gelband, MD*
 Batchelor Children's Research Institute
 1st Floor (D-820)
 Miami, FL 33136
Tel: 305 243-3176 *Fax:* 305 243-1262
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-11-21-054

Illinois**Chicago****McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern University
 Children's Memorial Hospital
Prgm Director: Oren J Lakser, MD
 Div of Pulmonary/Critical Care #73
 2300 Children's Plaza #43
 Chicago, IL 60614
Tel: 773 880-8150 *Fax:* 773 880-6300
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-16-21-052

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
 Clarian Riley Hospital for Children
Prgm Director: Michelle S Howenstine, MD*
 702 Barnhill Drive, Room ROC 4270
 Indianapolis, IN 46202
Tel: 317 274-7368 *Fax:* 317 274-0508
E-mail: mhowenst@iupui.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-17-21-016

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Miles M Weinberger, MD
 Pediatric Department-JCP
 Iowa City, IA 52242
Tel: 319 356-3485 *Fax:* 319 356-7171
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 330-18-21-013

Louisiana**New Orleans****Tulane University Program**

Sponsor: Tulane University School of Medicine
 Tulane Hospital for Children
Prgm Director: Robert C Beckerman, MD
 Department of Pediatrics, SL37
 1430 Tulane Avenue
 New Orleans, LA 70112
Tel: 504 988-5601 *Fax:* 504 988-5490
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-21-21-012

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Hospital
Prgm Director: Pamela L Zeitlin, MD, PhD
 600 N Wolfe Street, Park 316
 Baltimore, MD 21287
Tel: 410 955-4022 *Fax:* 410 955-1030
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 330-23-21-015

Massachusetts**Boston****Children's Hospital/Boston Medical Center Program**

Sponsor: Children's Hospital
Prgm Director: Debra M Boyer, MD*
 300 Longwood Avenue
 Boston, MA 02115
Tel: 617 355-6105 *Fax:* 617 730-0084
E-mail: donna.giromini@childrens.harvard.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 330-24-21-009

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: Kenan Haver, MD*
 55 Fruit Street - VBK615E
 Boston, MA 02114
Tel: 617 724-2872 *Fax:* 617 726-2049
E-mail: edonovan@partners.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-24-21-036

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Marc B Hershenson, MD
 1500 E Medical Center Drive
 L2221 Women's/Box 0212
 Ann Arbor, MI 48109
Tel: 734 764-9580 *Fax:* 734 764-3200
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-25-21-010

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School
 Fairview-University Medical Center
Prgm Director: Warren E Regelman, MD
 MMC 742
 420 Delaware Street, SE
 Minneapolis, MN 55455
Tel: 612 626-2916 *Fax:* 612 626-0413
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-26-21-018

Missouri

St Louis

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
 St Louis Children's Hospital
Prgm Director: Thomas Ferkol, MD
 St Louis Children's Hospital
 One Children's Place
 St Louis, MO 63110
Tel: 314 454-2684 *Fax:* 314 454-2515
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 330-28-21-020

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
 University of New Mexico Health Sciences
Prgm Director: Lea Davies, MD*
 Pediatric Pulmonary MSC10-5590
 1 University of New Mexico
 Albuquerque, NM 87131
Tel: 505 272-0330
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-34-21-039

New York

Brooklyn

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
 Kings County Hospital Center
 University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Madu Rao, MD
 Pediatric Department Box 49
 450 Clarkson Avenue
 Brooklyn, NY 11203
Tel: 718 270-1524
E-mail: madurao@pol.net
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 330-35-21-021

Mineola

Winthrop-University Hospital Program

Sponsor: Winthrop-University Hospital
Prgm Director: Scott Schroeder, MD
 222 Station Plaza North, Suite 408
 Mineola, NY 11501
Tel: 516 663-4937 *Fax:* 516 663-3826
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 330-35-21-050

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
 Mount Sinai Medical Center
Prgm Director: Meyer Kattan, MD
 One Gustave L Levy Place
 Box 1202B
 New York, NY 10029
Tel: 212 241-7788 *Fax:* 212 876-3255
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 330-35-32-042

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Michael R Bye, MD
 3959 Broadway, BHS 7
 Children's Lung Center
 New York, NY 10032
Tel: 212 305-4519 *Fax:* 212 305-6103
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-35-21-040

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Gerald M Loughlin, MD, MS
 525 East 68th Street, Box 586
 New York, NY 10021
Tel: 212 746-4111 *Fax:* 212 746-8117
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-35-31-051

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Clement L Ren, MD
 601 Elmwood Avenue, Box 667
 Rochester, NY 14642
Tel: 585 275-2464 *Fax:* 585 275-8706
E-mail: shelley_weekes@urmc.rochester.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 330-35-21-023

Valhalla

New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College
 Westchester Medical Center
Prgm Director: Allen J Dozor, MD
 Munger Pavilion, Room 106
 Valhalla, NY 10595
Tel: 914 493-7585 *Fax:* 914 594-4336
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 330-35-31-041

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Terry L Noah, MD
 Department of Pediatrics
 5th Floor Bioinformatics, CB# 7220
 Chapel Hill, NC 27599
Tel: 919 966-1055
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 330-36-21-019

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Prgm Director: Judith A Voynow, MD*
 Box 2994
 Durham, NC 27710
Tel: 919 684-6127 *Fax:* 919 684-2292
E-mail: voyno001@mc.duke.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-36-21-044

Ohio

Cincinnati

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program

Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Barbara A Chini, MD
 3333 Burnet Avenue, C 5, MLC 2021
 Cincinnati, OH 45229
Tel: 513 636-6771 *Fax:* 513 636-4615
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 330-38-21-026

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: James F Chmiele, MD, MPH
 Pediatric Pulmonology - MS #6006
 11100 Euclid Avenue
 Cleveland, OH 44106
Tel: 216 844-3267 *Fax:* 216 844-5916
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 330-38-21-027

Columbus**Children's Hospital/Ohio State University Program**

Sponsor: Children's Hospital (Columbus)
Ohio State University Hospital
Prgm Director: Karen S McCoy, MD
700 Children's Drive, ED-442
Columbus, OH 43206
Tel: 614 722-4766 *Fax:* 614 722-4755
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 330-38-21-043

Oregon**Portland****Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital
Prgm Director: Michael R Powers, MD
707 SW Gaines Road
Mail Code CDRCP
Portland, OR 97239
Tel: 503 494-8023 *Fax:* 503 494-8898
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 330-40-21-025

Pennsylvania**Philadelphia****Children's Hospital of Philadelphia Program**

Sponsor: Children's Hospital of Philadelphia
Prgm Director: Daniel J Weiner, MD*
34th Street & Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 590-3749 *Fax:* 215 590-3500
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 330-41-21-034

St Christopher's Hospital for Children Program

Sponsor: St Christopher's Hospital for Children (Tenet Health System)
Prgm Director: Suzanne E Beck, MD
Erie Avenue at Front Street
Philadelphia, PA 19134
Tel: 215 427-3908 *Fax:* 215 427-4621
E-mail: seb35@drexel.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-41-21-033

Pittsburgh**University of Pittsburgh Medical Center Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Prgm Director: Geoffrey Kurland, MD
One Children's Place
3705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 692-5630
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 330-41-21-035

Texas**Houston****Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
Texas Children's Hospital
Prgm Director: Christopher M Oermann, MD
Pediatric Pulmonology
6621 Fannin, CCC Suite 1040.00
Houston, TX 77030
Tel: 832 822-3300 *Fax:* 832 825-3308
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 330-48-21-029

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
Prgm Director: Giuseppe N Colasurdo, MD
6431 Fannin, MSB 3.228
Houston, TX 77030
Tel: 713 500-5650 *Fax:* 713 500-0653
E-mail: Sheila.R.Donnell@uth.tmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-48-21-056

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: Benjamin M Gaston, MD
Pediatric Respiratory Medicine
PO Box 800386
Charlottesville, VA 22908
Tel: 804 924-1820 *Fax:* 804 243-6618
Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 330-51-21-053

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
University of Washington Medical Center
Prgm Director: Gregory J Redding, MD
Department of Pediatrics
Box 359300, 3D-4
Seattle, WA 98195
Tel: 206 987-2174 *Fax:* 206 987-2639
E-mail: hotly.kaopuiki@seattlechildrens.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-54-21-031

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
Prgm Director: Marzena E Krawiec, MD
Room K4/946
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-8555 *Fax:* 608 263-0510
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 330-56-21-030

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Prgm Director: William M Gershan, MD
9000 West Wisconsin Avenue
MS 777A
Milwaukee, WI 53226
Tel: 414 266-6730 *Fax:* 414 266-6742
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 330-56-21-047

Pediatric Radiology (Radiology-Diagnostic)

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
University Hospital of Arkansas
Prgm Director: Theodora Vanderzalm, MD
800 Marshall Street, Slot 105
Little Rock, AR 72202
Tel: 501 364-4911 *Fax:* 501 364-1513
E-mail: lewisknichelle@uams.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-04-21-005

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Prgm Director: Lionel W Young, MD
11234 Anderson Street
Loma Linda, CA 92354
Tel: 909 558-4281 *Fax:* 909 558-0266
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 424-05-21-049

Los Angeles

Childrens Hospital Los Angeles Program

Sponsor: Childrens Hospital Los Angeles
Prgm Director: Marvin D Nelson, MD, MBA
4650 Sunset Boulevard, MS-81
Los Angeles, CA 90027
Tel: 323 669-4572 *Fax:* 323 666-4655
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 424-05-21-003

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Maria I Boechat, MD
Department of Radiological Sciences
650 Charles E Young Drive South
Los Angeles, CA 90095
Tel: 310 825-6798 *Fax:* 310 267-2022
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-05-21-022

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
Children's Hospital-Oakland
University of California (San Francisco) Medical Center
Prgm Director: Charles A Gooding, MD
Department of Radiology
505 Parnassus Avenue
San Francisco, CA 94143
Tel: 415 476-1918 *Fax:* 415 476-0616
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-05-21-042

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Lucile Salter Packard Children's Hospital at Stanford
Prgm Director: Richard A Barth, MD
Diagnostic Radiology-MC 5654
LPCB 1679, 725 Welch Road
Palo Alto, CA 94305
Tel: 650 497-8601 *Fax:* 650 497-8745
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-05-21-023

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Prgm Director: John D Strain, MD
1056 E 19th Avenue
Denver, CO 80218
Tel: 303 764-8630 *Fax:* 303 764-8669
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 424-07-21-037

Delaware

Wilmington

Alfred I duPont Hospital for Children Program

Sponsor: Alfred I duPont Hospital for Children
Prgm Director: Mark S Finkelstein, DO
Department of Medical Imaging
1600 Rockland Road
Wilmington, DE 19899
Tel: 302 651-4641 *Fax:* 302 651-4626
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-09-31-057

District of Columbia

Washington

Children's National Medical Center/George Washington University Program

Sponsor: Children's National Medical Center
Prgm Director: David C Kushner, MD
111 Michigan Avenue, NW
Washington, DC 20010
Tel: 202 884-5630 *Fax:* 202 884-3644
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 424-10-21-024

Florida

Miami

Miami Children's Hospital Program

Sponsor: Miami Children's Hospital
Prgm Director: Donald H Altman, MD
Department of Radiology
3100 SW 62 Ave
Miami, FL 33155
Tel: 305 666-6511 *Fax:* 305 669-6580
E-mail: nolan.altman@mch.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-11-21-025

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Prgm Director: Paula N Dickson, MD
1405 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 785-6532 *Fax:* 404 785-2216
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 424-12-21-035

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Prgm Director: Tamar E Ben-Ami, MD
2300 Children's Plaza
Box 9
Chicago, IL 60614
Tel: 773 880-3520 *Fax:* 773 880-3517
E-mail: tbenami@childrensmemorial.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 424-16-21-017

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Prgm Director: Richard B Gunderman, MD, PhD
Department of Radiology
702 Barnhill Drive
Indianapolis, IN 46202
Tel: 317 274-2951 *Fax:* 317 274-2920
E-mail: rfpatter@iupui.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 424-17-21-007

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Yutaka Sato, MD
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-1955 *Fax:* 319 356-2220
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-18-21-008

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
Children's Hospital
Prgm Director: Kenneth J Ward, MD
200 Henry Clay Avenue
New Orleans, LA 70118
Tel: 504 896-9566 *Fax:* 504 896-9768
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-21-12-056

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: James E Crowe, MD
600 N Wolfe Street
Nelson B173
Baltimore, MD 21287
Tel: 410 955-6140 *Fax:* 410 502-3633
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-23-21-038

Massachusetts**Boston****Children's Hospital Program**

Sponsor: Children's Hospital
Prgm Director: Michael Callahan, MD*
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-8382 *Fax:* 617 730-0549
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Program ID: 424-24-21-027

Massachusetts General Hospital/Harvard Medical School Program

Sponsor: Massachusetts General Hospital
Prgm Director: Sjikr J Westra, MD
Division of Pediatric Radiology
55 Fruit Street, White 246
Boston, MA 02114
Tel: 617 724-4207 *Fax:* 617 726-8360
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-24-12-058

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Ramiro J Hernandez, MD, MS
CS Mott Children's Hospital
1500 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 763-2570 *Fax:* 734 764-9351
E-mail: rjhm@umich.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-25-21-018

Detroit**Wayne State University/Detroit Medical Center Program**

Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Prgm Director: Jeffrey M Zerlin, MD
3901 Beaubien Boulevard
Detroit, MI 48201
Tel: 313 745-7080 *Fax:* 313 993-0393
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 424-25-21-019

Missouri**St Louis****Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
St Louis Children's Hospital
Prgm Director: William H McAlister, MD
510 South Kingshighway Blvd
St Louis, MO 63110
Tel: 314 454-6229 *Fax:* 314 454-2868
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 424-28-21-009

Nebraska**Omaha****University of Nebraska Medical Center College of Medicine Program**

Sponsor: University of Nebraska Medical Center College of Medicine
Children's Hospital
Prgm Director: Sandra M Albery, MD
8200 Dodge Street
Omaha, NE 68114
Tel: 402 955-5630 *Fax:* 402 955-5601
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-30-13-061

New York**Buffalo****University at Buffalo Program**

Sponsor: University at Buffalo
Kaleida Health System (Women and Children's Hosp of Buffalo)
Prgm Director: Gregory Mitton, MD
219 Bryant St
Radiology Dept
Buffalo, NY 14222
Tel: 716 878-7502 *Fax:* 716 878-7001
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-35-21-029

New Hyde Park**Albert Einstein College of Medicine at Long Island Jewish Medical Center Program**

Sponsor: Long Island Jewish Medical Center
Prgm Director: Dan M Barley, MD*
Department of Radiology
270-05 76th Avenue
New Hyde Park, NY 11042
Tel: 718 470-4585 *Fax:* 718 343-7463
E-mail: eacobacc@lij.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-35-21-010

New York**New York Presbyterian Hospital (Columbia Campus) Program**

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Carrie R Shapiro, MD
622 West 168th Street
CHN-3-330
New York, NY 10032
Tel: 212 305-3320 *Fax:* 212 305-5777
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-35-21-011

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Prgm Director: Nancy R Fefferman, MD
560 First Avenue
New York, NY 10016
Tel: 212 263-5362 *Fax:* 212 263-5838
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-35-21-030

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Nina B Klionsky, MD
601 Elmwood Avenue, Box 648
Rochester, NY 14642
Tel: 585 275-1128 *Fax:* 585 273-3549
E-mail: iona_mackey@urmc.rochester.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-35-21-012

North Carolina**Durham****Duke University Hospital Program**

Sponsor: Duke University Hospital
Prgm Director: Donald P Frush, MD
Box 3808
1905A McGovern-Davison Children's Health Center
Durham, NC 27710
Tel: 919 684-7293 *Fax:* 919 684-7151
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 424-38-21-031

Ohio**Akron****Children's Hospital Medical Center of Akron/NEOUCOM Program**

Sponsor: Children's Hospital Medical Center of Akron
Prgm Director: Godfrey Gaisie, MD
One Perkins Square
Akron, OH 44308
Tel: 330 543-8778 *Fax:* 330 543-3760
E-mail: ggaisie@chmca.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-38-21-020

Cincinnati**Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program**

Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Lane F Dornnelly, MD
Department of Radiology
3333 Burnet Ave
Cincinnati, OH 45229
Tel: 513 636-2285 *Fax:* 513 636-8145
Length: 1 Yr *ACGME Approved/Offered Positions:* 7
Program ID: 424-38-21-001

Cleveland**Case Western Reserve University/University Hospitals of Cleveland Program**

Sponsor: University Hospitals of Cleveland
Prgm Director: Carlos J Sivit, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-4533
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-38-31-052

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Cincinnati Children's Hospital Medical Center
Prgm Director: Marilyn J Goske, MD
Radiology/Hb6
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 445-9597 *Fax:* 216 445-4432
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-38-21-050

Columbus

Children's Hospital/Ohio State University Program

Sponsor: Children's Hospital (Columbus)
Prgm Director: William E Shiels, II, DO
700 Children's Drive
Columbus, OH 43205
Tel: 614 722-2363 *Fax:* 614 722-2332
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 424-38-12-053

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
OU Medical Center-Children's Hospital
Prgm Director: Faridali G Ranji, MD
PO Box 26901
Oklahoma City, OK 73190
Tel: 405 271-5511 *Fax:* 405 271-3375
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-39-31-054

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Prgm Director: Katherine L Hopkins, MD
Division of Pediatric Radiology, DC7R
3181 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503 418-5267 *Fax:* 503 418-5269
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-40-21-060

Pennsylvania

Philadelphia

Children's Hospital of Philadelphia Program

Sponsor: Children's Hospital of Philadelphia
Prgm Director: Avrum N Pollock, MD
34th Street & Civic Center Blvd
Philadelphia, PA 19104
Tel: 215 590-0460 *Fax:* 215 590-1345
E-mail: pollocka@email.chop.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 424-41-21-032

St Christopher's Hospital for Children Program

Sponsor: St Christopher's Hospital for Children (Tenet Health System)
Prgm Director: Eleanor M Smergel, MD
Erie Avenue at Front Street
Philadelphia, PA 19134
Tel: 215 427-5233 *Fax:* 215 427-4378
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-41-21-039

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Prgm Director: Manuel P Meza, MD
Department of Radiology
3705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 692-5515 *Fax:* 412 692-7134
E-mail: Margie.Jones@chp.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 424-41-21-002

Tennessee

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Prgm Director: Richard M Heller, MD
Dept of Radiology R-1318 MCN
21st Avenue S and Garland
Nashville, TN 37232
Tel: 615 322-3288 *Fax:* 615 322-3764
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-47-21-021

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
Prgm Director: Nancy K Rollins, MD
1935 Motor Street
Dallas, TX 75235
Tel: 214 456-2809 *Fax:* 214 456-6015
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 424-48-21-015

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Leonard E Swischuck, MD
Department of Radiology, G-09
301 University Blvd, Route 0709
Galveston, TX 77555
Tel: 409 747-2849
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 424-48-21-014

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Texas Children's Hospital
Prgm Director: Taylor Chung, MD*
6621 Fannin St, MC2-2521
Houston, TX 77030
Tel: 832 824-5324 *Fax:* 832 825-5241
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 424-48-21-016

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
Prgm Director: David K Brewer, MD
4800 Sand Point Way NE
Seattle, WA 98105
Tel: 206 987-2166 *Fax:* 206 987-2730
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 424-54-21-033

Wisconsin

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Prgm Director: David C Gregg, MD
PO Box 1997/MS #721
9000 West Wisconsin Avenue
Milwaukee, WI 53201
Tel: 414 266-3110 *Fax:* 414 266-1525
E-mail: dgregg@chw.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 424-56-21-034

Pediatric Rehabilitation Medicine (Physical Medicine and Rehabilitation)

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine Children's Hospital (The)

Prgm Director: Pamela E Wilson, MD
1056 E 19th Avenue
Denver, CO 80218

Tel: 303 861-3907 *Fax:* 303 764-8048

E-mail: siegfried.maryjane@tchden.org

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 346-07-21-001

Virginia

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
Children's Hospital

Prgm Director: Jacob A Neufeld, MD, MSPH
2924 Brook Road
Richmond, VA 23220

Tel: 804 228-5836 *Fax:* 804 228-5970

E-mail: jneufeld@chva.org

Length: 2 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 346-51-31-002

Pediatric Rheumatology (Pediatrics)

California

Los Angeles

Childrens Hospital Los Angeles Program

Sponsor: Childrens Hospital Los Angeles

Prgm Director: Bracha Shaham, MD
4650 Sunset Boulevard, MS #60
Los Angeles, CA 90027

Tel: 323 669-2119 *Fax:* 323 663-9694

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 331-05-31-028

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine

UCLA Medical Center
Prgm Director: Deborah McCurdy, MD
10833 Le Conte Avenue
Los Angeles, CA 90095

Tel: 310 206-1826 *Fax:* 310 825-9832

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 331-05-31-030

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine

University of California (San Francisco) Medical Center
Prgm Director: Emily von Scheven, MD*
Dept of Pediatric Rheumatology-U-127
505 Parnassus Avenue, Box 0107
San Francisco, CA 94143

Tel: 415 476-2491 *Fax:* 415 502-7540

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 331-05-31-002

Stanford

Stanford University Program

Sponsor: Stanford University Hospital

Lucile Salter Packard Children's Hospital at Stanford
Prgm Director: Christy Sandborg, MD
300 Pasteur Drive, Rm G310
Stanford, CA 94305

Tel: 650 723-8295 *Fax:* 650 736-4344

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 331-05-31-024

Delaware

Wilmington

Thomas Jefferson University/duPont Hospital for Children Program

Sponsor: Thomas Jefferson University Hospital

Alfred I duPont Hospital for Children
Prgm Director: AnneMarie C Brescia, MD*
1600 Rockland Road
Wilmington, DE 19899

Tel: 302 651-5971 *Fax:* 302 651-5942

E-mail: bathreya@nemours.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 331-41-21-023

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University

Children's Memorial Hospital
Rehabilitation Institute of Chicago
Prgm Director: Marisa S Klein-Gitelman, MD
Div of Immunology/Rheumatology
2300 Children's Plaza #50
Chicago, IL 60614

Tel: 773 880-4360 *Fax:* 773 880-4179

E-mail: klein-gitelman@northwestern.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 331-16-21-004

University of Chicago Program

Sponsor: University of Chicago Hospitals
LaRabida Children's Hospital and Research Center

University of Chicago Children's Hospital

Prgm Director: Karen B Onel, MD*

East 65th Street at Lake Michigan

Chicago, IL 60649

Tel: 773 363-6700 *Fax:* 773 363-0427

E-mail: kbonel@peds.bsd.uchicago.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 1

Program ID: 331-16-31-005

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine

Clarian Riley Hospital for Children
Prgm Director: Suzanne L Bowyer, MD
Riley Hospital - Room 5850
702 Barnhill Drive
Indianapolis, IN 46202

Tel: 317 274-2172 *Fax:* 317 278-3031

Length: 3 Yrs

Program ID: 331-17-21-029

Massachusetts

Boston

Children's Hospital/Boston Medical Center Program

Sponsor: Children's Hospital

Brigham and Women's Hospital
Prgm Director: Robert Sundel, MD
300 Longwood Avenue

Boston, MA 02115

Tel: 617 355-6524 *Fax:* 617 730-0249

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 331-24-21-007

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center

Prgm Director: Jorge M Lopez, MD
Tufts - New England Medical Center
750 Washington Street, Box # 286
Boston, MA 02111

Tel: 617 636-4198 *Fax:* 617 636-8388

E-mail: jlopez@tufts-nemc.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 331-24-31-008

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers

Prgm Director: Barbara S Adams, MD
1924 Taubman Center
1500 East Medical Center Drive
Ann Arbor, MI 48109

Tel: 734 764-2224 *Fax:* 734 936-6897

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 331-25-21-022

Missouri

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital

St Louis University Hospital

Prgm Director: Terry L Moore, MD

Room R211A Doisy Hall
1402 South Grand Boulevard
St Louis, MO 63104

Tel: 314 977-8838 *Fax:* 314 977-8818

Length: 3 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 331-28-21-009

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
St Louis Children's Hospital

Prgm Director: Andrew J White, MD*

St Louis Children's Hospital, Suite 11W32
One Children's Place
St Louis, MO 63110

Tel: 314 454-6124 *Fax:* 314 454-4861

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 331-28-31-010

New York

Great Neck

North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program

Sponsor: North Shore-Long Island Jewish Health System
Schneider Children's Hospital at Long Island Jewish
Med Ctr

Schneider Children's Hospital at North Shore University
Hosp

Prgm Director: Norman T Ilowite, MD

Long Island Jewish Medical Center

269-01 76th Avenue

New Hyde Park, NY 11040

Tel: 718 470-3530 *Fax:* 718 831-0182

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 331-35-21-011

New York

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)

Prgm Director: Lisa Imundo, MD

3959 Broadway, CHN-106

New York, NY 10032

Tel: 212 905-9304 *Fax:* 212 305-3942

E-mail: pat2106@columbia.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 331-35-11-013

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
Hospital for Special Surgery

New York Presbyterian Hospital (Cornell Campus)

Prgm Director: Thomas J A Lehman, MD

535 E 70th Street

New York, NY 10021

Tel: 212 606-1151 *Fax:* 212 606-1838

Length: 3 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 331-35-31-012

North Carolina

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital

University of North Carolina Hospitals

Prgm Director: Laura E Schanberg, MD

Box 3212

Durham, NC 27710

Tel: 919 684-6575 *Fax:* 919 684-6616

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 331-36-21-015

Ohio

Cincinnati

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program

Sponsor: Cincinnati Children's Hospital Medical Center

Prgm Director: Murray H Passo, MD

Cincinnati Children's Hospital Medical Center

3333 Burnet Avenue, ML: E2-129

Cincinnati, OH 45229

Tel: 513 636-7686 *Fax:* 513 636-4116

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 331-38-21-016

Pennsylvania

Philadelphia

Children's Hospital of Philadelphia Program

Sponsor: Children's Hospital of Philadelphia

Prgm Director: David D Sherry, MD*

3615 Civic Center Boulevard

Suite 1102 Abramson Research Center

Philadelphia, PA 19104

Tel: 215 590-7180 *Fax:* 215 590-1258

E-mail: sherry@email.chop.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 331-41-21-025

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical

Education Program

Children's Hospital of Pittsburgh

Prgm Director: Raphael Hirsch, MD

3705 Fifth Avenue

Pittsburgh, PA 15213

Tel: 412 692-6970 *Fax:* 412 692-5054

Length: 3 Yrs

Program ID: 331-41-13-026

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine

LeBonheur Children's Medical Center

Regional Medical Center at Memphis

Prgm Director: Linda K Myers, MD

50 N Dunlap

Room 301 West Pt Tower

Memphis, TN 38103

Tel: 901 572-5366 *Fax:* 901 572-5036

Length: 3 Yrs *ACGME Approved/Offered Positions:* 1

Program ID: 331-47-21-017

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical

School

Texas Scottish Rite Hospital for Children

Prgm Director: Lynn Punaro, MD*

Department of Pediatrics

5323 Harry Hines Blvd MC 9063

Dallas, TX 75390

Tel: 214 648-3388 *Fax:* 214 648-7829

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 331-48-31-021

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine

Texas Children's Hospital

Prgm Director: Maria D Perez, MD

6621 Fannin, Mail Code 3-2290

Houston, TX 77030

Tel: 832 824-3830 *Fax:* 832 825-3837

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 331-48-21-020

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine

Children's Hospital and Regional Medical Center

University of Washington Medical Center

Prgm Director: Helen M Emery, MD

Rheumatology - B6583

4800 SandPoint Way NE

Seattle, WA 98105

Tel: 206 987-2057 *Fax:* 206 987-5060

E-mail: helen.emery@seattlechildrens.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 331-54-21-019

Wisconsin**Milwaukee****Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc

Children's Hospital of Wisconsin

Prgm Director: Calvin B Williams, MD, PhD

MACC Fund Research Center

8701 Watertown Plank Road

Milwaukee, WI 53226

Tel: 414 266-6700 *Fax:* 414 266-6695

E-mail: cwilliam@mcw.edu

Length: 3 Yrs

Program ID: 331-56-22-027

Pediatric Sports Medicine (Pediatrics)**Massachusetts****Boston****Children's Hospital/Boston Medical Center Program**

Sponsor: Children's Hospital

Prgm Director: Pierre d'Hemecourt, MD

319 Longwood Avenue

Boston, MA 02115

Tel: 617 355-6969 *Fax:* 617 264-7920

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 333-24-31-009

New Jersey**Neptune****Jersey Shore University Medical Center Program**

Sponsor: Jersey Shore University Medical Center

Prgm Director: Stephen G Rice, MD, PhD

1945 State Route 33, Box 397

Neptune, NJ 07754

Tel: 732 776-2384 *Fax:* 732 776-3161

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 333-33-21-001

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals

Prgm Director: Thomas E Brickner, MD

James A Taylor Student Health Service, CB 7470

Chapel Hill, NC 27599

Tel: 919 966-3655 *Fax:* 919 966-9779

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 333-36-21-006

Ohio**Akron****Children's Hospital Medical Center of Akron/NEOUCOM Program**

Sponsor: Children's Hospital Medical Center of Akron

Prgm Director: Joseph A Congeni, MD

388 South Main Street

Suite 207

Akron, OH 44311

Tel: 330 543-8260 *Fax:* 330 543-3851

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 333-38-12-003

Tennessee**Nashville****Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center

Prgm Director: Andrew Gregory, MD

2601 Jess Neely Drive

Nashville, TN 37212

Tel: 615 322-0670 *Fax:* 615 343-9893

E-mail: andrew.gregory@vanderbilt.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 333-47-12-008

Texas**Houston****Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine

Texas Children's Hospital

Prgm Director: Albert C Hergenroeder, MD

Texas Children's Hospital

6621 Fannin St, CC610.01

Houston, TX 77030

Tel: 832 822-3658 *Fax:* 832 825-3689

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 333-48-21-004

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio

Christus Santa Rosa Health Care Corporation

Methodist Healthcare System

Nix Medical Center

Prgm Director: Jorge E Gomez, MD, MS

Department of Pediatrics

7703 Floyd Curl Dr

San Antonio, TX 78229

Tel: 210 562-5344 *Fax:* 210 562-5319

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 333-48-21-002

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics

Prgm Director: David T Bernhardt, MD

621 Science Drive

Madison, WI 53711

Tel: 608 263-6477 *Fax:* 608 263-0503

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 333-56-13-007

Pediatric Surgery (General Surgery)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Children's Hospital of Alabama

Prgm Director: Keith E Georgeson, MD
1600 7th Avenue, South, ACC 300
Birmingham, AL 35233

Tel: 205 939-9688 *Fax:* 205 975-4972

E-mail: keith.georgeson@ccc.uab.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 445-01-21-032

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital

Prgm Director: Samuel D Smith, MD
800 Marshall Street
Little Rock, AR 72202

Tel: 501 364-2943 *Fax:* 501 364-1516

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 445-04-21-028

California

Los Angeles

Childrens Hospital Los Angeles Program

Sponsor: Childrens Hospital Los Angeles

Prgm Director: James E Stein, MD*

4650 Sunset Boulevard
MS 72

Los Angeles, CA 90027

Tel: 323 669-2491 *Fax:* 323 666-3466

E-mail: jstein@chla.usc.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 445-05-21-001

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Children's Hospital (The)

Prgm Director: Frederick M Karrer, MD
1056 E 19th Avenue

Department of Pediatric Surgery, B-323
Denver, CO 80218

Tel: 303 861-6571 *Fax:* 303 764-8077

E-mail: karrer.frederick@tchden.org

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 445-07-21-027

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital

Prgm Director: Larry Moss, MD

333 Cedar Street

PO Box 208062

New Haven, CT 06510

Tel: 203 785-2701 *Fax:* 203 785-3820

E-mail: larry.moss@yale.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 445-08-21-030

District of Columbia

Washington

Children's National Medical Center/ George Washington University Program

Sponsor: Children's National Medical Center

Prgm Director: Philp C Guzzetta, MD*

111 Michigan Ave, NW

Washington, DC 20010

Tel: 202 884-2151

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 445-10-21-015

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine

Children's Healthcare of Atlanta at Egleston

Prgm Director: Richard R Ricketts, MD

Emory University

2015 Uppergate Dr NE

Atlanta, GA 30322

Tel: 404 727-3779 *Fax:* 404 727-2120

E-mail: richard.ricketts@oz.ped.emory.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 445-12-21-033

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern
University

Children's Memorial Hospital

Prgm Director: Robert M Arensman, MD

Department of Surgery

Northwestern, Feinberg School of Medicine

McGaw Medical Center - Galter 3-150

251 E Huron Street

Chicago, IL 60611

Tel: 773 880-4912 *Fax:* 773 880-4588

E-mail: rarenzman@childrensmemorial.org

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 445-16-21-002

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine

Clarian Riley Hospital for Children

William N Wishard Memorial Hospital

Prgm Director: Jay L Grosfeld, MD

Indiana University School of Medicine

702 Barnhill Drive, Suite 2500

Indianapolis, IN 46202

Tel: 317 274-4682 *Fax:* 317 274-5777

E-mail: jlgrosfel@iupui.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 445-17-21-019

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine

Johns Hopkins Hospital

University of Maryland Medical System

Prgm Director: Paul M Colombani, MD

600 North Wolfe Street, Rm CMSC 7-115

Baltimore, MD 21287

Tel: 410 955-2717 *Fax:* 410 502-5314

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 445-23-21-003

Massachusetts

Boston

Children's Hospital Program

Sponsor: Children's Hospital

Prgm Director: Craig W Lillehei, MD*

300 Longwood Ave

Department of Surgery

Boston, MA 02115

Tel: 617 365-3039 *Fax:* 617 730-0475

E-mail: craig.lillehei@childrens.harvard.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 445-24-21-016

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health
Centers

Prgm Director: Arnold G Coran, MD

1405 E Ann Street

F3970 Mott Children's Hospital

Ann Arbor, MI 48109

Tel: 734 764-6482 *Fax:* 734 936-9784

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 445-25-21-018

Detroit

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center

Children's Hospital of Cullen

Prgm Director: Marc L Cullen, MD

3901 Beaubien Boulevard

Detroit, MI 48201

Tel: 313 745-5839 *Fax:* 313 966-7696

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 445-25-11-004

Missouri**Kansas City****University of Missouri at Kansas City Program**

Sponsor: University of Missouri-Kansas City School of Medicine
Children's Mercy Hospital
Prgm Director: George W Holcomb, MD, MBA
2401 Gillham Rd
Kansas City, MO 64108
Tel: 816 234-3575 *Fax:* 816 983-6885
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 445-28-11-005

St Louis**St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
Prgm Director: Thomas R Weber, MD
1485 South Grand Boulevard
St Louis, MO 63104
Tel: 314 577-5629
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 445-28-21-029

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
St Louis Children's Hospital
Prgm Director: Robert P Foglia, MD
One Children's Place
Suite 5S60
St Louis, MO 63110
Tel: 314 454-6022 *Fax:* 314 454-2442
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 445-28-21-034

New York**Buffalo****University at Buffalo Program**

Sponsor: University at Buffalo
Kaleida Health System (Women and Children's Hosp of Buffalo)
Prgm Director: Michael G Caty, MD
219 Bryant St
Buffalo, NY 14222
Tel: 716 878-7785 *Fax:* 716 888-3850
E-mail: caty@acsu.buffalo.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 445-35-21-017

Great Neck**North Shore - Long Island Jewish Health System/Schneider Children's Hospital Program**

Sponsor: North Shore-Long Island Jewish Health System
Schneider Children's Hospital at Long Island Jewish Med Ctr
Schneider Children's Hospital at North Shore University Hosp
Prgm Director: Andrew R Hong, MD
269-01 76th Avenue
New Hyde Park, NY 11040
Tel: 718 470-3574 *Fax:* 718 347-1233
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 445-35-12-039

New York**New York Presbyterian Hospital (Columbia Campus) Program**

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Charles J Stolar, MD
3959 Broadway
212 North
New York, NY 10032
Tel: 212 305-2305 *Fax:* 212 305-5971
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 445-35-11-006

Ohio**Cincinnati****Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program**

Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Brad W Warner, MD
3333 Burnet Avenue
Cincinnati, OH 45229
Tel: 513 636-4371 *Fax:* 513 636-7657
E-mail: richard.azizkhan@cchmc.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 445-38-11-008

Columbus**Children's Hospital/Ohio State University Program**

Sponsor: Children's Hospital (Columbus)
Ohio State University Hospital
Prgm Director: Donna A Caniano, MD
700 Children's Drive
ED - 379
Columbus, OH 43205
Tel: 614 722-3912 *Fax:* 614 722-3903
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 445-38-21-012

Oklahoma**Oklahoma City****University of Oklahoma Health Sciences Center Program**

Sponsor: University of Oklahoma College of Medicine
OU Medical Center-Children's Hospital
Prgm Director: David W Tuggle, MD
P O Box 26307
Oklahoma City, OK 73126
Tel: 405 271-5922 *Fax:* 405 271-3278
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 445-39-11-009

Pennsylvania**Philadelphia****Children's Hospital of Philadelphia Program**

Sponsor: Children's Hospital of Philadelphia
Prgm Director: Alan W Flake, MD
34th Street and Civic Center Blvd
5th Floor Wood Building
Philadelphia, PA 19104
Tel: 215 590-2727 *Fax:* 215 590-4875
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 445-41-11-014

St Christopher's Hospital for Children Program

Sponsor: St Christopher's Hospital for Children (Tenet Health System)
Children's Hospital of Philadelphia
Prgm Director: Charles D Vinocur, MD
Erie Avenue at Front St
Philadelphia, PA 19134
Tel: 215 427-5294 *Fax:* 215 427-5555
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 445-41-21-010

Pittsburgh**University of Pittsburgh Medical Center Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Prgm Director: Edward M Barksdale, MD*
3705 Fifth Avenue at De Soto Street
Pittsburgh, PA 15213
Tel: 412 692-5053 *Fax:* 412 692-8299
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 445-41-11-013

Rhode Island**Providence****Brown University Program**

Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: Thomas F Tracy, MD
Hasbro Children's Hospital, Rm 147
593 Eddy Street
Providence, RI 02903
Tel: 401 444-7605 *Fax:* 401 444-7629
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 445-43-21-031

Tennessee**Memphis****University of Tennessee Program**

Sponsor: University of Tennessee College of Medicine
LeBonheur Children's Medical Center
St Jude Children's Research Hospital
University of Tennessee Medical Center
Prgm Director: Stephen J Shochat, MD*
777 Washington Avenue, Suite P-220
Memphis, TN 38105
Tel: 901 572-3300 *Fax:* 901 572-5191
E-mail: stephen.shochat@stjude.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 445-47-21-025

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Prgm Director: Barry A Hicks, MD*
c/o CMC, 1935 Motor Street
3rd Floor West Tower Rm D03-310.Y
Dallas, TX 75235
Tel: 214 456-6040 *Fax:* 214 456-6320
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 445-48-21-022

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Texas Children's Hospital
Prgm Director: David E Wesson, MD
Clinical Care Center, Suite 650
6621 Fannin, MC -CC650
Houston, TX 77030
Tel: 832 822-3135 *Fax:* 832 825-3141
E-mail: lxbarrer@texaschildrenshospital.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 445-48-21-020

Washington

Seattle

Children's Hospital and Medical Center (Seattle) Program

Sponsor: Children's Hospital and Regional Medical Center
University of Washington/Harborview Medical Centers
Prgm Director: John H Waldhausen, MD*
4800 Sand Point Way NE
Pediatric Surgery, G-0095
Seattle, WA 98105
Tel: 206 987-2039 *Fax:* 206 987-2257
E-mail: gwen.baird@seattlechildrens.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 445-54-11-011

Wisconsin

Milwaukee

Children's Hospital of Wisconsin Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Prgm Director: Keith T Oldham, MD
9000 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 266-6557 *Fax:* 414 266-6579
E-mail: koldham@chw.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 445-56-31-038

Pediatric Urology (Urology)

California

San Diego

Naval Medical Center (San Diego) Program

Sponsor: Naval Medical Center (San Diego)
Children's Hospital and Health Center
Prgm Director: George W Kaplan, MD, MS
7930 Frost Street, Suite 407
San Diego, CA 92123
Tel: 858 279-8527 *Fax:* 858 279-8876
E-mail: gkaplan@chsd.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 485-05-21-004
US Armed Services Program

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Prgm Director: Laurence S Baskin, MD
A633, Box 0738
400 Parnassus Avenue A633
San Francisco, CA 94143
Tel: 415 476-1611 *Fax:* 415 476-8849
E-mail: kkejimoto@urol.ucsf.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 485-05-21-011

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta
Children's Healthcare of Atlanta at Egleston
Prgm Director: Edwin A Smith, MD
5445 Meridian Mark Road, NE, Suite 420
Atlanta, GA 30342
Tel: 404 252-5206 *Fax:* 404 252-1268
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 485-12-21-017

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Prgm Director: William E Kaplan, MD
2300 Children's Plaza
Division of Urology, Box 24
Chicago, IL 60614
Tel: 773 880-4428 *Fax:* 773 880-3339
E-mail: wkaplan@childrensmemorial.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 485-16-12-018

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Riley Hospital for Children
Prgm Director: Richard C Rink, MD
702 N Barnhill Drive, Suite 4230
Indianapolis, IN 46202
Tel: 317 278-1021 *Fax:* 317 274-7481
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 485-17-21-015

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: John P Gearhart, MD
Marburg 149
600 North Wolfe Street
Baltimore, MD 21287
Tel: 410 955-8710
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 485-23-21-009

Massachusetts

Boston

Children's Hospital/Harvard Medical School Program

Sponsor: Children's Hospital
Prgm Director: Alan B Retik, MD
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-7796 *Fax:* 617 730-0474
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 485-24-21-006

Michigan

Detroit

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Harper-Hutzel Hospital
Prgm Director: Evan J Kass, MD
3901 Beaubien Boulevard
Detroit, MI 48201
Tel: 248 551-0801 *Fax:* 248 551-8107
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 485-25-21-010

New York

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program

Sponsor: Long Island Jewish Medical Center
Prgm Director: Lane S Palmer, MD, MS*
1998 Marcus Avenue, M-18
New Hyde Park, NY 11042
Tel: 516 466-6953 *Fax:* 516 466-5608
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 485-35-21-016

Ohio**Cincinnati****Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program**

Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Curtis A Sheldon, MD
 3333 Burnet Avenue Mail Location 5037
 (MC-5037)
 Cincinnati, OH 45229
Tel: 513 636-7143 *Fax:* 513 636-6753
E-mail: pramod.reddy@cchmc.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 485-38-21-014

Columbus**Children's Hospital/Ohio State University Program**

Sponsor: Children's Hospital (Columbus)
Prgm Director: Stephen A Koff, MD
 Education Building, Room #ED316
 700 Children's Drive
 Columbus, OH 43205
Tel: 614 722-6625 *Fax:* 614 722-6627
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 485-38-12-022

Pennsylvania**Philadelphia****Children's Hospital of Philadelphia Program**

Sponsor: Children's Hospital of Philadelphia
 University of Pennsylvania Health System
Prgm Director: Douglas A Canning, MD
 34th & Civic Center Blvd
 Urology - 3 Wood Center
 Philadelphia, PA 19104
Tel: 215 590-2769 *Fax:* 215 590-3985
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 485-41-21-002

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
 Alfred I duPont Hospital for Children
Prgm Director: Ricardo Gonzalez, MD
 1600 Rockland Road
 PO Box 268
 Wilmington, DE 19899
Tel: 302 651-5986 *Fax:* 302 651-6410
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 485-41-31-023

Pittsburgh**University of Pittsburgh Medical Center Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 Children's Hospital of Pittsburgh
Prgm Director: Steven G Docimo, MD
 3705 Fifth Avenue
 4A-424 DeSoto Wing
 Pittsburgh, PA 15213
Tel: 412 692-7932 *Fax:* 412 692-7939
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 485-41-21-020

Tennessee**Nashville****Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Prgm Director: John W Brock, MD
 A-1302 Medical Center North
 Nashville, TN 37232
Tel: 615 343-5604 *Fax:* 615 322-8990
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 485-47-13-019

Texas**Dallas****Children's Medical Center of Dallas/University of Texas Southwestern Medical School Program**

Sponsor: Children's Medical Center of Dallas
 Texas Scottish Rite Hospital for Children
Prgm Director: Warren T Snodgrass, MD
 UT Southwestern
 6300 Harry Hines Boulevard, Suite 1401
 Dallas, TX 75235
Tel: 214 456-2481 *Fax:* 214 456-8803
E-mail: warren.snodgrass@childrens.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 485-48-31-021

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
 Texas Children's Hospital
Prgm Director: Edmond T Gonzales, MD
 Clinical Care Center, Suite 660
 6621 Fannin St
 Houston, TX 77030
Tel: 832 822-3172 *Fax:* 832 825-3159
E-mail: colleenk@www.urol.bcm.tmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 485-48-21-008

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
 Children's Hospital and Regional Medical Center
Prgm Director: Richard W Grady, MD
 PO Box 5371
 Seattle, WA 98105
Tel: 206 987-2130 *Fax:* 206 987-3935
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 485-54-21-012

Pediatrics**Alabama****Birmingham****University of Alabama Medical Center Program**

Sponsor: University of Alabama Hospital
 Children's Hospital of Alabama
Prgm Director: Michele H Nichols, MD
 1600 7th Avenue South
 Suite 604-ACC
 Birmingham, AL 35233
Tel: 205 939-9589 *Fax:* 205 939-9977
E-mail: uabkids@peds.uab.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 56
Subspecialties: ADL, CCP, NPM, PDE, PDI, PDP, PEM,
 PG, PHO
Program ID: 320-01-21-017

Mobile**University of South Alabama Program**

Sponsor: University of South Alabama Hospitals
 USA Children's and Women's Hospital
Prgm Director: Franklin Trimm, MD
 1700 Center St
 Mobile, AL 36604
Tel: 251 415-1087 *Fax:* 251 415-1387
E-mail: fltrimm@jaguar1.usouthal.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 34
Program ID: 320-01-21-019

Arizona**Phoenix****Phoenix Children's Hospital/Maricopa Medical Center Program**

Sponsor: Phoenix Children's Hospital
 Maricopa Medical Center
Prgm Director: Grace L Caputo, MD, MPH
 1919 E Thomas St
 Phoenix, AZ 85016
Tel: 602 344-5885 *Fax:* 602 344-5941
Length: 3 Yrs *ACGME Approved/Offered Positions:* 67
Subspecialties: PDE, PEM
Program ID: 320-03-32-020

St Joseph's Hospital and Medical Center Program

Sponsor: St Joseph's Hospital and Medical Center
Prgm Director: John L Boyd, MD, MBA
 350 West Thomas Road
 Phoenix, AZ 85013
Tel: 602 406-6374 *Fax:* 602 406-4102
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 320-03-21-371

Tucson**University of Arizona Program**

Sponsor: University of Arizona College of Medicine
 University Medical Center
Prgm Director: Leslie L Barton, MD
 1501 N Campbell Avenue
 PO Box 245073
 Tucson, AZ 85724
Tel: 520 626-7944 *Fax:* 520 626-5652
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: PDP
Program ID: 320-03-21-021

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital

Prgm Director: Henry C Farrar, MD*

800 Marshall Street

Little Rock, AR 72202

Tel: 501 364-1874 *Fax:* 501 364-3196

Length: 3 Yrs *ACGME Approved/Offered Positions:* 62

Subspecialties: CCP, DBP, NPM, PDE, PDI, PDP

Program ID: 320-04-21-022

California

Fresno

University of California (San Francisco)/Fresno Program

Sponsor: UCSF-Fresno Medical Education Program

Children's Hospital Central California

Community Medical Centers-University Medical Center

Prgm Director: Francesca Geertsma, MD

Mail Stop GE20

9300 Valley Children's Place

Madera, CA 93638

Tel: 559 853-5141 *Fax:* 559 353-5318

E-mail: fgeertsma@childrenscentralcal.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 30

Program ID: 320-05-11-024

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center

Prgm Director: Sharon K Biesen, MD

11234 Anderson Street CP A1111

Loma Linda, CA 92354

Tel: 909 558-4174 *Fax:* 909 558-4184

E-mail: pedresoffice@ahs.llumc.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 68

Subspecialties: CCP, NPM

Program ID: 320-05-11-026

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center

Prgm Director: Lee Todd Miller, MD

8700 Beverly Blvd

Room 4400

Los Angeles, CA 90048

Tel: 310 423-4467 *Fax:* 310 423-0145

E-mail: PedsResidency@cshs.org

Length: 3 Yrs *ACGME Approved/Offered Positions:* 29

Subspecialties: NPM, PDI, PN

Program ID: 320-05-31-027

Charles R Drew University Program

Sponsor: Charles R Drew University of Medicine and Science

LAC-King/Drew Medical Center

Prgm Director: Glenda A Lindsey, MD

12021 South Wilmington Avenue

Los Angeles, CA 90059

Tel: 310 668-4649 *Fax:* 310 668-3108

Length: 3 Yrs *ACGME Approved/Offered Positions:* 36

Subspecialties: NPM

Program ID: 320-05-11-031

Childrens Hospital Los Angeles Program

Sponsor: Childrens Hospital Los Angeles

Prgm Director: Eyal Ben-Isaac, MD

4650 Sunset Blvd, Mailstop #68

Los Angeles, CA 90027

Tel: 323 669-2122 *Fax:* 323 668-7926

Length: 3 Yrs *ACGME Approved/Offered Positions:* 81

Subspecialties: ADL, CCP, PDC, PDE, PDI, PDP, PEM, PG, PHO, PPR

Program ID: 320-05-11-028

Kaiser Permanente Southern California (Los Angeles) Program

Sponsor: Kaiser Permanente Southern California

Kaiser Foundation Hospital (Los Angeles)

Prgm Director: Steven D Woods, MD, MSPH

Center for Medical Education

4733 Sunset Blvd, 3rd floor

Los Angeles, CA 90027

Tel: 323 783-5311 *Fax:* 323 783-8681

Length: 3 Yrs *ACGME Approved/Offered Positions:* 18

Program ID: 320-05-12-029

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen

School of Medicine

UCLA Medical Center

Prgm Director: Shahram Yazdani, MD*

Department of Pediatrics

10833 Le Conte Avenue

Los Angeles, CA 90095

Tel: 310 794-2169 *Fax:* 310 794-5200

Length: 3 Yrs *ACGME Approved/Offered Positions:* 87

Subspecialties: CCP, DBP, NPM, PDC, PDE, PDI, PG, PHO, PN, PPR

Program ID: 320-05-21-032

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC

Medical Center

LAC+USC Medical Center

Prgm Director: Lawrence M Opas, MD

Women's & Children's Hospital

1240 N Mission Road, Rm L-902

Los Angeles, CA 90033

Tel: 323 226-3691 *Fax:* 323 226-4380

Length: 3 Yrs *ACGME Approved/Offered Positions:* 45

Subspecialties: NPM

Program ID: 320-05-11-030

White Memorial Medical Center Program

Sponsor: White Memorial Medical Center

Prgm Director: Ernie Guzman, MD

Department of Pediatrics

1720 Cesar Chavez Avenue

Los Angeles, CA 90033

Tel: 323 987-1200 *Fax:* 323 987-1214

Length: 3 Yrs *ACGME Approved/Offered Positions:* 13

Program ID: 320-05-11-033

Oakland

Children's Hospital-Oakland Program

Sponsor: Children's Hospital-Oakland

Prgm Director: Theodore J Chaconas, MD

747 52nd Street

Oakland, CA 94609

Tel: 510 428-3237 *Fax:* 510 601-3970

Length: 3 Yrs *ACGME Approved/Offered Positions:* 78

Subspecialties: CCP, PDI, PDP, PEM, PHO

Program ID: 320-05-31-034

Kaiser Permanente Medical Group (Northern California) Program

Sponsor: Kaiser Permanente Medical Group (Northern California)

Kaiser Permanente Medical Center (Oakland)

Prgm Director: Elizabeth Culler, MD, BA

Department of Pediatrics

280 West MacArthur Blvd

Oakland, CA 94611

Tel: 510 752-1490 *Fax:* 510 752-1571

Length: 3 Yrs *ACGME Approved/Offered Positions:* 18

Program ID: 320-05-12-035

Orange

Children's Hospital of Orange County Program

Sponsor: Children's Hospital of Orange County

Prgm Director: James D Korb, MD

455 South Main Street

Orange, CA 92668

Tel: 714 592-8398 *Fax:* 714 289-4010

Length: 3 Yrs *ACGME Approved/Offered Positions:* 48

Subspecialties: PHO

Program ID: 320-05-21-386

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical

Center

Long Beach Memorial Medical Center

Prgm Director: Khanh-Van Le-Bucklin, MD*

101 The City Drive South

ZOT 4482, City Tower, Suite 800

Orange, CA 92668

Tel: 714 456-5631 *Fax:* 714 456-6660

Length: 3 Yrs *ACGME Approved/Offered Positions:* 48

Subspecialties: NPM, PDP

Program ID: 320-05-21-025

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System

University of California (Davis) Medical Center

Prgm Director: Daniel C West, MD

Department of Pediatrics

2516 Stockton Blvd

Sacramento, CA 95817

Tel: 916 734-2428 *Fax:* 916 734-0342

E-mail: PedsResidency@ucdavis.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 36

Subspecialties: DBP, NPM

Program ID: 320-05-11-023

San Diego

Naval Medical Center (San Diego) Program

Sponsor: Naval Medical Center (San Diego)

Prgm Director: Greg S Blaschke, MD, MPH

34520 Bob Wilson Drive

Pediatrics Suite 100

San Diego, CA 92134

Tel: 619 532-6474 *Fax:* 619 532-9902

Length: 3 Yrs *ACGME Approved/Offered Positions:* 24

Subspecialties: CCP

Program ID: 320-05-11-012

US Armed Services Program

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical

Center

Children's Hospital and Health Center

Prgm Director: Michael Gottschalk, MD, PhD

Pediatric Residency Program

3020 Children's Way

San Diego, CA 92123

Tel: 858 966-4032 *Fax:* 858 966-7966

Length: 3 Yrs *ACGME Approved/Offered Positions:* 42

Subspecialties: NPM, PDC, PDE, PDI, PG, PN

Program ID: 320-05-31-036

San Francisco**University of California (San Francisco) Program**

Sponsor: University of California (San Francisco) School of Medicine
 San Francisco General Hospital Medical Center
 University of California (San Francisco) Medical Center
Prgm Director: Robert K Kamei, MD
 505 Parnassus Avenue, M-691
 Box 0110
 San Francisco, CA 94143
Tel: 415 476-5001 *Fax:* 415 476-4009
Length: 3 Yrs *ACGME Approved/Offered Positions:* 84
Subspecialties: ADL, NPM, PDC, PDE, PDI, PDP, PG, PHO, PN, PPR
Program ID: 320-05-21-040

Stanford**Stanford University Program**

Sponsor: Stanford University Hospital
 Lucile Salter Packard Children's Hospital at Stanford
 Santa Clara Valley Medical Center
Prgm Director: Theodore C Sectish, MD
 c/o Lucile S Packard Children's Hospital
 725 Welch Road
 Palo Alto, CA 94304
Tel: 650 497-8979 *Fax:* 650 497-8228
Length: 3 Yrs *ACGME Approved/Offered Positions:* 60
Subspecialties: ADL, CCP, NPM, PDC, PDE, PDI, PG, PHO, PN, PPR
Program ID: 320-05-21-041

Torrance**Los Angeles County-Harbor-UCLA Medical Center Program**

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Monica Sifuentes, MD
 1000 W Carson Street, Box 17
 Torrance, CA 90509
Tel: 310 222-3080 *Fax:* 310 533-8579
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: CCP, NPM, PDE, PDI, PEM
Program ID: 320-05-11-042

Travis AFB**David Grant Medical Center Program**

Sponsor: David Grant Medical Center
 University of California (Davis) Medical Center
Prgm Director: Mary M Pelszynski, MD
 60MDG/SGOC
 101 Bodin Circle
 Travis AFB, CA 94535
Tel: 707 423-7176 *Fax:* 707 423-7446
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 320-05-11-001
 US Armed Services Program

Colorado**Denver****University of Colorado Program**

Sponsor: University of Colorado School of Medicine
 Children's Hospital (The)
 Denver Health Medical Center
Prgm Director: Adam A Rosenberg, MD
 1056 E 19th Avenue
 Medical Education B158
 Denver, CO 80218
Tel: 303 861-6738 *Fax:* 303 764-8189
Length: 3 Yrs *ACGME Approved/Offered Positions:* 72
Subspecialties: ADL, CCP, NPM, PDC, PDE, PDI, PDP, PEM, PG, PHO
Program ID: 320-07-21-043

Connecticut**Farmington****University of Connecticut Program**

Sponsor: University of Connecticut School of Medicine
 Connecticut Children's Medical Center
Prgm Director: Edwin L Zalneraitis, MD
 Department of Pediatrics
 263 Farmington Avenue
 Farmington, CT 06030
Tel: 860 545-9970 *Fax:* 860 545-9159
E-mail: avelez@ccmckids.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 63
Subspecialties: NPM, PDE, PDP
Program ID: 320-08-21-045

New Haven**Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
Prgm Director: Alan H Friedman, MD
 Department of Pediatrics
 383 Cedar Street, PO Box 208064
 New Haven, CT 06520
Tel: 203 785-3898 *Fax:* 203 737-2461
Length: 3 Yrs *ACGME Approved/Offered Positions:* 59
Subspecialties: CCP, DBP, NPM, PDC, PDE, PDI, PDP, PEM, PG, PHO, PN
Program ID: 320-08-21-046

Delaware**Wilmington****Thomas Jefferson University/duPont Hospital for Children Program**

Sponsor: Thomas Jefferson University Hospital
 Alfred I duPont Hospital for Children
Prgm Director: Steven M Selbst, MD
 1600 Rockland Road
 PO Box 269
 Wilmington, DE 19803
Tel: 302 651-5874 *Fax:* 302 651-5954
Length: 3 Yrs *ACGME Approved/Offered Positions:* 61
Subspecialties: CCP, NPM, PEM, PG, PPR
Program ID: 320-41-21-210

District of Columbia**Washington****Children's National Medical Center/George Washington University Program**

Sponsor: Children's National Medical Center
 Howard University Hospital
Prgm Director: Bernhard L Wiedermann, MD
 111 Michigan Avenue, NW
 Suite W3.5-600
 Washington, DC 20010
Tel: 202 884-3950 *Fax:* 202 884-4741
Length: 3 Yrs *ACGME Approved/Offered Positions:* 90
Subspecialties: ADL, CCP, NPM, PDC, PDI, PDP, PEM, PHO
Program ID: 320-10-21-051

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Prgm Director: Wolfgang P Rennert, MD
 Department of Pediatrics
 3800 Reservoir Road, NW, 2 PHC
 Washington, DC 20007
Tel: 202 444-8882 *Fax:* 202 444-1359
E-mail: gupedres@gunet.georgetown.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: NPM, PDE
Program ID: 320-10-21-050

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine
 Shands Hospital at the University of Florida
Prgm Director: Maureen A Novak, MD*
 PO Box 100296, UFHSC
 Gainesville, FL 32610
Tel: 352 265-0451 *Fax:* 352 265-0621
Length: 3 Yrs *ACGME Approved/Offered Positions:* 45
Subspecialties: CCP, NPM, PDC, PDE, PDP, PG, PHO, PN
Program ID: 320-11-31-053

Jacksonville**University of Florida Health Science Center/Jacksonville at Wolfson Children's Hospital Program**

Sponsor: University of Florida College of Medicine at Jacksonville
 Shands Jacksonville Medical Center
 Wolfson Children's Hospital
Prgm Director: James Kirk, DO
 Pediatrics Office of Medical Education
 655 West 8th Street
 Jacksonville, FL 32209
Tel: 904 244-7260 *Fax:* 904 244-4845
E-mail: jim.kirk@jax.ufl.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 33
Subspecialties: PDI
Program ID: 320-11-21-055

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Barry Gelman, MD
 Department of Pediatrics (R-131)
 PO Box 016960
 Miami, FL 33101
Tel: 305 585-6042 *Fax:* 305 545-6018
E-mail: pedires@um-jmh.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 64
Subspecialties: CCP, NPM, PDC, PDE, PDI, PDP, PG, PN
Program ID: 320-11-11-056

Miami Children's Hospital Program

Sponsor: Miami Children's Hospital
Prgm Director: Christian C Patrick, MD, PhD
 3100 SW 62nd Avenue
 Miami, FL 33155
Tel: 305 666-6511 *Fax:* 305 669-6531
Length: 3 Yrs *ACGME Approved/Offered Positions:* 69
Subspecialties: ADL, CCP, PEM
Program ID: 320-11-12-057

Orlando**Orlando Regional Healthcare Program**

Sponsor: Orlando Regional Healthcare
 Arnold Palmer Hospital for Children and Women
 Orlando Regional Medical Center
Prgm Director: Joan Y Meek, MD, MS*
 Medical Education Pediatrics
 86 West Underwood Street, Suite 202
 Orlando, FL 32806
Tel: 407 649-6876 *Fax:* 407 872-0544
E-mail: jymeek@orhs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Program ID: 320-11-31-058

Pensacola

University of Florida College of Medicine (Pensacola) Program

Sponsor: University of Florida College of Medicine
Sacred Heart Hospital of Pensacola
Prgm Director: Edward C Kohaut, MD
5151 North Ninth Avenue
Pensacola, FL 32504
Tel: 850 416-7658 *Fax:* 850 416-7677
E-mail: ekohaut@nemours.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 320-11-21-059

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
All Children's Hospital
Tampa General Hospital
Prgm Director: Lynn Ringenberg, MD
801 6th Street South
St Petersburg, FL 33701
Tel: 727 767-4106 *Fax:* 727 767-8804
Length: 3 Yrs *ACGME Approved/Offered Positions:* 67
Subspecialties: NPM
Program ID: 320-11-21-060

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta at Egleston
Grady Health System
Prgm Director: Susie Buchter, MD
Department of Pediatrics
49 Jesse Hill Jr Dr, SE
Atlanta, GA 30303
Tel: 404 778-1440 *Fax:* 404 778-1401
E-mail: residency@oz.ped.emory.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 54
Subspecialties: CCP, NPM, PDC, PDE, PDI, PEM, PG, PHO
Program ID: 320-12-21-061

Morehouse School of Medicine Program

Sponsor: Morehouse School of Medicine
Grady Health System
Prgm Director: Jalal A Zuberi, MD
720 Westview Drive, SW
Atlanta, GA 30310
Tel: 404 756-1331 *Fax:* 404 756-1312
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 320-12-21-414

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Prgm Director: Valera L Hudson, MD
1446 Harper Street
BG 2101A
Augusta, GA 30912
Tel: 706 721-9442 *Fax:* 706 721-9463
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: CCP, NPM, PDC
Program ID: 320-12-21-062

Macon

Mercer University School of Medicine Program

Sponsor: Medical Center of Central Georgia
Prgm Director: Debbie West, MD*
777 Hemlock Street
Hospital Box 42
Macon, GA 31201
Tel: 912 633-7500 *Fax:* 912 633-5002
Length: 3 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 320-12-21-398

Savannah

Mercer University School of Medicine (Savannah) Program

Sponsor: Memorial Health-University Medical Center
Prgm Director: Eric M Pearlman, MD, PhD*
4700 Waters Avenue
PO Box 23089
Savannah, GA 31403
Tel: 912 350-8193 *Fax:* 912 350-3604
E-mail: chapmde1@memorialhealth.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 320-12-21-400

Hawaii

Honolulu

Tripler Army Medical Center Program

Sponsor: Tripler Army Medical Center
Prgm Director: Robert C Pedersen, MD
1 Jarrett White Road, MCHK-PE
Tripler AMC, HI 96859
Tel: 808 433-6345 *Fax:* 808 433-4837
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 320-14-21-007
US Armed Services Program

University of Hawaii Program

Sponsor: University of Hawaii John A Burns School of Medicine
Kapiolani Medical Center for Women and Children
Prgm Director: Christian Derauf, MD
1319 Punahou Street 7th Floor
Pediatrics
Honolulu, HI 96826
Tel: 808 983-8387 *Fax:* 808 983-6994
E-mail: mkeawe@hawaii.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: NPM
Program ID: 320-14-21-063

Illinois

Chicago

Cook County Hospital Program

Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Sudha Rao, MD
Department of Pediatrics
1900 W Polk Street, Room 1135
Chicago, IL 60612
Tel: 312 864-4154 *Fax:* 312 864-9717
E-mail: sudharao@msn.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: NPM
Program ID: 320-16-11-065

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Prgm Director: Sharon M Unti, MD
2300 Children's Plaza #18
Chicago, IL 60614
Tel: 773 880-4302 *Fax:* 773 880-3067
Length: 3 Yrs *ACGME Approved/Offered Positions:* 93
Subspecialties: CCP, NPM, PDC, PDE, PDI, PDP, PEM, PG, PHO, PN, PPR
Program ID: 320-16-21-070

Mount Sinai Hospital Medical Center of Chicago Program

Sponsor: Mount Sinai Hospital Medical Center of Chicago
Prgm Director: Michael S Lotke, MD
Department of Pediatrics, F-444
California Avenue at 15th Street
Chicago, IL 60608
Tel: 773 257-6184 *Fax:* 773 257-6193
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 320-16-21-408

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Karen R Judy, MD
Jones Building, Room 770
1653 W Congress Parkway
Chicago, IL 60612
Tel: 312 942-8928 *Fax:* 312 942-2243
Length: 3 Yrs *ACGME Approved/Offered Positions:* 41
Program ID: 320-16-31-069

University of Chicago Program

Sponsor: University of Chicago Hospitals
University of Chicago Children's Hospital
Prgm Director: Madelyn Kahana, MD
Department of Pediatrics
6841 S Maryland Avenue, MC 6380
Chicago, IL 60637
Tel: 773 702-5444 *Fax:* 773 834-0748
E-mail: recruitment@peds.bsd.uchicago.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: CCP, DBP, NPM, PDC, PDE, PDI, PG, PHO, PPR
Program ID: 320-16-11-073

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
Prgm Director: Peter A Noronha, MD
Department of Pediatrics (MC 856)
840 South Wood Street
Chicago, IL 60612
Tel: 312 996-6043 *Fax:* 312 413-0243
Length: 3 Yrs *ACGME Approved/Offered Positions:* 47
Subspecialties: NPM, PDE
Program ID: 320-16-11-074

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Prgm Director: Miriam Bar-on, MD
2160 S First Avenue
Maywood, IL 60153
Tel: 708 327-9124 *Fax:* 708 327-9132
E-mail: mstonik@lumc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 38
Subspecialties: NPM
Program ID: 320-16-21-075

Oak Lawn**Advocate Christ Medical Center Program**

Sponsor: Advocate Christ Medical Center
Prgm Director: Larry M Roy, MD
 4440 West 95th Street
 Oak Lawn, IL 60453
Tel: 708 346-5682 *Fax:* 708 346-3142
E-mail: larry.roy@advocatehealth.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Subspecialties: CCP, PDC
Program ID: 320-16-21-382

Park Ridge**Advocate Lutheran General Hospital Program**

Sponsor: Advocate Lutheran General Hospital
Prgm Director: Kristi Lundblad, MD
 1775 Dempster Street, 2 South
 Park Ridge, IL 60068
Tel: 847 723-5986 *Fax:* 847 723-2325
E-mail: judy.fregetto@advocatehealth.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: CCP, NPM
Program ID: 320-16-12-077

Peoria**University of Illinois College of Medicine at Peoria Program**

Sponsor: University of Illinois College of Medicine at Peoria
 OSF St Francis Medical Center
Prgm Director: Jalayne M Lapke, MD
 OSF Saint Francis Medical Center
 530 NE Glen Oak Avenue
 Peoria, IL 61637
Tel: 309 655-2274 *Fax:* 309 655-2565
Length: 3 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 320-16-21-078

Springfield**Southern Illinois University Program**

Sponsor: Southern Illinois University School of Medicine
 St John's Hospital
Prgm Director: Randy A Kienstra, MD
 Dept of Pediatrics, PO Box 19658
 301 North 8th Street
 Springfield, IL 62794
Tel: 217 545-7732 *Fax:* 217 545-4117
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 320-16-21-079

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
 Clarian Riley Hospital for Children
Prgm Director: Jerry L Rushton, MD
 5867 Riley Hospital
 702 Barnhill Drive
 Indianapolis, IN 46202
Tel: 317 274-4034 *Fax:* 317 274-1476
E-mail: prp@iupui.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 108
Subspecialties: ADL, NPM, PDC, PDE, PDP, PG, PHO, PPR
Program ID: 320-17-21-080

Iowa**Des Moines****Central Iowa Health System (Iowa Methodist Medical Center) Program**

Sponsor: Central Iowa Health System (Iowa Methodist/Iowa Lutheran)
Prgm Director: Ken L Cheyne, MD
 1200 Pleasant Street
 Des Moines, IA 50309
Tel: 515 241-4497 *Fax:* 515 241-4405
E-mail: pedresid@ihs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 320-18-31-082

Iowa City**University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Thomas N George, MD
 Department of Pediatrics
 200 Hawkins Drive, 2576 JCP
 Iowa City, IA 52242
Tel: 319 356-3568 *Fax:* 319 356-4855
E-mail: peds-res@uiowa.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: CCP, DBP, NPM, PDC, PDE, PDP, PG, PHO
Program ID: 320-18-11-083

Kansas**Kansas City****University of Kansas Medical Center Program**

Sponsor: University of Kansas School of Medicine
 University of Kansas Medical Center
Prgm Director: Pamela K Shaw, MD
 Department of Pediatrics
 3901 Rainbow Blvd
 Kansas City, KS 66160
Tel: 913 588-6917 *Fax:* 913 588-6319
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: DBP
Program ID: 320-19-11-084

Wichita**University of Kansas (Wichita) Program**

Sponsor: University of Kansas School of Medicine
 (Wichita)
 Wesley Medical Center
Prgm Director: Katherine J Melhorn, MD
 1010 North Kansas
 Wichita, KS 67214
Tel: 316 293-2631 *Fax:* 316 293-2689
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 320-19-21-086

Kentucky**Lexington****University of Kentucky College of Medicine Program**

Sponsor: University of Kentucky College of Medicine
 University of Kentucky Hospital
Prgm Director: Lynn R Campbell, MD
 Kentucky Clinic Room J 430
 740 South Limestone Street
 Lexington, KY 40536
Tel: 859 323-6426 *Fax:* 859 257-7706
Length: 3 Yrs *ACGME Approved/Offered Positions:* 45
Subspecialties: NPM
Program ID: 320-20-21-087

Louisville**University of Louisville Program**

Sponsor: University of Louisville School of Medicine
 Kosair Children's Hospital (Norton Healthcare, Inc)
Prgm Director: John L Roberts, MD
 571 S Floyd Street
 Suite 300
 Louisville, KY 40202
Tel: 502 629-8828 *Fax:* 502 629-6783
Length: 3 Yrs *ACGME Approved/Offered Positions:* 65
Subspecialties: CCP, NPM, PDE, PDI, PEM, PG
Program ID: 320-20-21-088

Louisiana**New Orleans****Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine
 Children's Hospital
 Medical Center of Louisiana at New Orleans
Prgm Director: Bonnie Desselle, MD
 Department of Pediatrics T8-1
 1542 Tulane Avenue
 New Orleans, LA 70112
Tel: 504 896-9263 *Fax:* 504 896-3993
E-mail: bdesse@lsuhsc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 65
Subspecialties: NPM, PDE, PG, PHO
Program ID: 320-21-21-090

Tulane University Program

Sponsor: Tulane University School of Medicine
 Medical Center of Louisiana at New Orleans
 Ochsner Clinic Foundation
 Tulane Hospital for Children
Prgm Director: Hosea J Doucet, MD, MPH
 1430 Tulane Avenue, SL-37
 New Orleans, LA 70112
Tel: 504 588-5458 *Fax:* 504 988-6808
Length: 3 Yrs *ACGME Approved/Offered Positions:* 45
Subspecialties: PDC, PDI, PDP, PN
Program ID: 320-21-21-092

Shreveport**Louisiana State University (Shreveport) Program**

Sponsor: LSU Health Sciences Center-University
 Hospital
Prgm Director: Joseph A Bocchini, MD
 Dept of Pediatrics, LSUHSC-S
 1501 Kings Highway, PO Box 33932
 Shreveport, LA 71130
Tel: 318 675-6076 *Fax:* 318 675-6059
Length: 3 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: NPM
Program ID: 320-21-11-093

Maine**Portland****Maine Medical Center Program**

Sponsor: Maine Medical Center
Prgm Director: Brian P Youth, MD*
 The Barbara Bush Children's Hospital
 22 Bramhall Street
 Portland, ME 04102
Tel: 207 662-2353 *Fax:* 207 662-6272
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 320-22-11-094

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Julia A McMillan, MD
CMSC 2-124
600 North Wolfe Street
Baltimore, MD 21287
Tel: 410 955-2727 *Fax:* 410 955-8850
Length: 3 Yrs *ACGME Approved/Offered Positions:* 81
Subspecialties: ADL, CCP, NPM, PDC, PDE, PDI, PDP, PEM, PG, PHO, PN
Program ID: 320-23-21-096

Sinai Hospital of Baltimore Program

Sponsor: Sinai Hospital of Baltimore
Prgm Director: Ina Stephens, MD
2401 West Belvedere Avenue
Baltimore, MD 21215
Tel: 410 601-5303 *Fax:* 410 601-8766
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 320-23-21-099

University of Maryland Program

Sponsor: University of Maryland Medical System
Prgm Director: Carol Carraccio, MD
22 S Greene Street, Room N5W56
Baltimore, MD 21201
Tel: 410 328-5213 *Fax:* 410 328-0646
Length: 3 Yrs *ACGME Approved/Offered Positions:* 49
Subspecialties: CCP, DBP, NPM, PDE, PDI, PG
Program ID: 320-23-21-100

Bethesda

National Capital Consortium Program

Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Prgm Director: Clifton E Yu, MD
Department of Pediatrics
6900 Georgia Avenue NW
Washington, DC 20307
Tel: 202 782-1899 *Fax:* 301 295-5657
Length: 3 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: NPM, PDE, PDI, PG, PHO
Program ID: 320-10-21-401
US Armed Services Program

Massachusetts

Boston

Children's Hospital/Boston Medical Center Program

Sponsor: Children's Hospital
Boston Medical Center
Prgm Director: Frederick H Lovejoy, MD
300 Longwood Avenue
Boston, MA 02115
Tel: 617 355-6605 *Fax:* 617 730-0469
Length: 3 Yrs *ACGME Approved/Offered Positions:* 117
Subspecialties: ADL, CCP, DBP, NPM, PDC, PDE, PDI, PDP, PEM, PG, PHO, PN, PPR, PSM
Program ID: 320-24-21-403

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: Emmett V Schmidt, MD, PhD
15 Parkman Street WAC 731
Boston, MA 02114
Tel: 617 724-7505 *Fax:* 617 726-5961
Length: 3 Yrs *ACGME Approved/Offered Positions:* 49
Subspecialties: CCP, PDE, PDP, PN
Program ID: 320-24-31-103

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: Lynne Karlson, MD
750 Washington Street, Box 391
Boston, MA 02111
Tel: 617 636-5241 *Fax:* 617 636-7719
Length: 3 Yrs *ACGME Approved/Offered Positions:* 38
Subspecialties: NPM, PG, PPR
Program ID: 320-24-21-104

Springfield

Baystate Medical Center/Tufts University School of Medicine Program

Sponsor: Baystate Medical Center
Prgm Director: Barbara W Stechenberg, MD
759 Chestnut Street
Springfield, MA 01199
Tel: 413 794-5379 *Fax:* 413 794-3623
Length: 3 Yrs *ACGME Approved/Offered Positions:* 35
Program ID: 320-24-12-106

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Prgm Director: William J Durbin, MD
University Campus
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 856-3590 *Fax:* 508 856-3779
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: NPM
Program ID: 320-24-21-107

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Mary Ellen Bozynski, MD, MS
1500 E Medical Center Dr
D3232 MPB
Ann Arbor, MI 48109
Tel: 734 764-1258 *Fax:* 734 763-4208
Length: 3 Yrs *ACGME Approved/Offered Positions:* 64
Subspecialties: CCP, NPM, PDC, PDE, PDI, PDP, PG, PHO, PN, PPR
Program ID: 320-25-21-109

Detroit

St John Hospital and Medical Center Program

Sponsor: St John Hospital and Medical Center
Prgm Director: Douglas K Ziegler, MD
22151 Moross Road, Suite 222
Detroit, MI 48236
Tel: 313 343-7979 *Fax:* 313 343-3939
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 320-25-11-113

Wayne State University/Detroit Medical Center/Children's Hospital of Michigan Program

Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Prgm Director: Anne Mortensen, MD*
3901 Beaubien Boulevard
Office of Pediatric Education
Detroit, MI 48201
Tel: 313 966-0254 *Fax:* 313 993-7118
E-mail: chomped@wayne.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 81
Subspecialties: CCP, NPM, PDC, PDI, PEM, PG, PHO, PN
Program ID: 320-25-21-110

Flint

Hurley Medical Center/Michigan State University Program

Sponsor: Hurley Medical Center
Prgm Director: Melissa Hamp, MD, MPH
3W Pediatric Education
One Hurley Plaza
Flint, MI 48503
Tel: 810 257-9283 *Fax:* 810 257-9736
E-mail: MHAMP1@hurleymc.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 320-25-31-115

Grand Rapids

Grand Rapids Medical Education and Research Center/Michigan State University Program

Sponsor: Grand Rapids Medical Education and Research Center
Spectrum Health-Butterworth Campus
Prgm Director: Annamaria T Church, MD
1000 Monroe Ave NW
Grand Rapids, MI 49503
Tel: 616 391-8701 *Fax:* 616 391-2255
E-mail: kimberly.longstreet@spectrum-health.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 38
Subspecialties: PHO
Program ID: 320-25-21-116

Kalamazoo

Kalamazoo Center for Medical Studies/ Michigan State University Program

Sponsor: Michigan State Univ-Kalamazoo Center for Medical Studies
Bronson Methodist Hospital
Prgm Director: Donald E Greycanus, MD
1000 Oakland Drive
Kalamazoo, MI 49008
Tel: 269 337-6450 *Fax:* 269 337-6474
Length: 3 Yrs *ACGME Approved/Offered Positions:* 23
Program ID: 320-25-21-391

Lansing

Michigan State University Program

Sponsor: Michigan State University College of Human Medicine
Sparrow Hospital
Prgm Director: Peter J Jennings, MD
Sparrow Hospital
PO Box 30490
Lansing, MI 48909
Tel: 517 364-2856 *Fax:* 517 374-4017
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: NPM
Program ID: 320-25-21-114

Royal Oak

William Beaumont Hospital Program

Sponsor: William Beaumont Hospital
Prgm Director: Kalli J Doyle, MD
3601 W 13 Mile Road
Royal Oak, MI 48073
Tel: 248 898-0413 *Fax:* 248 898-5978
Length: 3 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 320-25-12-119

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School
Children's Hospitals & Clinics - St Paul
Fairview-University Medical Center
Prgm Director: Julie Hauer, MD
Mayo Mail Code 391
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612 626-4114 *Fax:* 612 626-7042
E-mail: rile0032@umn.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 93
Subspecialties: ADL, CCP, DBP, NPM, PDC, PDE, PDI,
PDP, PEM, PG, PHO, PN
Program ID: 320-26-21-120

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
St Mary's Hospital of Rochester
Prgm Director: Garth F Asay, MD
200 First Street, SW
Rochester, MN 55905
Tel: 507 266-9397 *Fax:* 507 266-9399
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: PDC, PDE, PDI, PG, PHO
Program ID: 320-26-21-121

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Prgm Director: Gail C Megason, MD
2500 North State Street
Jackson, MS 39216
Tel: 601 984-2714 *Fax:* 601 984-5279
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: PHO
Program ID: 320-27-12-122

Keesler AFB

Keesler Medical Center Program

Sponsor: Keesler Medical Center
Prgm Director: Lt Col William T Boleman, MD*
Department of Pediatrics (SGOC)
301 Fisher Street, Suite 1A132
Keesler AFB, MS 39534
Tel: 228 377-6621 *Fax:* 228 377-6789
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 320-27-12-002
US Armed Services Program

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine
Columbia Regional Hospital
University Hospitals and Clinics
Prgm Director: David P Robinson, MD
Dept of Child Hlth, Room N-702
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-4438 *Fax:* 573 884-5226
Length: 3 Yrs *ACGME Approved/Offered Positions:* 23
Subspecialties: NPM
Program ID: 320-28-11-123

Kansas City

University of Missouri at Kansas City Program

Sponsor: University of Missouri-Kansas City School of Medicine
Children's Mercy Hospital
Prgm Director: Joanne Kennedy, MD
2401 Gillham Road
Kansas City, MO 64108
Tel: 816 234-3371 *Fax:* 816 346-1328
E-mail: jkennedy@cmh.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 60
Subspecialties: NPM, PDE, PDI, PEM, PG, PHO, PN
Program ID: 320-28-11-124

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
Prgm Director: Richard C Barry, MD
1465 S Grand Blvd
St Louis, MO 63104
Tel: 314 577-5634 *Fax:* 314 577-5616
E-mail: pedsres@slu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Subspecialties: NPM, PEM, PPR
Program ID: 320-28-21-127

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
St Louis Children's Hospital
Prgm Director: Andrew J White, MD
Department of Pediatrics
One Children's Place
St Louis, MO 63110
Tel: 314 454-6006 *Fax:* 314 454-4102
E-mail: white@kids.wustl.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 69
Subspecialties: CCP, NPM, PDC, PDE, PDI, PDP, PEM,
PG, PHO, PN, PPR
Program ID: 320-28-11-125

Nebraska

Omaha

University of Nebraska Medical Center College of Medicine/Creighton University Program

Sponsor: University of Nebraska Medical Center College of Medicine
Children's Hospital
The Nebraska Medical Center
Prgm Director: John N Walburn, MD
982185 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-5380 *Fax:* 402 559-5137
Length: 3 Yrs *ACGME Approved/Offered Positions:* 45
Subspecialties: PDI, PG
Program ID: 320-30-21-383

Nevada

Las Vegas

University of Nevada Program

Sponsor: University of Nevada School of Medicine
University Medical Center of Southern Nevada
Sunrise Hospital and Medical Center
Prgm Director: Andrew M Eissen, MD
Department of Pediatrics
2040 West Charleston Blvd, #402
Las Vegas, NV 89102
Tel: 702 671-2236 *Fax:* 702 671-2233
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 320-31-21-407

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: Carole A Stashwick, MD, PhD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 653-6080 *Fax:* 603 653-6050
E-mail: pediatric.residency.program@hitchcock.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Subspecialties: NPM
Program ID: 320-32-22-130

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program

Sponsor: Cooper Hospital-University Medical Center
Prgm Director: William R Graessle, MD
Department of Pediatrics
E&R Bldg, 401 Haddon Ave, 3rd floor
Camden, NJ 08103
Tel: 856 757-7904 *Fax:* 856 968-9598
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: CCP
Program ID: 320-33-31-251

Florham Park

Atlantic Health System Program

Sponsor: Atlantic Health System
 Morristown Memorial Hospital
 Overlook Hospital
Prgm Director: Alan Meltzer, MD*
 Pediatric Medical Education - Box 10
 100 Madison Avenue
 Morristown, NJ 07962
Tel: 973 971-7802 *Fax:* 973 290-7693
E-mail: alan.meltzer@ahsys.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 320-33-21-412

Jersey City

Mount Sinai School of Medicine (Jersey City) Program

Sponsor: Mount Sinai School of Medicine
 Jersey City Medical Center
Prgm Director: Richard J Bonforte, MD
 Department of Pediatrics
 355 Grand Street, 5 East, Room 003
 Jersey City, NJ 07304
Tel: 201 915-2455 *Fax:* 201 915-2450
E-mail: Peds@Libertyhcs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 320-33-21-131

Long Branch

Monmouth Medical Center Program

Sponsor: Monmouth Medical Center
Prgm Director: Kirby D Rekedal, MD
 300 Second Avenue
 Long Branch, NJ 07740
Tel: 732 923-7250 *Fax:* 732 923-7255
Length: 3 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 320-33-11-133

Neptune

Jersey Shore University Medical Center Program

Sponsor: Jersey Shore University Medical Center
Prgm Director: Alan Cabasso, MD
 1945 State Route 33
 PO Box 397
 Neptune, NJ 07754
Tel: 732 776-4267 *Fax:* 732 776-3161
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: PSM
Program ID: 320-33-11-134

New Brunswick

St Peter's University Hospital Program

Sponsor: St Peter's University Hospital
Prgm Director: William Bernstein, MD
 254 Easton Avenue
 New Brunswick, NJ 08901
Tel: 732 745-8600 *Fax:* 732 828-6825
E-mail: cmendez@saintpetersuh.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 320-33-31-419

UMDNJ-Robert Wood Johnson Medical School Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School
 Robert Wood Johnson University Hospital
 St Peter's University Hospital
Prgm Director: Dalya L Chefitz, MD
 125 Paterson Street
 Dept of Pediatrics/MEB Room 308
 New Brunswick, NJ 08903
Tel: 732 235-7883 *Fax:* 732 235-7345
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: NPM
Program ID: 320-33-21-136

Newark

Newark Beth Israel Medical Center Program

Sponsor: Newark Beth Israel Medical Center
 St Barnabas Medical Center
Prgm Director: Joshua S Rosenblatt, MD
 201 Lyons Avenue
 Newark, NJ 07112
Tel: 973 926-3233 *Fax:* 973 923-2441
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 320-33-21-362

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
 Hackensack University Medical Center
 UMDNJ-University Hospital
Prgm Director: Susan G Mautone, MD
 185 South Orange Avenue F 584
 Newark, NJ 07103
Tel: 973 972-7160 *Fax:* 973 972-1019
Length: 3 Yrs *ACGME Approved/Offered Positions:* 57
Subspecialties: PDI
Program ID: 320-33-21-135

Paterson

Mount Sinai School of Medicine (St Joseph's Regional Medical Center) Program

Sponsor: Mount Sinai School of Medicine
 St Joseph's Regional Medical Center
Prgm Director: Thomas J Daley, MD
 703 Main Street
 Paterson, NJ 07503
Tel: 973 754-2543 *Fax:* 973 754-2546
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 320-33-21-364

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
 University of New Mexico Health Sciences
Prgm Director: Benjamin D Hoffman, MD
 Department of Pediatrics
 MSC10 5590
 Albuquerque, NM 87131
Tel: 505 272-3909 *Fax:* 505 272-6845
E-mail: bhoffman@salud.unm.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 33
Subspecialties: NPM, PDP, PHO
Program ID: 320-34-11-138

New York

Albany

Albany Medical Center Program

Sponsor: Albany Medical Center
Prgm Director: Irene N Sills, MD
 47 New Scotland Avenue Mail Code 88
 Pediatric Housestaff Office
 Albany, NY 12208
Tel: 518 262-5626 *Fax:* 518 262-6776
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: NPM
Program ID: 320-35-21-139

Bronx

Albert Einstein College of Medicine (Jacobi) Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Jacobi Medical Center
Prgm Director: Auxford Burks, MD
 1400 Pelham Parkway South
 Jacobi Room 829
 Bronx, NY 10461
Tel: 718 918-6315 *Fax:* 718 918-6960
Length: 3 Yrs *ACGME Approved/Offered Positions:* 45
Subspecialties: PEM
Program ID: 320-35-21-410

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Catherine C Skae, MD
 111 East 210th Street
 Bronx, NY 10467
Tel: 718 741-6490 *Fax:* 718 654-6692
Length: 3 Yrs *ACGME Approved/Offered Positions:* 69
Subspecialties: ADL, CCP, DBP, NPM, PDE, PDI, PEM, PG, PHO, PN
Program ID: 320-35-21-363

Bronx-Lebanon Hospital Center Program

Sponsor: Bronx-Lebanon Hospital Center
Prgm Director: Ayoade O Adeniyi, MD
 1650 Selwyn Avenue
 Bronx, NY 10457
Tel: 718 960-1417 *Fax:* 718 518-5124
Length: 3 Yrs *ACGME Approved/Offered Positions:* 45
Program ID: 320-35-11-146

Lincoln Medical and Mental Health Center Program

Sponsor: Lincoln Medical and Mental Health Center
Prgm Director: Hermann Mendez, MD
 Department of Pediatrics
 234 East 149th Street
 Bronx, NY 10451
Tel: 718 579-5800 *Fax:* 718 579-4700
Length: 3 Yrs *ACGME Approved/Offered Positions:* 51
Program ID: 320-35-31-394

St Barnabas Hospital Program

Sponsor: St Barnabas Hospital
Prgm Director: David H Rubin, MD
 4422 Third Avenue
 Bronx, NY 10457
Tel: 718 960-9331 *Fax:* 718 960-3792
E-mail: drubin@stbarnabashospital.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 320-35-21-416

Brooklyn

Brookdale University Hospital and Medical Center Program

Sponsor: Brookdale University Hospital and Medical Center
Prgm Director: Myron Sokal, MD
 One Brookdale Plaza
 Room 300 CHC Bldg
 Brooklyn, NY 11212
Tel: 718 240-5629 *Fax:* 718 240-6515
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Program ID: 320-35-11-147

Brooklyn Hospital Center Program

Sponsor: Brooklyn Hospital Center
 Wyckoff Heights Medical Center
Prgm Director: Sarah A Rawstron, MD
 121 DeKalb Avenue
 Brooklyn, NY 11201
Tel: 718 250-6955 *Fax:* 718 250-8735
Length: 3 Yrs *ACGME Approved/Offered Positions:* 37
Program ID: 320-35-11-148

Long Island College Hospital Program

Sponsor: Long Island College Hospital
Beth Israel Medical Center
Prgm Director: Umit Emre, MD
339 Hicks Street
Brooklyn, NY 11201
Tel: 718 780-4892 *Fax:* 718 780-1480
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 320-35-11-154

Maimonides Medical Center/Infants and Children's Hospital of Brooklyn Program

Sponsor: Maimonides Medical Center
Coney Island Hospital
Prgm Director: Henry A Schaeffer, MD
4802 Tenth Avenue
Brooklyn, NY 11219
Tel: 718 283-8918 *Fax:* 718 635-8855
Length: 3 Yrs *ACGME Approved/Offered Positions:* 84
Program ID: 320-35-21-157

New York Methodist Hospital Program

Sponsor: New York Methodist Hospital
Prgm Director: Pramod Narula, MD
506 Sixth Street
Brooklyn, NY 11215
Tel: 718 780-5260 *Fax:* 718 780-3266
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 320-35-11-158

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Staten Island University Hospital
University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Stephen Wadowski, MD
450 Clarkson Avenue, Box #49
Brooklyn, NY 11203
Tel: 718 270-2078 *Fax:* 718 270-1985
E-mail: pediatrics@downstate.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 111
Subspecialties: ADL, PDE, PDI, PDP, PG, PHO, PN
Program ID: 320-35-21-173

Woodhull Medical and Mental Health Center Program

Sponsor: Woodhull Medical and Mental Health Center
Prgm Director: John W Moohr, MD
Department of Pediatrics
760 Broadway
Brooklyn, NY 11206
Tel: 718 963-7956 *Fax:* 718 963-7957
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 320-35-32-387

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
Kaleida Health System (Women and Children's Hosp of Buffalo)
Prgm Director: Gerald E Daigler, MD
219 Bryant Street
Buffalo, NY 14222
Tel: 716 878-7355 *Fax:* 716 878-7185
Length: 3 Yrs *ACGME Approved/Offered Positions:* 46
Subspecialties: CCP, NPM, PDE, PEM, PG, PHO, PN
Program ID: 320-35-21-140

East Meadow**Nassau University Medical Center Program**

Sponsor: Nassau University Medical Center
Prgm Director: Stephen P Katz, MD
2201 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 572-6177 *Fax:* 516 572-5483
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 320-35-21-141

Elmhurst**Mount Sinai School of Medicine (Elmhurst) Program**

Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Prgm Director: Melvin Gertner, MD
79-01 Broadway
Elmhurst, NY 11373
Tel: 718 334-3380 *Fax:* 718 334-2862
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Program ID: 320-35-21-162

Flushing**Flushing Hospital Medical Center Program**

Sponsor: Flushing Hospital Medical Center
Jamaica Hospital Medical Center
Prgm Director: Susana Rapaport, MD
4500 Parsons Boulevard
Flushing, NY 11355
Tel: 718 670-5535 *Fax:* 718 670-3031
E-mail: rdisanza.flushing@jhmc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 25
Program ID: 320-35-31-261

Great Neck**North Shore-Long Island Jewish Health System/Schneider Children's Hospital Program**

Sponsor: North Shore-Long Island Jewish Health System
Schneider Children's Hospital at Long Island Jewish
Med Ctr
Schneider Children's Hospital at North Shore University
Hosp
Prgm Director: Harvey W Aiges, MD
269-01 76th Ave
New Hyde Park, NY 11040
Tel: 516 562-4630 *Fax:* 516 562-1518
Length: 3 Yrs *ACGME Approved/Offered Positions:* 123
Subspecialties: CCP, NPM, PDC, PDI, PEM, PHO, PPR
Program ID: 320-35-21-155

Mineola**Winthrop-University Hospital Program**

Sponsor: Winthrop-University Hospital
Prgm Director: Jill Leavens-Maurer, MD
259 First Street
Mineola, NY 11501
Tel: 516 663-2288 *Fax:* 516 663-8955
Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: PDE, PDP
Program ID: 320-35-11-143

New York**Harlem Hospital Center Program**

Sponsor: Harlem Hospital Center
Prgm Director: Stephen Nicholas, MD
Harlem Hospital Center
506 Lenox Avenue
New York, NY 10037
Tel: 212 939-4012 *Fax:* 212 939-4015
E-mail: pf16@columbia.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 320-35-11-151

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Joel A Forman, MD
One Gustave L Levy Place, Box 1512
New York, NY 10029
Tel: 212 241-6934 *Fax:* 212 241-4309
Length: 3 Yrs *ACGME Approved/Offered Positions:* 54
Subspecialties: ADL, NPM, PDC, PDE, PDI, PDP, PEM, PG, PN
Program ID: 320-35-11-161

New York Medical College (Metropolitan) Program

Sponsor: New York Medical College
Metropolitan Hospital Center
Westchester Medical Center
Prgm Director: Jason Mack, MD
1901 First Avenue
New York, NY 10029
Tel: 212 423-7834 *Fax:* 212 534-7831
E-mail: mackj@nychc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 320-35-21-393

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: Samuel D Grubman, MD
153 West 11th Street
New York, NY 10011
Tel: 212 604-7903 *Fax:* 212 604-2254
E-mail: sgrubman@svcmcn.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 23
Program ID: 320-35-11-170

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Elizabeth A Wedemeyer, MD
630 West 168th Street
New York, NY 10032
Tel: 212 305-8504 *Fax:* 212 305-8881
Length: 3 Yrs *ACGME Approved/Offered Positions:* 60
Subspecialties: CCP, NPM, PDC, PDE, PDI, PDP, PEM, PG, PHO, PPR
Program ID: 320-35-11-167

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Susan B Bostwick, MD, MBA
525 East 68th Street, Box 139
New York, NY 10021
Tel: 212 746-3131 *Fax:* 212 746-3140
Length: 3 Yrs *ACGME Approved/Offered Positions:* 60
Subspecialties: CCP, NPM, PDE, PDI, PDP, PEM, PG, PHO, PN, PPR
Program ID: 320-35-21-149

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
NYU Hospitals Center
Prgm Director: Robert M Lembo, MD
Department of Pediatrics
550 First Avenue
New York, NY 10016
Tel: 212 263-6425 *Fax:* 212 263-8172
E-mail: pedprog@med.nyu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 57
Subspecialties: DBP, NPM, PDC, PDE, PDI, PEM, PHO
Program ID: 320-35-21-166

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
Rochester General Hospital
Prgm Director: J Peter Harris, MD
Golisano Children's Hospital at Strong
601 Elmwood Ave, Box 777-R
Rochester, NY 14642
Tel: 585 275-6918 *Fax:* 585 442-6580
E-mail: chaspedres@urmc.rochester.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 64
Subspecialties: ADL, CCP, NPM, PDC, PDI, PDP, PG, PHO, PN
Program ID: 320-35-21-174

Staten Island

New York Medical College (Richmond) Program

Sponsor: New York Medical College
 St Vincent Catholic Medical Centers (Staten Island)
Prgm Director: Simon S Rabinowitz, PhD, MD*
 355 Bard Avenue
 Staten Island, NY 10310
 Tel: 718 818-4638 Fax: 718 818-2739
 E-mail: srabinowitz@svcmcnyc.org
 Length: 3 Yrs ACGME Approved/Offered Positions: 18
 Program ID: 320-35-11-171

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: Susan Guralnick, MD
 Department of Pediatrics
 HSC, T11-020
 Stony Brook, NY 11794
 Tel: 631 444-2020 Fax: 631 444-2894
 Length: 3 Yrs ACGME Approved/Offered Positions: 40
 Subspecialties: NPM, PDE, PDI, PN
 Program ID: 320-35-21-365

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
 Crouse Hospital
Prgm Director: John S Andrade, MD
 Department of Pediatrics
 750 E Adams Street
 Syracuse, NY 13210
 Tel: 315 464-5800 Fax: 315 464-7564
 Length: 3 Yrs ACGME Approved/Offered Positions: 36
 Subspecialties: PDC, PDI
 Program ID: 320-35-21-175

Valhalla

New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College
 Westchester Medical Center
Prgm Director: Theresa Hetzler, MD*
 Department of Pediatrics
 Munger Pavilion - Room 129
 Valhalla, NY 10595
 Tel: 914 493-1166 Fax: 914 594-3400
 Length: 3 Yrs ACGME Approved/Offered Positions: 48
 Subspecialties: NPM, PDP, PG
 Program ID: 320-35-11-176

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
 Moses H Cone Memorial Hospital
 Wake Medical Center
Prgm Director: Harvey J Hamrick, MD
 Pediatric Education Office
 UNC School of Medicine CB #7593
 Chapel Hill, NC 27599
 Tel: 919 966-3172 Fax: 919 966-8419
 Length: 3 Yrs ACGME Approved/Offered Positions: 56
 Subspecialties: CCP, NPM, PDE, PDP, PG, PHO, PN, PSM
 Program ID: 320-36-21-178

Charlotte

Carolinas Medical Center Program

Sponsor: Carolinas Medical Center
Prgm Director: Suzette S Caudle, MD
 Department of Pediatrics
 PO Box 32861
 Charlotte, NC 28232
 Tel: 704 355-3156 Fax: 704 355-5429
 Length: 3 Yrs ACGME Approved/Offered Positions: 24
 Program ID: 320-36-11-179

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Prgm Director: Joseph M Majure, MD
 DUMC Box 3127
 Durham, NC 27710
 Tel: 919 684-2356 Fax: 919 681-5825
 E-mail: duke.peds.res@mc.duke.edu
 Length: 3 Yrs ACGME Approved/Offered Positions: 54
 Subspecialties: CCP, NPM, PDC, PDE, PDI, PDP, PHO, PPR
 Program ID: 320-36-21-180

Greenville

Pitt County Memorial Hospital/East Carolina University Program

Sponsor: Pitt County Memorial Hospital
 East Carolina University School of Medicine
Prgm Director: Karin M Hillenbrand, MD*
 3E-139 Brody
 Greenville, NC 27858
 Tel: 252 744-3041 Fax: 252 744-2398
 Length: 3 Yrs ACGME Approved/Offered Positions: 42
 Subspecialties: NPM
 Program ID: 320-36-12-182

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Marcia M Wofford, MD
 Dept of Pediatrics
 Medical Center Boulevard
 Winston-Salem, NC 27157
 Tel: 336 716-2523 Fax: 336 716-2525
 Length: 3 Yrs ACGME Approved/Offered Positions: 39
 Subspecialties: NPM
 Program ID: 320-36-11-183

Ohio

Akron

Children's Hospital Medical Center of Akron/NEOUCOM Program

Sponsor: Children's Hospital Medical Center of Akron
Prgm Director: Jeffrey A Kempf, DO
 Department of Medical Education
 One Perkins Square
 Akron, OH 44308
 Tel: 330 543-3242 Fax: 330 543-8157
 E-mail: jkempf1@chmea.org
 Length: 3 Yrs ACGME Approved/Offered Positions: 40
 Subspecialties: PEM, PSM
 Program ID: 320-38-11-184

Cincinnati

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program

Sponsor: Cincinnati Children's Hospital Medical Center
Prgm Director: Javier A Gonzalez del Rey, MD
 3333 Burnet Avenue
 ML-5018
 Cincinnati, OH 45229
 Tel: 513 636-4906 Fax: 513 636-7905
 Length: 3 Yrs ACGME Approved/Offered Positions: 133
 Subspecialties: ADL, CCP, DBP, NPM, PDC, PDE, PDI, PDP, PEM, PG, PHO, PN, PPR
 Program ID: 320-38-21-185

Cleveland

Case Western Reserve University (MetroHealth) Program

Sponsor: MetroHealth Medical Center
Prgm Director: Abdulla K Gori, MD*
 2500 MetroHealth Drive
 Cleveland, OH 44109
 Tel: 216 778-5906 Fax: 216 778-4223
 E-mail: agori@Metrohealth.org
 Length: 3 Yrs ACGME Approved/Offered Positions: 36
 Subspecialties: ADL, NPM
 Program ID: 320-38-21-369

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Martha S Wright, MD*
 11100 Euclid Avenue
 Cleveland, OH 44106
 Tel: 216 844-3641 Fax: 216 844-7166
 Length: 3 Yrs ACGME Approved/Offered Positions: 81
 Subspecialties: CCP, NPM, PDC, PDE, PDI, PDP, PEM, PG, PHO, PN
 Program ID: 320-38-21-367

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Gary D Williams, MD
 9500 Euclid Avenue
 Cleveland, OH 44195
 Tel: 216 444-5510 Fax: 216 445-8241
 Length: 3 Yrs ACGME Approved/Offered Positions: 39
 Subspecialties: PDC, PDI, PG, PHO
 Program ID: 320-38-31-189

Columbus

Children's Hospital/Doctors Hospital Program

Sponsor: Children's Hospital (Columbus)
 Riverside Methodist Hospitals (OhioHealth)
Prgm Director: John D Mahan, MD
 700 Children's Drive, Room ED680
 Columbus, OH 43205
 Tel: 614 722-4419 Fax: 614 722-6132
 Length: 3 Yrs
 Program ID: 320-38-21-418

Children's Hospital/Ohio State University Program

Sponsor: Children's Hospital (Columbus)
Prgm Director: John D Mahan, MD
 700 Children's Drive - Room ED680
 Columbus, OH 43205
 Tel: 614 722-4419 Fax: 614 722-6132
 Length: 3 Yrs ACGME Approved/Offered Positions: 80
 Subspecialties: CCP, DBP, NPM, PDC, PDI, PDP, PEM, PG, PHO, PN
 Program ID: 320-38-21-192

Dayton**Wright State University Program**

Sponsor: Wright State University School of Medicine
Children's Medical Center
Wright-Patterson Medical Center
Prgm Director: Ann E Burke, MD
One Children's Plaza
Dayton, OH 45404
Tel: 937 641-3433 *Fax:* 937 641-5941
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 320-38-21-193

Toledo**Medical College of Ohio Program**

Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
St Vincent Mercy Medical Center
Toledo Children's Hospital
Prgm Director: Roshia C Mccoy, MD
MOB #2 Suite 1100
Toledo, OH 43608
Tel: 419 251-8050 *Fax:* 419 251-3878
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 320-38-21-194

Youngstown**Western Reserve Care System/NEOUCOM Program**

Sponsor: Forum Health/Western Reserve Care System
(Youngstown)
Tod Children's Hospital
Prgm Director: Douglas E Moses, MD
500 Gypsy Lane
Youngstown, OH 44501
Tel: 330 884-3832 *Fax:* 330 884-5717
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 320-38-21-195

Oklahoma**Oklahoma City****University of Oklahoma Health Sciences Center Program**

Sponsor: University of Oklahoma College of Medicine
OU Medical Center-Children's Hospital
Prgm Director: Joan P Cain, MD
Department of Pediatrics
940 NE 13th, Rm 3409-N
Oklahoma City, OK 73104
Tel: 405 271-4417 *Fax:* 405 271-2920
Length: 3 Yrs *ACGME Approved/Offered Positions:* 33
Subspecialties: NPM, PDE
Program ID: 320-39-11-196

Tulsa**University of Oklahoma College of Medicine-Tulsa Program**

Sponsor: University of Oklahoma College of Medicine-Tulsa
Saint Francis Health System
Prgm Director: Robert W Block, MD
4502 E 41st Street
Tulsa, OK 74135
Tel: 918 660-3416 *Fax:* 918 660-3426
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 320-39-21-197

Oregon**Portland****Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital
Prgm Director: Joseph T Gilhooly, MD
Department of Pediatrics
3181 SW Sam Jackson Park Road, DC10S
Portland, OR 97239
Tel: 503 418-5170 *Fax:* 503 418-5199
E-mail: pedsres@ohsu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Subspecialties: NPM, PDC, PDE, PDI, PDP, PHO
Program ID: 320-40-12-199

Pennsylvania**Danville****Geisinger Health System Program**

Sponsor: Geisinger Health System
Geisinger Medical Center
Prgm Director: Paul Bellino, MD
100 N Academy Ave
Danville, PA 17822
Tel: 570 271-5606 *Fax:* 570 271-5885
Length: 3 Yrs *ACGME Approved/Offered Positions:* 31
Program ID: 320-41-11-200

Hershey**Penn State University/Milton S Hershey Medical Center Program**

Sponsor: Milton S Hershey Medical Center
Prgm Director: Steven J Wassner, MD
Department of Pediatrics
PO Box 850, Mail Code H085
Hershey, PA 17033
Tel: 717 531-8603 *Fax:* 717 531-0856
E-mail: PennStatePeds@psu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 55
Program ID: 320-41-21-372

Philadelphia**Albert Einstein Healthcare Network Program**

Sponsor: Albert Einstein Medical Center
St Christopher's Hospital for Children (Tenet Health System)
Prgm Director: Robert S Wimmer, MD
Department of Pediatrics
5501 Old York Road
Philadelphia, PA 19141
Tel: 215 456-6595 *Fax:* 215 456-3436
Length: 3 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 320-41-11-204

Children's Hospital of Philadelphia Program

Sponsor: Children's Hospital of Philadelphia
Prgm Director: Stephen Ludwig, MD
Pediatric Residency Program
34th Street & Civic Center Boulevard, Room 9557
Philadelphia, PA 19104
Tel: 215 590-2162 *Fax:* 215 590-2768
E-mail: pedres@email.chop.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 111
Subspecialties: ADL, CCP, DBP, NPM, PDC, PDE, PDI, PDP, PEM, PG, PHO, PN, PPR
Program ID: 320-41-21-205

St Christopher's Hospital for Children Program

Sponsor: St Christopher's Hospital for Children (Tenet Health System)
Prgm Director: Robert McGregor, MD
Eric Avenue at Front Street
Philadelphia, PA 19134
Tel: 215 427-5127 *Fax:* 215 427-4805
Length: 3 Yrs *ACGME Approved/Offered Positions:* 72
Subspecialties: NPM, PDC, PDE, PDI, PDP, PHO
Program ID: 320-41-12-209

Pittsburgh**Mercy Hospital of Pittsburgh Program**

Sponsor: Mercy Hospital of Pittsburgh
Prgm Director: Karen J Benedum, MD*
Department of Pediatrics
1400 Locust Street
Pittsburgh, PA 15219
Tel: 412 232-7388 *Fax:* 412 232-7389
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 320-41-11-212

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Prgm Director: Dena Hofkosh, MD
3705 Fifth Avenue
Pediatric Residency Program
Pittsburgh, PA 15213
Tel: 412 692-6541 *Fax:* 412 692-7231
Length: 3 Yrs *ACGME Approved/Offered Positions:* 69
Subspecialties: ADL, CCP, DBP, NPM, PDC, PDE, PDI, PDP, PEM, PG, PHO, PPR
Program ID: 320-41-21-211

Upland**Crozer-Chester Medical Center Program**

Sponsor: Crozer-Chester Medical Center
Children's Hospital of Philadelphia
Prgm Director: English D Willis, MD
30 Medical Center Boulevard
Professional Building I, Suite 402
Upland, PA 19013
Tel: 610 447-6680 *Fax:* 610 447-6677
E-mail: velvet.green@crozer.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 320-41-21-206

Puerto Rico**Bayamon****Universidad Central del Caribe Program**

Sponsor: Universidad Central del Caribe School of Medicine
Hospital Universitario Dr Ramon Ruiz Arnau
Prgm Director: Fermin Sanchez, MD
Ave Laurel/Sta Juanita
Call Box 60-327
Bayamon, PR 00960
Tel: 787 787-5151 *Fax:* 787 798-6844
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 320-42-21-255

Caguas

San Juan Bautista Medical Center Program

Sponsor: San Juan Bautista Medical Center/Caguas Regional Hospital
Prgm Director: Myrna L Borges, MD
 Department of Pediatrics
 PO Box 4964
 Caguas, PR 00726
Tel: 787 653-0550 *Fax:* 787 653-0506
E-mail: mramos@sanjuanbautista.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 320-42-31-213

Ponce

Hospital Episcopal San Lucas/Ponce School of Medicine Program

Sponsor: Hospital Episcopal San Lucas
Prgm Director: Luisa I Alvarado, MD
 917 Tito Castro Ave
 PO Box 336810
 Ponce, PR 00733
Tel: 787 844-2080 *Fax:* 787 844-1372
E-mail: pedsl@hotmail.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 320-42-11-215

San Juan

San Juan City Hospital Program

Sponsor: San Juan City Hospital
Prgm Director: Maria Molina, MD
 PMB #79
 PO BOX 70944
 San Juan, PR 00936
Tel: 787 765-7618 *Fax:* 787 765-7618
E-mail: marymo@coqui.net
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 320-42-11-216

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
 University Pediatric Hospital
Prgm Director: Antonio Del Valle, MD
 GPO Box 365067
 San Juan, PR 00936
Tel: 787 756-4020 *Fax:* 787 777-3227
Length: 3 Yrs *ACGME Approved/Offered Positions:* 38
Subspecialties: CCP, NPM, PHO
Program ID: 320-42-11-217

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
 Women and Infants Hospital of Rhode Island
Prgm Director: Adam D Pallant, MD, PhD
 593 Eddy Street
 Providence, RI 02903
Tel: 401 444-8805 *Fax:* 401 444-8845
E-mail: apallant@lifespan.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: DBP, NPM, PDE, PDI, PEM, PG, PHO
Program ID: 320-43-21-218

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
 MUSC Medical Center
Prgm Director: George M Johnson, MD
 Department of Pediatrics
 165 Ashley Avenue Room 684CH
 Charleston, SC 29425
Tel: 843 792-2385 *Fax:* 843 792-8953
E-mail: gjohnson92@comcast.net
Length: 3 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: DBP, NPM, PDC, PDE, PHO
Program ID: 320-45-11-219

Columbia

Palmetto Health/University of South Carolina School of Medicine Program

Sponsor: Palmetto Health
 Palmetto Health Richland
Prgm Director: R Caughman Taylor, MD
 14 Medical Park, Suite 400
 Columbia, SC 29203
Tel: 803 434-7606 *Fax:* 803 434-3855
Length: 3 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 320-45-21-220

Greenville

Greenville Hospital System Program

Sponsor: Greenville Hospital System
Prgm Director: Paul V Catalana, MD, MPH
 701 Grove Road; Balcony Suite 4
 Greenville, SC 29605
Tel: 864 455-7879 *Fax:* 864 455-3884
E-mail: pcatalana@ghs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 320-45-12-221

Tennessee

Chattanooga

University of Tennessee College of Medicine at Chattanooga Program

Sponsor: University of Tennessee College of Medicine-Chattanooga
 T C Thompson Children's Hospital Medical Center
Prgm Director: Janara J Huff, MD
 Department of Pediatrics
 910 Blackford Street
 Chattanooga, TN 37403
Tel: 423 778-6217 *Fax:* 423 778-6020
E-mail: mitchep1@erlanger.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 320-47-11-222

Johnson City

East Tennessee State University Program

Sponsor: James H Quillen College of Medicine
 Johnson City Medical Center Hospital
Prgm Director: David T Price, MD
 East Tennessee State University
 PO Box 70578
 Johnson City, TN 37614
Tel: 423 439-8771 *Fax:* 423 439-8066
Length: 3 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 320-47-21-381

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
 LeBonheur Children's Medical Center
Prgm Director: Mark C Bugnitz, MD
 50 North Dunlap
 Memphis, TN 38103
Tel: 901 572-6756 *Fax:* 901 572-4581
Length: 3 Yrs *ACGME Approved/Offered Positions:* 64
Subspecialties: CCP, NPM, PDE, PDI, PEM, PHO, PN, PPR
Program ID: 320-47-31-225

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Prgm Director: Rebecca R Swan, MD
 2200 Children's Way
 Suite 2518
 Nashville, TN 37232
Tel: 615 322-3377 *Fax:* 615 343-4655
Length: 3 Yrs *ACGME Approved/Offered Positions:* 60
Subspecialties: CCP, NPM, PDC, PDE, PDI, PG, PHO, PSM
Program ID: 320-47-21-227

Texas

Amarillo

Texas Tech University (Amarillo) Program

Sponsor: Texas Tech University Health Sciences Center at Amarillo
 Northwest Texas Health Care System
Prgm Director: Fred A McCurdy, MD, PhD
 Department of Pediatrics
 1400 Coulter
 Amarillo, TX 79106
Tel: 806 354-5432 *Fax:* 806 354-5536
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 320-48-21-370

Austin

Austin Medical Education Programs of Seton Healthcare Network Program

Sponsor: Austin Medical Education Program of Seton Healthcare Network
 Children's Hospital of Austin
Prgm Director: George A Edwards, MD
 1400 North IH 35
 Austin, TX 78701
Tel: 512 324-8565 *Fax:* 512 324-8634
Length: 3 Yrs *ACGME Approved/Offered Positions:* 33
Program ID: 320-48-31-228

Corpus Christi

Driscoll Children's Hospital Program

Sponsor: Driscoll Children's Hospital
Prgm Director: William J Riley, MD
 3533 S Alameda
 PO Drawer 6530
 Corpus Christi, TX 78411
Tel: 361 694-5465 *Fax:* 361 694-5466
E-mail: resapps@dchstx.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Program ID: 320-48-11-229

Dallas**University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
 Children's Medical Center of Dallas
Prgm Director: Patty Hicks, MD*
 Department of Pediatrics
 5323 Harry Hines Blvd
 Dallas, TX 75390
Tel: 214 456-6358 *Fax:* 214 648-8617
Length: 3 Yrs *ACGME Approved/Offered Positions:* 79
Subspecialties: CCP, NPM, PDC, PDE, PDI, PEM, PG, PHO, PN, PPR
Program ID: 320-48-21-230

El Paso**Texas Tech University (El Paso) Program**

Sponsor: Texas Tech University Health Sciences Center at El Paso
 Providence Memorial Hospital
 R E Thomason General Hospital
Prgm Director: John D Foley, MD
 4800 Alberta Drive
 El Paso, TX 79905
Tel: 915 545-6785 *Fax:* 915 545-6976
Length: 3 Yrs *ACGME Approved/Offered Positions:* 33
Program ID: 320-48-11-234

Galveston**University of Texas Medical Branch Hospitals Program**

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Jose L Gonzalez, MD
 Department of Pediatrics
 301 University Blvd
 Galveston, TX 77555
Tel: 409 747-0534 *Fax:* 409 747-8130
E-mail: ccaastro@utmb.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: NPM, PDE, PDI, PN
Program ID: 320-48-11-231

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
 Harris County Hospital District-Ben Taub General Hospital
 Texas Children's Hospital
Prgm Director: Ralph D Feigin, MD
 One Baylor Plaza
 Houston, TX 77030
Tel: 832 824-2265 *Fax:* 832 798-8811
Length: 3 Yrs *ACGME Approved/Offered Positions:* 144
Subspecialties: ADL, CCP, NPM, PDC, PDE, PDI, PDP, PEM, PG, PHO, PN, PPR, PSM
Program ID: 320-48-21-232

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
 Lyndon B Johnson General Hospital
 Memorial Hermann Hospital System
Prgm Director: Sharon S Grandell, MD
 Department of Pediatrics-MSB 3.244
 6431 Fannin Street
 Houston, TX 77030
Tel: 713 500-5800 *Fax:* 713 500-5805
E-mail: shirlene.edwards@uth.tmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 72
Subspecialties: ADL, CCP, NPM, PDE, PDI, PDP, PHO, PN
Program ID: 320-48-21-233

Lackland AFB**San Antonio Uniformed Services Health Education Consortium Program**

Sponsor: San Antonio Uniformed Services Health Education Consortium
 Brooke Army Medical Center
 Wilford Hall Medical Center (AETC)
Prgm Director: Julia A Lynch, MD
 2200 Bergquist Drive/Suite 1
 Lackland AFB, TX 78236
Tel: 210 292-5097 *Fax:* 210 292-5238
Length: 3 Yrs *ACGME Approved/Offered Positions:* 42
Subspecialties: ADL, NPM
Program ID: 320-48-21-406
 US Armed Services Program

Lubbock**Texas Tech University (Lubbock) Program**

Sponsor: Texas Tech University Health Sciences Center at Lubbock
 University Medical Center
Prgm Director: Surendra K Varma, MD
 Department of Pediatrics
 Lubbock, TX 79430
Tel: 806 743-2244 *Fax:* 806 743-2314
E-mail: surendra.varma@ttuhsc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 320-48-21-260

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
 Christus Santa Rosa Health Care Corporation
 University Health System
Prgm Director: Robert J Nolan, MD
 Department of Pediatrics
 7703 Floyd Curl Drive MC 7816
 San Antonio, TX 78229
Tel: 210 567-5187 *Fax:* 210 567-6694
Length: 3 Yrs *ACGME Approved/Offered Positions:* 44
Subspecialties: CCP, NPM, PDE, PSM
Program ID: 320-48-21-235

Temple**Texas A&M College of Medicine-Scott and White Program**

Sponsor: Scott and White Memorial Hospital
Prgm Director: Michael Weir, MD
 2401 South 31st Street
 Temple, TX 76508
Tel: 254 724-5092 *Fax:* 254 724-0274
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 320-48-21-236

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
 Primary Children's Medical Center
Prgm Director: James F Bale, MD*
 Pediatric Residency Office
 100 North Medical Drive
 Salt Lake City, UT 84113
Tel: 801 588-2761 *Fax:* 801 588-2793
E-mail: peds.res@hsc.utah.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 51
Subspecialties: CCP, NPM, PDC, PDE, PDI, PEM, PHO
Program ID: 320-49-21-237

Vermont**Burlington****University of Vermont Program**

Sponsor: Fletcher Allen Health Care
Prgm Director: Ann P Guillot, MD
 Vermont Children's Hospital at FAHC
 111 Colchester Avenue Modular B Room 113
 Burlington, VT 05401
Tel: 802 847-3544 *Fax:* 802 847-5557
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: NPM
Program ID: 320-50-11-238

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: Linda Waggoner-Fountain, MD
 PO Box 800386
 Charlottesville, VA 22908
Tel: 434 924-9148 *Fax:* 434 924-5244
E-mail: naj7s@virginia.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 33
Subspecialties: CCP, DBP, NPM, PDC, PDE, PDP, PHO, PN
Program ID: 320-51-11-239

Falls Church**Inova Fairfax Hospital/Inova Fairfax Hospital for Children Program**

Sponsor: Inova Fairfax Hospital
Prgm Director: Susan K Lovich, MD, MPH*
 3300 Gallows Road
 Falls Church, VA 22042
Tel: 703 776-3212 *Fax:* 703 776-6078
Length: 3 Yrs *ACGME Approved/Offered Positions:* 27
Subspecialties: PEM
Program ID: 320-51-21-399

Norfolk**Eastern Virginia Medical School Program**

Sponsor: Eastern Virginia Medical School
 Children's Hospital of the King's Daughters
Prgm Director: Clarence W Gowen, MD
 Eastern Virginia Medical School
 601 Children's Lane
 Norfolk, VA 23507
Tel: 757 668-7293 *Fax:* 757 668-9766
Length: 3 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: PDI, PEM
Program ID: 320-51-21-240

Portsmouth**Naval Medical Center (Portsmouth) Program**

Sponsor: Naval Medical Center (Portsmouth)
Prgm Director: Timothy R Shope, MD*
 Department of Pediatrics
 620 John Paul Jones Circle
 Portsmouth, VA 23708
Tel: 757 953-2958 *Fax:* 757 953-0895
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 320-51-21-014
 US Armed Services Program

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
 Medical College of Virginia Hospitals
Prgm Director: Suzanne R Lavoie, MD
 1101 East Marshall Street
 Box 980049
 Richmond, VA 23298
Tel: 804 828-9711 *Fax:* 804 828-2435
Length: 3 Yrs *ACGME Approved/Offered Positions:* 45
Subspecialties: CCP, NPM, PDC, PDI
Program ID: 320-51-21-241

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
 Children's Hospital and Regional Medical Center
Prgm Director: Richard P Shugerman, MD
 4800 Sand Point Way NE, G-0061
 PO Box 5371
 Seattle, WA 98105
Tel: 206 987-2525 *Fax:* 206 987-3843
Length: 3 Yrs *ACGME Approved/Offered Positions:* 74
Subspecialties: ADL, CCP, DBP, NPM, PDE, PDI, PDP, PEM, PHO, PN, PPR
Program ID: 320-54-21-358

Tacoma

Madigan Army Medical Center Program

Sponsor: Madigan Army Medical Center
Prgm Director: Mary P Fairchok, MD
 Department of Pediatrics
 MCHJ-P
 Tacoma, WA 98431
Tel: 253 968-1831 *Fax:* 253 968-0384
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: DBP
Program ID: 320-54-11-010
 US Armed Services Program

West Virginia

Charleston

Charleston Area Medical Center/West Virginia University (Charleston Division) Program

Sponsor: Charleston Area Medical Center/West Virginia University
Prgm Director: Raheel R Khan, MD
 830 Pennsylvania Avenue - Suite 104
 Charleston, WV 25302
Tel: 304 388-1549 *Fax:* 304 388-1577
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 320-55-21-243

Huntington

Marshall University School of Medicine Program

Sponsor: Marshall University School of Medicine
 Cabell Huntington Hospital
Prgm Director: James M Waldeck, MD
 Department of Pediatrics
 1600 Medical Center Dr, Suite 3500
 Huntington, WV 25701
Tel: 304 691-1374 *Fax:* 304 691-1375
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 320-55-21-380

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine
 West Virginia University Hospitals
Prgm Director: Martin E Weisse, MD
 Robert C Byrd Health Sciences Ctr
 PO Box 9214
 Morgantown, WV 26506
Tel: 304 293-1198 *Fax:* 304 293-1216
E-mail: mwolfe@hsc.wvu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Subspecialties: ADL
Program ID: 320-55-11-245

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
 Meriter Hospital
Prgm Director: David B Allen, MD
 Department of Pediatrics H4/448 CSC
 600 Highland Ave
 Madison, WI 53792
Tel: 608 263-8557 *Fax:* 608 263-0440
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Subspecialties: CCP, NPM, PDE, PDP, PHO, PSM
Program ID: 320-56-21-247

Marshfield

Marshfield Clinic-St Joseph's Hospital Program

Sponsor: Marshfield Clinic-St Joseph's Hospital
Prgm Director: Divya-Devi Joshi, MD*
 1000 North Oak Avenue
 Marshfield, WI 54449
Tel: 715 387-5185 *Fax:* 715 387-5240
E-mail: schaefer.christine@mfdclin.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 320-56-31-248

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
 Children's Hospital of Wisconsin
Prgm Director: James J Nocton, MD
 8701 Watertown Plank Road
 PO Box 26509
 Milwaukee, WI 53226
Tel: 414 266-6810
Length: 3 Yrs *ACGME Approved/Offered Positions:* 70
Subspecialties: CCP, NPM, PDC, PDE, PDP, PEM, PG, PHO, PPR
Program ID: 320-56-21-249

Physical Medicine and Rehabilitation

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Prgm Director: Laura B Kezar, MD
 619 South 19th Street, SRC/190
 Birmingham, AL 35249
Tel: 205 934-3450 *Fax:* 205 975-9754
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: SCI
Program ID: 340-01-21-002

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
 Baptist Rehabilitation Institute of Arkansas
 Central Arkansas Veterans Health Center
Prgm Director: Kevin M Means, MD
 Department of Physical Medicine and Rehabilitation
 4301 West Markham, Slot 602
 Little Rock, AR 72205
Tel: 501 257-6402 *Fax:* 501 257-6420
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 340-04-21-083

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
 Jerry L Pettis Memorial Veterans Hospital
Prgm Director: Murray E Brandstater, MD, PhD
 Dept of Physical Medicine & Rehabilitation
 11234 Anderson St PO Box 2000
 Loma Linda, CA 92354
Tel: 909 558-4009 *Fax:* 909 558-4133
E-mail: mbrandstater@pol.net
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 340-05-21-077

Los Angeles

VA Greater Los Angeles Healthcare System Program

Sponsor: VA Greater Los Angeles Healthcare System
 LAC-Rancho Los Amigos National Rehabilitation Center
Prgm Director: Quynh G Pham, MD
 Department of PM&R W-117
 11301 Wilshire Boulevards
 Los Angeles, CA 90073
Tel: 310 268-3342
Length: 3 Yrs *ACGME Approved/Offered Positions:* 26
Subspecialties: FMP
Program ID: 340-05-21-007

Orange**University of California (Irvine) Program**

Sponsor: University of California (Irvine) Medical Center
 Long Beach Memorial Medical Center
 VA Long Beach Healthcare System
Prgm Director: Patricia W Nance, MD
 101 The City Drive South
 Rte 81 Bldg 53 Room B17
 Orange, CA 92868
Tel: 714 456-6444 *Fax:* 714 456-6557
E-mail: patricia.nance@med.va.gov
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: SCI
Program ID: 340-05-21-005

Sacramento**University of California (Davis) Health System Program**

Sponsor: UC Davis Health System
 University of California (Davis) Medical Center
Prgm Director: Carol Vandenakker Albanese, MD
 2315 Stockton Boulevard
 Sacramento, CA 95817
Tel: 916 734-5292 *Fax:* 916 734-7838
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 340-05-21-004

Stanford**Stanford University Program**

Sponsor: Stanford University Hospital
 Santa Clara Valley Medical Center
 St Mary's Hospital and Medical Center
 Veterans Affairs Palo Alto Health Care System
Prgm Director: Elaine S Date, MD
 Division of Physical Medicine and Rehabilitation
 Physical Medicine & Rehabilitation Service(117)
 Palo Alto, CA 94304
Tel: 650 852-3206 *Fax:* 650 852-3470
Length: 3 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: SCI
Program ID: 340-05-21-008

Colorado**Denver****University of Colorado Program**

Sponsor: University of Colorado School of Medicine
 Denver Health Medical Center
 Veterans Affairs Medical Center (Denver)
Prgm Director: Venu Akuthota, MD
 Rehabilitation Medicine
 Box 6508 Mail Stop F-493
 Aurora, CO 80045
Tel: 303 724-1263 *Fax:* 303 724-0863
E-mail: vy.malcik@uchsc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: RPM
Program ID: 340-07-21-009

District of Columbia**Washington****Georgetown University Hospital/National Rehabilitation Hospital Program**

Sponsor: National Rehabilitation Hospital
Prgm Director: Susan M Miller, MD
 102 Irving Street, NW
 Washington, DC 20010
Tel: 202 877-1627 *Fax:* 202 877-1166
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: PMP
Program ID: 340-10-21-087

Florida**Miami****Jackson Memorial Hospital Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
 Mount Sinai Medical Center of Florida Inc
 Veterans Affairs Medical Center (Miami)
Prgm Director: Andrew Sherman, MD
 PO Box 016960(D4-61)
 Miami, FL 33101
Tel: 305 585-1320 *Fax:* 305 585-1340
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 340-11-21-107

Tampa**University of South Florida/James A Haley Veterans Hospital Program**

Sponsor: University of South Florida College of Medicine
 James A Haley Veterans Hospital
 Shriners Hospitals for Children (Tampa)
 Tampa General Hospital
Prgm Director: Steven G Scott, DO*
 Department of Internal Medicine
 4202 East Fowler Avenue
 Tampa, FL 33620
Tel: 813 972-7506 *Fax:* 813 978-5852
E-mail: laura.manore@med.va.gov
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Subspecialties: SCI
Program ID: 340-11-13-106

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine
 Emory University Hospital
 Grady Health System
 Veterans Affairs Medical Center (Atlanta)
Prgm Director: Joel Moorhead, MD, MPH*
 Department of Rehabilitation Medicine
 1441 Clifton Road, NE - Room 118
 Atlanta, GA 30322
Tel: 404 712-5507 *Fax:* 404 712-5895
Length: 3 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: PMP
Program ID: 340-12-21-011

Illinois**Chicago****McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern University
 Northwestern Memorial Hospital
 Rehabilitation Institute of Chicago
Prgm Director: James A Sliwa, DO
 Rehabilitation Institute of Chicago
 345 East Superior Street
 Chicago, IL 60611
Tel: 312 238-4093 *Fax:* 312 238-5846
E-mail: rbailey@ric.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: SCI
Program ID: 340-16-21-014

Rush University Medical Center Program

Sponsor: Rush University Medical Center
 Marianjoy Rehabilitation Hospital
 Oak Forest Hospital of Cook County
Prgm Director: Christopher Reger, MD
 Department of PM&R
 1653 West Congress Parkway
 Chicago, IL 60612
Tel: 312 942-3675 *Fax:* 312 942-4234
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 340-16-21-082

Schwab Rehabilitation Hospital and Care Network/University of Chicago Program

Sponsor: Schwab Rehabilitation Hospital and Care Network
Prgm Director: Michelle S Gittler, MD
 1401 S California Boulevard
 Chicago, IL 60608
Tel: 773 522-5853 *Fax:* 773 522-5855
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 340-16-22-012

Maywood**Loyola University Program**

Sponsor: Loyola University Medical Center
 Edward Hines Jr Veterans Affairs Hospital
 Marianjoy Rehabilitation Hospital
Prgm Director: Monica L Steiner, MD
 2160 S First Avenue
 Maywood, IL 60153
Tel: 708 216-4994 *Fax:* 708 216-9348
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: SCI
Program ID: 340-16-31-016

Wheaton**Marianjoy Rehabilitation Hospital Program**

Sponsor: Marianjoy Rehabilitation Hospital
Prgm Director: Noel Rao, MD
 26W171 Roosevelt Road
 Wheaton, IL 60187
Tel: 630 462-4180 *Fax:* 630 462-4521
E-mail: yspedale@marianjoy.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 340-16-21-097

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
 Clarian Indiana University Hospital
 Community Hospitals of Indianapolis
Prgm Director: Ralph M Buschbacher, MD
 Clinical Building 626
 541 N Clinical Drive
 Indianapolis, IN 46202
Tel: 317 278-0200 *Fax:* 317 278-0206
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 340-17-21-098

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Prgm Director: George Varghese, MD*
Department of PM&R
39th and Rainbow Boulevard
Kansas City, KS 66160
Tel: 913 588-6777 *Fax:* 913 588-6765
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 340-19-21-018

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine
Cardinal Hill Hospital
Veterans Affairs Medical Center (Lexington)
Prgm Director: Robert B Nickerson, MD
Dept of Physical Medicine & Rehab
C280 Kentucky Clinic
Lexington, KY 40536
Tel: 859 257-4890 *Fax:* 859 323-1123
E-mail: rnick1@uky.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 340-20-21-079

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
Frazier Rehabilitation Institute
Prgm Director: Kenneth A Mook, MD, PhD*
220 Abraham Flexner Way
Louisville, KY 40202
Tel: 502 582-7465 *Fax:* 502 582-7477
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 340-20-11-019

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
Louisiana Rehabilitation Institute
Medical Center of Louisiana at New Orleans
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Stephen Kishner, MD
Section of PM&R, Box T6M-2
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 568-2688 *Fax:* 504 568-7839
E-mail: skishn@lsuhsc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 340-21-21-020

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Good Samaritan Hospital of Maryland
Johns Hopkins Hospital
Prgm Director: Barbara J de Lateur, MD
5601 Loch Raven Boulevard
Professional Office Bldg, Rm 406
Baltimore, MD 21239
Tel: 410 532-4717 *Fax:* 410 532-4770
Length: 4 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 340-23-21-105

Sinai Hospital of Baltimore Program

Sponsor: Sinai Hospital of Baltimore
University of Maryland-Kernan Hospital
Veterans Affairs Medical Center (Baltimore)
Prgm Director: Melanie C Brown, MD
Dept of Rehabilitation Medicine
2401 W Belvedere Ave
Baltimore, MD 21215
Tel: 410 601-0670 *Fax:* 410 601-9692
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: PMP, SCI
Program ID: 340-23-22-021

Bethesda

National Capital Consortium Program

Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Prgm Director: Paul F Pasquina, MD
National Capital Consortium
Physical Medicine & Rehab Svc, Bldg 2, Rm 3J
Washington, DC 20307
Tel: 202 782-2747 *Fax:* 202 782-0970
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 340-10-21-074
US Armed Services Program

Massachusetts

Boston

Boston University Medical Center Program

Sponsor: Boston Medical Center
Prgm Director: Steve R Williams, MD*
732 Harrison Avenue
Preston 515
Boston, MA 02118
Tel: 617 414-0044 *Fax:* 617 638-7313
Length: 3 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 340-24-11-024

Harvard Medical School Program

Sponsor: Spaulding Rehabilitation Hospital
Prgm Director: David T Burke, MD, MA
125 Nashua Street
Boston, MA 02114
Tel: 617 573-2770 *Fax:* 617 573-2769
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Subspecialties: SCI
Program ID: 340-24-21-094

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
HealthSouth New England Rehabilitation Hospital
New England Sinai Hospital and Rehabilitation Center
Veterans Affairs Medical Center (Boston)
Prgm Director: Parminder Phull, MD
Department of PM&R
750 Washington Street, Box 400
Boston, MA 02111
Tel: 617 636-5622 *Fax:* 617 636-4240
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 340-24-21-023

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: M Catherine Spires, MD
Department of PM&R, Box 0744
325 E Eisenhower Blvd, Suite 100
Ann Arbor, MI 48108
Tel: 734 936-7201 *Fax:* 734 615-1770
E-mail: alchees@med.umich.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 19
Subspecialties: PMP, SCI
Program ID: 340-25-21-025

Detroit

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Rehabilitation Institute
Sinai-Grace Hospital (Sinai Campus)
Prgm Director: Jay M Meythaler, MD, JD*
261 Mack Blvd
Suite 509
Detroit, MI 48201
Tel: 313 745-9880 *Fax:* 313 745-1197
E-mail: cciavare@dmc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 340-25-21-027

Lansing

Michigan State University Program

Sponsor: Michigan State University College of Human Medicine
Ingham Regional Medical Center
Prgm Director: Michael T Aandary, MD, MS
B401 West Fee Hall
East Lansing, MI 48824
Tel: 517 353-0713 *Fax:* 517 432-1339
Length: 3 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 340-25-21-100

Royal Oak

William Beaumont Hospital Program

Sponsor: William Beaumont Hospital
Prgm Director: Martin S Tamler, MD
3601 W 13 Mile Rd
Royal Oak, MI 48073
Tel: 248 551-0161 *Fax:* 248 551-3631
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 340-25-21-076

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Hennepin County Medical Center
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Dennis D Dykstra, MD
Box 297 UMHC, 500
420 Delaware Street SE
Minneapolis, MN 55455
Tel: 612 626-4913 *Fax:* 612 624-6686
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 340-26-21-028

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine

Mayo Clinic (Rochester)

Prgm Director: Margaret A Moutvic, MD

Department of PM&R

200 First Street, SW

Rochester, MN 55905

Tel: 507 284-2946 *Fax:* 507 284-3431

Length: 3 Yrs *ACGME Approved/Offered Positions:* 27

Program ID: 340-26-21-030

Missouri**Columbia****University of Missouri-Columbia Program**

Sponsor: University of Missouri-Columbia School of Medicine

Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics

Prgm Director: Robert R Conway, MD

Department of PM&R—DC046.00

1 Hospital Drive

Columbia, MO 65212

Tel: 573 882-3101 *Fax:* 573 884-4540

Length: 3 Yrs *ACGME Approved/Offered Positions:* 11

Program ID: 340-28-21-031

St Louis**Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital

Prgm Director: Oksana Volshteyn, MD

4444 Forest Park Ave

Campus Box 8518

St Louis, MO 63108

Tel: 314 454-7757 *Fax:* 314 454-5300

E-mail: volshteyno@neuro.wustl.edu

Length: 4 Yrs *ACGME Approved/Offered Positions:* 15

Subspecialties: SCI

Program ID: 340-28-11-032

New Jersey**Edison****JFK Medical Center Program**

Sponsor: JFK Medical Center

JFK Johnson Rehabilitation Institute

Prgm Director: Sara J Cuccurullo, MD

65 James Street

PO Box 3059

Edison, NJ 08818

Tel: 732 321-7000 *Fax:* 732 321-7330

Length: 3 Yrs *ACGME Approved/Offered Positions:* 12

Program ID: 340-33-21-033

Newark**UMDNJ-New Jersey Medical School Program**

Sponsor: UMDNJ-New Jersey Medical School

Kessler Institute for Rehabilitation

UMDNJ-University Hospital

Veterans Affairs New Jersey Health Care System

Prgm Director: Joel A DeLisa, MD, MS

30 Bergen Street, ADMC 101

Box 1709

Newark, NJ 07101

Tel: 973 972-3606 *Fax:* 973 972-5148

E-mail: Delisaja@umdnj.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 28

Subspecialties: SCI

Program ID: 340-33-32-034

New York**Albany****Albany Medical Center Program**

Sponsor: Albany Medical Center

Veterans Affairs Medical Center (Albany)

Prgm Director: Andrew H Dubin, MD

Department of PM&R

43 New Scotland Avenue, MC 79

Albany, NY 12208

Tel: 518 262-5633

Length: 4 Yrs *ACGME Approved/Offered Positions:* 8

Program ID: 340-35-21-035

Bronx**Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University

Jacobi Medical Center

Jamaica Hospital Medical Center

Montefiore Medical Center-Henry and Lucy Moses

Division

Montefiore Medical Center-Weiler Hospital

Prgm Director: Mark A Thomas, MD

Montefiore Medical Center

111 East 210th Street

Bronx, NY 10467

Tel: 718 920-2753 *Fax:* 718 920-5048

Length: 3 Yrs *ACGME Approved/Offered Positions:* 24

Program ID: 340-35-21-043

Brooklyn**Kingsbrook Jewish Medical Center Program**

Sponsor: Kingsbrook Jewish Medical Center

Prgm Director: Kevin Weiner, MD

Department of PM&R

585 Schenectady Avenue, DMRI 221

Brooklyn, NY 11203

Tel: 718 604-5341 *Fax:* 718 604-5272

Length: 3 Yrs *ACGME Approved/Offered Positions:* 15

Program ID: 340-35-22-041

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn

Kings County Hospital Center

St John's Episcopal Hospital-South Shore

Staten Island University Hospital

Prgm Director: Paul A Pipia, MD, MS*

450 - Clarkson Avenue Box 30

Brooklyn, NY 11203

Tel: 718 270-8128 *Fax:* 718 270-8199

Length: 3 Yrs *ACGME Approved/Offered Positions:* 21

Program ID: 340-35-21-048

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo

Erie County Medical Center

Kaleida Health System (Buffalo General Hospital)

Sisters of Charity Hospital

Veterans Affairs Western New York Healthcare System

Prgm Director: Thomas D Polisoto, MD

Erie Co Med Ctr: Rehab Residency Office-Rm G223

462 Grider Street

Buffalo, NY 14215

Tel: 716 898-3218 *Fax:* 716 898-3652

E-mail: gthomson@buffalo.edu

Length: 4 Yrs *ACGME Approved/Offered Positions:* 8

Program ID: 340-35-21-036

East Meadow**Nassau University Medical Center Program**

Sponsor: Nassau University Medical Center

Prgm Director: Lyn Weiss, MD

Department of PM&R

2201 Hempstead Turnpike, 5th Floor

East Meadow, NY 11554

Tel: 516 572-6525 *Fax:* 516 572-3170

Length: 3 Yrs *ACGME Approved/Offered Positions:* 13

Program ID: 340-35-11-037

New Hyde Park**Albert Einstein College of Medicine at Long Island Jewish Medical Center Program**

Sponsor: Long Island Jewish Medical Center

Southside Hospital

Prgm Director: Jason Lipetz, MD

270-05 76th Avenue

Suite CH005

New Hyde Park, NY 11040

Tel: 516 365-9549 *Fax:* 516 365-8128

E-mail: cbarnes@lij.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 14

Program ID: 340-35-21-042

New York**Mount Sinai School of Medicine Program**

Sponsor: Mount Sinai School of Medicine

Elmhurst Hospital Center-Mount Sinai Services

Mount Sinai Medical Center

Prgm Director: Adam B Stein, MD

1425 Madison Avenue

4th Floor - Dept of Rehabilitation Medicine

New York, NY 10029

Tel: 212 659-9351 *Fax:* 212 348-5901

E-mail: adam.stein@mssm.edu

Length: 3 Yrs *ACGME Approved/Offered Positions:* 20

Subspecialties: SCI

Program ID: 340-35-21-044

New York Medical College (Metropolitan) Program

Sponsor: New York Medical College

Metropolitan Hospital Center

Our Lady of Mercy Medical Center

Prgm Director: Maria P De Araujo, MD

Rm 557, Munger Pavilion

Valhalla, NY 10595

Tel: 914 594-4275 *Fax:* 914 594-4276

Length: 4 Yrs *ACGME Approved/Offered Positions:* 9

Program ID: 340-35-21-045

New York Medical College at St Vincent's Hospital and Medical Center Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: Julian Sosner, MD*
Medical Center
170 West 12th Street, Suite 2G
New York, NY 10011
Tel: 212 604-8923 *Fax:* 212 604-3272
E-mail: jsosner@svcmcnyc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 11
Program ID: 340-35-11-047

New York Presbyterian Hospital (Columbia and Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Nancy E Strauss, MD
180 Fort Washington Avenue
Harkness Pavilion Room 184
New York, NY 10032
Tel: 212 305-8592 *Fax:* 212 305-4258
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 340-35-21-039

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Rusk Institute of Rehabilitation Medicine
Prgm Director: Howard G Thistle, MD
400 East 34th Street
Suite 600
New York, NY 10016
Tel: 212 263-6110 *Fax:* 212 263-8815
Length: 4 Yrs *ACGME Approved/Offered Positions:* 41
Program ID: 340-35-21-046

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Park Ridge Hospital (Unity Health System)
St Mary's Hospital (Unity Health System)
Prgm Director: K Rao Poduri, DO
PO Box 664
601 Elmwood Avenue
Rochester, NY 14642
Tel: 585 275-3274 *Fax:* 585 442-2949
E-mail: KR_Poduri@urmc.rochester.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 340-35-21-051

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
St Charles Hospital and Rehabilitation Center
Veterans Affairs Medical Center (Northport)
Prgm Director: Susan M Stickevers, MD
Northport VA Med Center and St Charles Rehab Center
79 Middleville Rd
Northport, NY 11768
Tel: 631 261-4400 *Fax:* 631 266-6022
E-mail: stickevers@hotmail.com
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 340-35-21-103

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Robert J Weber, MD
750 E Adams Street
Syracuse, NY 13210
Tel: 315 464-5820 *Fax:* 315 464-8699
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 340-35-21-093

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Michael Y Lee, MD*
Main Hospital Room 1148, (CB# 7200)
Chapel Hill, NC 27599
Tel: 919 966-5165 *Fax:* 919 843-0164
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 340-36-21-104

Charlotte

Carolinas Medical Center Program

Sponsor: Carolinas Medical Center
Charlotte Institute of Rehabilitation
Prgm Director: William L Bockenek, MD
Department of PM&R
1100 Blythe Boulevard
Charlotte, NC 28203
Tel: 704 355-1540 *Fax:* 704 355-0709
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 340-36-21-095

Greenville

Pitt County Memorial Hospital/East Carolina University Program

Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Prgm Director: Raymond V Millan, MD
Department of Physical Med & Rehab
600 Moye Boulevard
Greenville, NC 27834
Tel: 252 847-7907 *Fax:* 252 847-8108
Length: 4 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 340-36-21-091

Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
Prgm Director: Austin I Nobunaga, MD, MPH
PO Box 670530
231 Albert Sabin Way
Cincinnati, OH 45267
Tel: 513 558-7635 *Fax:* 513 558-4458
E-mail: dukemy@uc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 340-38-21-086

Cleveland

Case Western Reserve University (MetroHealth) Program

Sponsor: MetroHealth Medical Center
Prgm Director: Gary S Clark, MD
2500 MetroHealth Drive
Department of Physical Medicine & Rehabilitation
Cleveland, OH 44109
Tel: 216 778-3205 *Fax:* 216 778-7393
E-mail: rkarim@metrohealth.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: SCI
Program ID: 340-38-31-053

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Children's Hospital (Columbus)
Riverside Methodist Hospitals (OhioHealth)
Prgm Director: Daniel M Clinchot, MD
1018 Dodd Rehabilitation Hospital
480 Medical Center Drive
Columbus, OH 43210
Tel: 614 293-3801 *Fax:* 614 293-3809
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 340-38-21-054

Toledo

Medical College of Ohio Program

Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
St Vincent Mercy Medical Center
Prgm Director: Steven Farrell, MD
Department of PM&R
3065 Arlington Avenue
Toledo, OH 43614
Tel: 419 383-5090 *Fax:* 419 383-3596
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 340-38-21-080

Pennsylvania

Philadelphia

Temple University Hospital Program

Sponsor: Temple University Hospital
Moss Rehabilitation Hospital
Prgm Director: Ian B Maitin, MD, MBA
3401 N Broad Street
Philadelphia, PA 19140
Tel: 215 707-7022 *Fax:* 215 707-7661
E-mail: libbeypa@tuhs.temple.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 340-41-21-056

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Magee Rehabilitation Hospital
Moss Rehabilitation Hospital
Prgm Director: Michael F Saulino, MD, PhD
25 South 9th Street
Philadelphia, PA 19107
Tel: 215 587-3223 *Fax:* 215 587-9405
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 340-41-21-057

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Richard Salcido, MD
Dept of Physical Medicine and Rehabilitation
5 West Gates, 3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 682-3620 *Fax:* 215 349-8680
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 340-41-21-058

Pittsburgh

Mercy Hospital of Pittsburgh Program

Sponsor: Mercy Hospital of Pittsburgh
Prgm Director: Mary Ann Mikneovich, MD
Physical Medicine and Rehabilitation
1400 Locust Street
Pittsburgh, PA 15219
Tel: 412 232-7608 *Fax:* 412 281-3536
E-mail: mmikneovich@mercy.pmh.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 340-41-22-059

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Prgm Director: Wendy M Helkowski, MD
3471 Fifth Avenue, Room 201 Kaufmann Bldg
Pittsburgh, PA 15213
Tel: 412 648-6138 *Fax:* 412 692-4354
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: SCI
Program ID: 340-41-21-075

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
HealthSouth Rehabilitation Hospital
University Hospital
University Pediatric Hospital
Prgm Director: William F Micheo, MD
Medical Sciences Campus
PO Box 365067
San Juan, PR 00936
Tel: 787 751-9625 *Fax:* 787 754-1478
E-mail: wmicheo@usa.net
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 340-42-31-062

Veterans Affairs Medical and Regional Office Center Program

Sponsor: Veterans Affairs Medical Center (San Juan)
Prgm Director: Maricarmen Cruz-Jimenez, MD
PM&R Service (117)
10 Casia Street
San Juan, PR 00921
Tel: 787 641-7582 *Fax:* 787 641-5716
E-mail: maricarmen.cruz-jimenez@med.va.gov
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 340-42-31-063

Texas

Dallas

Baylor University Medical Center Program

Sponsor: Baylor University Medical Center
Baylor Institute for Rehabilitation
Prgm Director: Barry S Smith, MD
3505 Gaston Avenue
Dallas, TX 75246
Tel: 214 820-7192 *Fax:* 214 820-8892
E-mail: barrysm@baylorhealth.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: PMP
Program ID: 340-48-31-064

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Director: Susan Garstang, MD
Physical Medicine & Rehabilitation Department
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-8826 *Fax:* 214 648-9207
Length: 3 Yrs *ACGME Approved/Offered Positions:* 19
Subspecialties: SCI
Program ID: 340-48-21-065

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Institute for Rehabilitation and Research
Michael E DeBakey VA Medical Center - Houston
Prgm Director: Martin Grabois, MD
Office of Education
1333 Moursund Avenue, Suite B107
Houston, TX 77030
Tel: 713 799-5034 *Fax:* 713 797-5982
Length: 3 Yrs *ACGME Approved/Offered Positions:* 39
Subspecialties: SCI
Program ID: 340-48-21-066

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Institute for Rehabilitation and Research
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Prgm Director: Gerard E Francisco, MD
Education, A-220, THRR
1333 Moursund
Houston, TX 77030
Tel: 713 797-5246 *Fax:* 713 799-6997
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: SCI
Program ID: 340-48-21-101

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
San Antonio Warm Springs Rehabilitation Hospital
University Health System
Prgm Director: Daniel Dumitru, MD, PhD
Department of PM&R
7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-5300 *Fax:* 210 567-5354
Length: 4 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 340-48-21-067

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Joseph B Webster, MD*
Div of Physical Medicine and Rehabilitation
30 N 1900 E
Salt Lake City, UT 84132
Tel: 801 581-2334 *Fax:* 801 585-5546
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 340-49-21-068

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Prgm Director: D Casey Kerrigan, MD, MS
PO Box 801004
545 Ray C Hunt Drive, Suite 240
Charlottesville, VA 22908
Tel: 434 243-0379 *Fax:* 434 243-5639
E-mail: pmrmd@virginia.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 340-51-21-089

Norfolk

Eastern Virginia Medical School Program

Sponsor: Eastern Virginia Medical School
Sentara Norfolk General Hospital
Veterans Affairs Medical Center (Hampton)
Prgm Director: Robert D Mehrberg, MD*
Dept of Physical Medicine & Rehab
825 Fairfax Avenue
Norfolk, VA 23507
Tel: 757 446-5915 *Fax:* 757 446-5089
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 340-51-21-081

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm Director: William O McKinley, MD
1223 East Marshall Street
Box 980677
Richmond, VA 23298
Tel: 804 828-4233 *Fax:* 804 828-5074
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: PMP, RPM, SCI
Program ID: 340-51-21-069

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
University of Washington Medical Center
VA Puget Sound Health Care System
Prgm Director: Teresa L Massagli, MD
Department of Rehabilitation Medicine
Box 356490, 1959 NE Pacific
Seattle, WA 98195
Tel: 206 685-0936 *Fax:* 206 685-3244
E-mail: klr@u.washington.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 31
Subspecialties: SCI
Program ID: 340-54-21-070

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
Prgm Director: Deborah L McLeish, MD, MS
6630 University Avenue
Middleton, WI 53562
Tel: 608 263-8640 *Fax:* 608 263-9271
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 340-56-21-072

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Prgm Director: Frederick T Klingbeil, MD*
Department of PM&R
9200 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 805-7346
Length: 4 Yrs *ACGME Approved/Offered Positions:* 15
Subspecialties: SCI
Program ID: 340-56-21-071

Plastic Surgery

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Luis Vasconez, MD
510 20th Street, South
FOT-1164
Birmingham, AL 35294
Tel: 205 934-3245 *Fax:* 205 975-6155
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-01-21-121

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Arrowhead Regional Medical Center
Jerry L Pettis Memorial Veterans Hospital
Kaiser Foundation Hospital (Fontana)
Riverside County Regional Medical Center
Prgm Director: Subhas C Gupta, MD, PhD*
11175 Campus Street
Coleman Pavilion, Suite 21126
Loma Linda, CA 92354
Tel: 909 558-8085 *Fax:* 909 558-4175
Length: 6 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 360-05-21-133
Integrated model

Los Angeles

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
Los Angeles County-Harbor-UCLA Medical Center
Olive View/UCLA Medical Center
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Timothy A Miller, MD
200 UCLA Medical Plaza, Suite 465
Los Angeles, CA 90095
Tel: 310 825-5582 *Fax:* 310 794-7933
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 360-05-21-009

University of Southern California/ LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC
Medical Center
LAC+USC Medical Center
Prgm Director: Randolph Sherman, MD
1450 San Pablo Street, Suite 2000
Los Angeles, CA 90033
Tel: 323 442-6482 *Fax:* 323 442-6481
E-mail: sluna@surgery.usc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: HSP
Program ID: 360-05-21-118

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical
Center
Prgm Director: Gregory R Evans, MD
200 S Manchester Ave Ste 650
Orange, CA 92868
Tel: 714 456-5755 *Fax:* 714 456-7718
E-mail: gevans@uci.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 360-05-21-008

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: Thomas R Stevenson, MD
2221 Stockton Blvd 2nd Floor
2nd Floor
Sacramento, CA 95817
Tel: 916 734-2568 *Fax:* 916 734-7104
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-05-21-113

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical
Center
Children's Hospital and Health Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Marek K Dobke, MD, PhD
200 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-6084 *Fax:* 619 543-3645
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 360-05-21-010

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School
of Medicine
California Pacific Medical Center (Davies Campus)
Mount Zion Medical Center of the University of
California
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Prgm Director: Stephen J Mathes, MD
350 Parnassus, Suite 509
San Francisco, CA 94117
Tel: 415 476-3062 *Fax:* 415 476-4001
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Subspecialties: HSP
Program ID: 360-05-22-012

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Kaiser Permanente Medical Center (Santa Clara)
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Prgm Director: James Chang, MD
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 725-6596 *Fax:* 650 725-6605
Length: 6 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 360-05-31-013
Integrated model

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Denver Health Medical Center
Veterans Affairs Medical Center (Denver)
Prgm Director: Lawrence L Ketch, MD
4200 East Ninth Avenue, C309
Denver, CO 80262
Tel: 303 372-3131 *Fax:* 303 864-5997
E-mail: Sue.Bumstead@uchsc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 360-07-21-122

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Hospital of St Raphael
Veterans Affairs Medical Center (West Haven)
Prgm Director: John A Persing, MD
330 Cedar Street (3rd Floor)
PO Box 208041
New Haven, CT 06520
Tel: 203 785-2573 *Fax:* 203 785-5714
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 360-08-21-015

District of Columbia**Washington****Georgetown University Hospital Program**

Sponsor: Georgetown University Hospital
Inova Fairfax Hospital
Suburban Hospital Health System
Union Memorial Hospital
Veterans Affairs Medical Center (Washington DC)
Washington Hospital Center
Prgm Director: Scott L Spear, MD
3800 Reservoir Road, NW (1 PHC)
Washington, DC 20007
Tel: 202 444-8612 *Fax:* 202 444-7204
Length: 6 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 360-10-21-017
Integrated model

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Henry H Caffee, MD
Box 100286
Gainesville, FL 32610
Tel: 352 846-0372 *Fax:* 352 846-0387
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Subspecialties: CFS
Program ID: 360-11-21-019

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
Cedars Medical Center
Veterans Affairs Medical Center (Miami)
Prgm Director: Seth R Thaller, MD, DMD
PO Box 016960 (R88)
Jackson Memorial Hospital
Miami, FL 33101
Tel: 305 585-5285 *Fax:* 305 324-7384
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 360-11-21-022

Tampa**University of South Florida Program**

Sponsor: University of South Florida College of Medicine
All Children's Hospital
H Lee Moffitt Cancer Center
James A Haley Veterans Hospital
Tampa General Hospital
Veterans Affairs Medical Center (Bay Pines)
Prgm Director: David J Smith, MD
12901 Bruce B Downs Boulevard, MDC-16
Tampa, FL 33612
Tel: 813 974-2413 *Fax:* 813 974-7096
Length: 6 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 360-11-12-140
Integrated model

Weston**Cleveland Clinic Hospital (Florida) Program**

Sponsor: Cleveland Clinic Florida
Cleveland Clinic Hospital
Joe Di Maggio Children's Hospital
Prgm Director: J Brian Boyd, MBChB, MD
2950 Cleveland Clinic Boulevard
Weston, FL 33331
Tel: 954 659-5212 *Fax:* 954 659-5210
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-11-31-139

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine
Children's Healthcare of Atlanta
Emory University Hospital
Grady Health System
Prgm Director: Thomas R Hester, MD
3200 Downwood Circle
Suite 640A
Atlanta, GA 30327
Tel: 678 420-7045 *Fax:* 678 420-7016
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 360-12-21-024

Augusta**Medical College of Georgia Program**

Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Prgm Director: Jack C Yu, MD, MEd
1467 Harper Street, HB-5040
Augusta, GA 30912
Tel: 706 721-6945 *Fax:* 706 721-6931
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-12-21-111

Illinois**Chicago****McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Evanston Hospital
Northwestern Memorial Hospital
Shriners Hospitals for Children (Chicago)
Prgm Director: Thomas A Mustoe, MD
675 N St Clair Street, Suite 19-250
Chicago, IL 60611
Tel: 312 695-6022 *Fax:* 312 695-5672
Length: 6 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 360-16-21-025
Integrated model

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: John W Polley, MD
1725 W Harrison, Suite 425
Professional Building 1
Chicago, IL 60612
Tel: 312 563-3000 *Fax:* 312 563-2514
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 360-16-11-026

University of Chicago Program

Sponsor: University of Chicago Hospitals
Advocate Lutheran General Hospital
Prgm Director: Robert L Walton, MD
5841 S Maryland Avenue, MC6035
Chicago, IL 60637
Tel: 773 702-4111
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-16-11-027

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
Advocate Christ Medical Center
John H Stroger Hospital of Cook County
University of Illinois Hospital and Clinics
Prgm Director: Mimis Cohen, MD
M/C 958, Suite 515 CSN
820 South Wood Street
Chicago, IL 60612
Tel: 312 996-9313 *Fax:* 312 413-0495
E-mail: mncohen@uic.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 360-16-21-028

Maywood**Loyola University Program**

Sponsor: Loyola University Medical Center
Children's Memorial Hospital
Edward Hines Jr Veterans Affairs Hospital
John H Stroger Hospital of Cook County
Prgm Director: Diane V Dado, MD
2160 South First Avenue
Maywood, IL 60153
Tel: 708 327-2653 *Fax:* 708 327-2810
E-mail: surg-res@lumc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 360-16-21-029

Springfield**Southern Illinois University Program**

Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Prgm Director: Michael W Neumeister, MD
PO Box 19653
Springfield, IL 62794
Tel: 217 545-7018 *Fax:* 217 545-2588
Length: 6 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: HSP
Program ID: 360-16-21-030
Integrated model

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: John J Coleman, MD
Emerson Hall 234
545 Barnhill Drive
Indianapolis, IN 46202
Tel: 317 274-8106 *Fax:* 317 274-7612
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 360-17-11-031

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Prgm Director: Walter T Lawrence, MPH, MD
Sutherland Institute
3901 Rainbow Boulevard
Kansas City, KS 66160
Tel: 913 588-2000 *Fax:* 913 588-2061
Length: 6 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 360-19-11-032
Integrated model

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Veterans Affairs Medical Center (Lexington)
Prgm Director: Henry C Vasconez, MD
Kentucky Clinic - Suite K454
Lexington, KY 40536
Tel: 859 323-5887 *Fax:* 859 323-3823
E-mail: jcicle@uky.edu
Length: 6 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 360-20-21-033
Integrated model

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
Jewish Hospital
University of Louisville Hospital
Prgm Director: Gordon R Tobin, MD
Department of Surgery, Division of Plastic Surgery
550 South Jackson Street, ACB-2nd Floor
Louisville, KY 40292
Tel: 502 852-6880 *Fax:* 502 852-8915
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-20-21-034

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Charles L Dupin, MD
1542 Tulane Avenue
Room 701
New Orleans, LA 70112
Tel: 504 568-7638 *Fax:* 504 568-7600
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-21-11-035

Tulane University Program

Sponsor: Tulane University Hospital and Clinics
Baton Rouge General Medical Center
Children's Hospital
Medical Center of Louisiana at New Orleans
Ochsner Clinic Foundation
Prgm Director: R Edward Newsome, MD
Department of Surgery SL-22
1430 Tulane Avenue
New Orleans, LA 70112
Tel: 504 988-4584 *Fax:* 504 988-3740
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-21-31-137

Maryland

Baltimore

Johns Hopkins University/University of Maryland Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
University of Maryland Medical System
Prgm Director: Paul N Manson, MD
601 N Caroline Street, Room 8152F
Baltimore, MD 21287
Tel: 410 955-9470 *Fax:* 410 614-1296
Length: 6 Yrs *ACGME Approved/Offered Positions:* 14
Subspecialties: CFS
Program ID: 360-23-21-037
Integrated model

Massachusetts

Boston

Brigham and Women's Hospital/Harvard Medical School Program

Sponsor: Brigham and Women's Hospital
Beth Israel Deaconess Medical Center
Massachusetts General Hospital
Prgm Director: Julian J Pribaz, MD
75 Francis Street
Boston, MA 02115
Tel: 617 732-6390 *Fax:* 617 730-2855
E-mail: surgeryeducation@partners.org
Length: 6 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: HSP
Program ID: 360-24-21-135
Integrated model

Burlington

Lahey Clinic Program

Sponsor: Lahey Clinic
Brigham and Women's Hospital
Children's Hospital
Maine Medical Center
Prgm Director: Jeffrey Weinzweig, MD*
Lahey Clinic
41 Mall Road
Burlington, MA 01805
Tel: 781 744-8583 *Fax:* 781 744-1052
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-24-21-125

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Prgm Director: Douglas M Rothkopf, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 334-5942 *Fax:* 508 856-7593
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-24-21-117

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
St Joseph Mercy Health System
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: William M Kuzon, MD, PhD
2130 Taubman Center
1500 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-5890 *Fax:* 734 763-5354
Length: 6 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 360-25-21-042
Integrated model

Detroit

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Harper-Hutzel Hospital
Prgm Director: Eti Gursel, MD
Harper Professional Building, #400
3990 John R Street
Detroit, MI 48201
Tel: 313 745-8773 *Fax:* 313 993-0595
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 360-25-21-043

Grand Rapids

Grand Rapids Medical Education and Research Center/Michigan State University Program

Sponsor: Grand Rapids Medical Education and Research Center
Spectrum Health-Blodgett Campus
Spectrum Health-Butterworth Campus
Prgm Director: Steven L Ringle, MD
221 Michigan Street, NE
Suite 200A
Grand Rapids, MI 49503
Tel: 616 391-1909 *Fax:* 616 391-8611
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-25-22-044

Southfield

Providence Hospital and Medical Centers Program

Sponsor: Providence Hospital and Medical Centers
Sinai-Grace Hospital (Grace Campus)
Prgm Director: Ian T Jackson, MD
16001 West Nine Mile Road
Fisher Bldg, 3rd Floor
Southfield, MI 48075
Tel: 248 849-3403 *Fax:* 248 849-5380
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-25-31-046

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
North Memorial Health Care
Regions Hospital
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Bruce L Cunningham, MD, MS
Mayo Mail Code 122
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612 625-0697 *Fax:* 612 624-4441
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 360-26-21-131

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prgm Director: Uldis Bite, MD
200 First Street SW
Rochester, MN 55905
Tel: 507 284-4068 *Fax:* 507 284-5994
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 360-26-21-047

Mississippi**Jackson****University of Mississippi Medical Center Program**

Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Prgm Director: Michael F Angel, MD
2500 North State Street
Jackson, MS 39216
Tel: 601 984-5180 *Fax:* 601 984-5183
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-27-21-126

Missouri**Columbia****University of Missouri-Columbia Program**

Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prgm Director: Matthew J Concannon, MD
Plastic Surgery M-349
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-2275 *Fax:* 573 884-4788
Length: 6 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 360-28-21-049
Integrated model

St Louis**St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
St Mary's Health Center
Veterans Affairs Medical Center (St Louis)
Prgm Director: Christian E Paletta, MD
3635 Vista Avenue at Grand Blvd
PO Box 15250
St Louis, MO 63110
Tel: 314 577-8793 *Fax:* 314 268-5062
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 360-28-21-051

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Prgm Director: Keith E Brandt, MD
660 South Euclid Avenue, Room 5401
Campus Box 8238
St Louis, MO 63110
Tel: 314 747-0541 *Fax:* 314 362-4536
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Subspecialties: HSP
Program ID: 360-28-21-052

Nebraska**Omaha****University of Nebraska Medical Center College of Medicine Program**

Sponsor: University of Nebraska Medical Center College of Medicine
Children's Hospital
Creighton University Medical Center (Tenet - SJH)
The Nebraska Medical Center
Veterans Affairs Medical Center (Omaha)
Prgm Director: Perry J Johnson, MD*
983335 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-8363 *Fax:* 402 559-9513
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 360-30-13-136

Nevada**Las Vegas****University of Nevada School of Medicine Program**

Sponsor: University of Nevada School of Medicine
VA Southern Nevada Healthcare System
Valley View Surgery Center
Prgm Director: William A Zamboni, MD
2040 West Charleston, Suite 301
Las Vegas, NV 89102
Tel: 702 671-2278 *Fax:* 702 671-2245
Length: 5 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 360-31-21-138
Integrated model

New Hampshire**Lebanon****Dartmouth-Hitchcock Medical Center Program**

Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: Carolyn L Kerrigan, MD
Section of Plastic Surgery
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-8467 *Fax:* 603 650-5809
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 360-32-21-129

New Jersey**Camden****UMDNJ-Robert Wood Johnson Medical School (Camden) Program**

Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Martha S Matthews, MD
Department of Surgery
3 Cooper Plaza, Suite 411
Camden, NJ 08103
Tel: 856 342-3012 *Fax:* 856 365-7582
E-mail: surgery_camden@umdnj.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 360-33-21-132

Newark**UMDNJ-New Jersey Medical School Program**

Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Prgm Director: Mark S Granick, MD
90 Bergen Street, Suite 7200
Newark, NJ 07103
Tel: 973 972-8092 *Fax:* 973 972-3268
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-33-21-119

New York

Albany

Albany Medical Center Program

Sponsor: Albany Medical Center
Albany Medical Center South Clinical Campus
St Peter's Hospital
Veterans Affairs Medical Center (Albany)
Prgm Director: James G Hoehn, MD
47 New Scotland Avenue
Mail Code 61PL
Albany, NY 12208
Tel: 518 262-5752 *Fax:* 518 262-5692
Length: 6 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 360-35-21-055
Integrated model

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Prgm Director: Berish Strauch, MD
1625 Poplar St, Suite 200
Bronx, NY 10461
Tel: 718 405-8444 *Fax:* 718 405-8345
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 360-35-21-064

East Meadow

Nassau University Medical Center Program

Sponsor: Nassau University Medical Center
North Shore University Hospital
Winthrop-University Hospital
Prgm Director: Roger L Simpson, MD, MBA
Long Island Plastic Surgical Group
999 Franklin Avenue
Garden City, NY 11530
Tel: 516 742-3404 *Fax:* 516 742-0257
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 360-35-21-058

New York

Harlem Hospital Center Program

Sponsor: Harlem Hospital Center
Prgm Director: Ferdinand A Ofodile, MD
506 Lenox Avenue
Room 12-121
New York, NY 10037
Tel: 212 939-3538 *Fax:* 212 939-3599
E-mail: fao1@columbia.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 360-35-21-120

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Veterans Affairs Medical Center (Bronx)
Westchester Medical Center
Prgm Director: Lester Silver, MD, MS
One Gustave L Levy Place
Box 1259
New York, NY 10029
Tel: 212 241-5873 *Fax:* 212 534-2654
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 360-35-21-065

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Robert T Grant, MD
161 Fort Washington Avenue
Suite 601
New York, NY 10032
Tel: 212 305-5868 *Fax:* 212 305-9848
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 360-35-21-060

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Prgm Director: Geoffrey C Gurtner, MD
Institute of Reconstructive Plastic Surgery
560 First Avenue
New York, NY 10016
Tel: 212 263-8279 *Fax:* 212 263-3279
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Subspecialties: HSP
Program ID: 360-35-21-066

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Rochester General Hospital
Prgm Director: Joseph M Serletti, MD
601 Elmwood Avenue, Box 661
Rochester, NY 14642
Tel: 585 275-5818 *Fax:* 585 276-1985
E-mail: joseph_serletti@urmc.rochester.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-35-12-070

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Carolinas Medical Center
Prgm Director: Charles S Hultman, MD
2102 BiInformatics Bldg
CB 7195
Chapel Hill, NC 27599
Tel: 919 966-4446 *Fax:* 919 966-3814
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-36-11-072

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Durham Regional Hospital
Kleinert Koutz and Associates-Louisville Hand Surgery Center
University of North Carolina School of Public Health
Veterans Affairs Medical Center (Durham)
Prgm Director: Lawrence Scott Levin, MD
Post Office Box 3945
Durham, NC 27710
Tel: 919 681-5079 *Fax:* 919 681-7340
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 360-36-21-073

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Louis C Argenta, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-4416 *Fax:* 336 716-7755
E-mail: lcauble@wfubmc.edu
Length: 6 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 360-36-11-074
Integrated model

Ohio

Akron

Summa Health System/NEOUCOM Program

Sponsor: Summa Health System
Akron City Hospital (Summa Health System)
Akron General Medical Center
Children's Hospital Medical Center of Akron
Prgm Director: Douglas S Wagner, MD
525 East Market Street
Medical Education/Mary Yanik
Akron, OH 44304
Tel: 330 375-3783 *Fax:* 330 375-3751
E-mail: spauldik@summa-health.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-38-21-075

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
Prgm Director: W John Kitzmiller, MD
231 Albert Sabin Way
PO Box 670558
Cincinnati, OH 45267
Tel: 513 558-4363 *Fax:* 513 558-0570
E-mail: coaklej@uc.edu
Length: 6 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 360-38-21-112
Integrated model

Cleveland

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Randall J Yetman, MD
Department of Plastic Surgery
9500 Euclid Avenue, Desk A-60
Cleveland, OH 44195
Tel: 216 444-6909 *Fax:* 216 444-9419
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-38-21-079

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Children's Hospital (Columbus)
Mount Carmel
Riverside Methodist Hospitals (OhioHealth)
Prgm Director: Brentley A Buchele, MD
N 809 Doan Hall
410 West 10th Ave
Columbus, OH 43210
Tel: 614 293-9030 *Fax:* 614 293-9024
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 360-38-21-081

Toledo**Medical College of Ohio Program**

Sponsor: Medical College of Ohio
St Luke's Medical Center
St Vincent Mercy Medical Center
Prgm Director: Michael A Yanik, MD
2213 Cherry Street
Toledo, OH 43608
Tel: 419 251-4613 *Fax:* 419 251-3856
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-38-21-084

Oklahoma**Oklahoma City****University of Oklahoma Health Sciences Center Program**

Sponsor: University of Oklahoma College of Medicine
OU Medical Center
OU Medical Center-Children's Hospital
Prgm Director: Jayesh Panchal, MD, MBA
920 Stanton L Young Boulevard
WP2220- Box 26901
Oklahoma City, OK 73104
Tel: 405 271-4864 *Fax:* 405 271-2737
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-39-21-085

Oregon**Portland****Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Prgm Director: Juliana E Hansen, MD
3181 SW Sam Jackson Park Rd
Portland, OR 97239
Tel: 503 494-7824 *Fax:* 503 494-0441
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Subspecialties: HSP
Program ID: 360-40-21-116

Pennsylvania**Allentown****Lehigh Valley Hospital Program**

Sponsor: Lehigh Valley Hospital
Prgm Director: Walter J Okunski, MD
Department of Surgery
Cedar Crest & I-78, PO Box 689
Allentown, PA 18105
Tel: 610 402-8966 *Fax:* 610 402-1667
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 360-41-22-086

Hershey**Penn State University/Milton S Hershey Medical Center Program**

Sponsor: Milton S Hershey Medical Center
PinnacleHealth Hospitals
York Hospital
Prgm Director: Donald R Mackay, MBChB, DDS
500 University Drive
PO Box 850
Hershey, PA 17033
Tel: 717 531-8372 *Fax:* 717 531-4339
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-41-21-087

Philadelphia**Temple University Hospital Program**

Sponsor: Temple University Hospital
Abington Memorial Hospital
St Christopher's Hospital for Children (Tenet Health System)
Prgm Director: Amitabha Mitra, MD
3322 North Broad Street
3rd Floor
Philadelphia, PA 19140
Tel: 215 707-3933 *Fax:* 215 707-2531
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-41-21-088

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Bryn Mawr Hospital
Children's Hospital of Philadelphia
Crozer-Chester Medical Center
Pennsylvania Hospital (UPHS)
Prgm Director: Linton A Whitaker, MD
3400 Spruce Street
10 Penn Tower
Philadelphia, PA 19104
Tel: 215 662-7075 *Fax:* 215 662-2172
E-mail: veronica.bradley@uphs.upenn.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 360-41-21-089

Pittsburgh**University of Pittsburgh Medical Center Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Allegheny General Hospital
Children's Hospital of Pittsburgh
The Western Pennsylvania Hospital
UPMC Presbyterian/Shadyside
Prgm Director: Joseph E Losee, MD*
3550 Terrace Street
683 Scaife Hall
Pittsburgh, PA 15261
Tel: 412 383-8082 *Fax:* 412 383-8986
E-mail: beedlend@upmc.edu
Length: 6 Yrs *ACGME Approved/Offered Positions:* 21
Subspecialties: HSP
Program ID: 360-41-21-090
Integrated model

Rhode Island**Providence****Brown University Program**

Sponsor: Rhode Island Hospital-Lifespan
Veterans Affairs Medical Center (Providence)
Prgm Director: Lee E Edstrom, MD
2 Dudley Street
Medical Office Center, Suite 450
Providence, RI 02905
Tel: 401 444-4188 *Fax:* 401 444-4863
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-43-21-092

South Carolina**Charleston****Medical University of South Carolina Program**

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Patrick J O'Neill, MD
Division of Plastic Surgery
96 Jonathan Lucas, POBox 250613
Charleston, SC 29425
Tel: 843 792-3072 *Fax:* 843 406-8402
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-45-22-093

Tennessee**Chattanooga****University of Tennessee College of Medicine at Chattanooga Program**

Sponsor: University of Tennessee College of Medicine-Chattanooga
Erlanger Medical Center
Prgm Director: Larry A Sargent, MD
Department of Plastic Surgery
979 East Third Street, Suite C-920
Chattanooga, TN 37403
Tel: 423 778-9047 *Fax:* 423 778-9984
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-47-11-094

Memphis**University of Tennessee Program**

Sponsor: University of Tennessee College of Medicine
Methodist Healthcare-Memphis Hospitals
Regional Medical Center at Memphis
University of Tennessee Medical Center
Prgm Director: Robert D Wallace, MD
956 Court Avenue
Suite A212
Memphis, TN 38163
Tel: 901 448-1350 *Fax:* 901 347-8295
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-47-31-095

Nashville**Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
Baptist Hospital
Veterans Affairs Medical Center (Nashville)
Prgm Director: R Bruce Shack, MD
Suite 230 Medical Center South
2100 Pierce Avenue
Nashville, TN 37232
Tel: 615 936-0198 *Fax:* 615 936-0167
E-mail: bruce.shack@vanderbilt.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 360-47-21-096

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
 Baylor University Medical Center
 Children's Medical Center of Dallas
 Dallas County Hospital District-Parkland Memorial Hospital
 Veterans Affairs Medical Center (Dallas)
 Zale-Lipsky University Hospital
Prgm Director: Rod J Rohrich, MD
 5323 Harry Hines Boulevard
 Department of Plastic Surgery
 Dallas, TX 75390
Tel: 214 648-3571 *Fax:* 214 648-6776
E-mail: Rod.Rohrich@UTSouthwestern.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 17
Subspecialties: HSP
Program ID: 360-48-21-097
Integrated model

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
 Shriners Hospitals for Children (Galveston Burns Institute)
Prgm Director: Linda G Phillips, MD
 301 University Boulevard
 Galveston, TX 77555
Tel: 409 772-1257 *Fax:* 409 772-1872
Length: 6 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 360-48-11-098
Integrated model

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
 Harris County Hospital District-Ben Taub General Hospital
 Methodist Hospital
 St Luke's Episcopal Hospital
 Texas Children's Hospital
 University of Texas M D Anderson Cancer Center
Prgm Director: Saleh M Shenaq, MD
 6560 Fannin Street, Suite 800
 Houston, TX 77030
Tel: 713 798-6330 *Fax:* 713 798-3806
E-mail: sshenaq@bcm.tmc.edu
Length: 6 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: HSP
Program ID: 360-48-31-099
Integrated model

Christus St Joseph Hospital Program

Sponsor: Christus St Joseph Hospital
Prgm Director: Benjamin E Cohen, MD
 1401 St Joseph Parkway
 3rd Floor GWS
 Houston, TX 77002
Tel: 713 951-0400 *Fax:* 713 951-0314
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-48-12-100

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
 Memorial Hermann Hospital System
Prgm Director: Donald H Parks, BA, MD
 6431 Fannin, Suite 4.156
 Houston, TX 77030
Tel: 713 500-7181 *Fax:* 713 500-0716
E-mail: DHP05@aol.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-48-31-101

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
 Audie L Murphy Memorial Veterans Hospital (San Antonio)
 Christus Santa Rosa Health Care Corporation
 University Health System
 Wilford Hall Medical Center (AETC)
Prgm Director: Constance M Barone, MD*
 7703 Floyd Curl Drive, Room 226L
 San Antonio, TX 78229
Tel: 210 567-6936 *Fax:* 210 567-6390
E-mail: strongj@uthscsa.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 360-48-31-134

Temple

Texas A&M College of Medicine-Scott and White Program

Sponsor: Scott and White Memorial Hospital
 Central Texas Veterans Affairs Healthcare System
Prgm Director: Peter C Grothaus, MB, ChB
 2401 South 31st Street
 Temple, TX 76508
Tel: 254 724-1695 *Fax:* 254 724-5245
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 360-48-21-130

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
 Primary Children's Medical Center
 Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: W Bradford Rockwell, MD
 30 North 1900 East, #3B205
 Salt Lake City, UT 84132
Tel: 801 586-3253 *Fax:* 801 581-5794
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-49-21-103

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Prgm Director: Raymond F Morgan, MD
 Box 800376
 Charlottesville, VA 22908
Tel: 434 924-1234 *Fax:* 434 924-8122
Length: 6 Yrs *ACGME Approved/Offered Positions:* 8
Subspecialties: HSP
Program ID: 360-51-11-104
Integrated model

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
 Bon Secours St Mary's Hospital
 Hunter Holmes McGuire VA Medical Center (Richmond)
 Medical College of Virginia Hospitals
Prgm Director: Andrea L Pozze, MD*
 Box 980154, MCV Station
 401 N 11th Street, Suite 520
 Richmond, VA 23298
Tel: 804 828-3033 *Fax:* 804 828-3045
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 360-51-21-108

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
 Children's Hospital and Regional Medical Center
 University of Washington Medical Center
 VA Puget Sound Health Care System
 Valley Medical Center
Prgm Director: Nicholas B Vedder, MD
 Box 359796
 325 9th Avenue
 Seattle, WA 98104
Tel: 206 731-3209 *Fax:* 206 731-3656
E-mail: llillard@u.washington.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 360-54-21-123

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
 Meriter Hospital
 St Mary's Hospital Medical Center
Prgm Director: Michael L Bentz, MD
 G5/361 Clinical Science Center
 600 Highland Avenue
 Madison, WI 53792
Tel: 608 263-1367 *Fax:* 608 265-9695
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 360-56-21-109
Integrated model

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
 Children's Hospital of Wisconsin
 Clement J Zablocki Veterans Affairs Medical Center
 Froedtert Memorial Lutheran Hospital
Prgm Director: David L Larson, MD
 8700 Watertown Plank Road
 Milwaukee, WI 53226
Tel: 414 454-5445 *Fax:* 414 259-0901
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Subspecialties: HSP
Program ID: 360-56-21-110
Integrated model

Preventive Medicine: Aerospace Medicine

Florida

Pensacola

Naval Operational Medicine Institute Program

Sponsor: Naval Operational Medicine Institute
Prgm Director: Nils S Erikson, MD*
Aerospace Medicine Residency
220 Hovey Road
Pensacola, FL 32508
Tel: 850 452-8125 *Fax:* 850 452-5194
E-mail: namiramdir@nomi.med.navy.mil
Length: 1 Yr *ACGME Approved/Offered Positions:* 17
Program ID: 380-11-66-051
US Armed Services Program

Ohio

Dayton

Wright State University Program

Sponsor: Wright State University School of Medicine
Prgm Director: Robin E Dodge, MD
Department of Community Health
PO Box 927
Dayton, OH 45401
Tel: 937 775-1400 *Fax:* 937 775-1403
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 380-38-66-052

Texas

Brooks AFB

USAF School of Aerospace Medicine Program

Sponsor: USAF School of Aerospace Medicine
Prgm Director: Donald R Yoho, MD, MPH*
2601 Louis Bauer Drive
Brooks City-Base, TX 78235
Tel: 210 536-3020 *Fax:* 210 536-1779
Length: 1 Yr *ACGME Approved/Offered Positions:* 21
Program ID: 380-48-66-053
US Armed Services Program

Galveston

University of Texas Medical Branch Hospitals (NASA) Program

Sponsor: University of Texas Medical Branch Hospitals
NASA Johnson Space Center
University of Texas Medical School at Galveston
Prgm Director: Richard T Jennings, MD, MS
Preventive Medicine and Community Health
301 University Boulevard
Galveston, TX 77555
Tel: 409 772-1128 *Fax:* 409 747-6129
E-mail: ryschulz@utmb.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 380-48-66-118

Preventive Medicine: General Preventive Medicine

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Prgm Director: Tunis A Darnell, MD, MPH
11234 Anderson Street
Nichol Hall, Room 1516
Loma Linda, CA 92350
Tel: 909 558-4918 *Fax:* 909 558-0630
E-mail: tdarnell@sph.llu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 15
Program ID: 380-05-21-033

San Diego

University of California (San Diego)/San Diego State University Program

Sponsor: University of California (San Diego) Medical Center
Graduate School of Public Health
Prgm Director: Linda L Hill, MD, MPH
Dept of Family and Preventive Medicine, UCSD
9500 Gilman Dr, mail code 0811
La Jolla, CA 92037
Tel: 858 457-7297 *Fax:* 858 622-1953
E-mail: pmr@ucsd.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Subspecialties: PTX
Program ID: 380-05-21-038

San Francisco

University of California (San Francisco)/University of California School of Public Health Program

Sponsor: University of California (San Francisco) School of Medicine
University of California School of Public Health
Prgm Director: George W Rutherford, MD
74 New Montgomery Street
Suite 508
San Francisco, CA 94105
Tel: 415 597-9108 *Fax:* 415 597-9125
E-mail: lspautz@uclink4.berkeley.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 380-05-32-008

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Kaiser Permanente Health Care Group (Denver)
Veterans Affairs Medical Center (Denver)
Prgm Director: Carolyn G DiGuseppi, MD, PhD
4200 E 9th Ave
B-119
Denver, CO 80262
Tel: 303 315-6850 *Fax:* 303 315-1010
E-mail: fayette.augillard@uchsc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 380-07-21-041

Illinois

Chicago

Cook County Hospital Program

Sponsor: John H Stroger Hospital of Cook County
University of Illinois School of Public Health
Prgm Director: David N Goldberg, MD
1901 West Harrison
Chicago, IL 60612
Tel: 312 903-8172 *Fax:* 312 864-9500
E-mail: David_Goldberg@rush.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 380-16-21-050

Louisiana

New Orleans

Tulane University School of Public Health and Tropical Medicine Program

Sponsor: Tulane University School of Medicine
Tulane Univ School of Public Health and Tropical Medicine
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Rebecca A Meriwether, MD, MPH*
Preventive Medicine Residency Prog
1430 Tulane Avenue, TB3
New Orleans, LA 70112
Tel: 504 988-2841 *Fax:* 504 988-4701
E-mail: amiester@tulane.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 380-21-21-014

Maryland

Baltimore

Johns Hopkins Bloomberg School of Public Health Program

Sponsor: Johns Hopkins Bloomberg School of Public Health
Prgm Director: Miriam H Alexander, MD
615 North Wolfe Street
Room WB602
Baltimore, MD 21205
Tel: 410 614-4567 *Fax:* 410 614-8126
Length: 2 Yrs *ACGME Approved/Offered Positions:* 29
Program ID: 380-23-11-015

University of Maryland Program

Sponsor: University of Maryland Medical System
Prgm Director: Judith D Rubin, MD, MPH
102H Howard Hall
660 W Redwood Street
Baltimore, MD 21201
Tel: 410 706-2864 *Fax:* 410 706-8013
E-mail: jrubin@epi.umaryland.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 380-23-11-016

Bethesda

National Capital Consortium (USUHS) Program

Sponsor: National Capital Consortium
USUHS F Edward Hebert School of Medicine
Prgm Director: Robert D Bradshaw, MD, MPH
PMB Room A1040A
4301 Jones Bridge Road
Bethesda, MD 20814
Tel: 301 295-3719 *Fax:* 301 295-0935
E-mail: dbradshaw@usuhs.mil
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 380-23-21-044
US Armed Services Program

Silver Spring

Walter Reed Army Institute of Research Program

Sponsor: Walter Reed Army Institute of Research
Prgm Director: Robert L Mott, MD, MPH
 Division of Preventive Medicine
 503 Robert Grant Road, Room 2A32
 Silver Spring, MD 20910
 Tel: 301 319-9525 Fax: 301 319-9104
E-mail: robert.l.mott@na.amedd.army.mil
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 380-10-21-002
 US Armed Services Program

Massachusetts

Boston

Boston University Medical Center Program

Sponsor: Boston Medical Center
 Boston University School of Public Health
 Edith Nourse Rogers Memorial Veterans Hospital
 (Bedford)
 Veterans Affairs Medical Center (Boston)
Prgm Director: Jane M Liebschutz, MD, MPH
 91 East Concord Street, Suite 200
 Boston, MA 02118
 Tel: 617 414-7399 Fax: 617 414-4676
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 380-24-21-037

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
 UMass Memorial Health Care (University Campus)
Prgm Director: Jacalyn Coghlin-Strom, MD, MPH
 Dept of Family Medicine and Community Health
 55 Lake Avenue North
 Worcester, MA 01655
 Tel: 508 856-5615 Fax: 508 856-1212
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 380-24-21-018

Michigan

Ann Arbor

University of Michigan School of Public Health Program A

Sponsor: University of Michigan School of Public Health
 Henry Ford Hospital
Prgm Director: Matthew L Boulton, MD, MPH
 Dept of Epidemiology — 2002 SPH I
 109 S Observatory Street
 Ann Arbor, MI 48109
 Tel: 734 764-6478 Fax: 734 764-3192
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 380-25-21-125

Minnesota

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Rochester)
 University of Minnesota School of Public Health
Prgm Director: Prathibha Varkey, MD, MPH*
 200 First Street, SW
 Mayo Clinic, BA5A
 Rochester, MN 55905
 Tel: 507 284-9966 Fax: 507 284-4251
E-mail: prevmed@mayo.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 380-26-21-020

New Hampshire

Lebanon

Dartmouth-Hitchcock Leadership in Preventive Medicine Program

Sponsor: Mary Hitchcock Memorial Hospital
 Concord Hospital
 New Hampshire Hospital
Prgm Director: Paul B Batalden, MD
 One Medical Center Drive
 Lebanon, NH 03756
 Tel: 603 650-6513 Fax: 603 650-6525
E-mail: DHLPMR@Hitchcock.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 40
Program ID: 380-32-13-126

New York

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo
 Kaleida Health System (Buffalo General Hospital)
Prgm Director: Michael F Noe, MD, MPH
 School of Public Health and Health Professions
 435 Kimball Tower 3435 Main Street
 Buffalo, NY 14214
 Tel: 716 829-3141 Fax: 716 829-3217
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 380-35-21-045

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
 Mount Sinai Medical Center
Prgm Director: Elizabeth J Garland, MD, MS
 One Gustave L Levy Place
 Box 1043
 New York, NY 10029
 Tel: 212 241-6442 Fax: 212 241-4487
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 380-35-21-024

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
Prgm Director: Alvin I Mushlin, MD, MSC*
 New York Weill Cornell Center
 411 East 69th Street, 3rd Floor
 New York, NY 10021
 Tel: 212 746-1269 Fax: 212 746-8544
E-mail: mmontalv@med.cornell.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 380-35-21-023

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
 University of North Carolina School of Medicine
 University of North Carolina School of Public Health
Prgm Director: Deborah S Porterfield, MD, MPH
 Wing D, CB# 7240
 School of Medicine
 Chapel Hill, NC 27599
 Tel: 919 843-8267 Fax: 919 966-7499
E-mail: uncpm@med.unc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 380-36-21-026

Tennessee

Nashville

Meharry Medical College Program

Sponsor: Meharry Medical College School of Medicine
 Alvin C York Veterans Affairs Medical Center
Prgm Director: Robert S Levine, MD
 1005 D B Todd, Jr, Boulevard
 Nashville, TN 37208
 Tel: 615 927-6782 Fax: 615 927-6131
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 380-47-21-028

Texas

Brooks AFB

USAF School of Aerospace Medicine Program B

Sponsor: USAF School of Aerospace Medicine
Prgm Director: Stephen M Kinne, MD, MPH
 2601 Louis Bauer Drive
 Brooks City-Base, TX 78235
 Tel: 210 536-4099 Fax: 210 536-1779
Length: 1 Yr *ACGME Approved/Offered Positions:* 10
Program ID: 380-48-21-122
 US Armed Services Program

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Tufail Q Shaikh, MD, MPH
 301 University Boulevard
 Galveston, TX 77555
 Tel: 409 772-1128 Fax: 409 772-5272
E-mail: ryschulz@utmb.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 380-48-21-049

Wisconsin

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Prgm Director: William W Greaves, MD, MSPH
 Division of Public Health
 8701 Watertown Plank Road
 Milwaukee, WI 53226
 Tel: 414 456-4502 Fax: 414 456-6160
E-mail: blessing@mcw.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 380-56-21-031

Preventive Medicine: Occupational Medicine

California

Loma Linda

Loma Linda University Program A

Sponsor: Loma Linda University Medical Center
Jerry L Pettis Memorial Veterans Hospital
Kaiser Foundation Hospital (Fontana)
Prgm Director: Ann L Dew, DO, MPH
Nichol Hall, Room 1516
Loma Linda, CA 92350
Tel: 909 558-4918 *Fax:* 909 558-4087
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 380-05-77-123

Los Angeles

UCLA School of Public Health Program

Sponsor: UCLA School of Public Health
USC University Hospital
Prgm Director: Philip Harber, MD, MPH
Department of Family Medicine
10880 Wilshire Blvd Suite 1800
Los Angeles, CA 90024
Tel: 310 794-8144 *Fax:* 310 794-8145
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 380-05-77-057

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
University of California (Irvine) College of Medicine
Prgm Director: Dean B Baker, MD, MPH
5201 California Avenue
Suite 100
Irvine, CA 92617
Tel: 949 824-8641 *Fax:* 949 824-2345
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 380-05-77-058

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California School of Public Health
Prgm Director: Robert L Goldberg, MD
Division of Occupational & Environmental Medicine
Box 0843
San Francisco, CA 94143
Tel: 510 231-5722 *Fax:* 510 231-5729
E-mail: dladd@sfgimed.ucsf.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 7
Subspecialties: PTX
Program ID: 380-05-77-059

Colorado

Denver

University of Colorado Program A

Sponsor: University of Colorado School of Medicine
National Jewish Medical and Research Center
Prgm Director: Kathryn Mueller, MD, MPH
4200 East 9th Avenue, Box B - 119
Dr Kathryn Mueller
Denver, CO 80262
Tel: 303 315-7605 *Fax:* 303 315-1010
E-mail: Kathryn.Mueller@uchsc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 380-07-77-060

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: John D Meyer, MD, MPH
263 Farmington Avenue
Dowling North, Third Floor, MC-6210
Farmington, CT 06030
Tel: 860 679-4947 *Fax:* 860 679-1349
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 380-08-77-061

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Prgm Director: Oyeboade A Taiwo, MD, MPH
Yale University School of Medicine
135 College Street, 3rd Floor
New Haven, CT 06510
Tel: 203 785-7231 *Fax:* 203 785-7391
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 380-08-77-062

Florida

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
University of South Florida College of Public Health
Prgm Director: Stuart M Brooks, MD
Dept of Environmental & Occupational Health
13201 Bruce B Downs Boulevard MDC 56
Tampa, FL 33612
Tel: 813 974-6626 *Fax:* 813 974-7544
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 380-11-77-064

Georgia

Atlanta

Emory University Program

Sponsor: Rollins School of Public Health of Emory University
Prgm Director: Joel F Moorhead, MD, MPH
Dept of Occupational and Environmental Health
1518 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 712-8274 *Fax:* 404 727-8744
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 380-12-77-065

Illinois

Chicago

Cook County Hospital/Cook County Board of Commissioners Program

Sponsor: John H Stroger Hospital of Cook County
University of Illinois School of Public Health
Prgm Director: Rachel Rubin, MD, MPH
Division of Occupational Medicine
1900 West Polk Street, Room 500
Chicago, IL 60612
Tel: 312 864-5520 *Fax:* 312 864-9701
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Subspecialties: PTX
Program ID: 380-16-77-067

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
University of Illinois Hospital and Clinics
University of Illinois School of Public Health
Prgm Director: Linda Forst, MD, MPH
School of Public Health—M/C 684
835 S Wolcott
Chicago, IL 60612
Tel: 312 996-7420 *Fax:* 312 413-8485
Length: 2 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 380-16-77-066

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Nancy L Sprince, MD, MPH
Dept of Occupational & Environmental Health
100 Oakdale Campus #108 1REH
Iowa City, IA 52242
Tel: 319 335-4416 *Fax:* 319 335-4225
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 380-18-77-069

Kentucky

Lexington

University of Kentucky College of Medicine Program A

Sponsor: University of Kentucky College of Medicine
Veterans Affairs Medical Center (Lexington)
Prgm Director: Ray F Garman, MD*
Department of Preventive Medicine
121 Washington Avenue Room 220
Lexington, KY 40536
Tel: 859 257-5678 *Fax:* 859 257-9862
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 380-20-77-070

Maryland

Baltimore

Johns Hopkins Bloomberg School of Public Health Program A

Sponsor: Johns Hopkins Bloomberg School of Public Health
Prgm Director: Clifford S Mitchell, MD, MPH
Occupational Medicine Residency Program
615 North Wolfe Street, Rm WB602
Baltimore, MD 21205
Tel: 410 955-4076 *Fax:* 410 955-1811
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 380-23-77-072

Bethesda

National Capital Consortium (USUHS) Program A

Sponsor: National Capital Consortium
USUHS F Edward Hebert School of Medicine
Prgm Director: Richard J Thomas, MD, MPH
PMB, Room A-1040A
4301 Jones Bridge Road
Bethesda, MD 20814
Tel: 301 295-3718 *Fax:* 301 295-0335
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 380-23-77-073
US Armed Services Program

Massachusetts

Boston

Harvard School of Public Health Program

Sponsor: Harvard School of Public Health
Prgm Director: Howard Hu, MD, ScD
Occupational Health Program
665 Huntington Avenue
Boston, MA 02115
Tel: 617 432-1260 *Fax:* 617 432-0219
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 380-24-77-074

Michigan

Detroit

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Prgm Director: James N Skupski, MD, MPH
101 Alexandrine, Suite 255
Detroit, MI 48201
Tel: 313 340-4345 *Fax:* 313 340-4339
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 380-25-77-078

Minnesota

St Paul

HealthPartners Institute for Medical Education Program

Sponsor: HealthPartners Institute for Medical
Education
Regions Hospital
University of Minnesota School of Public Health
Prgm Director: Beth A Baker, MD, MPH*
640 Jackson Street 11503N
St Paul, MN 55101
Tel: 651 254-5180 *Fax:* 651 254-1417
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Subspecialties: PTX
Program ID: 380-26-77-079

Missouri

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
St Louis University Hospital
St Louis University School of Public Health
Prgm Director: Rebecca L Tominack, MD
Graduate Medical Education
1402 South Grand Avenue-M260
St Louis, MO 63104
Tel: 314 977-9853 *Fax:* 314 977-9852
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 380-28-77-080

New Jersey

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Prgm Director: Michael Gochfeld, MD, PhD
170 Frelinghuysen Road
Piscataway, NJ 08854
Tel: 732 445-0123 *Fax:* 732 445-0130
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 380-33-77-081

New York

New York

Mount Sinai School of Medicine Program A

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Prgm Director: Jacqueline M Moline, MD, MSc
Department of Community Medicine
One Gustave L Levy Place, Box 1057
New York, NY 10029
Tel: 212 241-4792 *Fax:* 212 996-0407
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 380-35-77-082

North Carolina

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
University of North Carolina School of Public Health
Prgm Director: Dennis J Darcey, MD, MPH
Division of Occupational Medicine
PO Box 3834
Durham, NC 27710
Tel: 919 286-3232 *Fax:* 919 286-5647
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Subspecialties: UM
Program ID: 380-36-77-084

Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
Prgm Director: Clara S Ross, MD, JD*
PO Box 670182
5251 Med Sciences Bldg (ML 0182)
Cincinnati, OH 45267
Tel: 513 558-0687 *Fax:* 513 558-6272
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 380-38-77-085

Pennsylvania

Philadelphia

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: Edward Emmett, MD, MS
Occupational Medicine, Silverstein/ground floor
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 340-5708 *Fax:* 215 662-4430
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Program ID: 380-41-77-124

Pittsburgh

University of Pittsburgh Graduate School of Public Health Program

Sponsor: University of Pittsburgh Graduate School of
Public Health
Prgm Director: Joseph J Scherwa, MD
Graduate School of Public Health
130 Desoto Street
Pittsburgh, PA 15260
Tel: 412 624-3155 *Fax:* 412 624-3040
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 380-41-77-087

Tennessee

Nashville

Meharry Medical College Program A

Sponsor: Meharry Medical College School of Medicine
Alvin C York Veterans Affairs Medical Center
Metropolitan Nashville General Hospital
Prgm Director: Sangita Chakrabarty, MD, MSPH*
1005 D B Todd, Jr, Boulevard
Nashville, TN 37208
Tel: 615 321-2976 *Fax:* 615 327-5634
E-mail: schakrabarty@mmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 380-47-77-088

Texas

Brooks AFB

USAF School of Aerospace Medicine Program A

Sponsor: USAF School of Aerospace Medicine
Prgm Director: Steven M Hetrick, MD, MPH*
2601 Louis Bauer Drive
Brooks City-Base, TX 78235
Tel: 210 536-3897 *Fax:* 210 536-1779
Length: 1 Yr *ACGME Approved/Offered Positions:* 24
Program ID: 380-48-77-089
US Armed Services Program

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
University of Texas Medical School at Galveston
Prgm Director: A Nelson Avery, MD
Preventive Medicine and Community Health
301 University Boulevard
Galveston, TX 77555
Tel: 409 747-0791 *Fax:* 409 747-6129
E-mail: ryschulz@utmb.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 380-48-77-121

Houston

University of Texas School of Public Health Program

Sponsor: University of Texas School of Public Health
Prgm Director: Arch I Carson, MD, PhD
1200 Hermann Pressler, Room 1002
PO Box 20186
Houston, TX 77030
Tel: 713 500-9465 *Fax:* 713 500-9442
E-mail: arch.carson@uth.tmc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 380-48-77-090

Tyler

University of Texas Health Center at Tyler Program

Sponsor: University of Texas Health Center at Tyler
Stephen F Austin State University
Prgm Director: Jeffrey L Levin, MD, MSPH
11937 US Hwy 271
Tyler, TX 75708
Tel: 903 877-5919 *Fax:* 903 877-7060
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 380-48-77-091

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
Prgm Director: Edward B Holmes, MD, MPH*
RMC/OEH
391 Chipeta Suite C
Salt Lake City, UT 84108
Tel: 801 581-3841 *Fax:* 801 585-3759
Length: 2 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 380-49-77-092

Washington

Seattle

University of Washington School of Public Health and Community Medicine Program

Sponsor: University of Washington School of Public Health
University of Washington/Harborview Medical Centers
Prgm Director: Matthew C Keifer, MD, MPH
Harborview Medical Center
325 - 9th Avenue, Box 359739
Seattle, WA 98104
Tel: 206 341-4452 *Fax:* 206 731-8247
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 380-54-77-093

West Virginia

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: Christopher J Martin, MD, MSC
PO Box 9190
3858 Health Science Center South
Morgantown, WV 26506
Tel: 304 293-3693 *Fax:* 304 293-2629
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 380-55-77-094

Preventive Medicine: Public Health and General Preventive Medicine

California

Sacramento

California Department of Health Services Program

Sponsor: California Department of Health Services
UCLA School of Public Health
University of California School of Public Health
Prgm Director: Kathleen H Acree, MD, MPH
1616 Capitol Avenue, MS 7213
PO Box 997413
Sacramento, CA 95899
Tel: 916 552-9900 *Fax:* 916 552-9729
E-mail: Kacree@dhs.ca.gov
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 380-05-88-097

Connecticut

Derby

Griffin Hospital Program

Sponsor: Griffin Hospital
Yale University School of Public Health
Prgm Director: Haq Nawaz, MD, MPH
130 Division Street
Derby, CT 06418
Tel: 203 732-7327 *Fax:* 203 732-7185
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 380-08-88-119

Florida

West Palm Beach

Palm Beach County Public Health Department Program

Sponsor: Palm Beach County Public Health Department
Prgm Director: Jean Marie Malecki, MD, MPH
PO Box 29
West Palm Beach, FL 33402
Tel: 561 355-3120 *Fax:* 561 355-3165
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 380-11-88-098

Georgia

Atlanta

Centers for Disease Control and Prevention Program

Sponsor: Centers for Disease Control and Prevention
Prgm Director: Gail M Stennies, MD, MPH
Public Health Service, DHHS
1600 Clifton Road, NE MS E-92
Atlanta, GA 30333
Tel: 404 498-6140 *Fax:* 404 498-6105
Length: 1 Yr *ACGME Approved/Offered Positions:* 13
Program ID: 380-12-88-109
US Armed Services Program

Emory University Program A

Sponsor: Emory University School of Medicine
Georgia Dept of Human Resources-Division of Public Health
Grady Health System
Rollins School of Public Health of Emory University
Prgm Director: Erica Frank, MD, MPH
49 Jesse Hill Jr Drive, SE
Atlanta, GA 30303
Tel: 404 616-5603 *Fax:* 404 616-6847
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 380-12-88-110

Morehouse School of Medicine Program

Sponsor: Morehouse School of Medicine
Georgia Dept of Human Resources-Division of Public Health
Prgm Director: Beverly D Taylor, MD
720 Westview Drive, SW
Atlanta, GA 30310
Tel: 404 752-1620 *Fax:* 404 752-1160
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 380-12-88-108

Maryland

Baltimore

Maryland State Department of Health and Mental Hygiene Program

Sponsor: Maryland State Department of Health and Mental Hygiene
Prgm Director: John M Ryan, MD
Preventive Medicine/Public Health Residency
201 West Preston Street, Room 322
Baltimore, MD 21201
Tel: 410 767-6234 *Fax:* 410 728-4825
E-mail: eumberbatch@dnhm.state.md.us
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 380-23-88-100

New Jersey

Trenton

New Jersey Department of Health and Senior Services Program

Sponsor: State of New Jersey Department of Health and Senior Services
Johns Hopkins Bloomberg School of Public Health
Prgm Director: Sindy M Paul, MD, MPH
Div of HIV/AIDS Services
50 E State Street, 4th Fl
Trenton, NJ 08625
Tel: 609 984-6191 *Fax:* 609 633-2494
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 380-33-88-103

New York

Albany

SUNY at Albany School of Public Health Program

Sponsor: New York State Department of Health
SUNY at Albany School of Public Health
Prgm Director: Mary S Applegate, MD, MPH
ESP Corning Tower, Room #1882
Empire State Plaza
Albany, NY 12237
Tel: 518 474-1911 *Fax:* 518 474-3180
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 380-35-88-111

New York

New York City Department of Health and Mental Hygiene Program

Sponsor: New York City Department of Health and Mental Hygiene
Columbia University School of Public Health
Prgm Director: Andrea Lyman, MD, MS
Public Health/Preventive Medicine Residency Program
2 Lafayette Street CN65
New York, NY 10007
Tel: 212 341-3957 *Fax:* 212 676-2172
E-mail: healthrp@health.nyc.gov
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 380-35-88-104

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Thomas A Pearson, MD, PhD
601 Elmwood Avenue, Box 644
Rochester, NY 14642
Tel: 585 275-2191
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 380-35-88-127

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
Columbia University School of Public Health
Nassau County Department of Health
Suffolk County Department of Health Services
Prgm Director: Dorothy S Lane, MD, MPH
Department of Preventive Medicine
HSC L3-086
Stony Brook, NY 11794
Tel: 631 444-2094 *Fax:* 631 444-2202
E-mail: dlane@notes.cc.sunysb.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 380-35-88-112

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Prgm Director: Jay D Kravitz, MD, MPH
Dept of Public Health, CB 669
3181 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503 494-8257 *Fax:* 503 494-4981
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 380-40-88-115

South Carolina

Columbia

University of South Carolina School of Medicine Program

Sponsor: University of South Carolina School of Medicine
Prgm Director: Gary B Ewing, MD, MPH
Family & Preventive Medicine
3209 Colonial Drive
Columbia, SC 29203
Tel: 803 434-7399 *Fax:* 803 434-8374
E-mail: gary.ewing@palmettohealth.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 380-45-88-116

Texas

Austin

Texas Department of State Health Services Program

Sponsor: Texas Department of State Health Services
University of Texas School of Public Health
Prgm Director: William S Riggins, MD, MPH
Public Health Region 8
7430 Louis Pasteur Drive
San Antonio, TX 78229
Tel: 210 949-2000 *Fax:* 210 949-2015
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 380-48-88-105

Virginia

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
Commonwealth of Virginia Department of Health
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Virginia Commonwealth Univ Grad Program in Public Health
Prgm Director: Gonzalo M Bearman, MD, MPH*
PO Box 980212
1008 East Clay Street
Richmond, VA 23298
Tel: 804 828-2121 *Fax:* 804 828-2125
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 380-51-88-106

Washington

Tacoma

Madigan Army Medical Center Program

Sponsor: Madigan Army Medical Center
University of Washington School of Public Health
USUHS F Edward Hebert School of Medicine
Prgm Director: James E Cook, MD, MPH
Department of Preventive Medicine
MCHJ-PV
Tacoma, WA 98431
Tel: 253 968-4479 *Fax:* 253 968-4483
Length: 2 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 380-54-88-107
US Armed Services Program

Procedural Dermatology (Dermatology)

Alabama

Birmingham

Dermatology Associates (Birmingham) Program

Sponsor: Dermatology Associates
Prgm Director: Gary D Monheit, MD
2100 16th Avenue South, Suite 202
Birmingham, AL 35205
Tel: 205 933-0987 *Fax:* 205 930-1756
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 081-01-21-011

California

La Jolla

Scripps Clinic Program

Sponsor: Scripps Clinic
Prgm Director: Hubert T Greenway, MD
10666 N Torrey Pines Road
La Jolla, CA 92037
Tel: 858 554-8646
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 081-05-31-008

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Prgm Director: Abel Torres, MD
11370 Anderson Street, Suite 2600
Loma Linda, CA 92354
Tel: 909 558-2842 *Fax:* 909 558-2448
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 081-05-21-021

Los Angeles

Moy Dermatology Clinic (Los Angeles) Program

Sponsor: Ronald L Moy Dermatology Clinic
VA Greater Los Angeles Healthcare System
Prgm Director: Ronald L Moy, MD
100 UCLA Medical Plaza
Suite 590
Los Angeles, CA 90024
Tel: 310 794-7422 *Fax:* 310 208-2158
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 081-05-12-023

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
Prgm Director: Roy C Grekin, MD
1701 Divisadero Street, Box 0316
San Francisco, CA 94143
Tel: 415 353-7839 *Fax:* 415 353-7838
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 081-05-21-007

Indiana

Indianapolis

St Vincent Hospital Program

Sponsor: St Vincent Hospital and Health Care Center
Prgm Director: C William Hanke, MD
13450 N Meridian, Suite 355
Carmel, IN 46032
Tel: 317 582-8484 *Fax:* 317 582-8431
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 081-17-31-006

Massachusetts

Boston

Boston University Medical Center Program

Sponsor: Boston Medical Center
Prgm Director: Christine M Hayes, MD
609 Albany Street, Building J
Boston, MA 02118
Tel: 617 638-5500 *Fax:* 617 638-5515
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 081-24-12-009

Minnesota

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Prgm Director: Randall K Roenigk, MD
200 First Street SW
Rochester, MN 55905
Tel: 507 284-5975 *Fax:* 507 284-2072
E-mail: mayodermfellows@mayo.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 081-26-21-003

Montana

Billings

Deaconess Medical Center Program

Sponsor: Deaconess Medical Center
Prgm Director: J Michael Wentzell, MD
2825 8th Avenue North
Billings, MT 59107
Tel: 406 238-2500 *Fax:* 406 238-5766
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 081-29-31-010

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program

Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Naomi Lawrence, MD
8000 Sagamore Drive
Suite 8103
Marlton, NJ 08053
Tel: 856 596-3040 *Fax:* 856 596-5651
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 081-33-12-020

Hackensack

Skin Laser and Surgery Specialist of NY/NJ (Hackensack) Program

Sponsor: Skin Laser and Surgery Specialists of New York/New Jersey
Prgm Director: David J Goldberg, MD
20 Prospect Avenue, Suite 702
Hackensack, NJ 07601
Tel: 201 441-9980 *Fax:* 201 441-9893
E-mail: kathy@skinandlasers.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 081-33-13-024

New York

Brooklyn

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Prgm Director: Daniel Mark Siegel, MD, MS
450 Clarkson Avenue
Brooklyn, NY 11203
Tel: 718 270-1229 *Fax:* 718 270-2794
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 081-35-12-005

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Prgm Director: James Spencer, MD
One Gustave Levy Place, Box 1048
New York, NY 10029
Tel: 212 659-9530 *Fax:* 212 426-3160
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 081-35-31-004

North Carolina

Winston-Salem

Skin Surgery Center (Winston-Salem) Program

Sponsor: Skin Surgery Center (Winston-Salem)
Prgm Director: Barry Leshin, MD
125 Sunnynoll Court, Suite 100
Winston-Salem, NC 27106
Tel: 336 724-2434 *Fax:* 336 724-6123
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 081-36-31-014

Pennsylvania

Danville

Geisinger Health System Program

Sponsor: Geisinger Health System
Prgm Director: Victor J Marks, MD
100 North Academy Avenue
Department of Dermatology
Danville, PA 17822
Tel: 570 271-8050 *Fax:* 570 271-5940
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 081-41-31-002

Philadelphia

Dermatologic Surgicenter (Philadelphia) Program

Sponsor: Dermatologic Surgicenter (Philadelphia)
Prgm Director: Anthony Benedetto, DO
1200 Locust Street
Philadelphia, PA 19107
Tel: 215 546-3666 *Fax:* 215 545-6060
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 081-41-31-012

Pittsburgh

Zitelli Dermatology Clinic/UPMC Presbyterian Shadyside Program

Sponsor: John A Zitelli Dermatology Clinic
UPMC Presbyterian/Shadyside
Prgm Director: John A Zitelli, MD
5200 Center Avenue, Suite 303
Pittsburgh, PA 15232
Tel: 412 681-9400 *Fax:* 412 681-5240
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 081-41-13-022

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
Prgm Director: Pearson G Lang, MD
135 Rutledge Avenue, 11th Floor
PO Box 250578
Charleston, SC 29425
Tel: 843 792-5858 *Fax:* 843 792-9936
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 081-45-12-001

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Prgm Director: R Stan Taylor, MD
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-0628 *Fax:* 214 648-0630
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 081-48-21-018

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Prgm Director: Ida F Orengo, MD
Department of Dermatology
One Baylor Plaza - F800
Houston, TX 77030
Tel: 713 798-7620 *Fax:* 713 798-6923
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 081-48-13-019

Vermont

Burlington

University of Vermont Program

Sponsor: Fletcher Allen Health Care
Prgm Director: Glenn D Goldman, MD
1 South Prospect Street
Suite 3103
Burlington, VT 05401
Tel: 802 847-0761
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 081-50-31-016

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
Prgm Director: Daniel Berg, MD
4225 Roosevelt Way NE
Box 354697
Seattle, WA 98105
Tel: 206 598-2112 *Fax:* 206 598-4200
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 081-54-12-017

Psychiatry

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Prgm Director: Daniel C Dahl, MD
121 Smolian Psychiatric Clinic
1700 Seventh Avenue S
Birmingham, AL 35294
Tel: 205 934-3041 *Fax:* 205 934-4659
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: PFP, PYG
Program ID: 400-01-11-009

Mobile

University of South Alabama Program

Sponsor: University of South Alabama Hospitals
Mobile Infirmiry Medical Center
University of South Alabama Medical Center
USA Children's and Women's Hospital
USA Knollwood Park Hospital
Veterans Affairs Medical Center (Biloxi)
Prgm Director: Charles L Rich, MD
2451 Fillingim Street
Suite 1600 Moorer Clinical Science Building
Mobile, AL 36617
Tel: 251 471-7017 *Fax:* 251 470-5885
E-mail: clrich@pol.net
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 400-01-22-232

Arizona

Phoenix

Banner Good Samaritan Medical Center Program

Sponsor: Banner Good Samaritan Medical Center
Prgm Director: James B McLoone, MD
925 East McDowell Road
4th Floor
Phoenix, AZ 85006
Tel: 602 239-6880 *Fax:* 602 239-6988
E-mail: jo.russo@bannerhealth.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-03-12-010

Maricopa Medical Center Program

Sponsor: Maricopa Medical Center
Prgm Director: William S James, MD*
Desert Vista Campus #101
570 W Brown Rd
Mesa, AZ 85201
Tel: 480 344-2028 *Fax:* 480 344-2157
E-mail: kimberly.siafega@hcs.maricopa.gov
Length: 4 Yrs *ACGME Approved/Offered Positions:* 22
Subspecialties: CHP
Program ID: 400-03-22-011

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Prgm Director: Francisco A Moreno, MD
1501 North Campbell Avenue
PO Box 245002
Tucson, AZ 85724
Tel: 520 626-6795 *Fax:* 520 626-6050
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 400-03-21-012

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Arkansas State Hospital (DMHS)
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Ben Guise, MD*
UAMS 4301 West Markham
Mail Slot 589
Little Rock, AR 72205
Tel: 501 686-5803 *Fax:* 501 686-7424
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: PFP
Program ID: 400-04-22-014

California

Bakersfield

UCLA-Kern Medical Center Program

Sponsor: Kern Medical Center
Olive View/UCLA Medical Center
Prgm Director: Tai P Yoo, MD, MBA
1830 Flower Street
Bakersfield, CA 93305
Tel: 661 326-2248 *Fax:* 661 862-7682
E-mail: tyoo@co.kern.ca.us
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 400-05-22-298

Fresno

University of California (San Francisco)/ Fresno Program

Sponsor: UCSF-Fresno Medical Education Program
Atascadero State Hospital
Community Medical Centers-University Medical Center
Fresno County Health Services
VA Central California Health Care System
Prgm Director: Craig C Campbell, MD
University Medical Center
445 South Cedar Ave
Fresno, CA 93702
Tel: 559 459-6887 *Fax:* 559 459-6888
E-mail: craig.campbell@ucsfresno.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-05-21-018

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Jerry L Pettis Memorial Veterans Hospital
Prgm Director: Mary Ann Schaepper, MD, MEd
11374 Mt View Avenue
Loma Linda, CA 92354
Tel: 909 558-6094 *Fax:* 909 558-6093
E-mail: kasteiner@som.llu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 400-05-21-021

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center
Prgm Director: Waguih W Ishtak, MD
8730 Alden Drive, Suite W-101
Los Angeles, CA 90048
Tel: 310 423-3481 *Fax:* 310 423-3947
E-mail: Yvonne.Neely@cshs.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: ADP
Program ID: 400-05-11-022

Charles R Drew University Program

Sponsor: Charles R Drew University of Medicine and Science
LAC-King/Drew Medical Center
Prgm Director: Gregory E Gray, MD, PhD
Dept of Psychiatry
1720 E 120th St - AFHMHG
Los Angeles, CA 90059
Tel: 310 668-4801 *Fax:* 310 223-0712
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 400-05-32-024

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Neuropsychiatric Hospital
Prgm Director: James E Spar, MD
760 Westwood Plaza
Los Angeles, CA 90024
Tel: 310 825-0548 *Fax:* 310 825-0340
Length: 4 Yrs *ACGME Approved/Offered Positions:* 55
Subspecialties: ADP, PYG
Program ID: 400-05-21-025

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
Kaiser Permanente Medical Center (Fresno)
LAC+USC Medical Center
Prgm Director: Charles W Patterson, MD
2020 Zonal Avenue, IRD-708
Los Angeles, CA 90033
Tel: 323 226-4945 *Fax:* 323 226-4948
Length: 4 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: PFP
Program ID: 400-05-11-023

VA Greater Los Angeles/UCLA-San Fernando Valley Program

Sponsor: VA Greater Los Angeles Healthcare System
Olive View/UCLA Medical Center
Prgm Director: Murray A Brown, MD
UCLA/San Fernando Valley Psychiatry (116A3)
1611 Plummer Street
Sepulveda, CA 91343
Tel: 818 895-9349 *Fax:* 818 895-9437
Length: 4 Yrs *ACGME Approved/Offered Positions:* 31
Subspecialties: PFP
Program ID: 400-05-31-032

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
Prgm Director: Gerald Maguire, MD
Neuropsychiatric Center
101 City Drive, South
Orange, CA 92868
Tel: 714 456-5770 *Fax:* 714 456-7615
Length: 4 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 400-05-21-020

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: Mark E Servis, MD
2230 Stockton Boulevard
Sacramento, CA 95817
Tel: 916 734-2614 *Fax:* 916 734-3384
E-mail: marilyn.clark@ucdmc.ucdavis.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: PFP, PYM
Program ID: 400-05-31-017

San Diego

Naval Medical Center (San Diego) Program

Sponsor: Naval Medical Center (San Diego)
University of California (San Diego) Medical Center
Prgm Director: Michael R Torricelli, MD*
34800 Bob Wilson Drive
Suite 108
San Diego, CA 92134
Tel: 619 532-8567 *Fax:* 619 532-5008
Length: 4 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 400-05-21-253
US Armed Services Program

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Sidney Zisook, MD
Dept of Psychiatry
9500 Gilman Drive, 0603R
La Jolla, CA 92093
Tel: 858 534-4040 *Fax:* 858 822-0231
E-mail: restrain@ucsd.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: PYG
Program ID: 400-05-21-026

San Francisco

California Pacific Medical Center Program

Sponsor: California Pacific Medical Center
Prgm Director: David A Goldberg, MD
2340 Clay Street, 7th Floor
San Francisco, CA 94115
Tel: 415 600-3642 *Fax:* 415 600-3525
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-05-22-028

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
UCSF Med Ctr-Langley Porter Psychiatric Hosp and Clinics
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Marc Jacobs, MD
Langley Porter Psychiatric Inst
401 Parnassus Avenue - RTP
San Francisco, CA 94143
Tel: 415 476-7577 *Fax:* 415 476-7722
E-mail: rtpadm@pppi.ucsf.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 64
Subspecialties: ADP, PFP, PYG
Program ID: 400-05-21-030

San Mateo

San Mateo County Mental Health Services Program

Sponsor: San Mateo County Mental Health Services
Lucile Salter Packard Children's Hospital at Stanford
Prgm Director: Alan K Louie, MD
Psychiatry Residency Training
222 West 39th Avenue
San Mateo, CA 94403
Tel: 650 573-2530 *Fax:* 650 573-2527
E-mail: alouie@co.sanmateo.ca.us
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-05-22-031

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Kaiser Permanente Medical Center (Santa Clara)
Veterans Affairs Palo Alto Health Care System
Prgm Director: C Barr Taylor, MD
401 Quarry Road, Room 2206
Stanford, CA 94305
Tel: 650 725-5732 *Fax:* 650 725-3762
E-mail: faesloss@stanford.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 45
Subspecialties: PYG
Program ID: 400-05-31-093

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Ira M Lesser, MD
1000 West Carson Street
Torrance, CA 90509
Tel: 310 222-3137 *Fax:* 310 328-5546
Length: 4 Yrs *ACGME Approved/Offered Positions:* 29
Program ID: 400-05-11-035

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
University of Colorado Hospital
Veterans Affairs Medical Center (Denver)
Prgm Director: Alexis A Giese, MD*
4200 East Ninth Avenue A011-22
Denver, CO 80262
Tel: 303 315-9638 *Fax:* 303 315-9905
Length: 4 Yrs *ACGME Approved/Offered Positions:* 45
Subspecialties: ADP, PFP
Program ID: 400-07-21-038

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Hartford Hospital
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Joyce A Tinsley, MD
263 Farmington Ave, MC1935
Farmington, CT 06030
Tel: 860 679-4733 *Fax:* 860 679-1246
E-mail: tinsley@psychiatry.uchc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: ADP, CHP
Program ID: 400-08-21-266

Hartford

Institute of Living/Hartford Hospital Program

Sponsor: Hartford Hospital
Connecticut Children's Medical Center
Institute of Living
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Adrienne Bentman, MD
200 Retreat Avenue
Hartford, CT 06106
Tel: 860 545-7183 *Fax:* 860 545-7403
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: PYM
Program ID: 400-08-21-295

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Connecticut Mental Health Center
Hospital of St Raphael
Veterans Affairs Medical Center (West Haven)
Yale University Health Service
Prgm Director: Richard Belitsky, MD
25 Park Street, Room 623
New Haven, CT 06519
Tel: 203 737-2433 *Fax:* 203 785-4207
Length: 4 Yrs *ACGME Approved/Offered Positions:* 86
Subspecialties: ADP, PFP, PYG
Program ID: 400-08-21-042

Delaware

New Castle

Delaware State Hospital Program

Sponsor: Delaware Psychiatric Center
Christiana Care Health Services Inc
Prgm Director: Ranga N Ram, MD*
1901 North DuPont Highway
New Castle, DE 19720
Tel: 302 255-2768 *Fax:* 302 255-4422
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 400-09-31-046

District of Columbia

Washington

George Washington University Program

Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Greater Southeast Community Hospital
Prgm Director: James L Griffith, MD, MS
2150 Pennsylvania Avenue, NW
Burns Building 8th Floor
Washington, DC 20037
Tel: 202 741-2879 *Fax:* 202 741-2859
Length: 4 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 400-10-21-048

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Greater Southeast Community Hospital
Inova Fairfax Hospital
Veterans Affairs Medical Center (Washington DC)
Prgm Director: John Siberski, MD
3800 Reservoir Rd, NW
6th Floor Kober-Kogan
Washington, DC 20007
Tel: 202 687-8537 *Fax:* 202 687-6658
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: PYM
Program ID: 400-10-21-047

Howard University Program

Sponsor: Howard University Hospital
Veterans Affairs Medical Center (Washington DC)
Prgm Director: Janice G Hutchinson, MD
2041 Georgia Avenue, NW
Washington, DC 20060
Tel: 202 865-6611 *Fax:* 202 865-6212
E-mail: jchutchinson@howard.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 400-10-21-049

St Elizabeths Hospital-DC Department of Mental Health Services Program

Sponsor: St Elizabeth's Hospital-DC Department of Mental Health Serv
Children's National Medical Center
Prince George's Hospital Center
Providence Hospital
Washington Hospital Center
Washington School of Psychiatry
Prgm Director: David I Joseph, MD
Barton Hall/Building #117, 2nd Floor
2700 Martin Luther King, Jr, Avenue SE
Washington, DC 20032
Tel: 202 645-8778 *Fax:* 202 645-5981
E-mail: dijoseph@erols.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Program ID: 400-10-21-239

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Richard C Holbert, MD
PO Box 100256, JHMHC
Gainesville, FL 32610
Tel: 352 265-0345 *Fax:* 352 265-6987
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: ADP, PFP, PYG
Program ID: 400-11-21-050

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Prgm Director: Richard M Steinbook, MD
1695 NW 9th Ave #2101
Miami, FL 33136
Tel: 305 355-8264 *Fax:* 305 355-7266
Length: 4 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: ADP, PYG
Program ID: 400-11-21-051

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Tampa General Hospital
University Psychiatry Center
Prgm Director: Kailie R Shaw, MD
3515 East Fletcher Avenue
Tampa, FL 33613
Tel: 813 974-2805 *Fax:* 813 974-2478
E-mail: kshaw@hsc.usf.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: ADP, PYG
Program ID: 400-11-21-052

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Prgm Director: Miles K Crowder, MD
Department of Psychiatry & Behavioral Sciences
Tufts House 2004 Ridgewood Road, Suite 218
Atlanta, GA 30322
Tel: 404 727-5157 *Fax:* 404 727-4746
E-mail: mcrowde@emory.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 50
Subspecialties: ADP, PFP, PYG
Program ID: 400-12-21-053

Morehouse School of Medicine Program

Sponsor: Morehouse School of Medicine
Central Alabama Veterans Healthcare System
Georgia Regional Hospital at Atlanta
Grady Health System
Prgm Director: John O Gaston, MD
720 Westview Drive, SW
Atlanta, GA 30310
Tel: 404 756-1451 *Fax:* 404 756-1459
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-12-21-262

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Prgm Director: Stewart Shevitz, MD
1515 Pope Avenue
Augusta, GA 30912
Tel: 706 721-6715 *Fax:* 706 721-1793
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 400-12-21-054

Hawaii

Honolulu

Tripler Army Medical Center Program

Sponsor: Tripler Army Medical Center
Prgm Director: David T Orman, MD*
1 Jarrett White Road
Attn: MCHK-PSRT (Psychiatry GME-COL Orman)
Tripler AMC, HI 96859
Tel: 808 433-5780 *Fax:* 808 433-3864
E-mail: david.orman@us.army.mil
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 400-14-11-233
US Armed Services Program

University of Hawaii Program

Sponsor: University of Hawaii John A Burns School of Medicine
Hawaii State Hospital
Queen's Medical Center
VA Regional Office-Outpatient Clinic (Honolulu)
Prgm Director: Courtenay R Matsu, MD*
1356 Lusitana Street, 4th Floor
Honolulu, HI 96813
Tel: 808 586-2900 *Fax:* 808 586-2940
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: ADP, PFP, PYG
Program ID: 400-14-31-055

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Chicago-Read Mental Health Center
Children's Memorial Hospital
Evanston Hospital
Northwestern Memorial Hospital
Prgm Director: Sidney Weissman, MD
446 E Ontario Street
Suite 200 7th Floor
Chicago, IL 60611
Tel: 312 926-8058 *Fax:* 312 926-4840
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: ADP, PYG
Program ID: 400-16-21-060

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Daniel Levin, MD
1720 West Polk Street
Chicago, IL 60612
Tel: 312 942-2099 *Fax:* 312 924-3186
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 400-16-11-061

University of Chicago Program

Sponsor: University of Chicago Hospitals
MacNeal Memorial Hospital
Prgm Director: Maria T Caserta, MD, PhD
5841 S Maryland Avenue, MC 3077
Chicago, IL 60637
Tel: 773 702-0529 *Fax:* 773 702-4297
E-mail: education@yoda.bsd.uchicago.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 400-16-31-062

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
Advocate Illinois Masonic Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Prgm Director: Henry W Dove, MD
Department of Psychiatry (M/C 913)
912 South Wood Street
Chicago, IL 60612
Tel: 312 996-7380 *Fax:* 312 996-3514
E-mail: recruit@psych.uic.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 43
Subspecialties: ADP
Program ID: 400-16-21-063

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: David C Schilling, MD
2160 South First Avenue
Maywood, IL 60153
Tel: 708 216-5059 *Fax:* 708 216-5885
E-mail: DKONOPK@lumc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 400-16-21-064

North Chicago

The Chicago Medical School at Rosalind Franklin University of Medicine and Science Program

Sponsor: Chicago Medical School/Rosalind Franklin Univ of Med & Sci
Elgin Mental Health Center
Great Lakes Naval Hospital
Mount Sinai Hospital Medical Center of Chicago
Veterans Affairs Medical Center (North Chicago)
Prgm Director: Michael Schrifft, DO
RFUMS/The Chicago Medical School
3333 Green Bay Road
North Chicago, IL 60064
Tel: 847 578-8717 *Fax:* 847 578-3328
Length: 4 Yrs *ACGME Approved/Offered Positions:* 38
Program ID: 400-16-31-056

Park Ridge

Advocate Lutheran General Hospital Program

Sponsor: Advocate Lutheran General Hospital
Prgm Director: Gustavo Hernandez, MD*
Department of Psychiatry, 8 South
1775 West Dempster St
Park Ridge, IL 60068
Tel: 847 723-5887 *Fax:* 847 723-7312
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 400-16-21-257

Springfield

Southern Illinois University Program

Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Prgm Director: Jeffrey I Bennett, MD
PO Box 19642
Springfield, IL 62794
Tel: 217 545-7627 *Fax:* 217 545-2275
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: PFP
Program ID: 400-16-21-065

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Methodist Hospital of Indiana
Clarian Riley Hospital for Children
Larue D Carter Memorial Hospital
Richard L. Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: Alan D Schmetzer, MD
1111 West Tenth Street
Indianapolis, IN 46202
Tel: 317 274-1224 *Fax:* 317 247-1248
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: ADP, PYG
Program ID: 400-17-21-066

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: Catherine Woodman, MD
200 Hawkins Drive #2880 JPP
Iowa City, IA 52242
Tel: 319 356-1973 *Fax:* 319 356-2587
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: PFP, PYG, PYM
Program ID: 400-18-21-069

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Prgm Director: Barry I Liskow, MD
3901 Rainbow Boulevard
1009 Olathe Pavilion
Kansas City, KS 66160
Tel: 913 588-6412 *Fax:* 913 588-6414
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: ADP
Program ID: 400-19-21-070

Wichita

University of Kansas (Wichita) Program

Sponsor: University of Kansas School of Medicine
(Wichita)
Charter Hospital of Wichita
Veterans Affairs Medical Center (Wichita)
Via Christi Regional Medical Center-St Francis
Via Christi Regional Medical Center-St Joseph
Prgm Director: John F Bober, MD
1010 North Kansas
Wichita, KS 67214
Tel: 316 261-2680 *Fax:* 316 293-1874
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: PYG
Program ID: 400-19-21-254

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Veterans Affairs Medical Center (Lexington)
Prgm Director: Debra A Katz, MD
3470 Blazer Parkway
Lexington, KY 40509
Tel: 859 323-6021 *Fax:* 859 323-1194
E-mail: dkatz0@uky.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 400-20-21-074

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
Child Psychiatric Services (Bingham Child Guidance
Clinic)
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: Barbara Fitzgerald, MD*
501 East Broadway
Suite 340
Louisville, KY 40202
Tel: 502 852-5395 *Fax:* 502 852-3751
E-mail: barbara.fitzgerald@louisville.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: ADP, PFP
Program ID: 400-20-21-075

Louisiana

New Orleans

Louisiana State University/Alton Ochsner Medical Foundation Program

Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
New Orleans Adolescent Hospital
New Orleans Health Care for the Homeless Clinic
Ochsner Clinic Foundation
Prgm Director: Scott Griffies, MD
Department of Psychiatry
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 568-3427 *Fax:* 504 568-6022
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: PFP
Program ID: 400-21-21-291

Tulane University Program

Sponsor: Tulane University School of Medicine
DePaul/Tulane Behavioral Health Center
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Patrick T O'Neill, MD
Dept of Psych/Neuro TB53
1440 Canal St
New Orleans, LA 70112
Tel: 504 894-7269 *Fax:* 504 894-7290
E-mail: psychres@tulane.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 39
Subspecialties: PFP
Program ID: 400-21-21-078

Shreveport

Louisiana State University (Shreveport) Program

Sponsor: LSU Health Sciences Center-University
Hospital
Brentwood Behavioral Health Company
Overton Brooks Veterans Affairs Medical Center
Prgm Director: Anita S Kablinger, MD
1501 Kings Highway
PO Box 33932
Shreveport, LA 71130
Tel: 318 675-6041 *Fax:* 318 675-6054
E-mail: akabli@lsuhsc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 400-21-21-274

Maine

Portland

Maine Medical Center Program

Sponsor: Maine Medical Center
Prgm Director: George N McNeil, MD
22 Bramhall Street
Portland, ME 04102
Tel: 207 871-2598 *Fax:* 207 871-6957
E-mail: romann@mme.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-22-11-080

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Prgm Director: John R Lipsey, MD
600 North Wolfe Street/Meyer 3-181
Baltimore, MD 21287
Tel: 410 955-7162 *Fax:* 410 955-0152
Length: 4 Yrs *ACGME Approved/Offered Positions:* 47
Subspecialties: PYG
Program ID: 400-23-21-081

University of Maryland/Sheppard Pratt Program

Sponsor: University of Maryland Medical System
Sheppard Pratt Health System
Spring Grove Hospital Center
Veterans Affairs Medical Center (Baltimore)
Walter P Carter Mental Health Center
Prgm Director: M Philip Lubert, MD
Department of Psychiatry
701 W Pratt St, Rm 474
Baltimore, MD 21201
Tel: 410 328-6325 *Fax:* 410 328-1212
Length: 4 Yrs *ACGME Approved/Offered Positions:* 80
Subspecialties: ADP, PFP, PYG
Program ID: 400-23-21-289

Bethesda

National Capital Consortium Program

Sponsor: National Capital Consortium
Malcolm Grow Medical Center
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Prgm Director: Douglas A Waldrep, MD*
4301 Jones Bridge Road
Bethesda, MD 20814
Tel: 202 782-5990 *Fax:* 202 782-6480
Length: 4 Yrs *ACGME Approved/Offered Positions:* 56
Subspecialties: PFP, PYG
Program ID: 400-10-21-287
US Armed Services Program

National Institutes of Health Clinical Center Program

Sponsor: Clinical Center at the National Institutes of
Health
Prgm Director: Donald L Rosenstein, MD
NIH Clinical Center, 10/CRC/Room 6-5340
Bethesda, MD 20892
Tel: 301 496-8032
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 400-23-12-245

Massachusetts

Boston

Boston University Medical Center Program

Sponsor: Boston Medical Center
Edith Nourse Rogers Memorial Veterans Hospital (Bedford)
Solomon Carter Fuller Mental Health Center
Veterans Affairs Medical Center (Boston)
Prgm Director: Janet E Osterman, MD
850 Harrison Avenue, Dowling 7S
Boston, MA 02118
Tel: 617 638-8540 *Fax:* 617 638-8542
E-mail: maria@bu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: ADP, PYG, PYM
Program ID: 400-24-21-089

Brigham and Women's Hospital/Harvard Medical School Program

Sponsor: Brigham and Women's Hospital
Beth Israel Deaconess Medical Center
Caritas Carney Hospital
Children's Hospital
Massachusetts Mental Health Center
Mount Auburn Hospital
Prgm Director: William E Greenberg, MD
330 Brookline Avenue
Boston, MA 02215
Tel: 617 667-4766 *Fax:* 617 667-5575
Length: 4 Yrs *ACGME Approved/Offered Positions:* 64
Program ID: 400-24-31-277

Caritas St Elizabeth's Medical Center Program

Sponsor: Caritas St Elizabeth's Medical Center of Boston
Prgm Director: Sheela E Hegde-Batlivala, MD
736 Cambridge Street
QN3P
Boston, MA 02135
Tel: 617 789-3313 *Fax:* 617 789-2168
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 400-24-21-092

Massachusetts General Hospital/McLean Hospital Program

Sponsor: Massachusetts General Hospital
Erich Lindemann Mental Health Center
McLean Hospital
Prgm Director: Kathy M Sanders, MD
55 Fruit Street, Bulfinch 440 & 441
Boston, MA 02114
Tel: 617 726-0895 *Fax:* 617 724-0308
E-mail: ksanders@partners.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 64
Subspecialties: ADP, PFP
Program ID: 400-24-21-288

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Lemuel Shattuck Hospital
Prgm Director: Jonathan Schindelheim, MD
750 Washington Street
Tufts-NEMC # 1007
Boston, MA 02111
Tel: 617 636-3303 *Fax:* 617 636-8442
E-mail: jschindelheim@tufts-nemc.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 400-24-21-093

Brockton

Harvard Medical School (South Shore) Program

Sponsor: Boston VA Healthcare System (Brockton-West Roxbury)
Prgm Director: Grace J Mushrush, MD
940 Belmont Street, 116A7
Brockton, MA 02301
Tel: 508 583-4500 *Fax:* 508 895-0181
E-mail: harvshore@hms.harvard.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 400-24-21-279

Cambridge

Cambridge Hospital/Cambridge Health Alliance Program

Sponsor: Cambridge Hospital/Cambridge Health Alliance
Austen Riggs Center
Harvard University Health Services
Lemuel Shattuck Hospital
Somerville Mental Health
Tufts University Health Services
Prgm Director: Marshall Forstein, MD
Macht Building
1493 Cambridge Street
Cambridge, MA 02139
Tel: 617 665-1189 *Fax:* 617 665-3449
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: PYG, PYM
Program ID: 400-24-11-094

Stockbridge

Austen Riggs Center Program

Sponsor: Austen Riggs Center
Prgm Director: David Mintz, MD
PO Box 962, Main Street
Stockbridge, MA 01262
Tel: 413 298-5511 *Fax:* 413 298-4020
E-mail: david.mintz@austenriggs.net
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 400-24-11-249

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Prgm Director: Sheldon Benjamin, MD
55 Lake Avenue, North
Worcester, MA 01655
Tel: 508 856-4087 *Fax:* 508 856-5000
Length: 4 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: PFP
Program ID: 400-24-21-234

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Michael Jibson, MD, PhD
1500 E Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 764-6875 *Fax:* 734 647-8514
Length: 4 Yrs *ACGME Approved/Offered Positions:* 46
Subspecialties: ADP, PFP, PYG
Program ID: 400-25-21-097

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital
Kingswood Hospital
Prgm Director: Lisa MacLean, MD
One Ford Place, 1C09
Detroit, MI 48202
Tel: 313 874-6611 *Fax:* 313 874-6655
E-mail: redward1@hfhs.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 400-25-21-235

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Harper-Hutzel Hospital
Sinai-Grace Hospital (Grace Campus)
Prgm Director: Beth Ann Brooks, MD
2751 E Jefferson
Suite 400
Detroit, MI 48207
Tel: 313 577-5267 *Fax:* 313 577-2233
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: ADP, PYG
Program ID: 400-25-21-283

Kalamazoo

Kalamazoo Center for Medical Studies/Michigan State University Program

Sponsor: Michigan State Univ-Kalamazoo Center for Medical Studies
Borgess Medical Center
Prgm Director: Robert D Strung, MD
1000 Oakland Drive
Kalamazoo, MI 49008
Tel: 269 337-6375 *Fax:* 269 337-6378
E-mail: psychiatry@kcms.msu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-25-31-284

Lansing

Michigan State University Program

Sponsor: Michigan State University College of Human Medicine
Marquette General Hospital
Saint Mary's Mercy Medical Center (Grand Rapids)
Sparrow Hospital
Prgm Director: Jed G Magen, DO, MS
A-233 East Fee Hall
East Lansing, MI 48824
Tel: 517 353-4362 *Fax:* 517 432-0927
Length: 4 Yrs *ACGME Approved/Offered Positions:* 35
Program ID: 400-25-21-101

Minnesota

Minneapolis

Hennepin County Medical Center/Regions Hospital Program

Sponsor: Hennepin County Medical Center
Regions Hospital
Prgm Director: Elizabeth Reeve, MD
701 Park Avenue South
Mail Code B5
Minneapolis, MN 55415
Tel: 612 873-7571 *Fax:* 612 904-4350
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 400-26-21-285

University of Minnesota Program

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Thomas Mackenzie, MD
F282/2A West
2450 Riverside Avenue
Minneapolis, MN 55454
Tel: 612 273-9822 *Fax:* 612 273-9779
E-mail: brenn036@tc.umn.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 33
Subspecialties: ADP, PYG
Program ID: 400-26-21-106

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
St Mary's Hospital of Rochester
Prgm Director: Kemuel L Philbrick, MD
200 First Street SW
Rochester, MN 55905
Tel: 507 284-0325 *Fax:* 507 284-4345
E-mail: mgs.m.roch.mn.psychiatry@mayo.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 31
Subspecialties: ADP, PYG, PYM
Program ID: 400-26-21-107

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Prgm Director: Allen Richert, MD
2500 North State Street
Jackson, MS 39216
Tel: 601 984-5826 *Fax:* 601 984-5885
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 400-27-11-108

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
Mid-Missouri Mental Health Center
University Hospitals and Clinics
Prgm Director: Cheryl Hemme, MD
One Hospital Drive, DC067.00
Columbia, MO 65212
Tel: 573 882-8913 *Fax:* 573 884-5936
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: PFP, PYG
Program ID: 400-28-21-109

Kansas City

University of Missouri at Kansas City Program

Sponsor: University of Missouri-Kansas City School of Medicine
Western Missouri Mental Health Center
Prgm Director: Stuart Munro, MD*
1060 East 24th Street
Kansas City, MO 64108
Tel: 816 512-7439 *Fax:* 816 512-7440
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 400-28-21-110

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
St Louis University Hospital
Veterans Affairs Medical Center (St Louis)
Prgm Director: Michal Artal, MD
David P Wohl Sr Medical Institute
1221 South Grand Boulevard
St Louis, MO 63104
Tel: 314 577-8728 *Fax:* 314 664-7248
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: PYG
Program ID: 400-28-21-113

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Metropolitan St Louis Psychiatric Center
Prgm Director: Eugene H Rubin, MD, PhD
Dept of Psychiatry, Box 8134
660 S Euclid Ave
St Louis, MO 63110
Tel: 314 362-2462 *Fax:* 314 362-0193
E-mail: psychresidency@psychiatry.wustl.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Program ID: 400-28-21-114

Nebraska

Omaha

Creighton University/University of Nebraska Program

Sponsor: Creighton University School of Medicine
Alegent Health Immanuel Medical Center
Creighton University Medical Center (Tenet - SJH)
Richard Young Center
The Nebraska Medical Center
Veterans Affairs Medical Center (Omaha)
Prgm Director: William H Roccaforte, MD
985582 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 354-6892 *Fax:* 402 354-6896
E-mail: vthomsen@unmc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: ADP, PYG
Program ID: 400-30-21-116

Nevada

Las Vegas

University of Nevada School of Medicine (Las Vegas) Program

Sponsor: University of Nevada School of Medicine
University Medical Center of Southern Nevada
VA Southern Nevada Healthcare System
Prgm Director: Gregory P Brown, MD
4000 E Charleston Blvd
Suite B130
Las Vegas, NV 89104
Tel: 702 968-5084 *Fax:* 702 968-4040
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-31-21-297

Reno

University of Nevada Program

Sponsor: University of Nevada School of Medicine
Ioannis A Lougaris Veterans Affairs Medical Center
Northern Nevada Adult Mental Health Institute
Washoe Medical Center
West Hills Hospital
Prgm Director: Steven J Zuchowski, MD*
Department of Psychiatry and Behavioral Sciences
Nelson Building/354
Reno, NV 89557
Tel: 775 784-4919 *Fax:* 775 784-1428
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-31-21-263

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital
New Hampshire Hospital
Veterans Affairs Medical Center (White River Junction)
Prgm Director: Ronald L Green, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-5820 *Fax:* 603 650-5842
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: ADP, PFP, PYG
Program ID: 400-32-21-117

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program

Sponsor: Cooper Hospital-University Medical Center
Atlantic City Medical Center
Prgm Director: Jeff Dunn, MD
401 Haddon Avenue
Camden, NJ 08103
Tel: 856 757-7853 *Fax:* 856 757-9651
E-mail: rile-victoria@cooperhealth.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 400-33-21-255

Newark

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Daniel B Bleman, MD
183 South Orange Avenue, BHSB, Room E-1447
Newark, NJ 07103
Tel: 973 972-4670 *Fax:* 973 972-0870
Length: 4 Yrs *ACGME Approved/Offered Positions:* 29
Program ID: 400-33-21-119

Paramus

Bergen Regional Medical Center Program

Sponsor: Bergen Regional Medical Center
Prgm Director: M Javed Iqbal, MD
230 East Ridgewood Avenue
Paramus, NJ 07652
Tel: 201 967-4132 *Fax:* 201 967-4290
Length: 4 Yrs *ACGME Approved/Offered Positions:* 29
Program ID: 400-33-12-120

Piscataway**UMDNJ-Robert Wood Johnson Medical School Program**

Sponsor: UMDNJ-Robert Wood Johnson Medical School
UMDNJ-University Behavioral HealthCare
Robert Wood Johnson University Hospital
Prgm Director: Barbara Palmeri, MD
Department of Psychiatry
671 Hoes Lane, UBHC C-205
Piscataway, NJ 08854
Tel: 732 235-4433 *Fax:* 732 235-4649
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: ADP, PYG
Program ID: 400-33-21-121

Stratford**UMDNJ-School of Osteopathic Medicine Program**

Sponsor: UMDNJ-School of Osteopathic Medicine
Kennedy Memorial Hospitals-University Med Ctr-Cherry Hill
Kennedy Memorial Hospitals-University Medical Ctr-Stratford
Our Lady of Lourdes Medical Center
Prgm Director: Glenn D Zielinski, DO*
2250 Chapel Avenue West, Suite 100
Cherry Hill, NJ 08002
Tel: 856 482-9000 *Fax:* 856 482-1159
E-mail: zielindg@umdnj.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-33-13-292

New Mexico**Albuquerque****University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Nancy K Morrison, MD
1 University of New Mexico
MSC09 5030
Albuquerque, NM 87131
Tel: 505 272-5417 *Fax:* 505 272-4639
Length: 4 Yrs *ACGME Approved/Offered Positions:* 38
Subspecialties: ADP, PYG
Program ID: 400-34-21-123

New York**Albany****Albany Medical Center Program**

Sponsor: Albany Medical Center
Capital District Psychiatric Center
Veterans Affairs Medical Center (Albany)
Prgm Director: Victoria I Balkoski, MD
Department of Psychiatry A-164
47 New Scotland Avenue
Albany, NY 12208
Tel: 518 262-5511 *Fax:* 518 262-6111
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 400-35-22-124

Bronx**Albert Einstein College of Medicine at Bronx-Lebanon Hospital Center Program**

Sponsor: Bronx-Lebanon Hospital Center
Prgm Director: Jeffrey M Levine, MD*
1276 Fulton Avenue - 4 South
Bronx, NY 10456
Tel: 718 466-6020 *Fax:* 718 901-8656
E-mail: jLevine@bronxleb.oef
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: ADP, CHP
Program ID: 400-35-21-135

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Bronx Psychiatric Center
Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Peter Buckley, MD
Department of Psychiatry & Behavioral Sciences
3331 Bainbridge Avenue
Bronx, NY 10467
Tel: 718 920-7967 *Fax:* 718 882-3135
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: ADP, PFP, PYG
Program ID: 400-35-11-131

Lincoln Medical and Mental Health Center Program

Sponsor: Lincoln Medical and Mental Health Center
Prgm Director: Brunhild Kring, MD
234 East 149th Street
Bronx, NY 10451
Tel: 718 579-4654 *Fax:* 718 579-4860
E-mail: Brunhild.Kring@nychhc.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 400-35-11-133

Brooklyn**Brookdale University Hospital and Medical Center Program**

Sponsor: Brookdale University Hospital and Medical Center
Prgm Director: Pierre Jean-Noel, MD, MBA*
One Brookdale Plaza
Brooklyn, NY 11212
Tel: 718 240-5469 *Fax:* 718 240-5451
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 400-35-11-136

Maimonides Medical Center Program

Sponsor: Maimonides Medical Center
Prgm Director: Jeffrey Goldberg, DO
4802 Tenth Avenue
Brooklyn, NY 11219
Tel: 718 283-8479 *Fax:* 718 283-8567
Length: 4 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 400-35-21-143

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Kingsbrook Jewish Medical Center
St John's Episcopal Hospital-South Shore
University Hospital-SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Prgm Director: Nyapati R Rao, MD, MS
450 Clarkson Avenue, Box 1203
Brooklyn, NY 11203
Tel: 718 270-2902 *Fax:* 718 270-1441
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: PYG
Program ID: 400-35-21-154

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
Veterans Affairs Western New York Healthcare System
Prgm Director: Cynthia A Pristach, MD
462 Grider Street
Buffalo, NY 14215
Tel: 716 898-4221 *Fax:* 716 898-4538
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 400-35-21-126

East Meadow**Nassau University Medical Center Program**

Sponsor: Nassau University Medical Center
Prgm Director: Robert M Barris, MD*
2201 Hempstead Turnpike
East Meadow, NY 11554
Tel: 516 572-3511 *Fax:* 516 572-3210
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 400-35-11-128

Elmhurst**Mount Sinai School of Medicine (Elmhurst) Program**

Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Prgm Director: Amy S Hoffman, MD
Elmhurst Hospital Center
79-01 Broadway, Room H3-135
Elmhurst, NY 11373
Tel: 718 334-3268 *Fax:* 718 334-3441
Length: 4 Yrs *ACGME Approved/Offered Positions:* 29
Program ID: 400-35-11-242

Jamaica**Jamaica Hospital Medical Center Program**

Sponsor: Jamaica Hospital Medical Center
Flushing Hospital Medical Center
Prgm Director: Diane J Sacks, MD
8900 Van Wyck Expressway
Jamaica, NY 11418
Tel: 718 291-0764 *Fax:* 718 291-2066
E-mail: psychedu@jhmc.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-35-13-294

Manhasset**North Shore University Hospital/NYU School of Medicine Program**

Sponsor: North Shore University Hospital
Prgm Director: Victor Fornari, MD
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-3206 *Fax:* 516 562-3997
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: ADP
Program ID: 400-35-11-129

New Hyde Park**Albert Einstein College of Medicine at Long Island Jewish Medical Center Program**

Sponsor: Long Island Jewish Medical Center
Hillside Hospital (Long Island Jewish Medical Center)
Prgm Director: Bruce R Levy, MD
75-59 263rd Street
Glen Oaks, NY 11004
Tel: 718 470-8005 *Fax:* 718 962-7717
E-mail: dwinheim@lij.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: PYG
Program ID: 400-35-21-142

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program

Sponsor: Beth Israel Medical Center
Prgm Director: Harold Been, MD
 First Avenue at 16th Street
 Fierman Hall 9th Floor
 New York, NY 10003
Tel: 212 420-2318 *Fax:* 212 420-3442
E-mail: psyresident@chnpnet.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 42
Subspecialties: ADP, PYG, PYM
Program ID: 400-35-11-134

Harlem Hospital Center Program

Sponsor: Harlem Hospital Center
Prgm Director: Henry L. McCurtis, MD
 506 Lenox Avenue
 Womens Pavilion 542
 New York, NY 10037
Tel: 212 939-3071 *Fax:* 212 939-3069
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 400-35-11-140

Mount Sinai School of Medicine (Cabrini) Program

Sponsor: Mount Sinai School of Medicine
 Cabrini Medical Center
Prgm Director: Jeffery Lucey, MD
 227 East 19th Street
 New York, NY 10003
Tel: 212 995-7432 *Fax:* 212 995-7031
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 400-35-31-137

Mount Sinai School of Medicine (North General) Program

Sponsor: Mount Sinai School of Medicine
 North General Hospital
Prgm Director: Jacob Sperber, MD
 1879 Madison Avenue
 New York, NY 10035
Tel: 212 423-4414 *Fax:* 212 423-4095
E-mail: Jacob.Sperber@ngsc.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 400-35-31-278

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
 Mount Sinai Medical Center
 Veterans Affairs Medical Center (Bronx)
Prgm Director: Jack Hirschowitz, MD
 One Gustave L Levy Place
 Box 1230
 New York, NY 10029
Tel: 212 659-8734 *Fax:* 212 849-2509
Length: 4 Yrs *ACGME Approved/Offered Positions:* 45
Subspecialties: ADP, PYG, PYM
Program ID: 400-35-11-146

New York Medical College (Metropolitan) Program

Sponsor: New York Medical College
 Metropolitan Hospital Center
Prgm Director: Richard A Winters, MD
 Room 4M14-A
 1901 First Avenue
 New York, NY 10029
Tel: 212 423-7061 *Fax:* 212 423-8604
Length: 4 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 400-35-11-148

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
 St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: Brian J Ladds, MD
 Reiss Pavilion, Room 175
 144 West 12th Street
 New York, NY 10011
Tel: 212 604-8795 *Fax:* 212 604-8197
Length: 4 Yrs *ACGME Approved/Offered Positions:* 46
Subspecialties: PFP, PYG
Program ID: 400-35-12-152

New York Presbyterian Hospital (Columbia Campus)/New York State Psychiatric Institute Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
 New York State Psychiatric Institute
 Stamford Hospital
Prgm Director: Ronald O Rieder, MD
 1051 Riverside Drive
 Unit #103
 New York, NY 10032
Tel: 212 543-5553 *Fax:* 212 543-5356
E-mail: ROR1@columbia.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 50
Subspecialties: ADP, PYG
Program ID: 400-35-21-138

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Elizabeth L Auchincloss, MD
 525 East 68th Street, Box 140
 Baker 1202
 New York, NY 10021
Tel: 212 746-3722 *Fax:* 212 746-8886
E-mail: elauchin@med.cornell.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 44
Subspecialties: ADP, PFP
Program ID: 400-35-11-147

New York University School of Medicine Program

Sponsor: New York University School of Medicine
 Bellevue Hospital Center
 Lenox Hill Hospital
 Manhattan Psychiatric Center
 Manhattan VA Harbor Health Care System
 NYU Hospitals Center
Prgm Director: Carol A Bernstein, MD
 Department of Psychiatry
 550 First Avenue (NBV 20 N 11)
 New York, NY 10016
Tel: 212 263-6152 *Fax:* 212 263-6497
E-mail: carol.bernstein@med.nyu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 70
Subspecialties: ADP, PFP, PYG
Program ID: 400-35-21-149

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
 St Luke's-Roosevelt Hospital Center-Roosevelt Division
 St Luke's-Roosevelt Hospital Center-St Luke's Division
Prgm Director: Scott Masters, MD
 1090 Amsterdam Avenue 16G
 New York, NY 10025
Tel: 212 523-5089 *Fax:* 212 523-1685
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 400-35-21-270

Queens Village

Creedmoor Psychiatric Center Program

Sponsor: Creedmoor Psychiatric Center
 Jewish Board of Family & Children's Services (Judea Clinic)
 New York Presbyterian Hospital (Columbia Campus)
 St Vincent Catholic Medical Centers (Brooklyn-Queens)
Prgm Director: Mark F Sorensen, MD
 80-45 Winchester Boulevard
 Building 40, Ward 2A
 Queens Village, NY 11427
Tel: 718 264-5030 *Fax:* 718 264-5027
E-mail: crmdmfs@omh.state.ny.us
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-35-12-139

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Sue K DiGiovanni, MD
 300 Crittenden Boulevard
 Rochester, NY 14642
Tel: 585 275-7056 *Fax:* 585 273-1066
E-mail: sue_digiovanni@urmc.rochester.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: PFP, PYG
Program ID: 400-35-11-158

Staten Island

New York Medical College (Richmond) Program

Sponsor: New York Medical College
 St Vincent Catholic Medical Centers (Staten Island)
Prgm Director: Pankaj R Patel, MD
 75 Vanderbilt Avenue
 Staten Island, NY 10304
Tel: 718 818-5860 *Fax:* 718 818-6877
Length: 4 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 400-35-12-153

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
 Veterans Affairs Medical Center (Northport)
Prgm Director: Michael Schwartz, MD
 T-10, Room 020
 Stony Brook, NY 11794
Tel: 631 444-3005 *Fax:* 631 444-7534
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: PYG
Program ID: 400-35-21-159

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
 Richard H Hutchings Psychiatric Center
 Veterans Affairs Medical Center (Syracuse)
Prgm Director: John M Manring, MD
 750 East Adams Street
 Syracuse, NY 13210
Tel: 315 464-3106 *Fax:* 315 464-3163
Length: 4 Yrs *ACGME Approved/Offered Positions:* 26
Subspecialties: CHP, PFP, PYM
Program ID: 400-35-21-160

Valhalla**New York Medical College at Westchester Medical Center Program**

Sponsor: New York Medical College
Danbury Hospital
St Vincent Catholic Medical Centers (Westchester)
Westchester Medical Center
Prgm Director: Robert E Feinstein, MD
Westchester Medical Center
Beh Health Center 3rd Floor Residency Training
Valhalla, NY 10595
Tel: 914 493-1939 *Fax:* 914 493-1015
E-mail: RFeinst17@aol.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Program ID: 400-35-21-162

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
Dorothea Dix Hospital
Prgm Director: Karon Dawkins, MD
Department of Psychiatry
CB#7160, 10625 Neurosciences Hospital
Chapel Hill, NC 27599
Tel: 919 966-4764 *Fax:* 919 966-2220
Length: 4 Yrs *ACGME Approved/Offered Positions:* 60
Subspecialties: PFP
Program ID: 400-36-21-166

Durham**Duke University Hospital Program**

Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Grace Thrall, MD
Box 3837
Durham, NC 27710
Tel: 919 684-2258 *Fax:* 919 684-2290
Length: 4 Yrs *ACGME Approved/Offered Positions:* 64
Subspecialties: PFP, PYG
Program ID: 400-36-21-167

Greenville**Pitt County Memorial Hospital/East Carolina University Program**

Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Pitt County Mental Health Center
Prgm Director: Gary G Bawtinheimer, MD
Dept of Psychiatric Medicine
Doctors Park #1A
Greenville, NC 27858
Tel: 252 744-2279 *Fax:* 252 744-2419
E-mail: bawtinhimerg@mail.ecu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 400-36-21-169

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Stephen I Kramer, MD
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-3920 *Fax:* 336 716-6830
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 400-36-21-171

North Dakota**Fargo****University of North Dakota Program**

Sponsor: Univ of North Dakota School of Medicine and Health Sciences
Veterans Affairs Medical and Regional Office Center (Fargo)
Lakeland Mental Health Center
MeritCare Health System
Southeast Human Service Center
Prgm Director: David W Abbott, MD
1919 Elm Street North
Fargo, ND 58102
Tel: 701 293-4113 *Fax:* 701 293-4109
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-37-21-251

Ohio**Cincinnati****University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Warren Liang, MD
Box 670559
231 Albert Sabin Way, ML #559
Cincinnati, OH 45267
Tel: 513 558-5190 *Fax:* 513 558-3477
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: ADP, PFP, PYG
Program ID: 400-38-21-173

Cleveland**Case Western Reserve University (MetroHealth) Program**

Sponsor: MetroHealth Medical Center
Cleveland Psychoanalytic Institute
Northcoast Behavioral Health (Cleveland)
UHHS Laurelwood Hospital
Prgm Director: Jonathan E Dunn, MD, PhD
2500 MetroHealth Drive
Cleveland, OH 44109
Tel: 216 778-4823 *Fax:* 216 778-2397
E-mail: psychresiden@metrohealth.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 400-38-21-240

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Veterans Affairs Medical Center (Cleveland)
Prgm Director: William H Campbell, MD, MBA*
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3450 *Fax:* 216 844-4741
E-mail: william.campbell@uhhs.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: ADP, PFP, PYG
Program ID: 400-38-21-174

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Leopoldo Pozuelo, MD
9500 Euclid Avenue, P57
Cleveland, OH 44195
Tel: 216 445-3583 *Fax:* 216 445-7032
E-mail: psyched@ccf.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: PPN, PYM
Program ID: 400-38-22-175

Columbus**Ohio State University Hospital Program**

Sponsor: Ohio State University Hospital
Prgm Director: Craig E Williams, MD
Neuroscience Facility, Suite 140
1670 Upham Drive
Columbus, OH 43210
Tel: 614 293-4540 *Fax:* 614 293-4200
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 400-38-21-281

Dayton**Wright State University Program**

Sponsor: Wright State University School of Medicine
Good Samaritan Hospital and Health Center
Wright-Patterson Medical Center
Prgm Director: David G Bienenfeld, MD
P O Box 927
Dayton, OH 45401
Tel: 937 223-8840 *Fax:* 937 223-0758
E-mail: David.Bienenfeld@wright.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Program ID: 400-38-21-178

Rootstown**Northeastern Ohio Universities College of Medicine Program**

Sponsor: Northeastern Ohio Universities College of Medicine
Akron General Medical Center
St Thomas Hospital (Summa Health System)
Prgm Director: Joseph D Varley, MD
400 Wabash Avenue
Akron, OH 44307
Tel: 330 344-6511 *Fax:* 330 996-2943
Length: 4 Yrs *ACGME Approved/Offered Positions:* 17
Program ID: 400-38-21-180

Toledo**Medical College of Ohio Program**

Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
Northcoast Behavioral Healthcare (Toledo Campus)
St Vincent Mercy Medical Center
Prgm Director: Kristi S Williams, MD
3120 Glendale Avenue
Ruppert Health Center, Room 0079
Toledo, OH 43614
Tel: 419 383-5695 *Fax:* 419 383-3183
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 400-38-21-181

Oklahoma**Norman****Griffin Memorial Hospital Program**

Sponsor: Griffin Memorial Hospital
OU Medical Center-Children's Hospital
Prgm Director: Ernest G Shadid, MD
900 East Main
PO Box 151
Norman, OK 73070
Tel: 405 573-6602 *Fax:* 405 573-6684
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 400-39-21-183

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
OU Medical Center
OU Medical Center-Children's Hospital
Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: S Jay Lensgraf, MD
Dept of Psychiatry & Behavioral Scs
PO Box 26901
Oklahoma City, OK 73190
Tel: 405 271-5251 *Fax:* 405 271-8802
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: ADP
Program ID: 400-39-21-184

Tulsa

University of Oklahoma College of Medicine-Tulsa Program

Sponsor: University of Oklahoma College of Medicine-Tulsa
Laureate Psychiatric Clinic and Hospital
St John Medical Center
Prgm Director: Ondria C Gleason, MD
Suite 2F09
4502 East 41st Street
Tulsa, OK 74135
Tel: 918 660-3518 *Fax:* 918 660-3517
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 400-39-21-246

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Prgm Director: Donald Rosen, MD
3181 SW Sam Jackson Park Rd
UHN 80
Portland, OR 97239
Tel: 503 494-6149
E-mail: groveje@ohsu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 33
Subspecialties: ADP, PYG
Program ID: 400-40-21-185

Pennsylvania

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
Prgm Director: Errol M Aksu, MD
Department of Psychiatry MC H073, PO Box 850
Hershey, PA 17033
Tel: 717 531-8136 *Fax:* 717 531-6491
Length: 4 Yrs *ACGME Approved/Offered Positions:* 22
Subspecialties: PYG
Program ID: 400-41-11-187

Philadelphia

Albert Einstein Healthcare Network Program

Sponsor: Albert Einstein Medical Center
Belmont Center for Comprehensive Treatment
Prgm Director: Kimberly R Best, MD
5501 Old York Road
Philadelphia, PA 19141
Tel: 215 456-7045 *Fax:* 215 254-2781
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: PYG
Program ID: 400-41-31-189

Drexel University College of Medicine/ Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Friends Hospital
Hahnemann University Hospital (Tenet Health System)
Prgm Director: R Bryan Chambliss, MD*
4641 Roosevelt Boulevard
P O Box 45358
Philadelphia, PA 19124
Tel: 215 831-7841 *Fax:* 215 831-5042
Length: 4 Yrs *ACGME Approved/Offered Positions:* 50
Program ID: 400-41-21-192

Temple University Hospital Program

Sponsor: Temple University Hospital
Prgm Director: Edward A Volkman, MD
3401 North Broad Street
Philadelphia, PA 19140
Tel: 215 707-8992 *Fax:* 215 707-4086
E-mail: psychres@temple.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 400-41-21-195

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: David J Lynn, MD, BS*
1000 Sansom Street, Suite 1652
1652 Thompson Building
Philadelphia, PA 19107
Tel: 215 955-6104 *Fax:* 215 955-8473
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 400-41-21-196

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Pennsylvania Hospital (UPHS)
Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Anthony Rostain, MD, MA
3535 Market Street
2nd Floor
Philadelphia, PA 19104
Tel: 215 746-7210 *Fax:* 215 746-7204
Length: 4 Yrs *ACGME Approved/Offered Positions:* 42
Subspecialties: ADP, PYG
Program ID: 400-41-21-197

Pittsburgh

Allegheny General Hospital Program

Sponsor: Allegheny General Hospital
Prgm Director: Gary Swanson, MD
320 East North Avenue
Pittsburgh, PA 15212
Tel: 412 330-4242 *Fax:* 412 330-4010
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-41-21-272

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Magee-Women's Hospital
UPMC Presbyterian/Shadyside
UPMC Western Psychiatric Institute and Clinic
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Kenneth C Nash, MD
3811 O'Hara Street
Pittsburgh, PA 15213
Tel: 412 624-2876 *Fax:* 412 624-0310
Length: 4 Yrs *ACGME Approved/Offered Positions:* 60
Subspecialties: PFP, PYG
Program ID: 400-41-31-198

Puerto Rico

Ponce

Ponce School of Medicine Program

Sponsor: Ponce School of Medicine
Veterans Affairs Medical Center (San Juan)
Prgm Director: Ana I Torres, MD
Mental & Behavioral Healthcare Service (116A)
10 Casia Street
San Juan, PR 00921
Tel: 787 641-7582 *Fax:* 787 641-4555
E-mail: ANAI1715@hotmail.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-42-12-296

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
First Hospital Panamericano
University Hospital
University of Puerto Rico Hospital at Carolina
University Pediatric Hospital
Prgm Director: Luz N Colon de Marti, MD
PO Box 365067
San Juan, PR 00936
Tel: 787 766-0940 *Fax:* 787 766-0940
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 400-42-31-201

Rhode Island

Providence

Brown University Program

Sponsor: Butler Hospital
Miriam Hospital-Lifespan
Rhode Island Hospital-Lifespan
Veterans Affairs Medical Center (Providence)
Prgm Director: Jane Eisen, MD
345 Blackstone Boulevard
Providence, RI 02906
Tel: 401 455-6375 *Fax:* 401 455-6497
E-mail: Psychiatry_Residency@brown.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: PYG
Program ID: 400-43-21-203

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Alberto B Santos, MA, MD
171 Ashley Avenue
PO Box 250861
Charleston, SC 29425
Tel: 843 792-0192 *Fax:* 843 792-6894
Length: 4 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: ADP, PYG
Program ID: 400-45-21-204

Columbia**Palmetto Health/University of South Carolina School of Medicine Program**

Sponsor: Palmetto Health
Palmetto Health Baptist
Palmetto Health Richland
William Jennings Bryan Dorn Veterans Hospital
William S Hall Psychiatric Institute
Prgm Director: John E Jones, MD
15 Medical Park, Suite 104-A
3555 Harden Street
Columbia, SC 29203
Tel: 803 898-1697 *Fax:* 803 898-1658
Length: 4 Yrs *ACGME Approved/Offered Positions:* 26
Subspecialties: PFP
Program ID: 400-45-31-205

South Dakota**Sioux Falls****University of South Dakota Program**

Sponsor: University of South Dakota School of Medicine
Avera McKennan Hospital and University Health Center
Royal C Johnson Veterans Affairs Medical Center
Southeastern Behavioral Healthcare
Prgm Director: K-Lynn Paul, MD
1001 East 21st St, Suite 200
Sioux Falls, SD 57105
Tel: 605 322-5735 *Fax:* 605 322-5736
Length: 4 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 400-46-21-260

Tennessee**Johnson City****East Tennessee State University Program**

Sponsor: James H Quillen College of Medicine
Frontier Health Incorporated/Woodridge Hospital
Indian Path Medical Center
Johnson City Medical Center Hospital
Veterans Affairs Medical Center (Mountain Home)
Prgm Director: Allen Kayser, MD
Box 70567
Johnson City, TN 37614
Tel: 423 439-8010 *Fax:* 423 439-2210
Length: 4 Yrs *ACGME Approved/Offered Positions:* 25
Program ID: 400-47-21-258

Memphis**University of Tennessee Program**

Sponsor: University of Tennessee College of Medicine
Memphis Mental Health Institute
Regional Medical Center at Memphis
University of Tennessee Medical Center
Prgm Director: David M Allen, MD
135 North Pauline, 6th Floor
Memphis, TN 38105
Tel: 901 448-4567 *Fax:* 901 448-2968
E-mail: dmallen@utmem.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-47-21-206

Nashville**Meharry Medical College Program**

Sponsor: Meharry Medical College School of Medicine
Alvin C York Veterans Affairs Medical Center
Centennial Medical Center
Middle Tennessee Mental Health Institute
Prgm Director: Sreenivasa R Mogali, MD*
Elam Mental Health Building, Room 202
1005 Dr D B Todd, Jr, Blvd
Nashville, TN 37208
Tel: 615 327-6491 *Fax:* 615 327-6260
E-mail: srmogali@comcast.net
Length: 4 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 400-47-21-207

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Prgm Director: Catherine Fuchs, MD
Psychiatric Hospital at Vanderbilt
1601 23rd Ave South, Ste 301
Nashville, TN 37212
Tel: 615 343-3840 *Fax:* 615 327-7136
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: ADP
Program ID: 400-47-11-208

Texas**Austin****Austin Medical Education Programs of Seton Healthcare Network Program**

Sponsor: Austin Medical Education Program of Seton
Healthcare Network
Austin-Travis County Mental Health and Retardation
Center
Brackenridge Hospital
Seton Shoal Creek Hospital
University of Texas Counseling Center
Veteran's Affairs Medical Center (Austin)
Prgm Director: Beverly J Sutton, MD
3501 Mills Avenue
Austin, TX 78731
Tel: 512 324-2080 *Fax:* 512 324-2084
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-48-13-299

Dallas**University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical
School
Dallas County Hospital District-Parkland Memorial
Hospital
Presbyterian Hospital of Dallas
Veterans Affairs Medical Center (Dallas)
Zale-Lipshy University Hospital
Prgm Director: Paul C Mohl, MD
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-7312
Length: 4 Yrs *ACGME Approved/Offered Positions:* 68
Subspecialties: ADP, PFP, PYG
Program ID: 400-48-21-211

El Paso**Texas Tech University (El Paso) Program**

Sponsor: Texas Tech University Health Sciences Center
at El Paso
El Paso Psychiatric Center
William Beaumont Army Medical Center
Prgm Director: David F Briones, MD
4800 Alberta Avenue
Department of Neuropsychiatry
El Paso, TX 79905
Tel: 915 545-6834 *Fax:* 915 545-6442
E-mail: debi.grady@ttuhsc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 400-48-11-217

Fort Worth**John Peter Smith Hospital (Tarrant County Hospital District) Program**

Sponsor: John Peter Smith Hospital (Tarrant County
Hospital District)
Prgm Director: A Scott Winter, MD
John Peter Smith Hospital
1500 South Main Street
Fort Worth, TX 76104
Tel: 817 927-3636 *Fax:* 817 923-8769
E-mail: swinter@jpshealthnetwork.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-48-21-282

Galveston**University of Texas Medical Branch Hospitals Program**

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Cindy L Wigg, MD*
Department of Psychiatry
301 University Blvd
Galveston, TX 77555
Tel: 409 747-9786 *Fax:* 409 747-9788
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 400-48-11-212

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General
Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Prgm Director: Linda B Andrews, MD
One Baylor Plaza BCM 350
Houston, TX 77030
Tel: 713 798-4872 *Fax:* 713 798-1479
Length: 4 Yrs *ACGME Approved/Offered Positions:* 46
Program ID: 400-48-21-213

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Harris County Psychiatric Center
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Prgm Director: Edward Reilly, MD
1300 Moursund, Room 267
Houston, TX 77030
Tel: 713 500-2570 *Fax:* 713 500-2530
E-mail: Glories.E.Softly@uth.tmc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 48
Program ID: 400-48-31-215

Lubbock

Texas Tech University (Lubbock) Program

Sponsor: Texas Tech University Health Sciences Center at Lubbock
 University Medical Center
Prgm Director: Russell C Packard, MD
 3601 4th Street
 Neuropsychiatry - MS8103
 Lubbock, TX 79430
Tel: 806 743-2820 *Fax:* 806 743-4250
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-48-21-256

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
 Audie L. Murphy Memorial Veterans Hospital (San Antonio)
 University Health System
 Wilford Hall Medical Center (AETC)
Prgm Director: Kenneth L. Matthews, MD
 7703 Floyd Curl Drive
 San Antonio, TX 78229
Tel: 210 567-5430 *Fax:* 210 567-0817
E-mail: spearse@uthscsa.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 78
Subspecialties: ADP, PFP, PYG
Program ID: 400-48-31-218

Temple

Texas A&M College of Medicine-Scott and White Program

Sponsor: Scott and White Memorial Hospital
Prgm Director: Gail L. Eisenhauer, MD
 Department of Psychiatry
 2401 South 31st Street
 Temple, TX 76508
Tel: 254 724-1768 *Fax:* 254 724-1747
E-mail: dwinkler@swmail.sw.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-48-21-276

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
 University Counseling Center
 University of Utah Neuropsychiatric Institute
 Valley Mental Health
 Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Meredith Alden, MD
 50 North Medical Drive
 Salt Lake City, UT 84132
Tel: 801 581-4096 *Fax:* 801 581-5604
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 400-49-21-219

Vermont

Burlington

University of Vermont Program

Sponsor: Fletcher Allen Health Care
Prgm Director: Richard A. Bernstein, MD
 111 Colchester Ave, Patrick 428
 Burlington, VT 05401
Tel: 802 847-2259 *Fax:* 802 847-2733
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-50-11-241

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Prgm Director: Edward M. Kantor, MD
 PO Box 800623
 Charlottesville, VA 22908
Tel: 434 924-5408 *Fax:* 434 924-5149
E-mail: psychresidency@virginia.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: PFP, PYG
Program ID: 400-51-21-220

Norfolk

Eastern Virginia Medical School Program

Sponsor: Eastern Virginia Medical School
 Sentara Norfolk General Hospital
 Veterans Affairs Medical Center (Hampton)
Prgm Director: Edwin E. Gatewood, MD
 825 Fairfax Avenue, Suite 710
 PO Box 1980
 Norfolk, VA 23501
Tel: 757 446-5884 *Fax:* 757 446-5918
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 400-51-21-221

Portsmouth

Naval Medical Center (Portsmouth) Program

Sponsor: Naval Medical Center (Portsmouth)
 Veterans Affairs Medical Center (Hampton)
Prgm Director: Gail H. Manos, MD
 620 John Paul Jones Circle
 Portsmouth, VA 23708
Tel: 757 953-5260 *Fax:* 757 953-5275
E-mail: ghmanos@iname.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 400-51-12-007
US Armed Services Program

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
 Hunter Holmes McGuire VA Medical Center (Richmond)
 MCV-Virginia Treatment Center for Children
 Medical College of Virginia Hospitals
Prgm Director: John R. Urbach, MD
 1200 East Broad Street
 Box 980710, MCV
 Richmond, VA 23298
Tel: 804 828-9158
E-mail: dyeatts@hsc.vcu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 39
Subspecialties: ADP, PFP, PYG, PYM
Program ID: 400-51-21-223

Roanoke

Carilion Health System/University of Virginia (Roanoke-Salem) Program

Sponsor: Carilion Health System
 Carilion Medical Center-Roanoke Memorial Hospital
 Veterans Affairs Medical Center (Salem)
Prgm Director: J. Joe Yazel, MD
 116A7 Salem VAMC
 Salem, VA 24153
Tel: 540 982-2463 *Fax:* 540 983-1086
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: PYG
Program ID: 400-51-21-267

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
 Sacred Heart Medical Center
 University of Washington Medical Center
 VA Puget Sound Health Care System
Prgm Director: Deborah S. Cowley, MD
 Box 356560
 Seattle, WA 98195
Tel: 206 543-6577 *Fax:* 206 685-8952
Length: 4 Yrs *ACGME Approved/Offered Positions:* 62
Subspecialties: ADP, PFP, PYG, PYM
Program ID: 400-54-21-225

West Virginia

Charleston

Charleston Area Medical Center/West Virginia University (Charleston Division) Program

Sponsor: Charleston Area Medical Center/West Virginia University
Prgm Director: T. O. Dickey, MD
 501 Morris Street
 PO Box 1547
 Charleston, WV 25326
Tel: 304 341-1542 *Fax:* 304 341-1554
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 400-55-21-264

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine
 West Virginia University Hospitals
Prgm Director: Ryan D. Finkenbine, MD*
 Dept of Behavioral Medicine
 930 Chestnut Ridge Road
 Morgantown, WV 26505
Tel: 304 293-2411 *Fax:* 304 293-8724
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: PFP
Program ID: 400-55-21-226

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
 Meriter Hospital
 William S. Middleton Veterans Hospital
Prgm Director: Arthur C. Walaszek, MD*
 6001 Research Park Blvd
 Madison, WI 53719
Tel: 608 263-6106 *Fax:* 608 263-0265
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: PYG
Program ID: 400-56-21-228

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
 Clement J Zablocki Veterans Affairs Medical Center
 Columbia Hospital
 Froedtert Memorial Lutheran Hospital
 Milwaukee County Behavioral Health Division
Prgm Director: Carlyle H Chan, MD
 8701 Watertown Plank Road
 Milwaukee, WI 53226
Tel: 414 456-8998 *Fax:* 414 456-6299
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: PFP
Program ID: 400-56-21-229

**Psychosomatic
Medicine
(Psychiatry)****California****Sacramento****University of California (Davis) Health System Program**

Sponsor: UC Davis Health System
 University of California (Davis) Medical Center
Prgm Director: James Bourgeois, MD
 2230 Stockton Boulevard
 Sacramento, CA 95817
Tel: 916 734-4941 *Fax:* 916 734-3384
Length: 1 Yr
Program ID: 409-05-31-008

Connecticut**Hartford****Institute of Living/Hartford Hospital Program**

Sponsor: Hartford Hospital
 Institute of Living
Prgm Director: Adrienne L Bentman, MD
 200 Retreat Avenue
 Hartford, CT 06106
Tel: 860 545-7183 *Fax:* 860 545-7403
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 409-08-12-003

District of Columbia**Washington****Georgetown University Hospital Program**

Sponsor: Georgetown University Hospital
 Inova Fairfax Hospital
Prgm Director: Catherine Chang Crone, MD
 3300 Gallows Road
 Falls Church, VA 22042
Tel: 703 776-3380 *Fax:* 703 776-3029
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 409-10-31-002

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
 Veterans Affairs Medical Center (Iowa City)
Prgm Director: James J Amos, MD
 200 Hawkins Drive, #2880 JPP
 Iowa City, IA 52240
Tel: 319 356-8114 *Fax:* 319 356-2587
Length: 1 Yr
Program ID: 409-18-21-004

Maryland**Baltimore****University of Maryland Program**

Sponsor: University of Maryland Medical System
 Veterans Affairs Medical Center (Baltimore)
Prgm Director: Mark J Ehrenreich, MD
 Box 349, Department of Psychiatry
 22 S Greene Street
 Baltimore, MD 21201
Tel: 410 328-6090 *Fax:* 410 328-1757
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 409-23-31-010

Massachusetts**Boston****Boston University Medical Center Program**

Sponsor: Boston Medical Center
 Veterans Affairs Medical Center (Boston)
Prgm Director: Isidore Berenbaum, MD
 88 East Newton Street, Suite B410
 Boston, MA 02118
Tel: 617 638-8870 *Fax:* 617 638-8724
E-mail: bbq@bu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 409-24-21-007

Cambridge**Cambridge Hospital/Cambridge Health Alliance Program**

Sponsor: Cambridge Hospital/Cambridge Health Alliance
 Somerville Mental Health
Prgm Director: Robert C Joseph, MD
 Behavioral Health
 1493 Cambridge Street
 Cambridge, MA 02139
Tel: 617 655-1544 *Fax:* 617 655-1204
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 409-24-31-012

Minnesota**Rochester****Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Rochester)
 Rochester Methodist Hospital
 St Mary's Hospital of Rochester
Prgm Director: Kemuel L Philbrick, MD
 200 First Street SW
 Rochester, MN 55905
Tel: 507 284-0325 *Fax:* 507 284-4345
E-mail: mgsm.roch.mn.psychiatry@mayo.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 409-26-21-013

New York

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program

Sponsor: Beth Israel Medical Center
Prgm Director: Philip A Bialer, MD
First Avenue and 16th Street, Fierman 509
New York, NY 10003
Tel: 212 420-4352 *Fax:* 212 420-4332
E-mail: pbialer@bethisraelny.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 409-35-31-005

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Prgm Director: Mary Ann Cohen, MD
One Gustave L Levy Place, Box 1009
New York, NY 10029
Tel: 212 241-0959 *Fax:* 212 891-1277
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 409-35-21-001

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Adekolo O Alao, PhD
750 East Adams Street, Roomj1702
Syracuse, NY 13210
Tel: 315 464-5631 *Fax:* 315 464-5632
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 409-35-12-006

Ohio

Cleveland

The Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Karen Franco, MD
9500 Euclid Avenue/ P-57
Cleveland, OH 44195
Tel: 216 444-2671 *Fax:* 216 445-7032
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 409-38-13-014

Virginia

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
Prgm Director: James L Levenson, MD
PO Box 980268, West Hospital, 8th Floor
Richmond, VA 23298
Tel: 804 828-0762 *Fax:* 804 828-7675
E-mail: jllevens@vcu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 409-51-12-009

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Prgm Director: Paul Ciechanowski, MD, MPH
Department of Psychiatry & Behavioral Sciences
Box 356560
Seattle, WA 98125
Tel: 206 543-8848 *Fax:* 206 221-5414
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 409-54-21-011

Pulmonary Disease (Internal Medicine)

Alabama

Mobile

University of South Alabama Program

Sponsor: University of South Alabama Hospitals
University of South Alabama Medical Center
USA Knollwood Park Hospital
Prgm Director: Ronald C Allison, MD
2451 Fillingim St, 10th floor
Suite G
Mobile, AL 36617
Tel: 251 471-7847 *Fax:* 251 471-7889
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 149-01-11-048

California

San Francisco

California Pacific Medical Center Program

Sponsor: California Pacific Medical Center
Prgm Director: Christopher R Brown, MD
2351 Clay Street
Suite 360
San Francisco, CA 94115
Tel: 415 600-6508 *Fax:* 415 775-7437
E-mail: meded@sutterhealth.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 149-05-12-147

Connecticut

Bridgeport

Bridgeport Hospital/Yale University Program

Sponsor: Bridgeport Hospital
Yale-New Haven Hospital
Prgm Director: Herbert H Scherzer, MD
267 Grant Street
Bridgeport, CT 06610
Tel: 203 384-3794 *Fax:* 203 384-4663
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 149-03-21-199

Norwalk

Norwalk Hospital/Yale University Program

Sponsor: Norwalk Hospital
Prgm Director: Jonathan M Fine, MD
Department of Medicine
Maple Street
Norwalk, CT 06856
Tel: 203 855-3543 *Fax:* 203 852-2738
E-mail: luci.dasilva@norwalkhealth.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 149-03-31-003

District of Columbia**Washington****Howard University Program**

Sponsor: Howard University Hospital
Prgm Director: Alvin V Thomas, MD
 Department of Internal Medicine
 2041 Georgia Avenue, NW
 Washington, DC 20060
Tel: 202 865-6798 *Fax:* 202 865-4669
E-mail: jones@huhosp.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 149-10-21-086

Florida**Jacksonville****Mayo School of Graduate Medical Education (Jacksonville) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 St Luke's Hospital
Prgm Director: Margaret M Johnson, MD
 4500 San Pablo Road
 Jacksonville, FL 32224
Tel: 904 953-2282 *Fax:* 904 953-0430
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 149-11-21-205

Illinois**North Chicago****The Chicago Medical School at Rosalind Franklin University of Medicine and Science Program**

Sponsor: Chicago Medical School/Rosalind Franklin
 Univ of Med & Sci
 Mount Sinai Hospital Medical Center of Chicago
 Veterans Affairs Medical Center (North Chicago)
Prgm Director: Ashok M Fulambarker, MD
 Division of Pulmonary Medicine-Dept of Medicine
 3333 Green Bay Road
 North Chicago, IL 60064
Tel: 847 688-1900 *Fax:* 847 578-8647
E-mail: abrona@rosalindfranklin.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 149-16-21-051

Springfield**Southern Illinois University Program**

Sponsor: Southern Illinois University School of Medicine
 Memorial Medical Center
 St John's Hospital
Prgm Director: Joseph Q Henkle, MD
 PO Box 19636
 Springfield, IL 62794
Tel: 217 545-0187 *Fax:* 217 788-5543
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 149-16-21-194

Massachusetts**Worcester****University of Massachusetts Program**

Sponsor: University of Massachusetts Medical School
 UMass Memorial Health Care (University Campus)
Prgm Director: Oren Schafer, MD
 55 Lake Avenue, N
 Worcester, MA 01605
Tel: 508 856-3122 *Fax:* 508 856-3999
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 149-24-21-008

New Jersey**South Orange****Seton Hall University School of Graduate Medical Education Program**

Sponsor: Seton Hall University School of Graduate
 Medical Education
 St Joseph's Regional Medical Center
Prgm Director: M Anees Khan, MD
 703 Main Street
 Paterson, NJ 07503
Tel: 973 754-2450 *Fax:* 973 754-2469
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 149-33-11-156

New York**Bronx****Bronx-Lebanon Hospital Center Program**

Sponsor: Bronx-Lebanon Hospital Center
Prgm Director: Latha Menon, MD
 1650 Selwyn Ave, Suite 10C
 Bronx, NY 10457
Tel: 718 960-2003 *Fax:* 718 960-1333
E-mail: lmenon@bronxleb.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 149-35-11-102

Brooklyn**Brooklyn Hospital Center Program**

Sponsor: Brooklyn Hospital Center
 Wyckoff Heights Medical Center
Prgm Director: Marshal S Reminick, MD
 Department of Medicine
 121 DeKalb Avenue
 Brooklyn, NY 11201
Tel: 718 250-6950 *Fax:* 718 250-6110
E-mail: msr9005@nyp.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 149-35-12-185

Coney Island Hospital Program

Sponsor: Coney Island Hospital
Prgm Director: Padmanabhan Krishnan, MD
 2601 Ocean Parkway
 Brooklyn, NY 11235
Tel: 718 616-3171 *Fax:* 718 616-4071
E-mail: krishnap@nychhc.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 149-35-11-178

Interfaith Medical Center Program

Sponsor: Interfaith Medical Center
Prgm Director: M Frances J Schmidt, MD*
 1545 Atlantic Avenue
 Brooklyn, NY 11213
Tel: 718 613-4063 *Fax:* 718 613-4893
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 149-35-21-179

Maimonides Medical Center Program

Sponsor: Maimonides Medical Center
Prgm Director: Sidney Tessler, MD
 4802 10th Avenue
 Brooklyn, NY 11219
Tel: 718 283-8380 *Fax:* 718 283-7884
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 149-35-11-158

New York Methodist Hospital Program

Sponsor: New York Methodist Hospital
Prgm Director: Suhail Raouf, MD*
 506 Sixth Street
 Brooklyn, NY 11215
Tel: 718 780-5835 *Fax:* 718 780-5836
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 149-35-11-091

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
 Kings County Hospital Center
 Long Island College Hospital
 Staten Island University Hospital
 University Hospital-SUNY Health Science Center at
 Brooklyn
 Veterans Affairs Medical Center (Brooklyn)
Prgm Director: A Ross Hill, MD
 450 Clarkson Ave, Box 19
 Brooklyn, NY 11203
Tel: 718 270-1770 *Fax:* 718 270-1733
Length: 2 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 149-35-21-054

Flushing**New York Hospital Medical Center of Queens/Cornell University Medical College Program**

Sponsor: New York Hospital Medical Center of Queens
Prgm Director: Stephen R Karbowitz, MD
 56-45 Main Street
 Flushing, NY 11355
Tel: 718 670-1405 *Fax:* 718 461-2943
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 149-35-11-090

Jamaica**New York Medical College (Brooklyn-Queens) Program**

Sponsor: New York Medical College
 St Vincent Catholic Medical Centers (Brooklyn-Queens)
Prgm Director: Albert Miller, MD
 88-25 153rd St Suite 3J
 Jamaica, NY 11432
Tel: 718 558-7227 *Fax:* 718 558-7203
E-mail: almiller@svcmcnyc.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 149-35-22-047

New York**Harlem Hospital Center Program**

Sponsor: Harlem Hospital Center
Prgm Director: John S Schicchi, MD
 Dept of Medicine Rm 12-106
 506 Lenox Avenue
 New York, NY 10037
Tel: 212 939-1455 *Fax:* 212 939-1456
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 149-35-11-168

Lenox Hill Hospital Program

Sponsor: Lenox Hill Hospital
Prgm Director: Murray R Rogers, MD
 100 East 77th Street
 3 Achelis
 New York, NY 10021
Tel: 212 439-2158 *Fax:* 212 434-3396
E-mail: sglover@lenoxhill.net
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 149-35-11-181

Memorial Sloan-Kettering Cancer Center/New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: Memorial Sloan-Kettering Cancer Center
Prgm Director: Jean T Santamauro, MD
 1275 York Avenue
 New York, NY 10021
Tel: 212 639-8002 *Fax:* 212 717-3116
E-mail: pulmonary@mskcc.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 149-35-21-173

Mount Sinai School of Medicine (Cabrini) Program

Sponsor: Mount Sinai School of Medicine
Cabrini Medical Center
Prgm Director: Ari Klapholz, MD
227 East 19th Street
New York, NY 10003
Tel: 212 995-6658
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 149-35-31-096

North Carolina

Greenville

Pitt County Memorial Hospital/East Carolina University Program

Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Prgm Director: Linda C Anderson, MD
600 Moye Blvd
Brody Bldg 3E149
Greenville, NC 27858
Tel: 252 744-2928 *Fax:* 252 744-4887
E-mail: harrissu@mail.ecu.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 149-36-21-203

Pennsylvania

Philadelphia

Graduate Hospital Program

Sponsor: Graduate Hospital (Tenet Health System)
Prgm Director: Alan Haber, MD
Suite 607, Pepper Pavilion
1800 Lombard Street
Philadelphia, PA 19146
Tel: 215 893-2424 *Fax:* 215 893-7220
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 149-41-11-139

Pittsburgh

Allegheny General Hospital Program

Sponsor: Allegheny General Hospital
Prgm Director: Brian W Carlin, MD
320 East North Avenue
Pittsburgh, PA 15212
Tel: 412 359-4591 *Fax:* 412 359-6609
E-mail: bcarlin@wpahs.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 149-41-11-040

Western Pennsylvania Hospital/Temple University Program

Sponsor: The Western Pennsylvania Hospital
Prgm Director: Paul Fiehler, MD
4800 Friendship Ave
Pittsburgh, PA 15224
Tel: 412 687-5573 *Fax:* 412 687-8854
E-mail: rsantona@wpahs.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 149-41-11-042

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
University Hospital
Veterans Affairs Medical Center (San Juan)
Prgm Director: Donald F Dexter, MD
Department of Medicine
PO Box 365067
San Juan, PR 00936
Tel: 787 754-3750 *Fax:* 787 754-1739
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 149-42-21-121

Rhode Island

Providence

Roger Williams Medical Center Program

Sponsor: Roger Williams Medical Center
Prgm Director: Michael Passero, MD
825 Chalkstone Ave
Providence, RI 02908
Tel: 401 456-2302 *Fax:* 401 456-2016
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 149-43-31-043

West Virginia

Huntington

Marshall University School of Medicine Program

Sponsor: Marshall University School of Medicine
Cabell Huntington Hospital
St Mary's Hospital
Veterans Affairs Medical Center (Huntington)
Prgm Director: Nancy J Munn, MD
Department of Medicine
1600 Medical Center Dr, Suite G500
Huntington, WV 25701
Tel: 304 691-1092 *Fax:* 304 691-1693
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 149-55-21-183

Pulmonary Disease and Critical Care Medicine (Internal Medicine)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Prgm Director: J Allen D Cooper, MD
215 Tinsley Harrison Towers
1900 University Boulevard
Birmingham, AL 35294
Tel: 205 934-5400 *Fax:* 205 934-1721
E-mail: allenc@uab.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 156-01-21-105

Arizona

Phoenix

Banner Good Samaritan Medical Center Program

Sponsor: Banner Good Samaritan Medical Center
Carl T Hayden Veterans Affairs Medical Center (Phoenix)
Prgm Director: Allen R Thomas, MD
650 East Indian School Road
Phoenix, AZ 85012
Tel: 602 277-5551 *Fax:* 602 222-2746
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-03-13-129

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Prgm Director: Stuart F Quan, MD
1501 N Campbell Avenue
PO Box 245030, Room 2342
Tucson, AZ 85724
Tel: 520 626-6115 *Fax:* 520 626-6970
E-mail: squan@arc.arizona.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-03-21-001

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Peter White, MD
4301 W Markham, Slot #555
Little Rock, AR 72205
Tel: 501 686-5525 *Fax:* 501 686-7893
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-04-21-002

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
 Jerry L Pettis Memorial Veterans Hospital
Prgm Director: Philip M Gold, MD
 11234 Anderson Street
 Room 1521
 Loma Linda, CA 92354
Tel: 909 558-4489 *Fax:* 909 558-4165
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 156-05-21-113

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center
 Olive View/UCLA Medical Center
 VA Greater Los Angeles Healthcare System
Prgm Director: Michael Lewis, MD
 8700 Beverly Blvd
 Room 6732
 Los Angeles, CA 90048
Tel: 310 423-1832 *Fax:* 310 423-0129
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 156-05-21-003

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
 UCLA Medical Center
Prgm Director: Robert M Strieter, MD
 Center for the Health Sciences
 10833 Le Conte Ave Rm 37-131
 Los Angeles, CA 90095
Tel: 310 794-1999 *Fax:* 310 206-8622
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-05-31-114

University of Southern California/ LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
 LAC+USC Medical Center
 USC University Hospital
Prgm Director: Zea Borok, MD
 2020 Zonal Avenue
 IRD 620
 Los Angeles, CA 90033
Tel: 323 226-7923 *Fax:* 323 226-2738
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 156-05-31-004

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
 Long Beach Memorial Medical Center
 VA Long Beach Healthcare System
Prgm Director: James H Roum, MD, PhD
 Department of Medicine, Room 119, Building 53 - Route 81
 101 City Drive South
 Orange, CA 92868
Tel: 714 456-5150 *Fax:* 714 456-8349
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 156-05-11-005

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
 University of California (Davis) Medical Center
 VA Northern California Health Care System
Prgm Director: Susan Murin, MD, MSc
 Division of Pulmonary & Critical Care Medicine
 4150 V Street, Suite 3400
 Sacramento, CA 95817
Tel: 916 734-3565 *Fax:* 916 734-7924
E-mail: sxmurin@ucdavis.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 156-05-12-006

San Diego

Naval Medical Center (San Diego) Program

Sponsor: Naval Medical Center (San Diego)
 University of California (San Diego) Medical Center
Prgm Director: Dennis E Amundson, DO
 34740 Bob Wilson Drive
 Suite 300
 San Diego, CA 92134
Tel: 619 532-7631 *Fax:* 619 532-7625
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 156-05-13-007
 US Armed Services Program

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
 Veterans Affairs Medical Center (San Diego)
Prgm Director: Peter D Wagner, MD
 200 W Arbor Drive
 San Diego, CA 92103
Tel: 858 657-7105 *Fax:* 858 657-7144
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 156-05-22-008

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
 San Francisco General Hospital Medical Center
 University of California (San Francisco) Medical Center
Prgm Director: Stephen C Lazarus, MD
 Dept of Medicine
 505 Parnassus Avenue, Room 1087-M
 San Francisco, CA 94143
Tel: 415 476-8926 *Fax:* 415 476-5712
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 156-05-23-009

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
 Veterans Affairs Palo Alto Health Care System
Prgm Director: Glenn D Rosen, MD
 300 Pasteur Drive, Room H3142
 Stanford, CA 94305
Tel: 650 723-6381 *Fax:* 650 725-5489
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 156-05-21-010

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
 St Mary Medical Center
Prgm Director: Darryl Y Sue, MD
 1000 W Carson Street
 Box 405
 Torrance, CA 90509
Tel: 310 222-3801 *Fax:* 310 320-9688
E-mail: sue@humc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-05-11-115

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Prgm Director: Marvin I Schwarz, MD
 4200 East Ninth Avenue
 Box C272
 Denver, CO 80262
Tel: 303 315-7047 *Fax:* 303 315-5632
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 156-07-21-097

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
 New Britain General Hospital
 St Francis Hospital and Medical Center
 Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Mark Metersky, MD
 263 Farmington Avenue
 Farmington, CT 06030
Tel: 860 678-3585 *Fax:* 860 679-1103
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-08-21-011

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
 Veterans Affairs Medical Center (West Haven)
Prgm Director: Geoffrey L Chupp, MD
 333 Cedar Street/TAC 441 S
 PO Box 208057
 New Haven, CT 06520
Tel: 203 785-3207 *Fax:* 203 785-3826
Length: 3 Yrs *ACGME Approved/Offered Positions:* 17
Program ID: 156-08-21-104

District of Columbia

Washington

George Washington University Program

Sponsor: George Washington University School of Medicine
 George Washington University Hospital (UHS)
 Veterans Affairs Medical Center (Washington DC)
 Washington Hospital Center
Prgm Director: Guillermo Gutierrez, MD, PhD
 Ross Hall Suite # 707
 2300 Eye Street, NW
 Washington, DC 20037
Tel: 202 741-2237 *Fax:* 202 741-2238
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 156-10-21-080

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Prgm Director: Charles A Read, MD
Department of Medicine
3800 Reservoir Road, NW
Washington, DC 20007
Tel: 202 444-8830 *Fax:* 202 444-2336
E-mail: peraltar@gumet.georgetown.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-10-21-013

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Michael A Jantz, MD*
PO Box 100225
Department of Medicine
Gainesville, FL 32610
Tel: 352 392-2666 *Fax:* 352 392-0821
E-mail: alderj@medicine.ufl.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-11-21-014

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Mount Sinai Medical Center of Florida Inc
Veterans Affairs Medical Center (Miami)
Prgm Director: Horst J Baier, MD, JD
North Wing, Room 224, D-60
1611 NW 12th Avenue
Miami, FL 33136
Tel: 305 585-7340 *Fax:* 305 324-0869
Length: 3 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 156-11-31-015

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
James A Haley Veterans Hospital
Tampa General Hospital
Prgm Director: David A Solomon, MD
13000 Bruce B Downs Blvd (111C)
Tampa, FL 33612
Tel: 813 972-7543 *Fax:* 813 979-3606
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 156-11-21-102

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Crawford Long Hospital of Emory University
Emory University Hospital
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Prgm Director: C Michael Hart, MD
Atlanta VA Medical Center (151P)
1670 Clairmont Road, NE
Atlanta, GA 30303
Tel: 404 321-6111 *Fax:* 404 417-2968
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 156-12-21-016

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Prgm Director: Thomas A Dillard, MD
1120 15th Street
Section of Pulmonary Diseases, Room BBR5513
Augusta, GA 30912
Tel: 706 721-2566 *Fax:* 706 721-3069
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-12-31-017

Illinois

Chicago

Cook County Hospital Program

Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Catherine Monti, MD, MPH
1900 W Polk St
Room 1401
Chicago, IL 60612
Tel: 312 864-7399
E-mail: dtaylor@ecchil.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-16-21-018

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Prgm Director: Peter H Sporn, MD
Division of Pulmonary and Critical Care Medicine
240 E Huron St, McGaw 2300
Chicago, IL 60611
Tel: 312 908-8163 *Fax:* 312 908-4650
E-mail: Treyreffett@northwestern.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 156-16-21-081

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Robert A Balk, MD
1753 West Congress Parkway - 297 Jelke
Chicago, IL 60612
Tel: 312 942-5873 *Fax:* 312 942-8187
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-16-31-019

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Steven White, MD
MC6076
5841 South Maryland Avenue
Chicago, IL 60637
Tel: 773 702-1856 *Fax:* 773 702-6500
Length: 3 Yrs *ACGME Approved/Offered Positions:* 11
Program ID: 156-16-21-091

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
Michael Reese Hospital and Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Prgm Director: Dean E Schraufnagel, MD
Department of Medicine (M/C 719)
840 S Wood Street
Chicago, IL 60612
Tel: 312 996-3826 *Fax:* 312 996-4665
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 156-16-21-020

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Martin J Tobin, MD
Pulmonary and Critical Care Medicine
Bldg 54 Room 131A
Maywood, IL 60153
Tel: 708 216-5402 *Fax:* 708 216-6839
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 156-16-31-021

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Methodist Hospital of Indiana
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: Mark O Farber, MD*
Richard Roudebush Veterans Administration Hospital
1481 West 10th Street, 111P-IU
Indianapolis, IN 46202
Tel: 317 554-1739 *Fax:* 317 554-1743
E-mail: mofarber@iupui.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 156-17-21-022

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: Jeffrey S Wilson, MD
200 Hawkins Drive
C33-GH
Iowa City, IA 52242
Tel: 319 356-2752 *Fax:* 319 353-6406
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 156-18-21-023

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Prgm Director: Steven Q Simpson, MD
39th & Rainbow Blvd
4030 Sudler
Kansas City, KS 66160
Tel: 913 588-6045 *Fax:* 913 588-4098
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 156-19-21-024

Kentucky**Lexington****University of Kentucky College of Medicine Program**

Sponsor: University of Kentucky College of Medicine
Samaritan Hospital
Veterans Affairs Medical Center (Lexington)
Prgm Director: Rolando Berger, MD
740 S Limestone, K528
Lexington, KY 40536
Tel: 859 328-5045 *Fax:* 859 257-2418
E-mail: gjpark2@email.uky.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-20-21-101

Louisville**University of Louisville Program**

Sponsor: University of Louisville School of Medicine
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: Jason Kelley, MD
550 S Jackson Street
Ambulatory Care Building, A3L01
Louisville, KY 40202
Tel: 502 852-5841 *Fax:* 502 852-1359
E-mail: dlostot1@wise.louisville.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 156-20-21-077

Louisiana**New Orleans****Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Memorial Medical Center
Ochsner Clinic Foundation
Prgm Director: David E Taylor, MD
1901 Perdido Street
Suite 3205
New Orleans, LA 70112
Tel: 504 568-4634 *Fax:* 504 568-4295
E-mail: dtaylor3@lsuhsc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 11
Program ID: 156-21-21-025

Tulane University Program

Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Blesilda Quiniones-Ellis, MD
1430 Tulane Avenue, SL9
New Orleans, LA 70112
Tel: 504 988-2250 *Fax:* 504 988-2144
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 156-21-21-120

Shreveport**Louisiana State University (Shreveport) Program**

Sponsor: LSU Health Sciences Center-University
Hospital
Overton Brooks Veterans Affairs Medical Center
Prgm Director: Donald K Payne, MD
Department of Medicine
1501 Kings Highway
Shreveport, LA 71130
Tel: 318 675-5920 *Fax:* 318 675-5959
E-mail: mwilli2@lsuhsc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-21-31-026

Maine**Portland****Maine Medical Center Program**

Sponsor: Maine Medical Center
Prgm Director: Joel A Wirth, MD
Division of Pulmonary & Critical Care Medicine
22 Bramhall Street
Portland, ME 04102
Tel: 207 662-2770 *Fax:* 207 662-4691
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-22-21-027

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Prgm Director: Robert A Wise, MD
5501 Hopkins Bayview Circle
Room 4B.74
Baltimore, MD 21224
Tel: 410 550-0545 *Fax:* 410 550-2612
Length: 3 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 156-23-21-028

University of Maryland Program

Sponsor: University of Maryland Medical System
Prgm Director: Pamela J Amelung, MD
Department of Medicine, Suite 3D - 122
10 North Greene Street
Baltimore, MD 21201
Tel: 410 605-7000 *Fax:* 410 605-7915
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 156-23-21-107

Bethesda**National Capital Consortium (Walter Reed) Program**

Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Walter Reed Army Medical Center
Prgm Director: Oleh Hnatiuk, MD
Pulmonary & Critical Care Medicine Service Ward 77
6900 Georgia Avenue
Washington, DC 20307
Tel: 202 782-6745 *Fax:* 202 782-9032
E-mail: oleh.hnatiuk@na.amedd.army.mil
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 156-10-21-082
US Armed Services Program

Massachusetts**Boston****Boston University Medical Center Program**

Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Prgm Director: Jeffrey S Berman, MD
Pulmonary Center, R304
715 Albany St
Boston, MA 02118
Tel: 617 638-4860 *Fax:* 617 536-8093
E-mail: jberman@lung.bumc.bu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 156-24-21-090

Caritas St Elizabeth's Medical Center Program

Sponsor: Caritas St Elizabeth's Medical Center of
Boston
Prgm Director: Katherine P Hendra, MD
736 Cambridge Street, Box 13
Boston, MA 02135
Tel: 617 789-2545
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-24-31-031

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Beth Israel Deaconess Medical Center
Boston VA Healthcare System (Brockton-West Roxbury)
Brigham and Women's Hospital
Prgm Director: David M Systrom, MD
55 Fruit Street
Bulfinch 148
Boston, MA 02114
Tel: 617 726-3734 *Fax:* 617 726-6878
E-mail: dsystrom@partners.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 156-24-21-079

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: John Unterborn, MD
750 Washington Street
Boston, MA 02111
Tel: 617 636-7753 *Fax:* 617 636-6361
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 156-24-21-030

Burlington**Lahey Clinic Program**

Sponsor: Lahey Clinic
Prgm Director: Andrew G Villanueva, MD
Department of Pulmonary and Critical Care Medicine
41 Mall Road
Burlington, MA 01805
Tel: 781 744-8480 *Fax:* 781 744-3443
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-24-21-029

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health
Centers
Prgm Director: Marc Peters-Golden, MD
6301 MSRB III
1150 W Medical Center Dr
Ann Arbor, MI 48109
Tel: 734 763-9077 *Fax:* 734 764-4556
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 156-25-21-032

Detroit**Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital
Prgm Director: John Buckley, MD, MPH
2799 W Grand Boulevard #K-17
Detroit, MI 48202
Tel: 313 916-2431 *Fax:* 313 916-9102
E-mail: jbuckle1@hfhs.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 156-25-31-033

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center Detroit Receiving Hospital and University Health Center Harper-Hutzel Hospital
Prgm Director: Basim A Dubaybo, MD
3 Hudson
3990 John R Street
Detroit, MI 48201
Tel: 313 966-0695 *Fax:* 313 745-2481
E-mail: rlewandowski@med.wayne.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 156-25-21-116

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School
Prgm Director: Melissa B King-Biggs, MD
Department of Medicine - MMC 276
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612 624-0999 *Fax:* 612 625-2174
E-mail: watki003@umn.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 156-26-21-109

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic College of Medicine
Mayo Clinic (Rochester)
St Mary's Hospital of Rochester
Prgm Director: Ulrich Specks, MD
E-18B, Pulmonary and Critical Care
200 First Street, SW
Rochester, MN 55905
Tel: 507 284-2964 *Fax:* 507 266-4372
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 156-26-21-034

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University of Mississippi School of Medicine
Veterans Affairs Medical Center (Jackson)
Prgm Director: Rajesh Bhagat, MD*
2500 N State Street
Jackson, MS 39216
Tel: 601 984-5650 *Fax:* 601 984-5658
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 156-27-12-124

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prgm Director: Rajiv Dhand, MD
One Hospital Drive
MA 417 Health Sciences Center
Columbia, MO 65212
Tel: 573 882-9072 *Fax:* 573 884-4892
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 156-28-21-035

Kansas City

University of Missouri at Kansas City Program

Sponsor: University of Missouri-Kansas City School of Medicine
St Luke's Hospital
Truman Medical Center
Prgm Director: Gary Salzman, MD
2411 Holmes
Kansas City, MO 64108
Tel: 816 235-1974 *Fax:* 816 235-5514
E-mail: salzmang@umkc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-28-31-036

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
St John's Mercy Medical Center
St Louis University Hospital
Prgm Director: George M Matuschak, MD
3635 Vista at Grand
Pulmonary Disease/Critical Care Medicine, 7th FL
St Louis, MO 63110
Tel: 314 577-8856 *Fax:* 314 577-8859
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-28-12-038

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Washington University School of Medicine
Prgm Director: Daniel B Rosenbluth, MD
Box 8052
660 S Euclid Avenue
St Louis, MO 63110
Tel: 314 454-8762
E-mail: lwetzel@im.wustl.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 156-28-11-037

Nebraska

Omaha

Creighton University Program

Sponsor: Creighton University School of Medicine
Alegent Health Bergan Mercy Health System
Creighton University Medical Center (Tenet - SJH)
Veterans Affairs Medical Center (Omaha)
Prgm Director: Joseph C Campbell, MD
601 North 30th Street
Suite 3820
Omaha, NE 68131
Tel: 402 449-4487 *Fax:* 402 280-5256
E-mail: clayton.campbell@creighton.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-30-21-103

University of Nebraska Medical Center College of Medicine Program

Sponsor: University of Nebraska Medical Center College of Medicine
Prgm Director: Craig A Piquette, MD
Box 985300 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 943-5515 *Fax:* 402 977-5697
E-mail: slatense@unmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-30-21-093

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Prgm Director: Thomas J Prendergast, MD
Department of Medicine
1 Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-5533 *Fax:* 603 650-0580
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 156-32-21-039

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program

Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Ramya Lotano, MD*
Three Cooper Plaza, Suite 312
Camden, NJ 08103
Tel: 856 342-2407 *Fax:* 856 541-3968
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 156-33-21-040

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School
Deborah Heart and Lung Center
Robert Wood Johnson University Hospital
St Peter's University Hospital
Veterans New Jersey Health Care System (Lyons)
Prgm Director: Anthony T Scardella, MD
One Robert Wood Johnson Pl - CN 19
New Brunswick, NJ 08903
Tel: 732 235-7840 *Fax:* 732 235-7048
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-33-11-042

Newark

Newark Beth Israel Medical Center Program

Sponsor: Newark Beth Israel Medical Center
St Barnabas Medical Center
Prgm Director: Thiruvengadam Anandarangam, MD
400 Osborne Terrace
Suite L4
Newark, NJ 07112
Tel: 973 926-6347 *Fax:* 973 923-5688
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-33-21-132

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Matthew G Marin, MD, MPH
185 S Orange Avenue, MSB-1532
Newark, NJ 07103
Tel: 973 972-6111 *Fax:* 973 972-6228
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 156-33-31-041

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Helen K Busby, MD
Pulm Critical Care MSC 10-5550
1 University of NM
Albuquerque, NM 87131
Tel: 505 272-4751 *Fax:* 505 272-8700
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-34-21-108

New York

Albany

Albany Medical Center Program

Sponsor: Albany Medical Center
Veterans Affairs Medical Center (Albany)
Prgm Director: Anthony L Malanga, MD
Department of Medicine MC 91
43 New Scotland Avenue
Albany, NY 12208
Tel: 518 262-5196 *Fax:* 518 262-6472
E-mail: beegles@mail.amc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-35-21-043

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Andrew R Berman, MD
111 East 210th Street
Bronx, NY 10467
Tel: 718 920-6054 *Fax:* 718 904-2163
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 156-35-21-092

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo
Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
Veterans Affairs Western New York Healthcare System
Prgm Director: M Jeffrey Mador, MD
3595 Bailey Ave
Buffalo, NY 14215
Tel: 716 862-8629 *Fax:* 716 862-8632
E-mail: mador@acsu.buffalo.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-35-31-044

Manhasset

North Shore University Hospital/NYU School of Medicine Program

Sponsor: North Shore University Hospital
Nassau University Medical Center
Prgm Director: Steven Feinsilver, MD
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-4217
E-mail: stevenf@nshs.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 156-35-11-045

Mineola

Winthrop-University Hospital Program

Sponsor: Winthrop-University Hospital
Prgm Director: Jonathan S Howite, MD
222 Station Plaza North, Suite 400
Mineola, NY 11501
Tel: 516 663-2004 *Fax:* 516 663-4888
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 156-35-12-046

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program

Sponsor: Long Island Jewish Medical Center
Prgm Director: Alan S Multz, MD
270-05 76th Avenue
New Hyde Park, NY 11042
Tel: 718 470-7231 *Fax:* 718 488-7162
E-mail: amultz@lij.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-35-13-047

New York

Albert Einstein College of Medicine at Beth Israel Medical Center Program

Sponsor: Beth Israel Medical Center
Prgm Director: Mark J Rosen, MD
Department of Medicine
First Avenue at 16th Street
New York, NY 10003
Tel: 212 420-2697 *Fax:* 212 420-2677
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 156-35-22-048

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Queens Hospital Center
Veterans Affairs Medical Center (Bronx)
Prgm Director: Scott Lorin, MD
Department of Medicine
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-7389 *Fax:* 212 876-5519
Length: 3 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 156-35-23-049

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: Patricia A Tietjen, MD
153 West 11th Street
Cronin 554a
New York, NY 10011
Tel: 212 604-2757 *Fax:* 212 604-3775
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-35-11-052

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Charles A Powell, MD*
630 W 168th Street
New York, NY 10032
Tel: 212 305-9817 *Fax:* 212 305-8464
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 156-35-13-125

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Ronald G Crystal, MD
525 East 68th Street, STARR 505
Box 96
New York, NY 10021
Tel: 212 746-2258 *Fax:* 212 746-8808
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 156-35-21-083

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
NYU Hospitals Center
Prgm Director: Doreen J Addrizzo-Harris, MD
550 First Avenue
New York, NY 10016
Tel: 212 263-6479 *Fax:* 212 263-8442
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 156-35-21-050

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
Prgm Director: Edward Eden, MD
1000 10th Avenue
New York, NY 10019
Tel: 212 523-7352 *Fax:* 212 523-8426
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-35-31-051

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Mark W Frampton, MD
601 Elmwood Avenue, Box 692
Rochester, NY 14642
Tel: 585 275-4861 *Fax:* 585 273-1114
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-35-31-099

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Prgm Director: Hussein D Foda, MD
HSC 17-040
Stony Brook, NY 11794
Tel: 631 444-3869 *Fax:* 631 444-7502
Length: 3 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 156-35-21-106

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Robert J Lenox, MD
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-4184 *Fax:* 315 464-6228
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-35-12-053

Valhalla

New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College
Metropolitan Hospital Center
St Vincent's Medical Center
Westchester Medical Center
Prgm Director: Dipak Chand, MD*
Pulmonary Laboratory
Macy Pavilion, 1st Floor
Valhalla, NY 10595
Tel: 914 493-7518 *Fax:* 914 493-8130
Length: 3 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 156-35-13-054

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: James R Yankaskas, MD
Div of Pulm/Critical Care Medicine
CB#7248 7007 Thurston Bowles Building
Chapel Hill, NC 27599
Tel: 919 966-1077 *Fax:* 919 966-5178
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 156-36-21-055

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Loretta G Que, MD
Room 201D, MSRB, Research Drive
Durham, NC 27710
Tel: 919 684-8401 *Fax:* 919 684-8408
E-mail: macin001@mc.duke.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 156-36-21-117

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Wendy C Moore, MD*
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 713-7520 *Fax:* 336 713-7544
E-mail: wmoore@wfubmc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 156-36-21-094

Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Mitchell C Rashkin, MD
PO Box 670664
Cincinnati, OH 45267
Tel: 513 558-4831 *Fax:* 513 558-4858
E-mail: mitchell.rashkin@uc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 156-38-21-056

Cleveland

Case Western Reserve University (MetroHealth) Program

Sponsor: MetroHealth Medical Center
Prgm Director: Dennis H Auckley, MD*
Department of Medicine
2500 MetroHealth Drive
Cleveland, OH 44109
Tel: 216 778-2398 *Fax:* 216 778-3240
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 156-38-31-057

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Veterans Affairs Medical Center (Cleveland)
Prgm Director: Rana B Hejal, MD
11100 Euclid Avenue
Department of Pulmonary Medicine
Cleveland, OH 44106
Tel: 216 844-3174 *Fax:* 216 844-2187
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 156-38-21-110

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Alejandro Arroliga, MD
Dept of Pulmonary Disease A90
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 445-5765
Length: 3 Yrs
Program ID: 156-38-11-058

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Ohio State University Hospitals-East
Prgm Director: John G Mastronarde, MD*
473 W 12th Avenue
201 HLR1
Columbus, OH 43210
Tel: 614 293-4925 *Fax:* 614 293-4799
E-mail: mastronarde-1@medctr.osu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 156-38-12-059

Toledo

Medical College of Ohio Program

Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
Prgm Director: Dan E Olson, MD, PhD
3000 Arlington Avenue
Toledo, OH 43614
Tel: 419 383-3543 *Fax:* 419 383-6243
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 156-38-21-087

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
Kindred Hospital Oklahoma City
OU Medical Center
Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Gary T Kinasewitz, MD
PO Box 26901, WP-1310
920 Stanton Young Boulevard
Oklahoma City, OK 73190
Tel: 405 271-6173 *Fax:* 405 271-5892
E-mail: priscilla-peer@ouhsc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 156-39-21-060

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Prgm Director: Dane Nichols, MD
3181 SW Sam Jackson Park Rd
Mailcode: UHN 67
Portland, OR 97239
Tel: 503 494-6668 *Fax:* 503 494-6670
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 156-40-21-061

Pennsylvania

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
Lehigh Valley Hospital
Prgm Director: Margaret M Wojnar, MD
University Hospital
500 University Drive
Hershey, PA 17033
Tel: 717 531-6525 *Fax:* 717 531-5785
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 156-41-21-119

Philadelphia

Albert Einstein Healthcare Network Program

Sponsor: Albert Einstein Medical Center
Prgm Director: Michael Lippmann, MD
5401 Old York Road, Klein 363
Philadelphia, PA 19141
Tel: 215 456-6950 *Fax:* 215 455-1933
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-41-13-127

Drexel University College of Medicine/Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
Prgm Director: Michael S Sherman, MD
Broad and Vine Streets, MS 107
Philadelphia, PA 19102
Tel: 215 762-7013 *Fax:* 215 762-8728
E-mail: pulmonary.fellowship@drexel.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 156-41-21-062

Temple University Hospital Program

Sponsor: Temple University Hospital
Prgm Director: Gilbert E D'Alonzo, DO, MS
3401 North Broad Street
7th Floor Parkinson Pavilion
Philadelphia, PA 19140
Tel: 215 707-2526 *Fax:* 215 707-3382
E-mail: dalong@temple.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 156-41-11-064

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: James G Zangrilli, MD
1015 Chestnut Street
M100
Philadelphia, PA 19107
Tel: 215 955-6591
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 156-41-12-065

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: Robert M Kotloff, MD
 3400 Spruce Street
 839 W Gates Bldg
 Philadelphia, PA 19104
Tel: 215 349-5488 *Fax:* 215 614-0869
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 156-41-21-088

Pittsburgh**University of Pittsburgh Medical Center Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 UPMC Presbyterian/Shadyside
Prgm Director: John W Kreit, MD
 628 NW Montefiore Hospital
 3459 Fifth Avenue
 Pittsburgh, PA 15213
Tel: 412 692-2210 *Fax:* 412 692-2260
Length: 3 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 156-41-13-066

Puerto Rico**San Juan****Veterans Affairs Medical and Regional Office Center (San Juan) Program**

Sponsor: Veterans Affairs Medical Center (San Juan)
Prgm Director: William Rodriguez-Cintrón, MD
 10 Casia Street
 OPA Building, IF218
 San Juan, PR 00921
Tel: 787 641-7582 *Fax:* 787 641-9541
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-42-21-126

Rhode Island**Providence****Brown University Program**

Sponsor: Rhode Island Hospital-Lifespan Memorial Hospital of Rhode Island
 Roger Williams Medical Center
 Veterans Affairs Medical Center (Providence)
Prgm Director: Sidney S Braman, MD
 593 Eddy Street
 Providence, RI 02903
Tel: 401 444-8410 *Fax:* 401 444-5914
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 156-43-21-121

South Carolina**Charleston****Medical University of South Carolina Program**

Sponsor: Medical University of South Carolina College of Medicine
 MUSC Medical Center
 Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Steven A Sahn, MD
 96 Jonathan Lucas Street
 Box 250630 - Room 812 CSB
 Charleston, SC 29425
Tel: 843 792-7199 *Fax:* 843 792-0732
Length: 3 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 156-45-21-067

Tennessee**Johnson City****East Tennessee State University Program**

Sponsor: James H Quillen College of Medicine
 Johnson City Medical Center Hospital
 Veterans Affairs Medical Center (Mountain Home)
 Wellmont Health System - Bristol Regional Medical Center
Prgm Director: Ryland P Byrd, MD
 111-B Pulmonary Division
 Mountain Home, TN 37684
Tel: 423 926-1171 *Fax:* 423 979-3471
E-mail: ryland.byrd@med.va.gov
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-47-31-122

Memphis**University of Tennessee Program**

Sponsor: University of Tennessee College of Medicine
 Methodist Healthcare-Memphis Hospitals
 Regional Medical Center at Memphis
 Veterans Affairs Medical Center (Memphis)
Prgm Director: Amado X Freire, MD, MPH*
 Division of Pulmonary Diseases
 956 Court Avenue, Room H-314
 Memphis, TN 38163
Tel: 901 448-5757 *Fax:* 901 448-7726
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 156-47-21-118

Nashville**Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
 Veterans Affairs Medical Center (Nashville)
Prgm Director: John H Newman, MD*
 Div of Allergy, Pulmonary & Critical Care Med
 T-1217 Medical Center North
 Nashville, TN 37232
Tel: 615 322-3412 *Fax:* 615 343-7448
E-mail: connie.barrick@vanderbilt.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 156-47-21-068

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
 Dallas County Hospital District-Parkland Memorial Hospital
 Veterans Affairs Medical Center (Dallas)
Prgm Director: W Douglas Pitcher, MD
 Pulmonary Disease Department
 5323 Harry Hines Blvd
 Dallas, TX 75235
Tel: 214 688-3429 *Fax:* 214 857-0520
E-mail: Becky.Ward@med.va.gov
Length: 3 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 156-48-21-069

Fort Sam Houston**San Antonio Uniformed Services Health Education Consortium (BAMC) Program**

Sponsor: San Antonio Uniformed Services Health Education Consortium
 Brooke Army Medical Center
 Wilford Hall Medical Center (AETC)
Prgm Director: Kenneth N Olivier, MD, MPH
 Wilford Hall Medical Center/MCCP
 2200 Bergquist Drive, Suite 1
 Lackland AFB, TX 78236
Tel: 210 292-5235 *Fax:* 210 292-6180
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 156-48-21-070
 US Armed Services Program

Galveston**University of Texas Medical Branch Hospitals Program**

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Alexander G Duarte, MD*
 Division of Pulmonary and Critical Care Medicine
 5.112 John Sealy Annex Rt 0561
 Galveston, TX 77555
Tel: 409 772-2436 *Fax:* 409 772-9532
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-48-21-112

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
 Harris County Hospital District-Ben Taub General Hospital
 Methodist Hospital
Prgm Director: Kalpalatha K Guntupalli, MD
 1504 Taub Loop, 6th Floor
 Houston, TX 77030
Tel: 713 873-2468 *Fax:* 713 790-9576
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 156-48-21-084

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
 Lyndon B Johnson General Hospital
 Memorial Hermann Hospital System
 University of Texas M D Anderson Cancer Center
Prgm Director: Bela Patel, MD*
 Division of Pulmonary, Critical Care and Sleep Med
 6431 Fannin, Suite 1.274
 Houston, TX 77030
Tel: 713 500-6828 *Fax:* 713 500-6829
Length: 3 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 156-48-31-071

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
 Audie L Murphy Memorial Veterans Hospital (San Antonio)
 University Health System
Prgm Director: Jay I Peters, MD
 7703 Floyd Curl Drive
 San Antonio, TX 78229
Tel: 210 617-5256 *Fax:* 210 567-6677
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-48-11-072

Temple

Texas A&M College of Medicine-Scott and White Program

Sponsor: Scott and White Memorial Hospital
Central Texas Veterans Affairs Healthcare System
Prgm Director: Richard E Winn, MD
2401 South 31st Street
Temple, TX 76508
Tel: 254 724-7633 *Fax:* 254 724-9280
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-48-21-128

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
LDS Hospital
Prgm Director: John R Hoidal, MD
26 North 1900 East
Salt Lake City, UT 84132
Tel: 801 581-7806 *Fax:* 801 585-3355
Length: 3 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 156-49-21-089

Vermont

Burlington

University of Vermont Program

Sponsor: Fletcher Allen Health Care
Prgm Director: Polly E Parsons, MD
Pulmonary and Critical Care Medicine Unit
MCHV Campus Patrick 311
Burlington, VT 05405
Tel: 802 847-6177 *Fax:* 802 847-8194
E-mail: pulmonary@vtmednet.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-50-21-111

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Prgm Director: Sharon A Esau, MD
Pulmonary/Critical Care
PO Box 800546
Charlottesville, VA 22908
Tel: 434 924-5210 *Fax:* 434 924-9682
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-51-21-085

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm Director: Lisa K Brath, MD
1200 E Broad Street
PO Box 980050
Richmond, VA 23298
Tel: 804 828-9071 *Fax:* 804 828-2578
E-mail: lbrath@hsc.vcu.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-51-21-073

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
University of Washington/Harborview Medical Centers
Prgm Director: Mark R Tonelli, MD, MA
Division of Pulmonary & Critical Care Medicine
BB-1253 Health Sciences Center, Box 356522
Seattle, WA 98195
Tel: 206 543-3166 *Fax:* 206 685-8673
E-mail: pcmfelo@u.washington.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 156-54-21-074

West Virginia

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine
West Virginia University Hospitals
Prgm Director: Luis Teba, MD
PO Box 9166
1 Medical Center Drive
Morgantown, WV 26506
Tel: 304 293-4661 *Fax:* 304 293-3724
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 156-55-21-075

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Prgm Director: Mark S Regan, MD*
K4/930 Clinical Science Center
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-3035 *Fax:* 608 263-3746
Length: 3 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 156-56-21-076

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Prgm Director: Kenneth W Presberg, MD
Department of Medicine
9200 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 456-7040 *Fax:* 414 456-6211
Length: 3 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 156-56-21-100

Radiation Oncology

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: John Fiveash, MD
619 South 19th Street
WTI 114
Birmingham, AL 35233
Tel: 205 975-0224 *Fax:* 205 975-0784
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 430-01-21-002

Arizona

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
University Medical Center
Prgm Director: Shona T Dougherty, MD, PhD*
1501 North Campbell Avenue
PO Box 245081
Tucson, AZ 85724
Tel: 520 626-6724 *Fax:* 520 626-3141
E-mail: tfranks@email.arizona.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 430-03-11-003

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Prgm Director: Leslie T Yonemoto, MD, MBA
Department of Radiation Medicine
11234 Anderson Street B121
Loma Linda, CA 92354
Tel: 909 558-4280 *Fax:* 909 558-4083
Length: 4 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 430-05-21-006

Los Angeles

Kaiser Permanente Southern California (Los Angeles) Program

Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Prgm Director: Kenneth Lodin, MD
Department of Radiation Oncology
4950 Sunset Boulevard, 2nd Floor
Los Angeles, CA 90027
Tel: 323 783-2841 *Fax:* 323 783-5927
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 430-05-21-115

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Steve P Lee, MD, PhD
Department of Radiation Oncology
200 Medical Plaza, Ste B-265
Los Angeles, CA 90095
Tel: 310 267-5575 *Fax:* 310 794-9795
E-mail: SPLee@mednet.ucla.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-05-21-008

**University of Southern California/
LAC+USC Medical Center Program**

Sponsor: University of Southern California/LAC+USC Medical Center
Kenneth Norris Jr Cancer Hospital and Research Institute
LAC+USC Medical Center
Prgm Director: Oscar E Streeter, MD*
OPD 1P2
2010 Zonal Avenue
Los Angeles, CA 90033
Tel: 323 226-5017 *Fax:* 323 226-5970
Length: 4 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 430-05-11-007

Orange**University of California (Irvine) Program**

Sponsor: University of California (Irvine) Medical Center
City of Hope National Medical Center
Long Beach Memorial Medical Center
VA Long Beach Healthcare System
Prgm Director: Jeffrey V Kuo, MD
Department of Radiation Oncology
101 City Drive, South, B-23, Rt-26
Irvine, CA 92868
Tel: 714 456-8074 *Fax:* 714 456-7170
Length: 4 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 430-05-21-005

Sacramento**University of California (Davis) Health System Program**

Sponsor: UC Davis Health System
Kaiser Permanente Medical Center (Harbor City)
Mercy Cancer Center (Merced)
University of California (Davis) Medical Center
Prgm Director: Janice Ryu, MD
4501 X Street, Suite G126
Sacramento, CA 95817
Tel: 916 734-8251 *Fax:* 916 734-7076
Length: 4 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 430-05-22-132

San Francisco**California Pacific Medical Center Program**

Sponsor: California Pacific Medical Center
Seton Medical Center
St Francis Memorial Hospital
Prgm Director: Daniel L Glaubiger, MD, PhD
Department of Radiation Oncology
2333 Buchanan Street
San Francisco, CA 94115
Tel: 415 600-3600 *Fax:* 415 923-3634
E-mail: CPMCRadOnc@sutterhealth.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 430-05-22-012

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
Mount Zion Medical Center of the University of California
University of California (San Francisco) Medical Center
Prgm Director: Penny K Sneed, MD
Department of Radiation Oncology
505 Parnassus Avenue, Suite L-08
San Francisco, CA 94143
Tel: 415 353-8900 *Fax:* 415 353-8679
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 430-05-21-013

Stanford**Stanford University Program**

Sponsor: Stanford University Hospital
Prgm Director: Sarah S Donaldson, MD
Department of Radiation Oncology
875 Blake Wilbur Drive, G224
Stanford, CA 94305
Tel: 650 723-3865 *Fax:* 650 725-3865
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 430-05-11-014

Colorado**Denver****University of Colorado Program**

Sponsor: University of Colorado School of Medicine
University of Colorado Hospital
Prgm Director: Tracey Scheffer, MD
Anschutz Cancer Pavilion University of Colorado Hlth Sci Ctr
1665 N Ursula Street
Aurora, CO 80010
Tel: 720 848-0156 *Fax:* 720 848-0113
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-07-13-130

Connecticut**New Haven****Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
Lawrence and Memorial Hospitals
William W Backus Hospital
Prgm Director: Lynn D Wilson, MD, MPH*
20 York St
New Haven, CT 06504
Tel: 203 737-1202 *Fax:* 203 785-4622
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 430-08-11-017

District of Columbia**Washington****Georgetown University Hospital Program**

Sponsor: Georgetown University Hospital
Prgm Director: Jefferson E Moulds, MD*
Department of Radiation Medicine, Bldg Bldg LL
3800 Reservoir Road, NW
Washington, DC 20007
Tel: 202 444-3320 *Fax:* 202 444-9323
E-mail: mouldsj@georgetown.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 430-10-21-112

Howard University Program

Sponsor: Howard University Hospital
Washington Hospital Center
Prgm Director: Mihoko Fujita, MD, PhD*
2041 Georgia Avenue, NW
Washington, DC 20006
Tel: 202 865-1421 *Fax:* 202 865-3690
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 430-10-11-021

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine
Shands Hospital at the University of Florida
Prgm Director: Robert J Amdur, MD
Shands Medical Plaza
PO Box 100385
Gainesville, FL 32610
Tel: 352 265-0287 *Fax:* 352 265-0759
E-mail: booneva@shands.ufl.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 430-11-12-022

Jacksonville**Mayo School of Graduate Medical Education (Jacksonville) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Jacksonville)
Prgm Director: John D Earle, MD
4500 San Pablo Road
Jacksonville, FL 32224
Tel: 904 953-0490 *Fax:* 904 953-0430
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 430-11-31-133

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Aaron H Wolfson, MD
Dept of Radiation Therapy (D-31)
1475 Northwest 12th Avenue
Miami, FL 33136
Tel: 305 243-4210 *Fax:* 305 243-4363
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-11-21-023

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine
Crawford Long Hospital of Emory University
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Prgm Director: Karen D Godette, MD
1365 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 778-4763 *Fax:* 404 778-5152
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 430-12-21-125

Illinois**Chicago****McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Evanston Hospital
Northwestern Memorial Hospital
Prgm Director: Stanley V Hoover, MD
Department of Radiation Oncology
251 East Huron St, L-178
Chicago, IL 60611
Tel: 312 926-2520 *Fax:* 312 926-6374
Length: 4 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 430-16-21-027

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Cam Nguyen, MD
 1653 West Congress Parkway
 Department of Radiation Oncology
 Chicago, IL 60612
Tel: 312 942-5751 *Fax:* 312 942-2339
E-mail: Cam_N_Nguyen@rush.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-16-11-028

University of Chicago/University of Illinois College of Medicine at Chicago Program

Sponsor: University of Chicago Hospitals
 La Grange Memorial Hospital
 University of Illinois Hospital and Clinics
Prgm Director: Arno J Mundt, MD
 5758 South Maryland Avenue
 MC 9006
 Chicago, IL 60637
Tel: 773 702-4056 *Fax:* 773 834-7340
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 430-16-11-116

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
 Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Nena Mirkovic, MD
 2160 South First Avenue
 Maguire Center, Ste 2944
 Maywood, IL 60153
Tel: 708 216-2586 *Fax:* 708 216-6076
E-mail: gzizzo@lumc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-16-22-031

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
 Clarian Indiana University Hospital
 Richard L Roudebush Veterans Affairs Medical Center
Prgm Director: Mark P Langer, MD
 Department of Radiation Oncology
 535 Barnhill Drive, RT 041
 Indianapolis, IN 46202
Tel: 317 274-1343 *Fax:* 317 274-2486
Length: 4 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 430-17-11-032

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: Geraldine M Jacobson, MD, MPH
 200 Hawkins Drive
 Iowa City, IA 52242
Tel: 319 353-8836 *Fax:* 319 356-1530
E-mail: jane-duwa@uiowa.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 430-18-11-033

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
 University of Kansas Medical Center
Prgm Director: Alvaro R Alvarez-Farinetti, MD*
 3901 Rainbow Blvd
 Kansas City, KS 66160
Tel: 913 588-3600 *Fax:* 913 588-3663
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 430-19-21-034

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine
Prgm Director: William St Clair, MD, PhD
 Department of Radiation Medicine
 800 Rose Street
 Lexington, KY 40536
Tel: 859 323-6486 *Fax:* 859 257-7483
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 430-20-11-035

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
 University of Louisville Hospital
Prgm Director: Kristie J Paris, MD
 James Graham Brown Cancer Center
 529 South Jackson
 Louisville, KY 40292
Tel: 502 852-7171 *Fax:* 502 852-7760
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-20-11-036

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Hospital
Prgm Director: Deborah A Frassica, MD
 The Harry & Jeanette Weinberg Building
 401 North Broadway
 Baltimore, MD 21287
Tel: 410 955-7390 *Fax:* 410 502-1419
E-mail: frassde@jhmi.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 430-23-11-039

University of Maryland Program

Sponsor: University of Maryland Medical System
Prgm Director: William F Regine, MD*
 Gudelsky Bldg
 22 South Greene Street
 Baltimore, MD 21201
Tel: 410 328-2326 *Fax:* 410 328-6911
E-mail: wregine@umm.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-23-21-040

Bethesda

National Capital Consortium Program

Sponsor: National Capital Consortium
 National Cancer Institute
 National Naval Medical Center (Bethesda)
 Walter Reed Army Medical Center
Prgm Director: Matthew M Poggi, MD, MA
 Division of Radiation Oncology
 8901 Wisconsin Avenue
 Bethesda, MD 20889
Tel: 301 295-5000 *Fax:* 301 295-5788
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-10-21-113
 US Armed Services Program

Massachusetts

Boston

Brigham and Women's Hospital/Massachusetts General Hospital/Harvard Medical School Program

Sponsor: Brigham and Women's Hospital
 Beth Israel Deaconess Medical Center
 Boston Medical Center
 Massachusetts General Hospital
Prgm Director: Jay R Harris, MD
 Dana, Farber Cancer Institute
 44 Binney Street
 Boston, MA 02215
Tel: 617 632-2291 *Fax:* 617 632-2290
Length: 4 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 430-24-11-131

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
 Caritas St Elizabeth's Medical Center of Boston
 Lahey Clinic
 Rhode Island Hospital-Lifespan
Prgm Director: David E Wazer, MD
 Department of Radiation Oncology
 750 Washington Street, NEMC-359
 Boston, MA 02111
Tel: 617 636-7673 *Fax:* 617 636-4513
Length: 4 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 430-24-21-044

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
 Providence Hospital and Medical Centers
Prgm Director: Edgar Ben-Josef, MD
 1500 East Medical Center Drive
 UH-B2C490, Box 0010
 Ann Arbor, MI 48109
Tel: 734 936-8207 *Fax:* 734 763-7370
Length: 4 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 430-25-11-045

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital
Prgm Director: Munther I Ajlouni, MD
 2799 West Grand Boulevard
 Detroit, MI 48202
Tel: 313 916-1015 *Fax:* 313 916-3235
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-25-12-046

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center Harper-Hutzel Hospital
 Sinai-Grace Hospital (Grace Campus)
Prgm Director: Andrew T Turrisi, MD*
 Gershenson Radiation Oncology Center
 3990 John R Street
 Detroit, MI 48201
Tel: 313 966-2274 *Fax:* 313 966-9400
Length: 4 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 430-25-21-048

Royal Oak**William Beaumont Hospital Program**

Sponsor: William Beaumont Hospital
Prgm Director: Larry Kestin, MD
 3601 West 13 Mile Road
 Royal Oak, MI 48073
Tel: 248 551-7032 *Fax:* 248 551-0089
E-mail: mherbert@beaumont.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 430-25-12-049

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
 Fairview-University Medical Center
 Veterans Affairs Medical Center (Minneapolis)
Prgm Director: James B Orner, MD
 UMHC MMC 494
 420 Delaware Street SE
 Minneapolis, MN 55455
Tel: 612 626-2631 *Fax:* 612 626-7060
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-26-21-050

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Rochester)
Prgm Director: Ivy A Petersen, MD
 Department of Radiation Oncology
 200 First Street, SW
 Rochester, MN 55905
Tel: 507 266-1175 *Fax:* 507 284-0079
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 430-26-21-051

Missouri**St Louis****Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
Prgm Director: Imran Zoberi, MD
 Washington University School of Medicine
 4921 Parkview Place - LL - Mail Stop #90-38-635
 St Louis, MO 63110
Tel: 314 362-8525 *Fax:* 314 362-8521
Length: 4 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 430-28-11-054

New York**Bronx****Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Montefiore Medical Center-Henry and Lucy Moses Division
 Montefiore Medical Center-Weiler Hospital
Prgm Director: James S Butler, MD
 111 E 210th Street
 1825 Eastchester Rd
 Bronx, NY 10461
Tel: 718 904-2921 *Fax:* 718 904-2911
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-35-21-061

Brooklyn**New York Methodist Hospital Program**

Sponsor: New York Methodist Hospital
Prgm Director: Hosny Selim, MD
 506 Sixth Street
 Box 159-008
 Brooklyn, NY 11215
Tel: 718 780-3677 *Fax:* 718 780-3637
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 430-35-22-064

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
 Kings County Hospital Center
 Long Island College Hospital
 University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Marvin Z Rotman, MD
 Box 1211
 450 Clarkson Avenue
 Brooklyn, NY 11203
Tel: 718 270-2181 *Fax:* 718 270-1535
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 430-35-21-070

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
 Roswell Park Cancer Institute
Prgm Director: Gary Yang, MD
 Department of Radiation Medicine
 Elm & Carlton Streets
 Buffalo, NY 14263
Tel: 716 845-8210 *Fax:* 716 845-7616
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 430-35-21-122

Flushing**New York Hospital Medical Center of Queens/Cornell University Medical College Program**

Sponsor: New York Hospital Medical Center of Queens
 New York Presbyterian Hospital (Cornell Campus)
Prgm Director: David L Sherr, MD
 Stich Radiation Center
 525 East 68th Street, Box 575
 New York, NY 10021
Tel: 212 746-3614 *Fax:* 212 746-8749
E-mail: dls9003@med.cornell.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-35-22-126

New York**Memorial Sloan-Kettering Cancer Center Program**

Sponsor: Memorial Sloan-Kettering Cancer Center
Prgm Director: Kenneth Rosenzweig, MD
 Box 22
 1275 York Avenue
 New York, NY 10021
Tel: 212 639-5834 *Fax:* 212 717-3104
Length: 4 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 430-35-21-063

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
 Mount Sinai Medical Center
Prgm Director: Richard G Stock, MD
 1184 5th Avenue
 One Gustave L Levy Place
 New York, NY 10029
Tel: 212 241-7502 *Fax:* 212 410-7194
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-35-21-119

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Peter B Schiff, MD, PhD
 Department of Radiation Oncology
 622 West 168th Street
 New York, NY 10032
Tel: 212 305-5042 *Fax:* 212 305-5935
E-mail: jec11@columbia.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-35-11-068

New York University School of Medicine Program

Sponsor: New York University School of Medicine
 Bellevue Hospital Center
Prgm Director: Bernadine Donahue, MD
 566 First Avenue
 New York, NY 10016
Tel: 212 263-5055 *Fax:* 212 263-6274
Length: 4 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 430-35-21-067

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
 Highland Hospital of Rochester
Prgm Director: Ralph A Brasacchio, MD
 601 Elmwood Avenue Box 647
 Rochester, NY 14642
Tel: 585 275-5575 *Fax:* 585 275-1531
E-mail: RadOncResidency@Rochester.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 430-35-11-071

Syracuse**SUNY Upstate Medical University Program**

Sponsor: SUNY Upstate Medical University
Prgm Director: Jeffrey A Bogart, MD
 750 East Adams Street
 Syracuse, NY 13210
Tel: 315 464-5276 *Fax:* 315 464-5943
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-35-11-072

Valhalla

New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College Westchester Medical Center
Prgm Director: Chitti R Moorthy, MD
 Department of Radiation Medicine
 Macy Pavilion, Room 1297
 Valhalla, NY 10595
Tel: 914 493-8561 *Fax:* 914 493-8352
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 430-35-21-117

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Mahesh A Varia, MD
 Department of Radiation Oncology
 101 Manning Drive RM 1053
 Chapel Hill, NC 27514
Tel: 919 966-7700 *Fax:* 919 966-7681
E-mail: syoungl@med.unc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 430-36-11-073

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
 Veterans Affairs Medical Center (Durham)
Prgm Director: Lawrence B Marks, MD
 Department of Radiation Oncology
 Box 3085
 Durham, NC 27710
Tel: 919 668-5640 *Fax:* 919 668-7345
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 430-36-21-074

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: W Robert Lee, MD, MS
 Medical Center Boulevard
 Winston-Salem, NC 27157
Tel: 336 713-6505 *Fax:* 336 713-6565
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-36-11-075

Ohio

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
 Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Kevin P Redmond, MD
 Mail Location 757
 234 Goodman Street
 Cincinnati, OH 45267
Tel: 513 584-9089 *Fax:* 513 584-4007
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-38-21-076

Cleveland

Case Western Reserve University/ University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Timothy J Kinsella, MD*
 Department of Radiation Oncology
 11100 Euclid Avenue, B181
 Cleveland, OH 44106
Tel: 216 844-2536 *Fax:* 216 844-2005
E-mail: timothy.kinsella@uhhs.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 430-38-11-077

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Gregory M Videtic, MD
 Department of Radiation Oncology
 9500 Euclid Avenue, T28
 Cleveland, OH 44195
Tel: 216 444-9797 *Fax:* 216 445-1068
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 430-38-12-078

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Prgm Director: Reinhard A Gahbauer, MD
 A James Cancer Hospital
 300 W 10th Avenue
 Columbus, OH 43210
Tel: 614 293-8415 *Fax:* 614 293-4044
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 430-38-11-079

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Prgm Director: John M Holland, MD
 3181 SW Sam Jackson Park Rd
 L337
 Portland, OR 97239
Tel: 503 494-8756 *Fax:* 503 494-6967
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 430-40-21-081

Pennsylvania

Philadelphia

Drexel University College of Medicine/ Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
 Graduate Hospital (Tenet Health System)
 Hahnemann University Hospital (Tenet Health System)
Prgm Director: Mahroo Haghbin, MD*
 245 N 15th Street, MS 200
 Philadelphia, PA 19102
Tel: 215 762-4984 *Fax:* 215 762-8523
Length: 4 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 430-41-11-084

Fox Chase Cancer Center Program

Sponsor: Fox Chase Cancer Center
Prgm Director: Gary M Freedman, MD
 333 Cottman Avenue
 Philadelphia, PA 19111
Tel: 215 728-3016 *Fax:* 215 214-1629
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-41-21-123

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Maria Werner-Wasik, MD
 Bodine Center for Cancer Treatment
 111 South 11th Street
 Philadelphia, PA 19107
Tel: 215 955-8194 *Fax:* 215 955-0412
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 430-41-11-086

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
 Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Eleanor E Harris, MD
 Department of Radiation Oncology
 34th and Spruce Street - 2 Donner
 Philadelphia, PA 19104
Tel: 215 662-3694 *Fax:* 215 349-5949
Length: 4 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 430-41-21-087

Pittsburgh

Allegheny General Hospital Program

Sponsor: Allegheny General Hospital
Prgm Director: David S Parda, MD
 Department of Radiation Oncology
 320 East North Avenue
 Pittsburgh, PA 15212
Tel: 412 359-3400 *Fax:* 412 359-4557
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 430-41-31-127

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 UPMC Presbyterian/Shadyside
Prgm Director: Steven A Burton, MD
 UPMC Shadyside
 5230 Centre Avenue
 Pittsburgh, PA 15232
Tel: 412 623-6720 *Fax:* 412 683-2409
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 430-41-21-129

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
 MUSC Medical Center
Prgm Director: Joseph M Jenrette, MD
 169 Ashley Avenue
 PO Box 250318
 Charleston, SC 29425
Tel: 843 792-3273 *Fax:* 843 792-5498
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 430-45-21-092

Tennessee

Nashville

Vanderbilt University Medical Center Program

Sponsor: Vanderbilt University Medical Center
Prgm Director: Bapsi Chak, MD
 1301 22nd Avenue, S
 B-902 TVC
 Nashville, TN 37232
Tel: 615 322-2555 *Fax:* 615 343-0161
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-47-12-128

Texas**Galveston****University of Texas Medical Branch Hospitals Program**

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Sandra S Hatch, MD
 301 University Boulevard
 Galveston, TX 77555
Tel: 409 772-6561 *Fax:* 409 772-1856
E-mail: shatch@utmb.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 430-48-11-097

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
 Harris County Hospital District-Ben Taub General Hospital
 Methodist Hospital
 Michael E DeBakey VA Medical Center - Houston
Prgm Director: Arnold C Paulino, MD*
 One Baylor Plaza, 165B
 Texas Medical Center
 Houston, TX 77030
Tel: 713 441-4800 *Fax:* 713 441-4493
E-mail: apaulino@tmh.tmc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-48-21-098

University of Texas M D Anderson Cancer Center Program

Sponsor: University of Texas M D Anderson Cancer Center
Prgm Director: Thomas Buchholz, MD
 Department of Radiation Oncology, Unit 97
 1515 Holcombe Boulevard
 Houston, TX 77030
Tel: 713 792-2534 *Fax:* 713 792-3642
E-mail: tdavenpo@mdanderson.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 430-48-22-099

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
 Cancer Therapy and Research Center
 University Health System
Prgm Director: Tony Eng, MD
 Department of Radiation Oncology, MS Code 7889
 7703 Floyd Curl Drive
 San Antonio, TX 78229
Tel: 210 616-5648 *Fax:* 210 949-5085
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-48-21-100

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
 LDS Hospital
Prgm Director: Ying J Hitchcock, MD*
 Huntsman Cancer Hospital
 1950 Circle of Hope, Rm 1570
 Salt Lake City, UT 84112
Tel: 801 581-8793 *Fax:* 801 585-3502
Length: 4 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 430-49-12-102

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: Bernard F Schneider, MD, PhD*
 Dept of Radiation Oncology
 PO Box 800383
 Charlottesville, VA 22908
Tel: 434 924-5564 *Fax:* 434 243-9789
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 430-51-11-104

Norfolk**Eastern Virginia Medical School Program**

Sponsor: Eastern Virginia Medical School
 Sentara Norfolk General Hospital
 Sentara Virginia Beach General Hospital
Prgm Director: P G Shankar Giri, MD
 600 Gresham Drive
 Norfolk, VA 23507
Tel: 757 668-2075 *Fax:* 757 627-0334
Length: 4 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 430-51-11-105

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
 Hunter Holmes McGuire VA Medical Center (Richmond)
 Medical College of Virginia Hospitals
Prgm Director: Monica M Morris, MD, MS
 401 College Street
 Campus Box 980058
 Richmond, VA 23298
Tel: 804 828-7232 *Fax:* 804 828-6042
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 430-51-11-106

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
 University of Washington Medical Center
Prgm Director: James G Douglas, MD, MS
 1959 NE Pacific Street
 Box 356043
 Seattle, WA 98195
Tel: 206 598-4115 *Fax:* 206 598-3786
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 430-54-21-107

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
Prgm Director: Paul M Harari, MD
 600 Highland Ave, K4/310-3684 CSC
 Madison, WI 53792
Tel: 608 263-5009 *Fax:* 608 262-6256
E-mail: harari@humonc.wisc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 430-56-21-108

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
 Clement J Zablocki Veterans Affairs Medical Center
 Community Memorial Hospital
 Froedtert Memorial Lutheran Hospital
Prgm Director: Colleen A Lawton, MD
 9200 W Wisconsin Ave
 Milwaukee, WI 53226
Tel: 414 805-4472 *Fax:* 414 805-4369
Length: 4 Yrs *ACGME Approved/Offered Positions:* 7
Program ID: 430-56-21-109

Radiology-Diagnostic

Alabama

Birmingham

Baptist Health System Program

Sponsor: Baptist Health System Inc
Baptist Medical Center-Montclair
Baptist Medical Center-Princeton
Prgm Director: Bibb Allen, MD
800 Montclair Road
Department of Radiology
Birmingham, AL 35213
Tel: 205 592-1257 *Fax:* 205 592-5211
E-mail: patricia.logan@bhsala.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 420-01-21-006

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Prgm Director: Cheri L Canon, MD
Department of Radiology
619 South 19th Street
Birmingham, AL 35249
Tel: 205 934-3166 *Fax:* 205 975-4413
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: RNR, VIR
Program ID: 420-01-11-007

Mobile

University of South Alabama Program

Sponsor: University of South Alabama Hospitals
University of South Alabama Medical Center
USA Knollwood Park Hospital
Prgm Director: Jeffrey Campbell Brandon, MD
Department of Radiology
2451 Fillingim Street
Mobile, AL 36617
Tel: 251 471-7879 *Fax:* 251 471-7882
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 420-01-11-008

Arizona

Phoenix

St Joseph's Hospital and Medical Center Program

Sponsor: St Joseph's Hospital and Medical Center
Prgm Director: Sanford M Ornstein, MD
Department of Diagnostic Imaging
350 West Thomas Road
Phoenix, AZ 85013
Tel: 602 406-6994 *Fax:* 602 406-7191
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: RNR
Program ID: 420-03-12-010

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
University Medical Center
Prgm Director: K Rebecca Hunt, MD
PO Box 245067
1501 North Campbell
Tucson, AZ 85724
Tel: 520 626-7368 *Fax:* 520 626-1945
E-mail: varela@radiology.arizona.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: RNR, VIR
Program ID: 420-03-21-011

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Sarah G Klein, MD
Arkansas Children's Hospital
800 Marshall Street
Little Rock, AR 72202
Tel: 501 364-4865 *Fax:* 501 364-4863
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: PDR, RNR, VIR
Program ID: 420-04-21-012

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Jerry L Pettis Memorial Veterans Hospital
Prgm Director: Douglas C Smith, MD
11234 Anderson Street
PO Box 2000
Loma Linda, CA 92354
Tel: 909 558-4370 *Fax:* 909 558-0202
Length: 4 Yrs *ACGME Approved/Offered Positions:* 27
Subspecialties: PDR, RNR, VIR
Program ID: 420-05-21-015

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center
Prgm Director: Marcel Maya, MD
Attn Michael M Catron
S Mark Taper, 8700 Beverly Boulevard, M332A
Los Angeles, CA 90048
Tel: 310 423-3616 *Fax:* 310 423-8335
E-mail: imaging.housestaff@cshs.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: RNR
Program ID: 420-05-21-018

Kaiser Permanente Southern California (Los Angeles) Program

Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Prgm Director: John P Weaver, MD*
Department of Diagnostic Radiology
1505 N Edgemont St, Basement
Los Angeles, CA 90027
Tel: 323 783-8244 *Fax:* 323 783-6908
E-mail: john.p.weaver@kp.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 420-05-12-020

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
Olive View/UCLA Medical Center
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Robert D Suh, MD
Dept of Radiological Sciences
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 825-7532 *Fax:* 310 794-5734
Length: 4 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: PDR, RNR, VIR
Program ID: 420-05-11-023

University of Southern California/ LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC
Medical Center
LAC+USC Medical Center
Prgm Director: Alison G Wilcox, MD
Department of Diagnostic Radiology
1200 North State Street, Room 3550
Los Angeles, CA 90033
Tel: 323 226-7261 *Fax:* 323 226-2280
E-mail: awilcox@usc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 44
Subspecialties: PDR, RNR, VIR
Program ID: 420-05-11-021

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical
Center
Long Beach Memorial Medical Center
VA Long Beach Healthcare System
Prgm Director: Norah Milne, MD
Route 140
101 City Drive South
Orange, CA 92868
Tel: 714 456-6442 *Fax:* 714 456-8908
Length: 4 Yrs *ACGME Approved/Offered Positions:* 22
Subspecialties: VIR
Program ID: 420-05-21-014

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: John P McGahan, MD
Department of Radiology
4860 Y Street, Suite 3100
Sacramento, CA 95817
Tel: 916 734-5195 *Fax:* 916 734-6548
Length: 4 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: RNR, VIR
Program ID: 420-05-11-013

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical
Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Katherine M Richman, MD
200 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-3534 *Fax:* 619 543-3746
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: RNR, VIR
Program ID: 420-05-21-027

US Navy Coordinated-Naval Medical Center (San Diego) Program

Sponsor: Naval Medical Center (San Diego)
Prgm Director: Daniel C Davis, MD
Radiology, Suite 204
34800 Bob Wilson Drive
San Diego, CA 92134
Tel: 619 532-8670 *Fax:* 619 532-8714
E-mail: dcdavis@nmcsc.med.navy.mil
Length: 4 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 420-05-21-914
US Armed Services Program

San Francisco**University of California (San Francisco) Program**

Sponsor: University of California (San Francisco) School of Medicine
 San Francisco General Hospital Medical Center
 University of California (San Francisco) Medical Center
 Veterans Affairs Medical Center (San Francisco)
Prgm Director: Michael B Gotway, MD
 Moffitt Hospital Room M-391
 505 Parnassus Avenue
 San Francisco, CA 94143
Tel: 415 206-6607 *Fax:* 415 206-4004
E-mail: michael.gotway@radiology.ucsf.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: PDR, RNR, VIR
Program ID: 420-05-21-031

San Jose**Santa Clara Valley Medical Center Program**

Sponsor: Santa Clara Valley Medical Center
Prgm Director: Rajul Pandit, MD
 Department of Radiology
 751 South Bascom Avenue
 San Jose, CA 95128
Tel: 408 885-6370 *Fax:* 408 885-6360
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-05-31-032

Santa Barbara**Santa Barbara Cottage Hospital Program**

Sponsor: Santa Barbara Cottage Hospital
Prgm Director: Arthur A Lee, MD
 P O Box 689
 Pueblo at Bath Street
 Santa Barbara, CA 93102
Tel: 805 569-7279 *Fax:* 805 569-8279
E-mail: jhansen@cottagehealthsystem.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 420-05-22-033

Stanford**Stanford University Program**

Sponsor: Stanford University Hospital
 Veterans Affairs Palo Alto Health Care System
Prgm Director: Terry S Desser, MD*
 Department of Diagnostic Radiology
 300 Pasteur Drive, Room S-092
 Stanford, CA 94305
Tel: 650 723-7816 *Fax:* 650 725-7296
E-mail: gellington@stanford.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: PDR, VIR
Program ID: 420-05-21-034

Torrance**Los Angeles County-Harbor-UCLA Medical Center Program**

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Richard Renslo, MD
 Box 27
 1000 W Carson Street
 Torrance, CA 90509
Tel: 310 222-2847 *Fax:* 310 618-9500
E-mail: phamm@labiomed.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 30
Subspecialties: NR, RNR, VIR
Program ID: 420-05-11-035

Travis AFB**David Grant Medical Center Program**

Sponsor: David Grant Medical Center
Prgm Director: Raymond S Dougherty, MD
 Department of Radiology
 101 Bodin Circle
 Travis AFB, CA 94535
Tel: 707 423-7182 *Fax:* 707 423-7207
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-05-21-001
 US Armed Services Program

Colorado**Denver****University of Colorado Program**

Sponsor: University of Colorado School of Medicine
 Denver Health Medical Center
 Veterans Affairs Medical Center (Denver)
Prgm Director: BJ Manaster, MD, PhD*
 Department of Radiology
 4200 East 9th Avenue (C277)
 Denver, CO 80262
Tel: 303 372-6138 *Fax:* 303 372-6626
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: PDR, RNR, VIR
Program ID: 420-07-21-038

Connecticut**Bridgeport****Bridgeport Hospital/Yale University Program**

Sponsor: Bridgeport Hospital
Prgm Director: Donald Butler, MD*
 Department of Radiology
 267 Grant Street
 Bridgeport, CT 06610
Tel: 203 384-3834 *Fax:* 203 384-3834
E-mail: pdbutl@bpthosp.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-08-12-039

St Vincent's Medical Center Program

Sponsor: St Vincent's Medical Center
Prgm Director: Joseph A Gagliardi, MD
 2800 Main Street
 Bridgeport, CT 06606
Tel: 203 576-5533 *Fax:* 203 581-6559
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-08-11-040

Farmington**University of Connecticut Program**

Sponsor: University of Connecticut School of Medicine
 St Francis Hospital and Medical Center
 Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Richard J Cobb, MD
 263 Farmington Avenue
 Farmington, CT 06030
Tel: 860 679-2345 *Fax:* 860 679-1090
E-mail: dickeobb@comcast.net
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 420-08-21-225

Hartford**Hartford Hospital Program**

Sponsor: Hartford Hospital
Prgm Director: Frederick U Conard, MD
 PO Box 5037
 80 Seymour Street
 Hartford, CT 06102
Tel: 860 545-5114 *Fax:* 860 545-4074
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 420-08-22-041

New Haven**Hospital of St Raphael Program**

Sponsor: Hospital of St Raphael
Prgm Director: Jeffrey D Neidlich, MD
 Department of Radiology
 1450 Chapel Street
 New Haven, CT 06511
Tel: 203 789-3124 *Fax:* 203 789-4118
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: VIR
Program ID: 420-08-22-042

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
 Veterans Affairs Medical Center (West Haven)
Prgm Director: Coralie Shaw, MD
 333 Cedar Street
 PO Box 208042
 New Haven, CT 06520
Tel: 203 785-7377 *Fax:* 203 785-5002
E-mail: marturano@diagrad.med.yale.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: NR, RNR, VIR
Program ID: 420-08-21-043

Norwalk**Norwalk Hospital Program**

Sponsor: Norwalk Hospital
Prgm Director: Edward B Strauss, MD
 Department of Radiology
 Maple Street
 Norwalk, CT 06856
Tel: 203 852-2715 *Fax:* 203 855-3967
E-mail: susie.mccusker@norwalkhealth.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 420-08-21-216

Delaware**Wilmington****Christiana Care Health Services Program**

Sponsor: Christiana Care Health Services Inc
Prgm Director: Sharon W Gould, MD
 4755 Ogletown-Stanton Road
 Newark, DE 19718
Tel: 302 733-5582 *Fax:* 302 733-5589
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: VIR
Program ID: 420-09-11-044

District of Columbia

Washington

George Washington University Program

Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Prgm Director: Barry M Potter, MD
 900 23rd Street, NW
 Room G-113
 Washington, DC 20037
Tel: 202 715-5155 *Fax:* 202 715-5161
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: PDR, RNR, VIR
Program ID: 420-10-21-046

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Prgm Director: Edward H Pien, MD
 Department of Radiology
 3800 Reservoir Road, NW
 Washington, DC 20007
Tel: 202 444-3314 *Fax:* 202 444-4899
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: RNR, VIR
Program ID: 420-10-11-045

Howard University Program

Sponsor: Howard University Hospital
Prgm Director: Roma V Gumbs, MD*
 Department of Radiology
 2041 Georgia Avenue, NW
 Washington, DC 20060
Tel: 202 865-1571 *Fax:* 202 865-3285
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-10-11-047

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
 North Florida/South Georgia Veterans Health System
 Shands Hospital at the University of Florida
Prgm Director: Jonathan L Williams, MD, MBA
 Department of Radiology
 PO Box 100374
 Gainesville, FL 32610
Tel: 352 265-0291 *Fax:* 352 265-0279
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: RNR, VIR
Program ID: 420-11-21-048

Jacksonville

Mayo School of Graduate Medical Education (Jacksonville) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Jacksonville)
 St Luke's Hospital
Prgm Director: Thomas H Berquist, MD
 4500 San Pablo Road
 Jacksonville, FL 32224
Tel: 904 953-0480 *Fax:* 904 953-0430
E-mail: JAXDRR@exjax.mayo.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-11-21-250

University of Florida Health Science Center/Jacksonville Program

Sponsor: University of Florida College of Medicine at Jacksonville
 Shands Jacksonville Medical Center
Prgm Director: Harry Griffiths, MD
 655 W 8th Street
 Department of Radiology
 Jacksonville, FL 32209
Tel: 904 244-4081 *Fax:* 904 244-3382
E-mail: radiology.gme@jax.ufl.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: VIR
Program ID: 420-11-21-223

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Evelyn M Sklar, MD
 Department of Radiology (R-130)
 1611 NW 12th Avenue
 Miami, FL 33136
Tel: 305 585-6894 *Fax:* 305 325-8591
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: RNR, VIR
Program ID: 420-11-21-049

Miami Beach

Mount Sinai Medical Center of Florida Program

Sponsor: Mount Sinai Medical Center of Florida Inc
Prgm Director: Manuel Viamonte, MD
 Department of Radiology
 4300 Alton Road
 Miami Beach, FL 33140
Tel: 305 674-2810 *Fax:* 305 674-2694
E-mail: mviamont@msmc.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 420-11-21-050

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
 H Lee Moffitt Cancer Center
 James A Haley Veterans Hospital
 Tampa General Hospital
Prgm Director: Todd R Hazelton, MD
 Box 17
 12901 Bruce B Downs Blvd
 Tampa, FL 33612
Tel: 813 974-6311 *Fax:* 813 974-3482
Length: 4 Yrs *ACGME Approved/Offered Positions:* 26
Subspecialties: VIR
Program ID: 420-11-21-051

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
 Emory University Hospital
 Grady Health System
Prgm Director: Bruce R Baumgartner, MD
 Dept of Radiology
 1364 Clifton Road, NE - Rm D125A
 Atlanta, GA 30322
Tel: 404 712-4686 *Fax:* 404 712-7908
Length: 4 Yrs *ACGME Approved/Offered Positions:* 56
Subspecialties: AR, NR, PDR, RNR, VIR
Program ID: 420-12-21-052

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
 Veterans Affairs Medical Center (Augusta)
Prgm Director: Ramon E Figueroa, MD
 BA-1411
 1120 15th Street
 Augusta, GA 30912
Tel: 706 721-3214 *Fax:* 706 721-5213
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: RNR
Program ID: 420-12-21-053

Savannah

Mercer University School of Medicine (Savannah) Program

Sponsor: Memorial Health-University Medical Center
Prgm Director: John M Considine, MD
 Department of Radiology
 4700 Waters Avenue
 Savannah, GA 31403
Tel: 912 350-7394 *Fax:* 912 350-7363
E-mail: larismil@memorialhealth.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-12-12-054

Hawaii

Honolulu

Tripler Army Medical Center Program

Sponsor: Tripler Army Medical Center
Prgm Director: Gregory W Petermann, MD
 Department of Radiology
 1 Jarrett White Road
 Tripler AMC, HI 96859
Tel: 808 433-6582 *Fax:* 808 433-4688
E-mail: gregp@lava.net
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 420-14-21-933
 US Armed Services Program

Illinois

Chicago

Advocate Illinois Masonic Medical Center Program

Sponsor: Advocate Illinois Masonic Medical Center
Prgm Director: Kevin J Kirshenbaum, MD
 836 West Wellington Avenue
 Chicago, IL 60657
Tel: 773 296-7820 *Fax:* 773 296-7821
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-16-21-217

Cook County Hospital Program

Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Patrick M Dunne, MD
 Department of Radiology
 1901 W Harrison
 Chicago, IL 60612
Tel: 312 864-3863 *Fax:* 312 864-9855
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-16-21-055

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
 Evanston Hospital
 Northwestern Memorial Hospital
Prgm Director: Lori A Goodhart, MD
 676 N St Clair
 Suite 800
 Chicago, IL 60611
Tel: 312 695-4475 *Fax:* 312 695-5645
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: PDR, RNR, VIR
Program ID: 420-16-21-059

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Jerry P Petasnick, MD
 Department of Diagnostic Radiology
 1653 West Congress Parkway
 Chicago, IL 60612
Tel: 312 942-5781 *Fax:* 312 942-8180
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: RNR, VIR
Program ID: 420-16-11-060

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Jordan Rosenblum, MD
 Dept of Radiology, MC 2026
 5841 South Maryland Avenue
 Chicago, IL 60637
Tel: 773 702-3550 *Fax:* 773 702-1161
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: AR, RNR, VIR
Program ID: 420-16-11-061

University of Illinois College of Medicine at Chicago/Mercy Hospital and Medical Center Program

Sponsor: University of Illinois College of Medicine at Chicago
 Mercy Hospital and Medical Center
 University of Illinois Hospital and Clinics
 Veterans Affairs West Side Medical Center
Prgm Director: Andrew C Wilbur, MD
 1740 W Taylor Street, Suite 2483
 Chicago, IL 60612
Tel: 312 996-0234 *Fax:* 312 355-2098
Length: 4 Yrs *ACGME Approved/Offered Positions:* 34
Subspecialties: VIR
Program ID: 420-16-21-062

Evanston

St Francis Hospital of Evanston Program

Sponsor: St Francis Hospital
 Resurrection Medical Center
Prgm Director: Joseph D Calandra, MD
 355 Ridge Avenue
 Evanston, IL 60202
Tel: 847 316-6101 *Fax:* 847 316-2241
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 420-16-12-063

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Prgm Director: Laurie M Lomasney, MD*
 Department of Radiology
 2160 South First Avenue
 Maywood, IL 60153
Tel: 708 216-1084 *Fax:* 708 216-0899
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 420-16-11-064

Peoria

University of Illinois College of Medicine at Peoria Program

Sponsor: University of Illinois College of Medicine at Peoria
 OSF St Francis Medical Center
Prgm Director: Terry M Brady, MD
 530 NE Glen Oak Avenue
 Peoria, IL 61637
Tel: 309 655-7768 *Fax:* 309 655-7365
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: RNR, VIR
Program ID: 420-16-21-243

Springfield

Southern Illinois University Program

Sponsor: Southern Illinois University School of Medicine
 Memorial Medical Center
 St John's Hospital
Prgm Director: Ross Stevens, MD
 PO Box 19663
 Springfield, IL 62794
Tel: 217 757-2387 *Fax:* 217 788-5588
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 420-16-21-065

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
 Clarian Indiana University Hospital
 Clarian Methodist Hospital of Indiana
 Clarian Riley Hospital for Children
 Richard L Roudebush Veterans Affairs Medical Center
 William N Wishard Memorial Hospital
Prgm Director: Robert D Tarver, MD
 Department of Radiology
 1001 West 10th Street Room 1143
 Indianapolis, IN 46202
Tel: 317 630-0627 *Fax:* 317 630-7053
E-mail: lshuman@iupui.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 68
Subspecialties: PDR, RNR, VIR
Program ID: 420-17-21-066

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
 Veterans Affairs Medical Center (Iowa City)
Prgm Director: Joan E Maley, MD
 200 Hawkins Drive
 Department of Radiology
 Iowa City, IA 52242
Tel: 319 356-3452 *Fax:* 319 356-2220
Length: 4 Yrs *ACGME Approved/Offered Positions:* 33
Subspecialties: PDR, RNR, VIR
Program ID: 420-18-21-068

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
 University of Kansas Medical Center
Prgm Director: Philip L Johnson, MD*
 Department of Radiology
 3901 Rainbow Blvd
 Kansas City, KS 66160
Tel: 913 588-6805 *Fax:* 913 588-7899
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: VIR
Program ID: 420-19-11-069

Wichita

University of Kansas (Wichita) Program

Sponsor: University of Kansas School of Medicine (Wichita)
 Wesley Medical Center
Prgm Director: Charles W McGuire, MD
 Department of Radiology
 550 N Hillside
 Wichita, KS 67214
Tel: 316 962-2211 *Fax:* 316 962-7231
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-19-12-070

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine
 University of Kentucky Hospital
Prgm Director: Curtis A Given, MD
 Department of Diagnostic Radiology
 800 Rose Street, Room HX319
 Lexington, KY 40536
Tel: 859 323-2565 *Fax:* 859 323-2510
E-mail: sajone2@uky.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 420-20-21-071

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
 University of Louisville Hospital
 Veterans Affairs Medical Center (Louisville)
Prgm Director: Peter C Hentzen, MD, PhD
 Department of Radiology
 530 S Jackson Street, Suite C07
 Louisville, KY 40202
Tel: 502 852-5875 *Fax:* 502 852-1754
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 420-20-21-230

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
 Medical Center of Louisiana at New Orleans
 Veterans Affairs Medical Center (New Orleans)
Prgm Director: Scott L Beech, MD
 1542 Tulane Avenue
 New Orleans, LA 70112
Tel: 504 568-4968 *Fax:* 504 568-8955
E-mail: sbeech@lsuhsc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: PDR, RNR, VIR
Program ID: 420-21-21-234

Ochsner Clinic Foundation Program

Sponsor: Ochsner Clinic Foundation
Prgm Director: James M Milburn, MD*
 1514 Jefferson Highway
 New Orleans, LA 70121
Tel: 504 842-4796 *Fax:* 504 842-7132
E-mail: yraymond@ochsner.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 420-21-12-074

Tulane University Program

Sponsor: Tulane University School of Medicine
 Tulane University Hospital and Clinics
Prgm Director: Harold R Neitzschman, MD
 1430 Tulane Avenue SL54
 New Orleans, LA 70112
Tel: 504 988-7567 *Fax:* 504 988-7616
E-mail: ewalker1@tulane.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-21-21-235

Shreveport

Louisiana State University (Shreveport) Program

Sponsor: LSU Health Sciences Center-University Hospital
Prgm Director: Mardjohan Hartjasudarma, MD
 PO Box 33932
 1501 Kings Highway
 Shreveport, LA 71130
Tel: 318 675-6232 *Fax:* 318 675-6351
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-21-11-075

Maine

Portland

Maine Medical Center Program

Sponsor: Maine Medical Center
Prgm Director: Barbara P Biber, MD
 Department of Diagnostic Radiology
 22 Bramhall Street
 Portland, ME 04102
Tel: 207 662-2571 *Fax:* 207 662-5255
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-22-11-076

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Hospital
Prgm Director: Stanley S Siegelman, MD
 601 North Caroline Street
 Room 4210
 Baltimore, MD 21287
Tel: 410 955-5525 *Fax:* 410 955-8597
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: ESN, PDR, RNR, VIR
Program ID: 420-23-11-077

University of Maryland Program

Sponsor: University of Maryland Medical System
Prgm Director: Charles S Resnik, MD
 Department of Radiology
 22 South Greene Street
 Baltimore, MD 21201
Tel: 410 328-3477 *Fax:* 410 328-0641
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: NR, RNR, VIR
Program ID: 420-23-11-079

Bethesda

National Capital Consortium Program

Sponsor: National Capital Consortium
 National Naval Medical Center (Bethesda)
 Walter Reed Army Medical Center
Prgm Director: Donald J Flemming, MD
 4301 Jones Bridge Road
 Bethesda, MD 20814
Tel: 301 295-5050 *Fax:* 301 295-5779
E-mail: djflemming@bethesda.med.navy.mil
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 420-10-21-247
 US Armed Services Program

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Hiroto Hatabu, MD*
 330 Brookline Avenue
 E CC-4 Radiology
 Boston, MA 02215
Tel: 617 667-3532 *Fax:* 617 667-3537
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: AR, NR, VIR
Program ID: 420-24-21-080

Boston University Medical Center Program

Sponsor: Boston Medical Center
 Veterans Affairs Medical Center (Boston)
Prgm Director: Elizabeth Oates, MD
 88 East Newton Street
 Boston, MA 02118
Tel: 617 414-5135 *Fax:* 617 414-7924
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: RNR, VIR
Program ID: 420-24-21-081

Brigham and Women's Hospital/Harvard Medical School Program

Sponsor: Brigham and Women's Hospital
Prgm Director: Russell A Blinder, MD
 Department of Radiology
 75 Francis Street
 Boston, MA 02115
Tel: 617 278-0702 *Fax:* 617 264-5250
E-mail: BWBRADRES@partners.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: RNR, VIR
Program ID: 420-24-21-085

Massachusetts General Hospital/Harvard Medical School Program

Sponsor: Massachusetts General Hospital
Prgm Director: Theresa C McLoud, MD
 Dept of Radiology, FND 216
 Boston, MA 02114
Tel: 617 724-4255 *Fax:* 617 726-3077
Length: 4 Yrs *ACGME Approved/Offered Positions:* 38
Subspecialties: PDR, RNR, VIR
Program ID: 420-24-31-083

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: Frederick J Doherty, MD
 Department of Radiology
 750 Washington Street, #299
 Boston, MA 02111
Tel: 617 636-0067 *Fax:* 617 636-0041
Length: 4 Yrs *ACGME Approved/Offered Positions:* 22
Subspecialties: RNR, VIR
Program ID: 420-24-21-086

Burlington

Lahey Clinic Program

Sponsor: Lahey Clinic
Prgm Director: Carl R Larsen, MD
 Department of Diagnostic Radiology
 41 Mall Road
 Burlington, MA 01805
Tel: 781 744-8170 *Fax:* 781 744-5232
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-24-22-082

Cambridge

Mount Auburn Hospital Program

Sponsor: Mount Auburn Hospital
Prgm Director: Pierre Sasson, MD*
 Department of Radiology
 330 Mount Auburn Street
 Cambridge, MA 02138
Tel: 617 441-1610 *Fax:* 617 499-5193
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 420-24-11-087

Springfield

Baystate Medical Center/Tufts University School of Medicine Program

Sponsor: Baystate Medical Center
Prgm Director: J Robert Kirkwood, MD
 Department of Radiology
 759 Chestnut Street
 Springfield, MA 01199
Tel: 413 794-4464 *Fax:* 413 794-4382
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-24-12-088

Worcester

St Vincent Hospital Program

Sponsor: St Vincent Hospital
Prgm Director: David A Bader, MD
 Department of Radiology
 20 Worcester Center Blvd
 Worcester, MA 01608
Tel: 508 363-6060 *Fax:* 508 363-9236
E-mail: david.bader@tenethealth.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 420-24-12-089

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
 UMass Memorial Health Care (University Campus)
Prgm Director: Douglas W Fellows, MD*
 55 Lake Avenue North
 Worcester, MA 01655
Tel: 508 334-3829 *Fax:* 508 856-4669
E-mail: rad.residency@umassmed.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: RNR, VIR
Program ID: 420-24-21-090

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
 Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Janet E Bailey, MD*
 Department of Radiology
 1500 East Medical Center Drive
 Ann Arbor, MI 48109
Tel: 734 936-8869 *Fax:* 734 763-9523
Length: 4 Yrs *ACGME Approved/Offered Positions:* 44
Subspecialties: PDR, RNR, VIR
Program ID: 420-25-21-091

Dearborn**Oakwood Hospital Program**

Sponsor: Oakwood Hospital
Prgm Director: Sharon R Helmer, MD
 18101 Oakwood Boulevard
 Dearborn, MI 48123
Tel: 313 436-2583 *Fax:* 313 436-2809
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 420-25-12-092

Detroit**Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital
Prgm Director: Eric M Spickler, MD
 Department of Radiology
 2799 West Grand Boulevard
 Detroit, MI 48202
Tel: 313 916-1384 *Fax:* 313 916-7925
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: MSR, RNR, VIR
Program ID: 420-25-11-093

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
 Children's Hospital of Michigan
 Harper-Hutzel Hospital
 Sinai-Grace Hospital (Grace Campus)
Prgm Director: Wilbur Smith, MD
 4201 St Antoine, DRH 3L8
 Detroit, MI 48201
Tel: 313 745-3430 *Fax:* 313 577-8600
Length: 4 Yrs *ACGME Approved/Offered Positions:* 37
Subspecialties: RNR, VIR
Program ID: 420-25-21-096

Flint**Michigan State University (Flint) Program**

Sponsor: Michigan State University/Flint Area Medical Education
 Genesys Regional Medical Center-Health Park
 Hurley Medical Center
 McLaren Regional Medical Center
Prgm Director: PC Shetty, MD
 Department of Radiology
 One Hurley Plaza
 Flint, MI 48503
Tel: 810 232-7000 *Fax:* 810 232-7020
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-25-31-100

Grand Rapids**Grand Rapids Medical Education and Research Center/Michigan State University Program**

Sponsor: Grand Rapids Medical Education and Research Center
 Saint Mary's Mercy Medical Center (Grand Rapids)
 Spectrum Health-Blodgett Campus
 Spectrum Health-Butterworth Campus
Prgm Director: Gerald R Aben, MD
 MSU/GRMERC
 1000 Monroe NE
 Grand Rapids, MI 49503
Tel: 517 355-0120 *Fax:* 517 432-2849
E-mail: gerald.aben@radiology.msu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-25-21-099

Pontiac**St Joseph Mercy-Oakland Program**

Sponsor: St Joseph Mercy-Oakland
Prgm Director: Ronald A Sparschu, MD
 Department of Radiology H-56
 44405 Woodward Avenue
 Pontiac, MI 48341
Tel: 248 858-3040 *Fax:* 248 858-3017
E-mail: boonel@trinity-health.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 420-25-32-101

Royal Oak**William Beaumont Hospital Program**

Sponsor: William Beaumont Hospital
Prgm Director: Duane G Mezwa, MD
 Department of Radiology
 3601 West Thirteen Mile Road
 Royal Oak, MI 48073
Tel: 248 551-6051 *Fax:* 248 551-5520
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: RNR, VIR
Program ID: 420-25-12-102

Southfield**Providence Hospital and Medical Centers Program**

Sponsor: Providence Hospital and Medical Centers
Prgm Director: Roger Gonda, MD*
 16001 West Nine Mile Road
 Department of Radiology
 Southfield, MI 48075
Tel: 248 849-2203 *Fax:* 248 849-5395
E-mail: roger.gonda@providence-stjohnhealth.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-25-21-103

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
 Fairview-University Medical Center
 Hennepin County Medical Center
 Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Tim H Emory, MD*
 Department of Radiology, MMC 292
 420 Delaware Street, SE
 Minneapolis, MN 55455
Tel: 612 626-5529 *Fax:* 612 626-5580
E-mail: emory002@umn.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 44
Subspecialties: RNR, VIR
Program ID: 420-26-21-104

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Rochester)
Prgm Director: Thomas E Hartman, MD
 Department of Radiology
 200 First Street, SW
 Rochester, MN 55905
Tel: 507 284-0440 *Fax:* 507 266-4735
E-mail: sorensen.tammy@mayo.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: AR, NR, RNR, VIR
Program ID: 420-26-21-105

Mississippi**Jackson****University of Mississippi Medical Center Program**

Sponsor: University of Mississippi School of Medicine
 University Hospitals and Clinics
Prgm Director: Ramesh B Patel, MD*
 Department of Radiology
 2500 North State Street
 Jackson, MS 39216
Tel: 601 984-2695 *Fax:* 601 984-2683
E-mail: bedmonds@radiology.umsmed.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Subspecialties: RNR, VIR
Program ID: 420-27-11-107

Missouri**Columbia****University of Missouri-Columbia Program**

Sponsor: University of Missouri-Columbia School of Medicine
 Harry S Truman Memorial Veterans Hospital
 University Hospitals and Clinics
Prgm Director: Bennett Greenspan, MD
 Department of Radiology
 One Hospital Drive
 Columbia, MO 65212
Tel: 573 882-1026 *Fax:* 573 884-3052
E-mail: greenspanb@health.missouri.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-28-11-108

Kansas City**University of Missouri at Kansas City Program**

Sponsor: University of Missouri-Kansas City School of Medicine
 St Luke's Hospital
 Truman Medical Center
Prgm Director: Pablo N Delgado, MD
 4401 Wornall Road
 Kansas City, MO 64111
Tel: 816 932-2550 *Fax:* 816 932-5179
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 420-28-21-231

St Louis**St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine
 Cardinal Glennon Children's Hospital
 St Louis University Hospital
 Veterans Affairs Medical Center (St Louis)
Prgm Director: Michael K Wolverson, MD*
 3635 Vista Avenue at Grand Blvd
 PO Box 15250
 St Louis, MO 63110
Tel: 314 268-5781 *Fax:* 314 268-5116
E-mail: wolvermk@slu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: RNR, VIR
Program ID: 420-28-21-110

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
Prgm Director: Dennis M Balfe, MD
 510 S Kingshighway Blvd
 St Louis, MO 63110
Tel: 314 362-2928 *Fax:* 314 362-2976
Length: 4 Yrs *ACGME Approved/Offered Positions:* 72
Subspecialties: ESN, NR, PDR, RNR, VIR
Program ID: 420-28-11-111

Nebraska

Omaha

Creighton University Program

Sponsor: Creighton University School of Medicine
Creighton University Medical Center (Tenet - SJH)
Prgm Director: James J Phalen, MD
Department of Radiology
601 North 30th Street
Omaha, NE 68131
Tel: 402 449-4753 *Fax:* 402 449-4271
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-30-21-220

University of Nebraska Medical Center College of Medicine Program

Sponsor: University of Nebraska Medical Center College of Medicine
Veterans Affairs Medical Center (Omaha)
Prgm Director: Jonathan A Jaksha, MD
981045 Nebraska Medical Center
Department of Radiology
Omaha, NE 68198
Tel: 402 559-1018 *Fax:* 402 559-1011
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: PDR, VIR
Program ID: 420-30-21-112

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: Jocelyn D Chertoff, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-7480 *Fax:* 603 650-5455
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: RNR, VIR
Program ID: 420-32-11-113

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program

Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Joshua D Brody, DO*
One Cooper Plaza
Camden, NJ 08103
Tel: 856 342-2383 *Fax:* 856 365-0472
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-33-21-244

Hackensack

Hackensack Medical Center Program

Sponsor: Hackensack University Medical Center
Prgm Director: Patrick J Toth, MD
30 Prospect Avenue
Hackensack, NJ 07601
Tel: 201 996-2171 *Fax:* 201 996-3977
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 420-33-12-114

Livingston

St Barnabas Medical Center Program

Sponsor: St Barnabas Medical Center
Prgm Director: Joseph T Viggiano, MD
Old Short Hills Road
Livingston, NJ 07039
Tel: 973 322-5960 *Fax:* 973 322-2851
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-33-21-215

Long Branch

Monmouth Medical Center Program

Sponsor: Monmouth Medical Center
Prgm Director: Richard B Ruchman, MD
Department of Radiology
300 Second Avenue
Long Branch, NJ 07740
Tel: 732 923-6806 *Fax:* 732 923-6216
E-mail: RRuchman@sbhcs.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 420-33-31-115

Morristown

Atlantic Health System (Morristown) Program

Sponsor: Atlantic Health System
Morristown Memorial Hospital
Overlook Hospital
Prgm Director: Jeanne R Schwartz, MD
100 Madison Avenue
PO Box 1956
Morristown, NJ 07962
Tel: 973 971-5372 *Fax:* 973 290-7294
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 420-33-11-116

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
St Peter's University Hospital
Prgm Director: Judith K Amorosa, MD
Department of Radiology
One Robert Wood Johnson Place
New Brunswick, NJ 08903
Tel: 732 235-7721 *Fax:* 732 235-6889
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: VIR
Program ID: 420-33-21-228

Newark

Newark Beth Israel Medical Center Program

Sponsor: Newark Beth Israel Medical Center
Prgm Director: Mark Rosovsky, MD
201 Lyons Avenue at Osborne Terrace
Newark, NJ 07112
Tel: 973 926-7960 *Fax:* 973 926-7688
E-mail: kdargon@sbhcs.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 420-33-31-118

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Stephen R Baker, MD
Department of Radiology, Room C-320
150 Bergen Street
Newark, NJ 07103
Tel: 973 972-5188 *Fax:* 973 972-7429
Length: 4 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 420-33-21-226

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Philip W Wiest, MD
Department of Radiology
MSC10 5530, 1 University of New Mexico
Albuquerque, NM 87131
Tel: 505 272-0932 *Fax:* 505 272-5821
E-mail: raderas@salud.unm.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Subspecialties: RNR, VIR
Program ID: 420-34-21-120

New York

Albany

Albany Medical Center Program

Sponsor: Albany Medical Center
Veterans Affairs Medical Center (Albany)
Prgm Director: Paul R Silk, MD
Department of Radiology MC113
43 New Scotland Avenue
Albany, NY 12208
Tel: 518 262-3371 *Fax:* 518 262-8203
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: VIR
Program ID: 420-35-11-121

Bronx

Albert Einstein College of Medicine (Jacobi) Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Prgm Director: Melvin Zelefsky, MD
1300 Morris Park Avenue
Bronx, NY 10461
Tel: 718 918-4595 *Fax:* 718 918-7950
E-mail: angela.trotta@nbhn.net
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-35-21-251

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: Mordecai Koenigsberg, MD
Dept of Radiology
111 East 210th Street
Bronx, NY 10467
Tel: 718 920-5506
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: AR, MSR, RNR, VIR
Program ID: 420-35-21-126

Bronx-Lebanon Hospital Center Program

Sponsor: Bronx-Lebanon Hospital Center
Prgm Director: Helen T Morehouse, MD
1650 Grand Concourse
Bronx, NY 10457
Tel: 718 518-5031 *Fax:* 718 518-5224
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-35-12-128

Brooklyn**Long Island College Hospital Program**

Sponsor: Long Island College Hospital
Prgm Director: Deborah L Reede, MD
 339 Hicks Street
 Brooklyn, NY 11201
Tel: 718 780-1793 *Fax:* 718 780-1611
Length: 4 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 420-35-11-131

Maimonides Medical Center Program

Sponsor: Maimonides Medical Center
Prgm Director: Steven Shankman, MD
 4802 Tenth Avenue
 Brooklyn, NY 11219
Tel: 718 283-7117 *Fax:* 718 283-8874
E-mail: dcollins@maimonidesmed.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-35-21-221

New York Methodist Hospital Program

Sponsor: New York Methodist Hospital
Prgm Director: Alan B Bergman, MD*
 Box 159008
 506 - 6th Street
 Brooklyn, NY 11215
Tel: 718 780-5870 *Fax:* 718 780-3431
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-35-12-133

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
 Kings County Hospital Center
 University Hospital-SUNY Health Science Center at
 Brooklyn
Prgm Director: Arnold M Strashun, MD
 Box 1198
 450 Clarkson Avenue
 Brooklyn, NY 11203
Tel: 718 270-2909 *Fax:* 718 270-2667
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: RNR
Program ID: 420-35-21-143

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
 Kaleida Health System (Buffalo General Hospital)
 Kaleida Health System (Women and Children's Hosp of
 Buffalo)
Prgm Director: Gregory Milton, MD
 117 Cary Hall
 3435 Main Street
 Buffalo, NY 14214
Tel: 716 878-7502 *Fax:* 716 878-7001
Length: 4 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: PDR
Program ID: 420-35-21-122

East Meadow**Nassau University Medical Center Program**

Sponsor: Nassau University Medical Center
Prgm Director: Paul Moh, MD*
 Department of Radiology
 2201 Hempstead Turnpike
 East Meadow, NY 11554
Tel: 516 572-6633 *Fax:* 516 572-6787
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-35-11-123

Manhasset**North Shore University Hospital/NYU School of Medicine Program**

Sponsor: North Shore University Hospital
Prgm Director: James B Naidich, MD
 Department of Radiology
 300 Community Drive
 Manhasset, NY 11030
Tel: 516 562-4797 *Fax:* 516 562-4794
Length: 4 Yrs *ACGME Approved/Offered Positions:* 21
Subspecialties: RNR
Program ID: 420-35-31-124

Mineola**Winthrop-University Hospital Program**

Sponsor: Winthrop-University Hospital
Prgm Director: Arthur Fruauff, MD
 259 First Street
 Mineola, NY 11501
Tel: 516 663-3800 *Fax:* 516 663-8172
E-mail: afruauff@winthrop.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-35-21-240

New Hyde Park**Albert Einstein College of Medicine at Long Island Jewish Medical Center Program**

Sponsor: Long Island Jewish Medical Center
Prgm Director: Lawrence P Davis, MD
 270-05 76th Avenue
 New Hyde Park, NY 11040
Tel: 718 470-7235 *Fax:* 718 343-3893
E-mail: eacobacc@lij.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 18
Subspecialties: PDR, RNR, VIR
Program ID: 420-35-21-132

New York**Albert Einstein College of Medicine at Beth Israel Medical Center Program**

Sponsor: Beth Israel Medical Center
Prgm Director: Marlene Rackson, MD
 First Avenue at 16th street
 New York, NY 10003
Tel: 212 420-4654 *Fax:* 212 420-2510
E-mail: mrackson@bethisraelny.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: AR, RNR, VIR
Program ID: 420-35-21-127

Harlem Hospital Center Program

Sponsor: Harlem Hospital Center
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Roberta C Locko, MD
 506 Lenox Avenue
 New York, NY 10037
Tel: 212 939-4901 *Fax:* 212 939-4836
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-35-21-214

Lenox Hill Hospital Program

Sponsor: Lenox Hill Hospital
Prgm Director: Neal F Epstein, MD*
 Department of Radiology
 100 East 77th Street
 New York, NY 10021
Tel: 212 434-2030 *Fax:* 212 434-2945
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-35-21-218

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
 Mount Sinai Medical Center
Prgm Director: Kathleen P Halton, MD
 Department of Radiology Box 1234
 One Gustave Levy Place
 New York, NY 10029
Tel: 212 241-4013 *Fax:* 212 241-4234
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: RNR, VIR
Program ID: 420-35-21-135

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
 St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: Robert W Perone, MD
 170 West 12th Street
 New York, NY 10011
Tel: 212 604-2416 *Fax:* 212 604-2929
Length: 4 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 420-35-12-141

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Carrie R Shapiro, MD
 HP-3-320
 180 Fort Washington Avenue
 New York, NY 10032
Tel: 212 305-4928 *Fax:* 212 305-5777
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: PDR, RNR, VIR
Program ID: 420-35-11-138

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
 Memorial Sloan-Kettering Cancer Center
 New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Robert Troiano, MD*
 525 East 68th Street
 New York, NY 10021
Tel: 212 746-2527 *Fax:* 212 746-8596
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: RNR, VIR
Program ID: 420-35-21-129

New York University School of Medicine Program

Sponsor: New York University School of Medicine
 Bellevue Hospital Center
 Manhattan VA Harbor Health Care System
Prgm Director: Michael M Ambrosino, MD
 Department of Radiology
 462 First Avenue
 New York, NY 10016
Tel: 212 263-5362 *Fax:* 212 263-7666
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: MSR, NR, PDR, RNR, VIR
Program ID: 420-35-21-137

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
 St Luke's-Roosevelt Hospital Center-Roosevelt Division
 St Luke's-Roosevelt Hospital Center-St Luke's Division
Prgm Director: Nolan J Kagetsu, MD
 1000 Tenth Avenue, 4th Floor, Rm 4C-12
 New York, NY 10019
Tel: 212 523-7048 *Fax:* 212 523-6019
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: VIR
Program ID: 420-35-21-224

Rochester

Rochester General Hospital Program

Sponsor: Rochester General Hospital
Prgm Director: Daniel R Jacobson, MD, MS
 Department of Radiology
 1425 Portland Avenue
 Rochester, NY 14621
Tel: 585 922-3220 *Fax:* 585 336-9404
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-35-12-145

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Jeanne A Cullinan, MD*
 601 Elmwood Avenue
 PO Box 648
 Rochester, NY 14642
Tel: 585 275-1128 *Fax:* 585 273-3549
E-mail: jeanne_cullinan@urmc.rochester.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Subspecialties: MSR, PDR, RNR, VIR
Program ID: 420-35-11-146

Staten Island

New York Medical College (Richmond) Program

Sponsor: New York Medical College
 St Vincent Catholic Medical Centers (Staten Island)
Prgm Director: Suresh T Maximin, MD
 Department of Radiology
 355 Bard Avenue
 Staten Island, NY 10310
Tel: 718 818-3153 *Fax:* 718 818-1869
E-mail: mmcgill@svcmcnyc.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 420-35-21-229

Staten Island University Hospital Program

Sponsor: Staten Island University Hospital
Prgm Director: Shalom Buchbinder, MD
 475 Seaview Avenue
 Staten Island, NY 10305
Tel: 718 226-9175 *Fax:* 718 226-8198
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-35-12-254

Stony Brook

SUNY at Stony Brook Program

Sponsor: SUNY Hospital-SUNY at Stony Brook
 Veterans Affairs Medical Center (Northport)
Prgm Director: Steven Perlmutter, MD
 Dept of Radiology
 School of Medicine - Stony Brook University
 Stony Brook, NY 11794
Tel: 631 444-2484 *Fax:* 631 444-7538
E-mail: SBUH_RADIOLOG@notes.cc.sunysb.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: RNR, VIR
Program ID: 420-35-21-222

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Prgm Director: Kimball G Clark, MD
 750 East Adams Street
 Syracuse, NY 13210
Tel: 315 464-7434 *Fax:* 315 464-2570
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: NR, RNR, VIR
Program ID: 420-35-21-147

Valhalla

New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College
 Westchester Medical Center
Prgm Director: Susan Rachlin, MD
 Macy Pavilion, Room 1319
 Department of Radiology
 Valhalla, NY 10595
Tel: 914 493-8550 *Fax:* 914 493-7407
E-mail: linkowskir@wcmc.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-35-21-136

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Paul L Molina, MD
 520 Old Infirmary/CB#7510
 Chapel Hill, NC 27599
Tel: 919 966-6952 *Fax:* 919 966-0817
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: RNR, VIR
Program ID: 420-36-11-148

Durham

Duke University-Hospital Program

Sponsor: Duke University Hospital
 Veterans Affairs Medical Center (Durham)
Prgm Director: Linda Gray, MD
 Department of Radiology, Box 3808
 Erwin Road DUMC
 Durham, NC 27710
Tel: 919 684-7456 *Fax:* 919 684-7157
Length: 4 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: NR, PDR, RNR, VIR
Program ID: 420-36-31-149

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Rita I Freimanis, MD
 Department of Radiology
 Medical Center Blvd
 Winston-Salem, NC 27157
Tel: 336 716-4316 *Fax:* 336 716-1278
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: AR, MSR, NR, RNR, VIR
Program ID: 420-36-11-150

Ohio

Canton

Aultman Hospital/NEOUCOM Program

Sponsor: Aultman Hospital
 Mercy Medical Center (Canton)
Prgm Director: Benedict Y Kim, DO*
 Department of Radiology
 2600 Sixth Street, SW
 Canton, OH 44710
Tel: 330 363-6267 *Fax:* 330 588-2601
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-38-21-232

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
 Cincinnati Children's Hospital Medical Center
 Veterans Affairs Medical Center (Cincinnati)
Prgm Director: James L Leach, MD
 234 Goodman Street
 Mail Location 761
 Cincinnati, OH 45267
Tel: 513 584-6016 *Fax:* 513 584-0431
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: NR, PDR, RNR
Program ID: 420-38-21-152

Cleveland

Case Western Reserve University (MetroHealth) Program

Sponsor: MetroHealth Medical Center
Prgm Director: Rajiv Shah, MD*
 2500 MetroHealth Dr
 Cleveland, OH 44109
Tel: 216 778-4016 *Fax:* 216 778-4072
E-mail: rshah@metrohealth.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: VIR
Program ID: 420-38-21-242

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Vikram S Dogra, MD*
 11100 Euclid Avenue
 Cleveland, OH 44106
Tel: 216 844-3113 *Fax:* 216 844-5922
E-mail: dogra@uhrad.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: PDR, RNR, VIR
Program ID: 420-38-21-153

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: David M Einstein, MD
 9500 Euclid Avenue
 Desk Hb6
 Cleveland, OH 44195
Tel: 216 444-4622 *Fax:* 216 445-4432
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: ESN, MSR, NR, PDR, RNR, VIR
Program ID: 420-38-12-154

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Prgm Director: Joseph Yu, MD
 Department of Radiology
 450 West 10th Avenue
 Columbus, OH 43210
Tel: 614 293-8369 *Fax:* 614 293-8322
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: RNR, VIR
Program ID: 420-38-21-156

Toledo

Medical College of Ohio Program

Sponsor: Medical College of Ohio
 Medical College of Ohio Hospital
 St Vincent Mercy Medical Center
Prgm Director: Lee S Woldenberg, MD
 Department of Radiology
 Rm 1217 Hosp Bldg, 3000 Arlington Avenue
 Toledo, OH 43614
Tel: 419 383-3428 *Fax:* 419 383-6422
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-38-21-157

Oklahoma

Oklahoma City

Integris Baptist Medical Center Program

Sponsor: Integris Baptist Medical Center
Prgm Director: Walter J Milton, MD
 Graduate Medical Education
 3300 Northwest Expressway, Room 100-4394
 Oklahoma City, OK 73112
Tel: 405 552-0926 *Fax:* 405 552-5102
E-mail: annette.kezbers@integris-health.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 17
Program ID: 420-39-12-158

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
 OU Medical Center-Children's Hospital
 OU Medical Center-Everett Tower
 OU Medical Center-Presbyterian Tower
 Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Susan M Edwards, MD
 Dept of Radiological Sciences
 PO Box 26901
 Oklahoma City, OK 73190
Tel: 405 271-5132 *Fax:* 405 271-3375
E-mail: gina-laws@ouhsc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: VIR
Program ID: 420-39-21-159

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
 Veterans Affairs Medical Center (Portland)
Prgm Director: Paul C Lakin, MD
 Diagnostic Radiology, L340
 3181 SW Sam Jackson Park Rd
 Portland, OR 97239
Tel: 503 494-5266 *Fax:* 503 494-4982
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: RNR, VIR
Program ID: 420-40-31-160

Pennsylvania

Bryn Mawr

Bryn Mawr Hospital Program

Sponsor: Bryn Mawr Hospital
 Lankenau Hospital
Prgm Director: Vikram S Dravid, MD
 130 S Bryn Mawr Avenue
 Department of Radiology
 Bryn Mawr, PA 19010
Tel: 610 526-3436 *Fax:* 610 526-4590
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-41-21-162

Danville

Geisinger Health System Program

Sponsor: Geisinger Health System
 Geisinger Medical Center
Prgm Director: Anne P Dunne, MD
 Department of Radiology
 100 North Academy Avenue
 Danville, PA 17822
Tel: 570 271-6203 *Fax:* 570 271-5976
E-mail: jwhemma@geisinger.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-41-21-163

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
Prgm Director: Rickhevar P Mahraj, MD
 500 University Drive, H066
 PO Box 850
 Hershey, PA 17033
Tel: 717 531-7588 *Fax:* 717 531-0922
Length: 4 Yrs *ACGME Approved/Offered Positions:* 26
Subspecialties: RNR, VIR
Program ID: 420-41-21-164

Philadelphia

Albert Einstein Healthcare Network Program

Sponsor: Albert Einstein Medical Center
Prgm Director: William Herring, MD
 5501 Old York Road
 Philadelphia, PA 19141
Tel: 215 456-6226 *Fax:* 215 456-1749
E-mail: radiology@einstein.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 420-41-21-165

Drexel University College of Medicine/Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
 Hahnemann University Hospital (Tenet Health System)
Prgm Director: Robert Koenigsberg, DO
 3rd Floor, North Tower
 230 N Broad Street
 Philadelphia, PA 19102
Tel: 215 762-8804 *Fax:* 215 762-4092
E-mail: Koenigsberg@drexel.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: RNR
Program ID: 420-41-21-169

Mercy Catholic Medical Center Program

Sponsor: Mercy Catholic Medical Center Inc
 Mercy Hospital of Philadelphia
 Mercy Fitzgerald Hospital
Prgm Director: Betsy A Izes, MD*
 1500 Lansdowne Avenue
 Darby, PA 19023
Tel: 610 237-4355 *Fax:* 610 237-2599
Length: 4 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 420-41-21-170

Pennsylvania Hospital of the University of Pennsylvania Health System Program

Sponsor: Pennsylvania Hospital (UPHS)
Prgm Director: Michael B Love, MD
 Department of Radiology
 800 Spruce Street
 Philadelphia, PA 19107
Tel: 215 829-5699 *Fax:* 215 829-7482
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-41-31-171

Temple University Hospital Program

Sponsor: Temple University Hospital
Prgm Director: Beverly L Hershey, MD*
 3401 North Broad Street
 Philadelphia, PA 19140
Tel: 215 707-2640 *Fax:* 215 707-5851
E-mail: petersl@tuhs.temple.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: MSR, RNR, VIR
Program ID: 420-41-11-173

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Lisa M Tartaglino, MD
 132 S 10th Street
 Suite 1072 Main Bldg
 Philadelphia, PA 19107
Tel: 215 955-5451 *Fax:* 215 955-5329
E-mail: lisa.tartaglino@jefferson.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: RNR, VIR
Program ID: 420-41-11-174

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: E Scott Pretorius, MD
 3400 Spruce Street
 Philadelphia, PA 19104
Tel: 215 662-3018 *Fax:* 215 349-5925
Length: 4 Yrs *ACGME Approved/Offered Positions:* 44
Subspecialties: NR, PDR, RNR, VIR
Program ID: 420-41-21-175

Pittsburgh

Allegheny General Hospital Program

Sponsor: Allegheny General Hospital
Prgm Director: Melanie B Fukui, MD
 Department of Diagnostic Radiology
 320 East North Avenue
 Pittsburgh, PA 15212
Tel: 412 359-8674 *Fax:* 412 359-6912
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: RNR
Program ID: 420-41-21-176

Mercy Hospital of Pittsburgh Program

Sponsor: Mercy Hospital of Pittsburgh
Prgm Director: Beatrice A Carlin, MD
 1400 Locust Street
 Pittsburgh, PA 15219
Tel: 412 232-7909 *Fax:* 412 232-7914
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-41-11-178

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 UPMC Presbyterian/Shadyside
Prgm Director: Philip D Orons, DO
 Medical Arts Building, Suite 503
 3708 Fifth Avenue
 Pittsburgh, PA 15213
Tel: 412 647-7338 *Fax:* 412 647-1137
E-mail: oronspd@upmc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: PDR, RNR, VIR
Program ID: 420-41-21-177

Western Pennsylvania Hospital/Temple University Program

Sponsor: The Western Pennsylvania Hospital
Prgm Director: David M Epstein, MD*
 4800 Friendship Avenue
 Pittsburgh, PA 15224
Tel: 412 578-4810 *Fax:* 412 688-7751
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: VIR
Program ID: 420-41-21-241

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
University Hospital
Veterans Affairs Medical Center (San Juan)
Prgm Director: Edgar Colon Negron, MD
PO Box 365067
Medical Sciences Campus
San Juan, PR 00936
Tel: 787 777-3535 *Fax:* 787 777-3855
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-42-21-182

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: Martha B Mainiero, MD
Department of Radiology
593 Eddy Street
Providence, RI 02903
Tel: 401 444-5184 *Fax:* 401 444-5017
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: VIR
Program ID: 420-43-21-183

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
Charleston Memorial Hospital
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Leonie Gordon, MD*
Department of Radiology
169 Ashley Avenue, PO Box 250322
Charleston, SC 29425
Tel: 843 792-7179 *Fax:* 843 792-9319
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: VIR
Program ID: 420-45-21-184

Tennessee

Knoxville

University of Tennessee Medical Center at Knoxville Program

Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee Memorial Hospital
Prgm Director: Kathleen Hudson, MD, MEd
1924 Alcoa Highway
Knoxville, TN 37920
Tel: 865 544-9062
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 420-47-21-236

Memphis

Baptist Memorial Hospital Program

Sponsor: Baptist Memorial Hospital
Prgm Director: David H Kim, MD*
Department of Radiology, Attn: Regina Rogers
6019 Walnut Grove Road
Memphis, TN 38120
Tel: 901 226-1350 *Fax:* 901 226-1351
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: VIR
Program ID: 420-47-12-186

University of Tennessee/Methodist Healthcare Program

Sponsor: University of Tennessee College of Medicine
Methodist Healthcare-Memphis Hospitals
Veterans Affairs Medical Center (Memphis)
Prgm Director: Robert E Laster, MD
Department of Radiology
1265 Union Avenue
Memphis, TN 38104
Tel: 901 726-7254 *Fax:* 901 726-7490
Length: 4 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 420-47-21-187

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Prgm Director: Thomas S Dina, MD
R1318 MCN 21st Ave S & Garland
Medical Center North
Nashville, TN 37232
Tel: 615 322-3780 *Fax:* 615 322-3764
Length: 4 Yrs *ACGME Approved/Offered Positions:* 29
Subspecialties: PDR, RNR, VIR
Program ID: 420-47-21-189

Texas

Dallas

Baylor University Medical Center Program

Sponsor: Baylor University Medical Center
Baylor Institute for Rehabilitation
Prgm Director: Kenneth L Ford, III, MD
Department of Radiology
3500 Gaston Avenue
Dallas, TX 75246
Tel: 214 820-3792 *Fax:* 214 820-7577
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: VIR
Program ID: 420-48-22-190

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Director: George C Curry, MD
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-8020 *Fax:* 214 648-2678
E-mail: George.Curry@UTSouthwestern.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 52
Subspecialties: NR, PDR, RNR, VIR
Program ID: 420-48-21-192

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Randy Ernst, MD
Department of Radiology
Rte G-09
Galveston, TX 77555
Tel: 409 747-2849 *Fax:* 409 772-7120
Length: 4 Yrs *ACGME Approved/Offered Positions:* 23
Subspecialties: PDR, RNR, VIR
Program ID: 420-48-11-194

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Prgm Director: Pedro J Diaz-Marchan, MD
Department of Radiology
One Baylor Plaza
Houston, TX 77030
Tel: 713 798-6362 *Fax:* 713 798-8359
E-mail: lburlin@bcm.tmc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: NR, PDR, RNR, VIR
Program ID: 420-48-21-195

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Christus St Joseph Hospital
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
University of Texas M D Anderson Cancer Center
Prgm Director: Sandra A Oldham, MD
Department of Radiology
6431 Fannin Street, Suite 2.026
Houston, TX 77030
Tel: 713 500-7640 *Fax:* 713 500-7647
Length: 4 Yrs *ACGME Approved/Offered Positions:* 48
Subspecialties: RNR, VIR
Program ID: 420-48-21-196

Lackland AFB

San Antonio Uniformed Services Health Education Consortium Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Wilford Hall Medical Center (AETC)
Prgm Director: Col Thomas M Dykes, MD
759 MDTS/MTRD
2200 Bergquist Drive, Suite 1
Lackland AFB, TX 78236
Tel: 210 292-7705 *Fax:* 210 292-3946
E-mail: tmdykes@satx.rr.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 40
Subspecialties: VIR
Program ID: 420-48-21-248
US Armed Services Program

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Prgm Director: Ewell A Clarke, MD
Department of Radiology
7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-6488 *Fax:* 210 567-6418
Length: 4 Yrs *ACGME Approved/Offered Positions:* 32
Subspecialties: RNR, VIR
Program ID: 420-48-21-197

Temple**Texas A&M College of Medicine-Scott and White Program**

Sponsor: Scott and White Memorial Hospital
Prgm Director: James B Schnitker, MD
 2401 South 31st Street
 Temple, TX 76508
Tel: 254 724-4507 *Fax:* 254 724-5385
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 420-48-11-198

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
 Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: H Christian Davidson, MD*
 Department of Radiology
 50 North Medical Drive #1A71
 Salt Lake City, UT 84132
Tel: 801 581-2531 *Fax:* 801 581-2414
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: RNR, VIR
Program ID: 420-49-21-199

Vermont**Burlington****University of Vermont Program**

Sponsor: Fletcher Allen Health Care
Prgm Director: Kristen DeStigter, MD
 Patrick 113, FAHC, MCHV Campus
 111 Colchester Avenue
 Burlington, VT 05401
Tel: 802 847-0794 *Fax:* 802 847-4822
E-mail: Kristen.Destigter@vtmednet.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Subspecialties: RNR, VIR
Program ID: 420-50-31-200

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: Spencer B Gay, MD
 PO Box 800170
 Lee Street
 Charlottesville, VA 22908
Tel: 434 924-9372 *Fax:* 434 982-1618
E-mail: trp5h@virginia.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 37
Subspecialties: NR, RNR, VIR
Program ID: 420-51-11-201

Norfolk**Eastern Virginia Medical School Program**

Sponsor: Eastern Virginia Medical School
 DePaul Medical Center
 Sentara Norfolk General Hospital
Prgm Director: Sarah C Shaves, MD
 Hofheimer Hall Suite 541
 825 Fairfax Avenue
 Norfolk, VA 23507
Tel: 757 446-8990 *Fax:* 757 446-8441
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-51-21-202

Portsmouth**Naval Medical Center (Portsmouth) Program**

Sponsor: Naval Medical Center (Portsmouth)
 National Naval Medical Center (Bethesda)
Prgm Director: Stephanie A Bernard, MD*
 620 John Paul Jones Circle
 Portsmouth, VA 23708
Tel: 757 953-1198 *Fax:* 757 953-0805
E-mail: sabernard@mar.med.navy.mil
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 420-51-13-252
 US Armed Services Program

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
 Hunter Holmes McGuire VA Medical Center (Richmond)
 Medical College of Virginia Hospitals
Prgm Director: Lakshmana D Narla, MD
 PO Box 980615
 1250 E Marshall Street, Rm 3-406
 Richmond, VA 23298
Tel: 804 828-3525 *Fax:* 804 628-2015
E-mail: klrobb@vcu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 34
Subspecialties: RNR
Program ID: 420-51-21-203

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
 Children's Hospital and Regional Medical Center
 University of Washington Medical Center
 VA Puget Sound Health Care System
Prgm Director: Scott J Schulte, MD
 1959 NE Pacific Street
 Box 357115
 Seattle, WA 98195
Tel: 206 543-3320 *Fax:* 206 543-6317
Length: 4 Yrs *ACGME Approved/Offered Positions:* 43
Subspecialties: PDR, RNR, VIR
Program ID: 420-54-21-205

Virginia Mason Medical Center Program

Sponsor: Virginia Mason Medical Center
 University of Washington/Harborview Medical Centers
Prgm Director: Felicia P Cummings, MD
 Graduate Medical Education
 HS-GME
 Seattle, WA 98111
Tel: 206 583-6079 *Fax:* 206 583-2307
E-mail: reshms@vmmc.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-54-12-206

Spokane**Spokane Medical Centers Program**

Sponsor: Inland Empire Hospital Services Association
 Sacred Heart Medical Center
Prgm Director: Daniel J Murray, MD
 101 West 8th Avenue
 PO Box 2555
 Spokane, WA 99220
Tel: 509 474-3021 *Fax:* 509 474-5316
E-mail: buchols@shmc.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 420-54-21-207

Tacoma**Madigan Army Medical Center Program**

Sponsor: Madigan Army Medical Center
Prgm Director: Stephen M Yoest, MD
 MCHJ-R
 Bldg 1040A Reid Street
 Tacoma, WA 98431
Tel: 253 968-2130 *Fax:* 253 968-3140
E-mail: stephen.yoest@nw.amedd.army.mil
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 420-54-21-239
 US Armed Services Program

West Virginia**Morgantown****West Virginia University Program**

Sponsor: West Virginia University School of Medicine
 West Virginia University Hospitals
Prgm Director: Judith S Schreiman, MD
 Robert C Byrd Health Science Ctr
 PO Box 9235
 Morgantown, WV 26506
Tel: 304 293-3092 *Fax:* 304 293-3899
Length: 4 Yrs *ACGME Approved/Offered Positions:* 14
Subspecialties: NR, RNR
Program ID: 420-55-21-208

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
 William S Middleton Veterans Hospital
Prgm Director: Andrew J Taylor, MD
 E3/311 Clinical Sciences Center
 600 Highland Avenue
 Madison, WI 53792
Tel: 608 263-8310 *Fax:* 608 262-2607
E-mail: akrichtge@mail.radiology.wisc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 28
Subspecialties: RNR, VIR
Program ID: 420-56-21-210

Milwaukee**Aurora Health Care Program**

Sponsor: Aurora Health Care
 St Luke's Medical Center
Prgm Director: Sean R Amoli, MD*
 2900 West Oklahoma Avenue
 Milwaukee, WI 53215
Tel: 414 649-6298 *Fax:* 414 649-5296
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 420-56-12-213

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
 Clement J Zablocki Veterans Affairs Medical Center
 Froedtert Memorial Lutheran Hospital
Prgm Director: Guillermo F Carrera, MD
 Department of Radiology
 9200 West Wisconsin Avenue
 Milwaukee, WI 53226
Tel: 414 805-3750 *Fax:* 414 259-9290
Length: 4 Yrs *ACGME Approved/Offered Positions:* 24
Subspecialties: PDR, RNR, VIR
Program ID: 420-56-21-211

St Joseph Regional Medical Center Program

Sponsor: St Joseph Regional Medical Center
Prgm Director: Steven M Gryniwicz, MD
5000 West Chambers Street
Milwaukee, WI 53210
Tel: 414 447-2212 *Fax:* 414 874-4348
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 420-56-22-212

Rheumatology (Internal Medicine)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Prgm Director: W Winn Chatham, MD
1530 3rd Avenue South
FOT 802
Birmingham, AL 35294
Tel: 205 934-4212 *Fax:* 205 934-4198
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 150-01-21-088

Arizona

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
University Medical Center
Prgm Director: David E Yocum, MD
535 N Wilmot Ave
Tucson, AZ 85711
Tel: 520 626-6399 *Fax:* 520 626-5018
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-03-21-076

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Hugo E Jasin, MD
4301 W Markham
Little Rock, AR 72205
Tel: 501 686-6770 *Fax:* 501 603-1380
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-04-21-145

California

La Jolla

Scripps Clinic/Scripps Green Hospital Program

Sponsor: Scripps Clinic
Scripps Clinic/Scripps Green Hospital
Prgm Director: Ken D Fischel, MD, PhD
10666 N Torrey Pines Road
La Jolla, CA 92037
Tel: 858 554-8819 *Fax:* 858 554-6763
E-mail: knobles@scrippsclinic.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-05-21-042

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Jerry L Pettis Memorial Veterans Hospital
Prgm Director: Edwin H Krick, MD
Department of Internal Medicine
PO Box 2000
Loma Linda, CA 92354
Tel: 909 558-4911 *Fax:* 909 558-0490
E-mail: dacosta@ahs.llumc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-06-21-090

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center
Prgm Director: Michael H Weisman, MD
Department of Internal Medicine
8700 Beverly Boulevard, Suite B131
Los Angeles, CA 90048
Tel: 310 423-2170 *Fax:* 310 423-6898
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-05-11-078

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
Los Angeles County-Harbor-UCLA Medical Center
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Ernest Brahn, MD
Center for the Health Sciences
10833 Le Conte Avenue
Los Angeles, CA 90024
Tel: 310 825-5671 *Fax:* 310 206-9707
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 150-06-11-091

University of Southern California/ LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC
Medical Center
LAC+USC Medical Center
LAC-Rancho Los Amigos National Rehabilitation Center
USC University Hospital
Prgm Director: Francisco P Quismorio, MD
2020 Zonal Avenue - IRD 620
Los Angeles, CA 90033
Tel: 323 442-1946
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 150-05-21-031

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical
Center
VA Long Beach Healthcare System
Prgm Director: Brian S Andrews, MD, PhD
Department of Internal Medicine
101 City Drive, South
Orange, CA 92868
Tel: 714 456-8338 *Fax:* 714 456-6164
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 150-05-21-108

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: Dick L Robbins, MD
451 E Health Sciences Drive
Suite 6510
Davis, CA 95616
Tel: 530 752-2884 *Fax:* 530 754-6407
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-05-21-153

San Diego**University of California (San Diego) Program**

Sponsor: University of California (San Diego) Medical Center
 Veterans Affairs Medical Center (San Diego)
Prgm Director: Robert A Terkeltaub, MD
 3350 La Jolla Village Drive (111K)
 San Diego, CA 92161
Tel: 858 552-8585 *Fax:* 858 552-7425
E-mail: mary.teel@med.va.gov
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-05-21-123

San Francisco**University of California (San Francisco) Program**

Sponsor: University of California (San Francisco) School of Medicine
 San Francisco General Hospital Medical Center
 University of California (San Francisco) Medical Center
 Veterans Affairs Medical Center (San Francisco)
Prgm Director: David Wofsy, MD
 Arthritis Faculty Practice, Rm A508
 400 Parnassus Avenue
 San Francisco, CA 94143
Tel: 415 750-2104
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 150-05-21-109

Stanford**Stanford University Program**

Sponsor: Stanford University Hospital
 Santa Clara Valley Medical Center
 Veterans Affairs Palo Alto Health Care System
Prgm Director: Ernesto Zatarain, MD*
 Department of Medicine
 1000 Welch Road, Suite 203
 Palo Alto, CA 94305
Tel: 650 493-5000 *Fax:* 650 856-8024
E-mail: gmadison@stanford.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-05-21-016

Sylmar**UCLA-San Fernando Valley Program**

Sponsor: Olive View/UCLA Medical Center
 VA Greater Los Angeles Healthcare System
Prgm Director: Richard H Weisbart, MD
 Department of Medicine (2B-182)
 14445 Olive View Drive
 Sylmar, CA 91342
Tel: 818 895-9384 *Fax:* 818 895-9423
E-mail: rweisbar@ucla.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-05-21-092

Colorado**Denver****University of Colorado Program**

Sponsor: University of Colorado School of Medicine
 Denver Health Medical Center
 National Jewish Medical and Research Center
 University of Colorado Hospital
 Veterans Affairs Medical Center (Denver)
Prgm Director: Sterling G West, MD
 4200 E 9th Avenue
 Denver, CO 80262
Tel: 303 315-6665 *Fax:* 303 315-5540
E-mail: helen.martinez@uchsc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-07-21-036

Connecticut**Farmington****University of Connecticut Program**

Sponsor: University of Connecticut School of Medicine
 Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Ann L Parke, MD
 Department of Medicine
 263 Farmington Avenue
 Farmington, CT 06030
Tel: 860 679-3605 *Fax:* 860 679-1287
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-08-31-001

New Haven**Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
 Veterans Affairs Medical Center (West Haven)
Prgm Director: Insoo Kang, MD*
 333 Cedar Street
 PO Box 208031
 New Haven, CT 06520
Tel: 203 785-2454 *Fax:* 203 785-7053
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 150-08-21-017

District of Columbia**Washington****George Washington University Program**

Sponsor: George Washington University School of Medicine
 George Washington University Hospital (UHS)
Prgm Director: James D Katz, MD
 Department of Medicine, Suite 3-416
 2150 Pennsylvania Avenue, NW
 Washington, DC 20037
Tel: 202 741-2488 *Fax:* 202 741-2490
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-10-21-079

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
 Veterans Affairs Medical Center (Washington DC)
Prgm Director: Virginia D Steen, MD
 Dept of Medicine, Rheumatology
 3800 Reservoir Road, NW
 Washington, DC 20007
Tel: 202 444-1532
E-mail: steelwe@georgetown.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-10-21-060

Georgetown University Hospital/ Washington Hospital Center Program

Sponsor: Washington Hospital Center
Prgm Director: Arthur Weinstein, MD
 Department of Medicine
 110 Irving Street, NW # 2A-66
 Washington, DC 20010
Tel: 202 877-6274 *Fax:* 202 877-6130
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-10-11-094

Florida**Gainesville****University of Florida Program**

Sponsor: University of Florida College of Medicine
 North Florida/South Georgia Veterans Health System
 Shands Hospital at the University of Florida
Prgm Director: Eric S Sobel, MD, PhD
 Department of Medicine
 PO Box 100277
 Gainesville, FL 32610
Tel: 352 273-5345 *Fax:* 352 392-8483
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-11-21-025

Miami**Jackson Memorial Hospital/Jackson Health System Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System
 Veterans Affairs Medical Center (Miami)
Prgm Director: Carlos J Lozada, MD
 1400 NW 10th Ave, Suite 906
 Miami, FL 33136
Tel: 305 243-7545 *Fax:* 305 243-7546
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 150-11-21-125

Tampa**University of South Florida Program**

Sponsor: University of South Florida College of Medicine
 James A Haley Veterans Hospital
 Tampa General Hospital
Prgm Director: Frank B Vasey, MD
 12901 Bruce B Downs Blvd, MDC 81
 Division of Rheumatology
 Tampa, FL 33612
Tel: 813 974-2681 *Fax:* 813 974-5229
E-mail: kharding@hsc.usf.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-11-21-026

Georgia**Atlanta****Emory University Program**

Sponsor: Emory University School of Medicine
 Emory University Hospital
 Grady Health System
 Veterans Affairs Medical Center (Atlanta)
Prgm Director: Jonathan Waltuck, MD
 Rheumatology Division
 49 Jesse Hill Jr, Drive, SE
 Atlanta, GA 30303
Tel: 404 778-4826 *Fax:* 404 778-5578
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 150-12-21-095

Augusta**Medical College of Georgia Program**

Sponsor: Medical College of Georgia
Prgm Director: Bruce E Goeckeritz, MD*
 1120 15th St, BI 5083
 Augusta, GA 30912
Tel: 706 721-2981 *Fax:* 706 721-6314
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 150-12-21-002

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Prgm Director: Walter G Barr, MD
240 E Huron Street
McGaw Pavilion Suite 2300
Chicago, IL 60611
Tel: 312 503-8003 *Fax:* 312 503-0094
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-16-21-051

Rush University Medical Center Program

Sponsor: Rush University Medical Center
John H Stroger Hospital of Cook County
Prgm Director: Calvin R Brown, MD
1725 W Harrison Street, Suite 1017
Chicago, IL 60612
Tel: 312 942-8268 *Fax:* 312 563-2267
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 150-16-11-096

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Marcus R Clark, MD
5841 S Maryland Avenue
MC0930
Chicago, IL 60637
Tel: 773 702-0202 *Fax:* 773 702-8702
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-16-21-138

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
Michael Reese Hospital and Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Prgm Director: William Swedler, MD*
Suite A312, CMW (M/C 733)
1819 West Polk Street
Chicago, IL 60612
Tel: 312 413-9310 *Fax:* 312 413-9271
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-16-21-097

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Elaine M Adams, MD
2160 S First St
Bldg 54 Room 121
Maywood, IL 60153
Tel: 708 216-3313 *Fax:* 708 216-1085
E-mail: bmannin@lumc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-16-21-003

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: Steven T Hugenberg, MD
1110 W Michigan St
LO 545
Indianapolis, IN 46202
Tel: 317 274-4225 *Fax:* 317 274-7792
E-mail: nbaxter@iupui.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-17-21-110

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: George V Lawry, MD
Department of Medicine
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-1777 *Fax:* 319 353-6290
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-18-21-067

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Prgm Director: Daniel J Stechschulte, MD*
Department of Internal Medicine
3901 Rainbow Blvd
Kansas City, KS 66160
Tel: 913 588-6008 *Fax:* 913 588-3987
E-mail: ksnustead@kumc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-19-21-080

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Prgm Director: Luis R Espinoza, MD
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 568-4630 *Fax:* 504 568-4642
E-mail: lespinl@lsuhsc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-21-21-037

Ochsner Clinic Foundation Program

Sponsor: Ochsner Clinic Foundation
Prgm Director: Robert J Quinet, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-4920 *Fax:* 504 842-4371
E-mail: gme@ochsner.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-21-22-106

Shreveport

Louisiana State University (Shreveport) Program

Sponsor: LSU Health Sciences Center-University Hospital
Overton Brooks Veterans Affairs Medical Center
Prgm Director: Samina Hayat, MD*
Louisiana State University Health Sciences Center
1501 Kings Highway, PO Box 33932
Shreveport, LA 71130
Tel: 318 675-5935 *Fax:* 318 675-6980
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-21-21-063

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Allan C Gelber, MD, MPH
5200 Eastern Avenue, Mason F Lord Building
Center Tower, Suite 4100, Room 407
Baltimore, MD 21224
Tel: 410 550-2018 *Fax:* 410 550-2072
E-mail: agelber@jhmi.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 150-23-11-052

University of Maryland Program

Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Prgm Director: Raymond H Flores, MD
10 South Pine Street
suite 834
Baltimore, MD 21201
Tel: 410 706-6474 *Fax:* 410 706-0231
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-23-21-131

Bethesda

National Capital Consortium (Walter Reed) Program

Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Prgm Director: William R Gilliland, MD
6825 16th Street, NW
Department of Internal Medicine
Washington, DC 20307
Tel: 202 782-6734 *Fax:* 202 782-0594
E-mail: wjgilliland@usuhs.mil
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 150-10-11-093
US Armed Services Program

National Institutes of Health Clinical Center Program

Sponsor: Clinical Center at the National Institutes of Health
Prgm Director: Gregory J Dennis, MD
Warren G Magnuson Clinical Center
Building 10, Room 9S 205
Bethesda, MD 20892
Tel: 301 594-9543 *Fax:* 301 402-8190
E-mail: DennisG1@mail.nih.gov
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 150-23-21-141
US Armed Services Program

Massachusetts**Boston****Boston University Medical Center Program**

Sponsor: Boston Medical Center
Veterans Affairs Medical Center (Boston)
Prgm Director: Joseph H Korn, MD
Arthritis Center
715 Albany St, E-5
Boston, MA 02118
Tel: 617 638-4486 *Fax:* 617 638-5226
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 150-24-21-111

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital
Beth Israel Deaconess Medical Center
Prgm Director: Lloyd B Klickstein, MD, PhD
Room 650, Smith Building
1 Jimmy Fund Way
Boston, MA 02115
Tel: 617 525-1220 *Fax:* 617 525-1227
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 150-24-21-004

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Spaulding Rehabilitation Hospital
Prgm Director: Allen C Steere, MD
Rheumatology Unit, MGH
55 Fruit Street - Bulfinch 165
Boston, MA 02114
Tel: 617 726-1527 *Fax:* 617 726-1544
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-24-21-038

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: Timothy E McAlindon, MD, MPH
750 Washington St, Box 406
Boston, MA 02111
Tel: 617 636-5645 *Fax:* 617 636-1542
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-24-21-005

Worcester**University of Massachusetts Program**

Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Prgm Director: Nancy Y Liu, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 856-6246 *Fax:* 508 856-1983
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-24-21-006

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Rory M Marks, MD*
Room 3918 Taubman Center, Box 0358
Division of Rheumatology
Ann Arbor, MI 48109
Tel: 734 936-9539 *Fax:* 734 763-1253
Length: 2 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 150-25-21-053

Detroit**Wayne State University/Detroit Medical Center Program**

Sponsor: Wayne State University/Detroit Medical Center
Detroit Receiving Hospital and University Health Center
Harper-Hutzel Hospital
Veterans Affairs Medical Center (Detroit)
Prgm Director: James C Leisen, MD, MS
University Health Center - Suite 4 H
4201 St Antoine Blvd
Detroit, MI 48201
Tel: 313 577-1133 *Fax:* 313 577-1938
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-25-21-030

Minnesota**Minneapolis****University of Minnesota Program**

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Barbara M Segal, MD
Division of Rheumatic and Autoimmune Diseases
420 Delaware Street SE, MMC 108
Minneapolis, MN 55455
Tel: 612 624-1182 *Fax:* 612 624-0600
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-26-21-082

Rochester**Mayo School of Graduate Medical Education (Rochester) Program**

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Prgm Director: Thomas G Mason, MD
Siebens, 5th Floor
200 First Street, SW
Rochester, MN 55905
Tel: 507 284-3126 *Fax:* 507 284-0999
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 150-26-21-032

Mississippi**Jackson****University of Mississippi Medical Center Program**

Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Prgm Director: Robert W McMurray, MD*
Division of Rheumatology
2500 N State St
Jackson, MS 39216
Tel: 601 984-5540 *Fax:* 601 984-5535
E-mail: RMcMurray@medicine.umsmed.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-27-21-151

Missouri**Columbia****University of Missouri-Columbia Program**

Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prgm Director: Darcy Folzenlogen, MD
MA427 Health Sciences Building
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-8095 *Fax:* 573 882-1380
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-28-21-054

St Louis**St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
Prgm Director: Terry L Moore, MD
Room 211A Doisy Hall
1402 S Grand Blvd
St Louis, MO 63104
Tel: 314 977-8838 *Fax:* 314 977-8818
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-28-21-064

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Prgm Director: Richard D Brasington, MD
Division of Rheumatology, Box 8045
660 South Euclid Avenue
St Louis, MO 63110
Tel: 314 454-7279 *Fax:* 314 454-5164
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 150-28-21-112

New Hampshire**Lebanon****Dartmouth-Hitchcock Medical Center Program**

Sponsor: Mary Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Prgm Director: Lin A Brown, MD
Department of Medicine
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-7700 *Fax:* 603 650-4961
E-mail: Lin.A.Brown@Hitchcock.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 150-32-21-107

New Jersey**Camden****UMDNJ-Robert Wood Johnson Medical School (Camden) Program**

Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Gerald F Falasca, MD
One Cooper Plaza
401 N Haddon Avenue
Camden, NJ 08103
Tel: 856 757-9671 *Fax:* 856 757-7803
E-mail: donato-debra@cooperhealth.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-33-21-132

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Prgm Director: Naomi Schlesinger, MD*
Dept of Medicine
PO Box 19, MEB-484
New Brunswick, NJ 08903
Tel: 732 235-8380 *Fax:* 732 235-7018
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-33-21-019

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Arthur D Bankhurst, MD
School of Medicine
Department of Medicine
Albuquerque, NM 87131
Tel: 505 272-4761 *Fax:* 505 272-3624
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-34-21-100

New York

Albany

Albany Medical Center Program

Sponsor: Albany Medical Center
Prgm Director: Joel Kremer, MD*
Department of Rheumatology, MC-100
47 New Scotland Avenue
Albany, NY 12208
Tel: 518 262-5377 *Fax:* 518 262-6873
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-35-31-020

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
North Central Bronx Hospital
Prgm Director: Chaim Putterman, MD*
Montefiore Medical Center
1300 Morris Park Avenue, Ullmann 505
Bronx, NY 10461
Tel: 718 430-4266 *Fax:* 718 430-4268
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 150-35-21-072

Brooklyn

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at Brooklyn
Veterans Affairs Medical Center (Brooklyn)
Prgm Director: Deana Lazaro, MD
450 Clarkson Ave, Box 42
Brooklyn, NY 11203
Tel: 718 270-1662 *Fax:* 718 270-1562
E-mail: eginzler@downstate.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-35-21-009

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo
Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
Prgm Director: Alan N Baer, MD
Department of Medicine
462 Grider Street
Buffalo, NY 14215
Tel: 716 898-4694 *Fax:* 716 898-4493
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-35-31-007

Manhasset

North Shore University Hospital/NYU School of Medicine Program

Sponsor: North Shore University Hospital
Long Island Jewish Medical Center
Prgm Director: Richard Furie, MD
Department of Medicine
300 Community Drive
Manhasset, NY 11030
Tel: 516 562-4392 *Fax:* 516 562-2807
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-35-21-121

Mineola

Winthrop-University Hospital Program

Sponsor: Winthrop-University Hospital
Nassau University Medical Center
Prgm Director: Steven E Carsons, MD
259 First Street
Mineola, NY 11501
Tel: 516 663-2097
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 150-35-21-142

New York

Mount Sinai School of Medicine (Cabrini) Program

Sponsor: Mount Sinai School of Medicine
Cabrini Medical Center
Prgm Director: Girolamo Cuppari, MD
227 East 19th Street
New York, NY 10003
Tel: 212 995-6896 *Fax:* 212 979-3536
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-35-31-068

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Mount Sinai Medical Center
Veterans Affairs Medical Center (Bronx)
Prgm Director: Leslie D Kerr, MD
Annenberg 5, Room 207-N
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-6065 *Fax:* 212 849-2574
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-35-31-114

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: Ariel D Teitel, MD, MBA
Nurses Residence 1401
170 West 12th Street
New York, NY 10011
Tel: 212 221-7971 *Fax:* 212 221-7973
E-mail: arieteitel@nyc.rr.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-35-31-150

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
Hospital for Special Surgery
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Stephen A Paget, MD
525 East 68th Street
New York, NY 10021
Tel: 212 606-1845 *Fax:* 212 606-1170
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 150-35-21-122

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Hospital for Joint Diseases Orthopaedic Institute
Manhattan VA Harbor Health Care System
Prgm Director: Michael H Pillinger, MD
301 East 17th Street
New York, NY 10003
Tel: 212 598-6119 *Fax:* 212 598-6582
E-mail: michael.pillinger@med.nyu.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 9
Program ID: 150-35-21-083

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Christopher T Ritchlin, MD
601 Elmwood Avenue
Box 695
Rochester, NY 14642
Tel: 585 275-2891 *Fax:* 585 442-3214
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 150-35-11-127

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Prgm Director: Barry L Gruber, MD
T-16, 040
Stony Brook, NY 11794
Tel: 631 444-8366 *Fax:* 631 444-3475
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-35-21-010

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Andras Perl, MD, PhD*
750 East Adams Street
Syracuse, NY 13210
Tel: 315 464-4194 *Fax:* 315 464-4176
E-mail: creggd@upstate.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-35-21-074

Valhalla

New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College
Westchester Medical Center
Prgm Director: L Frank Cavaliere, MD
Westchester Medical Center
Munger Pavilion G73
Valhalla, NY 10595
Tel: 914 594-4444 *Fax:* 914 594-4277
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-35-11-040

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
Prgm Director: Beth L Jonas, MD
 CB# 7280
 3380 Thurston Bldg
 Chapel Hill, NC 27599
Tel: 919 966-4191 *Fax:* 919 966-1739
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-36-21-102

Durham**Duke University Hospital Program**

Sponsor: Duke University Hospital
 Veterans Affairs Medical Center (Durham)
Prgm Director: John Sundry, MD, PhD
 Box 3278
 Durham, NC 27710
Tel: 919 668-2169 *Fax:* 919 681-8298
E-mail: obria002@mc.duke.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 150-36-21-103

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Kenneth S O'Rourke, MD
 Medical Center Boulevard
 Winston-Salem, NC 27157
Tel: 336 716-2177 *Fax:* 336 716-9821
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 150-36-21-011

Ohio**Cincinnati****University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc
 Christ Hospital
 Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Anne-Barbara Mongey, MD, ChB
 Division of Immunology
 PO Box 670563
 Cincinnati, OH 45267
Tel: 513 558-4701 *Fax:* 513 558-3799
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-38-12-149

Cleveland**Case Western Reserve University (MetroHealth) Program**

Sponsor: MetroHealth Medical Center
Prgm Director: Stanley P Ballou, MD
 2500 MetroHealth Dr
 Cleveland, OH 44109
Tel: 216 778-4765 *Fax:* 216 778-8376
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-38-31-152

Case Western Reserve University/ University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
 Veterans Affairs Medical Center (Cleveland)
Prgm Director: Ali D Askari, MD
 11100 Euclid Avenue
 Cleveland, OH 44106
Tel: 216 844-2289 *Fax:* 216 844-2288
E-mail: Aliaskari_99@yahoo.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-38-21-115

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Brian F Mandell, MD, PhD*
 9500 Euclid Avenue
 Desk A50
 Cleveland, OH 44195
Tel: 216 445-6580
E-mail: mandelb@ccf.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 150-38-12-117

Columbus**Ohio State University Hospital Program**

Sponsor: Ohio State University Hospital
Prgm Director: Kevin V Haekshaw, MD*
 Davis Medical Research Center
 480 W 9th Avenue
 Columbus, OH 43210
Tel: 614 293-8093
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-38-21-144

Oklahoma**Oklahoma City****University of Oklahoma Health Sciences Center Program**

Sponsor: University of Oklahoma College of Medicine
 OU Medical Center
 Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Leslie S Staudt, MD
 P O Box 26901
 Oklahoma City, OK 73190
Tel: 405 271-7217 *Fax:* 405 271-7256
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-39-21-056

Oregon**Portland****Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital
 Veterans Affairs Medical Center (Portland)
Prgm Director: Andre Barkhuizen, MD
 Department of Medicine (OP-09)
 3181 SW Jackson Park Road
 Portland, OR 97239
Tel: 503 494-8963 *Fax:* 503 494-1022
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-40-31-118

Pennsylvania**Danville****Geisinger Health System Program**

Sponsor: Geisinger Health System
Prgm Director: Thomas M Harrington, MD
 100 North Academy Avenue
 Danville, PA 17822
Tel: 570 271-6416 *Fax:* 570 271-5845
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 150-41-11-104

Philadelphia**Albert Einstein Healthcare Network Program**

Sponsor: Albert Einstein Medical Center
Prgm Director: Lawrence H Brent, MD
 Korman Building, Suite 103
 5501 Old York Road
 Philadelphia, PA 19141
Tel: 215 456-7380 *Fax:* 215 456-3898
E-mail: brentlh@hotmail.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-41-11-033

Drexel University College of Medicine/ Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
 Hahnemann University Hospital (Tenet Health System)
Prgm Director: Carolyn R O'Connor, MD
 245 N 15th Street
 MS 426
 Philadelphia, PA 19102
Tel: 215 762-8114 *Fax:* 215 246-5913
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 150-41-21-084

Temple University Hospital Program

Sponsor: Temple University Hospital
Prgm Director: Audrey B Uknis, MD
 Department of Rheumatology
 3401 N Broad Steet
 Philadelphia, PA 19140
Tel: 215 707-1758 *Fax:* 215 707-6932
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 150-41-21-023

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Raphael J DeHoratius, MD
 Division of Rheumatology
 Room 613 Curtis Building
 Philadelphia, PA 19107
Tel: 215 955-1410
E-mail: raphael.dehoratius@mail.tju.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-41-21-024

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: Sharon L Kolasinski, MD
 5 Maloney, Suite 504
 36th & Spruce Streets
 Philadelphia, PA 19104
Tel: 215 349-5066 *Fax:* 215 662-4500
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 150-41-21-015

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Chester V Oddis, MD
3500 Terrace Street
S703 Biomedical Science Tower
Pittsburgh, PA 15261
Tel: 412 383-8861 *Fax:* 412 383-8864
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 150-41-21-027

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine University Hospital
Prgm Director: Luis M Vilá, MD
University Hospital
Box 365067
San Juan, PR 00936
Tel: 787 758-2525 *Fax:* 787 764-6839
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-42-21-085

Rhode Island

Providence

Roger Williams Medical Center Program

Sponsor: Roger Williams Medical Center
Rhode Island Hospital-Lifespan
Veterans Affairs Medical Center (Providence)
Prgm Director: Edward V Lally, MD
Roger Williams Medical Center
825 Chalkstone Avenue
Providence, RI 02908
Tel: 401 456-2393 *Fax:* 401 456-6768
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 150-43-31-028

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Marcy B Bolster, MD
96 Jonathan Lucas Street, Suite 912
Charleston, SC 29425
Tel: 843 792-3484 *Fax:* 843 792-7121
E-mail: frickam@musc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 150-45-21-075

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
Methodist Healthcare-Memphis Hospitals
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Prgm Director: Kristine M Lohr, MD
Division of Rheumatology
956 Court Avenue, Room A318
Memphis, TN 38163
Tel: 901 448-5780 *Fax:* 901 448-3343
E-mail: kcampb10@utmem.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-47-21-105

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Veterans Affairs Medical Center (Nashville)
Prgm Director: Howard A Fuchs, MD
Division of Rheumatology
Medical Center North, T 3219
Nashville, TN 37232
Tel: 615 322-4746 *Fax:* 615 322-6248
E-mail: howard.fuchs@vanderbilt.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 150-47-31-012

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Director: Salahuddin Kazi, MD
Department of Internal Medicine
5923 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-9110 *Fax:* 214 648-7995
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 150-48-21-070

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Bruce A Baethge, MD
301 University Boulevard
Galveston, TX 77555
Tel: 409 772-2863 *Fax:* 409 772-7355
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-48-21-147

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Prgm Director: David P Huston, MD
One Baylor Plaza, BCM 285
Suite 672E
Houston, TX 77030
Tel: 713 798-3360 *Fax:* 713 798-5780
E-mail: awirt@bcm.tmc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-48-21-058

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
Prgm Director: John D Reveille, MD
6431 Fannin, MSB 5.270
Houston, TX 77030
Tel: 713 500-6900 *Fax:* 713 500-0580
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-48-31-130

Lackland AFB

San Antonio Uniformed Services Health Education Consortium (WHMC) Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilford Hall Medical Center (AETC)
Prgm Director: Ramon A Arroyo, MD
2200 Bergquist Drive, Ste 1
Lackland AFB, TX 78236
Tel: 210 292-7307 *Fax:* 210 292-7662
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-48-12-065
US Armed Services Program

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
University Health System
Prgm Director: Michael Fischbach, MD
7703 Floyd Curl Drive
MC 7868
San Antonio, TX 78229
Tel: 210 567-4658 *Fax:* 210 567-4721
E-mail: fischbach@uthscsa.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-48-21-041

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Michael J Battistone, MD*
50 N Medical Drive, 4B210
Salt Lake City, UT 84132
Tel: 801 581-4333 *Fax:* 801 581-6069
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-49-21-148

Vermont

Burlington

University of Vermont Program

Sponsor: Fletcher Allen Health Care
Prgm Director: Sheldon M Cooper, MD
D-305 Given Bldg
89 Beaumont Avenue
Burlington, VT 05405
Tel: 802 656-2144 *Fax:* 802 656-3854
E-mail: sheldon.cooper@uvm.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-50-21-120

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: Wael N Jarjour, MD
 Department of Internal Medicine
 PO Box 800412
 Charlottesville, VA 22908
Tel: 434 924-5214 *Fax:* 434 924-9578
E-mail: rheumfellowship@hscmail.mcc.virginia.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-51-21-013

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
 Hunter Holmes McGuire VA Medical Center (Richmond)
 Medical College of Virginia Hospitals
Prgm Director: W Neal Roberts, MD
 PO Box 980263
 Richmond, VA 23298
Tel: 804 828-9685 *Fax:* 804 828-0283
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-51-21-014

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
 University of Washington Medical Center
 VA Puget Sound Health Care System
Prgm Director: Gregory C Gardner, MD*
 Division of Rheumatology, Box 356428
 1959 NE Pacific Street
 Seattle, WA 98195
Tel: 206 543-3414 *Fax:* 206 685-9397
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 150-54-21-059

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
 William S Middleton Veterans Hospital
Prgm Director: Kevin M McKown, MD
 600 Highland Avenue
 Room H6/363 CSC
 Madison, WI 53792
Tel: 608 265-8688 *Fax:* 608 262-6743
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-56-21-087

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
 Clement J Zablocki Veterans Affairs Medical Center
 Froedtert Memorial Lutheran Hospital
Prgm Director: Mary E Cronin, MD
 Rheumatology
 9200 West Wisconsin Avenue
 Milwaukee, WI 53226
Tel: 414 456-7010 *Fax:* 414 456-6205
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 150-56-31-029

Selective Pathology (Pathology)**Connecticut****Hartford****Hartford Hospital Program**

Sponsor: Hartford Hospital
Prgm Director: Martin M Berman, MD
 80 Seymour Street
 PO Box 5037
 Hartford, CT 06102
Tel: 860 545-2869 *Fax:* 860 545-2204
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 301-08-22-028

New Haven**Yale-New Haven Medical Center Program**

Sponsor: Yale-New Haven Hospital
Prgm Director: Marie E Robert, MD
 310 Cedar Street
 PO Box 208023
 New Haven, CT 06520
Tel: 203 785-5003 *Fax:* 203 737-1064
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 301-08-21-037

District of Columbia**Washington****Armed Forces Institute of Pathology Program**

Sponsor: Armed Forces Institute of Pathology
Prgm Director: William D Travis, MD
 6825 NW 16th Street
 Washington, DC 20306
Tel: 202 782-1781 *Fax:* 202 782-5017
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 301-10-13-023
 US Armed Services Program

Illinois**Chicago****University of Illinois College of Medicine at Chicago Program**

Sponsor: University of Illinois College of Medicine at Chicago
Prgm Director: Robert Folberg, MD
 1819 W Polk Street
 446 CMW
 Chicago, IL 60612
Tel: 312 996-2829 *Fax:* 312 996-7586
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 301-16-21-026

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Hospital
Prgm Director: Lorraine C Racusen, MD
 711 Pathology Building
 600 N Wolfe Street
 Baltimore, MD 21287
Tel: 410 955-3437 *Fax:* 410 614-7110
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 301-23-21-024

Massachusetts**Boston****Beth Israel Deaconess Medical Center/Harvard Medical School Program**

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Laura C Collins, MD
 330 Brookline Avenue
 Boston, MA 02215
Tel: 617 667-7284 *Fax:* 617 667-7120
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 301-24-11-027

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital
Prgm Director: Christopher P Crum, MD
 Division of Women's & Perinatal Pathology
 75 Francis Street
 Boston, MA 02115
Tel: 617 732-7530
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 301-24-11-003

Missouri**St Louis****Washington University/B-JH/SLCH Consortium Program**

Sponsor: Washington University/B-JH/SLCH Consortium
Prgm Director: Louis P Dehner, MD
 660 S Euclid Avenue
 Campus Box 8118
 St Louis, MO 63110
Tel: 314 362-0150 *Fax:* 314 362-0327
Length: 1 Yr *ACGME Approved/Offered Positions:* 7
Program ID: 301-28-31-025

New York**Buffalo****Roswell Park Cancer Institute Program**

Sponsor: Roswell Park Cancer Institute
Prgm Director: Charles M LeVeae, MD, PhD*
 Elm & Carlton Street
 Buffalo, NY 14263
Tel: 716 845-7678 *Fax:* 716 845-3427
E-mail: christine.hegarty@roswellpark.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 301-35-31-016

New York

Hospital for Joint Diseases Orthopaedic Institute Program

Sponsor: Hospital for Joint Diseases Orthopaedic Institute

Prgm Director: German C Steiner, MD
301 East 17th Street
New York, NY 10003

Tel: 212 598-6231 *Fax:* 212 598-6057

Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 301-35-21-005

Memorial Sloan-Kettering Cancer Center Program

Sponsor: Memorial Sloan-Kettering Cancer Center

Prgm Director: David S Klimstra, MD
1275 York Avenue
New York, NY 10021

Tel: 212 639-2410 *Fax:* 212 772-8521

Length: 1 Yr *ACGME Approved/Offered Positions:* 17
Program ID: 301-35-21-011

Office of the Chief Medical Examiner-City of New York Program

Sponsor: Office of Chief Medical Examiner-City of New York

Prgm Director: Barbara A Sampson, MD, PhD
520 First Avenue
New York, NY 10016

Tel: 212 447-2335 *Fax:* 212 447-4330

Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 301-35-31-033

Pennsylvania

Philadelphia

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Fox Chase Cancer Center

Prgm Director: Douglas B Flieder, MD*

Fox Chase Cancer Center
333 Cottman Avenue
Philadelphia, PA 19111

Tel: 215 728-4092 *Fax:* 215 728-2899

E-mail: Douglas.Flieder@jecc.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 301-41-21-018

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System

Prgm Director: John E Tomaszewski, MD*

3400 Spruce Street, 6 Founders
Philadelphia, PA 19104

Tel: 215 662-6852 *Fax:* 215 662-6854

Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 301-41-31-029

University of Pennsylvania Program A

Sponsor: University of Pennsylvania Health System

Prgm Director: Emma E Furth, MD*

3400 Spruce Street, 6 Founders
Philadelphia, PA 19104

Tel: 215 662-3211

Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 301-41-23-032

Pittsburgh

University of Pittsburgh Medical Center Medical Education (Presbyterian Shadyside) Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program

UPMC Presbyterian/Shadyside

Prgm Director: Parmjeet Randhawa, MD
E733 MUH

200 Lothrop Street
Pittsburgh, PA 15213

Tel: 412 647-7646 *Fax:* 412 647-5237

Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 301-41-13-036

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program

UPMC Presbyterian/Shadyside

Prgm Director: Leon Barnes, MD

3708 Fifth Avenue, Medical Arts Building
Suite 401
Pittsburgh, PA 15213

Tel: 412 647-3720 *Fax:* 412 647-6251

Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 301-41-11-030

University of Pittsburgh Medical Center Medical Education/Magee-Women's Hospital Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program

Magee-Women's Hospital

Prgm Director: David J Dabbs, MD

300 Halket Street
Pittsburgh, PA 15213

Tel: 412 641-4651

Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 301-41-23-035

Texas

Houston

University of Texas M D Anderson Cancer Center Program

Sponsor: University of Texas M D Anderson Cancer Center

Prgm Director: Aysegul Sahin, MD

1515 Holcombe, Pathology/Fellowship, Box 085
Houston, TX 77030

Tel: 713 794-1500 *Fax:* 713 745-0789

Length: 1 Yr *ACGME Approved/Offered Positions:* 14
Program ID: 301-48-21-010

University of Texas M D Anderson Cancer Center Program A

Sponsor: University of Texas M D Anderson Cancer Center

Prgm Director: Anais Malpica, MD

Pathology/Fellowship Unit #085
1515 Holcombe Boulevard

Houston, TX 77030

Tel: 713 792-3154

Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 301-48-12-031

Virginia

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System

Medical College of Virginia Hospitals

Prgm Director: Margaret M Grimes, MD

PO Box 980662

Richmond, VA 23298

Tel: 804 828-9004 *Fax:* 804 827-1078

Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 301-51-12-034

Washington

Seattle

PhenoPath Laboratories Program

Sponsor: PhenoPath Laboratories

Prgm Director: Allen M Gown, MD

551 N 34th St, Suite 100

Seattle, WA 98103

Tel: 206 374-9000 *Fax:* 206 374-9009

Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 301-54-21-022

Spinal Cord Injury Medicine (Physical Medicine and Rehabilitation)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
Prgm Director: Amie B Jackson, MD
619 19th Street South, SRC/190
Birmingham, AL 35249
Tel: 205 934-3330 *Fax:* 205 975-9754
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 345-01-21-001

California

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
Long Beach Memorial Medical Center
VA Long Beach Healthcare System
Prgm Director: Vernon W Lin, MD
SCLD HCG (07/128) VA Long Beach Health Care System
5901 East Seventh Street
Long Beach, CA 90822
Tel: 562 494-5701 *Fax:* 562 494-5718
E-mail: vernon.lin@med.va.gov
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 345-05-21-014

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Veterans Affairs Palo Alto Health Care System
Prgm Director: Inder Perkash, MD
3801 Miranda Avenue
SCIM Service (128)
Palo Alto, CA 94304
Tel: 650 493-5000 *Fax:* 650 852-3455
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 345-05-21-007

Florida

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Veterans Affairs Medical Center (Miami)
Prgm Director: Andrew L Sherman, MD, MS
PO Box 016960 (D-461)
Room L105
Miami, FL 33101
Tel: 305 585-1320 *Fax:* 305 585-1340
E-mail: m.sipski@miami.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 345-11-21-018

Tampa

University of South Florida/James A Haley Veterans Hospital Program

Sponsor: University of South Florida College of Medicine
James A Haley Veterans Hospital
Shriners Hospitals for Children (Tampa)
Tampa General Hospital
Prgm Director: Steven G Scott, DO
13000 Bruce B Downs Boulevard
Tampa, FL 33612
Tel: 813 972-7517 *Fax:* 813 978-5913
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 345-11-21-016

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Rehabilitation Institute of Chicago
Prgm Director: David Chen, MD
345 East Superior Street — Room 1146
Chicago, IL 60611
Tel: 312 238-0764 *Fax:* 312 238-2512
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 345-16-12-020

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Yvonne Lucero, MD
PO Box 5000
Maywood, IL 60141
Tel: 708 202-2241 *Fax:* 708 202-7960
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 345-16-21-010

Maryland

Baltimore

Sinai Hospital Program

Sponsor: Sinai Hospital of Baltimore
Kennedy Krieger Institute
University of Maryland Medical System
University of Maryland-Kernan Hospital
Veterans Affairs Medical Center (Baltimore)
Prgm Director: Peter H Gorman, MD, MS
2200 Kernan Drive
Baltimore, MD 21207
Tel: 410 448-6261 *Fax:* 410 448-6617
E-mail: pgorman@kernan.umm.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 345-23-12-025

Massachusetts

Boston

Harvard Medical School Program

Sponsor: Spaulding Rehabilitation Hospital
Boston VA Healthcare System (Brookton-West Roxbury)
Brigham and Women's Hospital
Prgm Director: Sunil Sabharwal, MD
1400 VFW Parkway
West Roxbury, MA 02132
Tel: 617 323-7700 *Fax:* 617 363-5553
E-mail: Sunil.Sabharwal2@med.va.gov
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 345-24-21-002

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: David R Gater, MD
D5200 MPB, Box 0718
1500 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-7201 *Fax:* 734 615-6713
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 345-25-32-023

Missouri

St Louis

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Rehabilitation Institute of St Louis
Prgm Director: Cristina L Sadowsky, MD
4444 Forest Park Avenue (Suite 2304)
Box 8518
St Louis, MO 63108
Tel: 314 454-7757 *Fax:* 314 454-5300
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 345-28-21-011

New Jersey

Newark

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
Kessler Institute for Rehabilitation
UMDNJ-University Hospital
Prgm Director: Steven Kirshblum, MD
30 Bergen Street, ADMC 101
PO Box 1709
Newark, NJ 07103
Tel: 973 972-3606 *Fax:* 973 972-5148
E-mail: SKirshblum@kessler-rehab.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 345-33-21-003

New York

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Veterans Affairs Medical Center (Bronx)
Prgm Director: Adam B Stein, MD
1425 Madison Avenue, Box 1240
New York, NY 10029
Tel: 212 659-9351 *Fax:* 212 348-5901
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 345-35-12-015

Ohio

Cleveland

Case Western Reserve University (MetroHealth) Program

Sponsor: MetroHealth Medical Center
Veterans Affairs Medical Center (Cleveland)
Prgm Director: Greg A Nemunaitis, MD
SCIM
2500 MetroHealth Drive
Cleveland, OH 44109
Tel: 216 778-3207 *Fax:* 216 778-7393
E-mail: rkarim@metrohealth.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 345-38-13-024

Pennsylvania

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
UPMC Presbyterian/Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: John A Horton, MD
1405 Shady Avenue
Pittsburgh, PA 15217
Tel: 412 420-2443 *Fax:* 412 420-2269
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 345-41-13-017

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Prgm Director: Lance Goetz, MD
VA North Texas Health Care System
4500 S Lancaster Road (128)
Dallas, TX 75216
Tel: 214 857-1757 *Fax:* 214 857-1759
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 345-48-21-012

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Institute for Rehabilitation and Research
Memorial Hermann Hospital System
Michael E DeBakey VA Medical Center - Houston
Prgm Director: Sally A Holmes, MD
TIRR, 1333 Moursund, B-107
Houston, TX 77030
Tel: 713 799-5033 *Fax:* 713 797-5982
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 345-48-13-021

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Institute for Rehabilitation and Research
Memorial Hermann Hospital System
Michael E DeBakey VA Medical Center - Houston
Prgm Director: William H Donovan, MD*
Education, A-220, TIRR
1333 Moursund
Houston, TX 77030
Tel: 713 797-5991 *Fax:* 713 797-5904
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 345-48-21-009

Virginia

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm Director: Prabhakaran K Nambiar, MD
1201 Broad Rock Boulevard
Richmond, VA 23249
Tel: 804 675-5282 *Fax:* 804 675-5223
E-mail: prabhakaran2002@yahoo.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 345-51-21-004

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
Children's Hospital and Regional Medical Center
University of Washington Medical Center
VA Puget Sound Health Care System
Prgm Director: Steven A Steins, MD
SCI Svc(128), Puget Sound Hlth Care
1660 Columbian Way South
Seattle, WA 98108
Tel: 206 764-2372 *Fax:* 206 764-2799
E-mail: stiens@u.washington.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 345-54-21-006

Wisconsin

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
Prgm Director: Kevin K White, MD*
SCI Service (128)
5000 W National Avenue
Milwaukee, WI 53295
Tel: 414 384-2000 *Fax:* 414 382-5293
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 345-56-13-013

Sports Medicine (Emergency Medicine)

New York

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Kenneth R Veenema, MD, MBA
Box 655
601 Elmwood Avenue
Rochester, NY 14642
Tel: 585 341-9257 *Fax:* 585 340-3051
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 116-35-31-004

Ohio

Dayton

Wright State University Program

Sponsor: Wright State University School of Medicine
Kettering Medical Center
Prgm Director: James M Tytko, MD
3490 Far Hills Avenue
Dayton, OH 45429
Tel: 937 395-3920 *Fax:* 937 395-3940
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 116-38-12-003

Pennsylvania

Pittsburgh

Allegheny General Hospital Program

Sponsor: Allegheny General Hospital
Prgm Director: Edward D Snell, MD
1307 Federal Street
2nd floor
Pittsburgh, PA 15212
Tel: 412 359-6501 *Fax:* 412 359-6265
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 116-41-21-001

Sports Medicine (Family Medicine)

Alabama

Birmingham

Carraway Methodist Medical Center Program

Sponsor: Carraway Methodist Medical Center
HealthSouth Medical Center
Prgm Director: Tracy Ray, MD
1313 13th Street South
Birmingham, AL 35205
Tel: 205 314-2521 *Fax:* 205 314-2543
E-mail: tray93@pol.net
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 127-01-13-076

Huntsville

University of Alabama Medical Center (Huntsville) Program

Sponsor: University of Alabama Hospital
Huntsville Hospital
Prgm Director: Michael M Linder, MD
301 Governors Drive
Huntsville, AL 35801
Tel: 256 551-4637 *Fax:* 256 551-4633
E-mail: francisp@uasomh.uab.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-01-21-002

Arizona

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
University Medical Center
Prgm Director: Stephen R Paul, MD
Campus Health Service
PO Box 210063
Tucson, AZ 85716
Tel: 520 626-6363 *Fax:* 520 626-2416
E-mail: paul@health.arizona.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-03-12-083

California

Camp Pendleton

Naval Hospital (Camp Pendleton) Program

Sponsor: Naval Hospital (Camp Pendleton)
Prgm Director: Kelly D Skanchy, MD*
Sports Medicine Fellowship
Camp Pendleton, CA 92055
Tel: 760 725-1370 *Fax:* 760 725-0051
E-mail: kdskanchy@cpen.med.navy.mil
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-05-21-068
US Armed Services Program

Fontana

Kaiser Permanente Southern California (Fontana) Program

Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Fontana)
Prgm Director: Aaron Rubin, MD
9985 Sierra Avenue
Fontana, CA 92335
Tel: 909 427-6375 *Fax:* 909 427-5619
E-mail: aaron.L.rubin@kp.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 127-05-21-003

Los Angeles

Kaiser Permanente Southern California (Los Angeles) Program

Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Prgm Director: Daniel V Vigil, MD
4950 Sunset Blvd; Suite 4B
Los Angeles, CA 90027
Tel: 323 738-5816 *Fax:* 323 738-4030
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-05-12-069

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
UCLA Medical Center
Prgm Director: John P DiFlori, MD
50-080 CHS
10833 Le Conte Ave
Los Angeles, CA 90095
Tel: 310 794-0795 *Fax:* 310 794-8079
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-05-21-018

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: David Cosca, MD
Sports Medicine
2805 J Street, Suite 300
Sacramento, CA 95816
Tel: 916 734-6805 *Fax:* 916 734-6806
Length: 1 Yr
Program ID: 127-05-31-082

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical
Center
Prgm Director: Kenneth S Taylor, MD*
Division of Family Medicine
9500 Gilman Drive #0807
La Jolla, CA 92093
Tel: 619 543-5476 *Fax:* 619 543-5996
E-mail: lmoore@ucsd.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-05-31-004

San Jose

San Jose Medical Center Program

Sponsor: San Jose Medical Center
Prgm Director: Michael J Henehan, DO
25 North 14th Street
Suite 1060
San Jose, CA 95112
Tel: 408 977-4507 *Fax:* 408 977-4456
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-05-31-019

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical
Center
Prgm Director: Evan S Bass, MD
1403 W Lomita Blvd #102
Harbor City, CA 90710
Tel: 310 534-6221 *Fax:* 310 326-7205
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-05-21-070

Colorado

Denver

University of Colorado (University Hospital) Program

Sponsor: University of Colorado School of Medicine
University of Colorado Hospital
Prgm Director: John C Hill, DO
PO Box 6508, Mail Stop F496
12474 E 19th Ave, Bldg 402
Aurora, CO 80045
Tel: 303 724-9755 *Fax:* 303 724-9746
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-07-31-055

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
St Francis Hospital and Medical Center
Prgm Director: Thomas H Trojjan, MD
99 Woodland Street
Hartford, CT 06105
Tel: 860 714-6520 *Fax:* 860 714-8079
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-08-13-067

Florida

Daytona Beach

Halifax Medical Center Program

Sponsor: Halifax Medical Center
Prgm Director: John A Shelton, MD
Family Medicine Residency Program
303 North Clyde Morris Blvd
Daytona Beach, FL 32114
Tel: 386 254-4171 *Fax:* 386 258-4867
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-11-21-036

Jacksonville

Mayo School of Graduate Medical Education (Jacksonville) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
St Luke's Hospital
Nemours Children's Clinic
Prgm Director: Walter C Taylor, MD
4500 San Pablo Road
Jacksonville, FL 32224
Tel: 904 953-0622 *Fax:* 904 953-0625
E-mail: taylor.walter@mayo.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-11-13-072

St Petersburg

Bayfront Medical Center Program

Sponsor: Bayfront Medical Center
Prgm Director: Arnold M Ramirez, MD*
 700 Sixth Street South
 St Petersburg, FL 33701
Tel: 727 893-6891 *Fax:* 727 553-7340
E-mail: fp.web@bayfront.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-11-21-041

Georgia

Albany

Phoebe Putney Memorial Hospital Program

Sponsor: Phoebe Putney Memorial Hospital
Prgm Director: Sean T Bryan, MD
 2336 Dawson Road, #2200
 Albany, GA 31707
Tel: 229 312-8798 *Fax:* 229 312-8743
E-mail: sbryan@ppmh.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-12-31-075

Hawaii

Honolulu

University of Hawaii Program

Sponsor: University of Hawaii John A Burns School of Medicine
 Queen's Medical Center
 Wahiawa General Hospital
Prgm Director: Andrew W Nichols, MD
 University of Hawaii at Manoa
 1960 East-West Road
 Honolulu, HI 96822
Tel: 808 956-9874 *Fax:* 808 956-5834
E-mail: sportmed@hawaii.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-14-31-074

Idaho

Boise

Family Practice Residency of Idaho Program

Sponsor: Family Practice Residency of Idaho
 St Alphonsus Regional Medical Center
 Treasure Valley Hospital
Prgm Director: Scot B Scheffel, MD
 777 North Raymond
 Boise, ID 83704
Tel: 208 367-6040 *Fax:* 208 367-6123
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-15-21-057

Illinois

Berwyn

MacNeal Memorial Hospital Program

Sponsor: MacNeal Memorial Hospital
Prgm Director: Roy G Henderson, MD, MPH
 3231 S Euclid Avenue
 Berwyn, IL 60402
Tel: 708 783-3539 *Fax:* 708 783-3656
E-mail: rhenders@macneal.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-16-21-040

Carbondale

Southern Illinois University (Carbondale) Program

Sponsor: Southern Illinois University School of Medicine
 Memorial Hospital of Carbondale
Prgm Director: Jerry L Goddard, MD
 305 W Jackson, Suite 200
 Carbondale, IL 62901
Tel: 618 536-6621 *Fax:* 618 453-1102
E-mail: cnull@siumed.edu
Length: 1 Yr
Program ID: 127-16-21-085

Park Ridge

Advocate Lutheran General Hospital Program

Sponsor: Advocate Lutheran General Hospital
Prgm Director: William W Briner, MD
 1775 West Dempster Street - 6 South
 Park Ridge, IL 60068
Tel: 847 723-7969 *Fax:* 847 723-5615
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-16-21-006

Quincy

Southern Illinois University (Quincy) Program

Sponsor: Southern Illinois University School of Medicine
 Blessing Hospital
Prgm Director: James M Daniels, MD, PhD
 612 North 11th Street, Suite B
 Quincy, IL 62301
Tel: 217 224-9484 *Fax:* 217 224-7950
Length: 1 Yr
Program ID: 127-16-22-079

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
 Clarian Methodist Hospital of Indiana
Prgm Director: Kevin B Gebke, MD
 1110 West Michigan St
 Long Hospital, 2nd floor
 Indianapolis, IN 46202
Tel: 317 278-0310 *Fax:* 317 274-4444
E-mail: kgebke@iupui.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-17-21-021

South Bend

Memorial Hospital of South Bend Program

Sponsor: Memorial Hospital of South Bend
 St Joseph's Regional Medical Center (South Bend)
Prgm Director: Mark E Lavallee, MD
 111 West Jefferson Boulevard, Suite 100
 South Bend, IN 46601
Tel: 574 289-4764 *Fax:* 574 239-6461
E-mail: mlavallee@memorialsb.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-17-21-042

St Joseph's Regional Medical Center (South Bend) Program

Sponsor: St Joseph's Regional Medical Center (South Bend)
 Memorial Hospital of South Bend
Prgm Director: Stephen M Simons, MD
 230 E Day Rd Suite 150
 Mishawaka, IN 46545
Tel: 574 247-5878 *Fax:* 574 247-5677
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-17-31-043

Kansas

Wichita

University of Kansas (Wichita)/Via Christi Regional Medical Center Program

Sponsor: University of Kansas School of Medicine (Wichita)
 Via Christi Regional Medical Center-St Francis
 Via Christi Regional Medical Center-St Joseph
Prgm Director: Mark L Stovak, MD
 1121 S Clifton
 Wichita, KS 67218
Tel: 316 689-6317 *Fax:* 316 691-6792
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-19-31-086

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine
 University of Kentucky Hospital
Prgm Director: Robert Hosoy, MD
 K-302 Kentucky Clinic
 Lexington, KY 40536
Tel: 859 323-6711 *Fax:* 859 323-6661
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-20-21-052

Maine

Portland

Maine Medical Center Program

Sponsor: Maine Medical Center
Prgm Director: William W Dexter, MD
 272 Congress Street
 Portland, ME 04101
Tel: 207 662-7398 *Fax:* 207 874-1918
E-mail: dextew@mmc.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-22-21-035

Maryland

Baltimore

University of Maryland Program

Sponsor: University of Maryland Medical System
 Union Memorial Hospital
Prgm Director: Yvette L Rooks, MD*
 Lower Level
 Baltimore, MD 21201
Tel: 410 328-5145 *Fax:* 410 328-8726
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-23-21-051

Massachusetts

Fitchburg

University of Massachusetts (Fitchburg) Program

Sponsor: University of Massachusetts Medical School
 Health Alliance Hospital-Leominster
 UMass Memorial Health Care (Memorial Campus)
Prgm Director: John H Stevenson, MD*
 275 Nichols Road, 4th Floor
 Fitchburg, MA 01420
Tel: 508 665-5877 *Fax:* 508 665-5959
E-mail: stevej01@umnhc.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-24-13-080

Michigan**Ann Arbor****University of Michigan Program**

Sponsor: University of Michigan Hospitals and Health Centers

Prgm Director: Robert B Kiningham, MD, MA
L2003 Women's Hospital
1500 East Medical Center Drive
Ann Arbor, MI 48109

Tel: 734 615-2689 *Fax:* 734 615-2687

Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-25-21-007

Detroit**Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital

Prgm Director: Steven J Karageanes, DO
6525 Second Avenue
Detroit, MI 48202

Tel: 313 876-8319 *Fax:* 313 874-5381

Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 127-25-21-064

Kalamazoo**Kalamazoo Center for Medical Studies/
Michigan State University Program**

Sponsor: Michigan State Univ-Kalamazoo Center for Medical Studies

Borgess Medical Center
Bronson Methodist Hospital
Prgm Director: Robert J Baker, MD, PhD
1000 Oakland Drive
Kalamazoo, MI 49008

Tel: 616 337-6550 *Fax:* 616 337-6565

Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-25-21-050

Lansing**Sparrow Hospital/Michigan State
University Program**

Sponsor: Sparrow Hospital
Prgm Director: Randolph Pearson, MD
1215 E Michigan Avenue
PO Box 30480

Lansing, MI 48909
Tel: 517 364-5760

Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-25-21-001

Southfield**Providence Hospital and Medical
Centers Program**

Sponsor: Providence Hospital and Medical Centers
Prgm Director: Scott Eathorne, MD
30055 Northwestern Highway
Suite 30

Farmington Hills, MI 48334
Tel: 248 865-4030 *Fax:* 248 865-4031
E-mail: scott.eathorne@stjohn.org

Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-25-21-022

Minnesota**Minneapolis****Hennepin County Medical Center
Program**

Sponsor: Hennepin County Medical Center

Prgm Director: Robert J Johnson, MD
Family Medical Center
5 West Lake Street
Minneapolis, MN 55408

Tel: 612 545-9222 *Fax:* 612 545-9259

Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 127-26-21-008

Missouri**Columbia****University of Missouri-Columbia Program**

Sponsor: University of Missouri-Columbia School of Medicine

University Hospitals and Clinics
Prgm Director: James J Kinderknecht, MD
M226 Health Sciences Center
Columbia, MO 65212

Tel: 573 884-7060 *Fax:* 573 882-9096

Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-28-21-049

Montana**Billings****Montana Family Practice Sports
Medicine Program**

Sponsor: Montana Family Medicine Residency

St Vincent Hospital and Health Center
Prgm Director: Roxanne Fahrwald, MD
123 S 27th Street, Suite B
Billings, MT 59101

Tel: 406 247-3306 *Fax:* 406 247-3307

E-mail: info@mfp.famed.washington.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-29-11-078

New Jersey**New Brunswick****UMDNJ-Robert Wood Johnson Medical
School Program**

Sponsor: UMDNJ-Robert Wood Johnson Medical School
St Peter's University Hospital

Prgm Director: Dennis A Cardone, DO
Dept of Family Medicine, MEB 278C
One Robert Wood Johnson Place
New Brunswick, NJ 08903

Tel: 732 235-7669 *Fax:* 732 235-6309

Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-33-21-030

New York**Buffalo****University at Buffalo Program**

Sponsor: University at Buffalo

Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Prgm Director: John J Leddy, MD

160 Farber Hall
Buffalo, NY 14214

Tel: 716 829-2070 *Fax:* 716 568-3022

Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-35-31-084

North Carolina**Durham****Duke University Hospital Program**

Sponsor: Duke University Hospital

Prgm Director: Jeffrey R Bytomski, DO
Box 3672
Durham, NC 27710

Tel: 919 684-3591 *Fax:* 919 681-6357

E-mail: bytom001@mc.duke.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-36-13-065

Greensboro**Moses H Cone Memorial Hospital
Program**

Sponsor: Moses H Cone Memorial Hospital

Prgm Director: Karl B Fields, MD
1125 N Church Street
Greensboro, NC 27401

Tel: 336 832-8132 *Fax:* 336 832-7078

Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 127-36-21-023

Greenville**Pitt County Memorial Hospital/East
Carolina University Program**

Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine

Prgm Director: Joseph P Garry, MD
4N70 Brody Building
600 Moye Boulevard
Greenville, NC 27858

Tel: 252 744-2601 *Fax:* 252 744-4614

Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-36-12-063

Winston-Salem**Wake Forest University School of
Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center

Prgm Director: Douglas G Browning, MD
Medical Center Boulevard
Winston-Salem, NC 27157

Tel: 336 716-2794 *Fax:* 336 716-9126

E-mail: dbrownin@wfubmc.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-36-21-048

Ohio

Cleveland

Fairview Hospital Program

Sponsor: Fairview Hospital
Cleveland Clinic Foundation
Prgm Director: Robert J Dimeff, MD
9500 Euclid Avenue, A-41
Cleveland, OH 44195
Tel: 216 444-2185 *Fax:* 216 445-7362
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-38-21-047

Columbus

Grant Medical Center (OhioHealth) Program

Sponsor: Grant Medical Center (OhioHealth)
Children's Hospital (Columbus)
McConnell Heart Health Center
Prgm Director: Thomas L Pommering, DO
111 South Grant Avenue
Medical Education Department
Columbus, OH 43215
Tel: 614 566-9041 *Fax:* 614 566-8073
E-mail: bsnyder@ohiohealth.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-38-21-009

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Prgm Director: John A Lombardo, MD
2050 Kenny Road
Columbus, OH 43221
Tel: 614 293-5260 *Fax:* 614 293-4399
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 127-38-21-031

Toledo

Toledo Hospital Program

Sponsor: Toledo Hospital
Prgm Director: Roger J Kruse, MD
2865 N Reynolds Rd #140
Toledo, OH 43615
Tel: 419 578-7590 *Fax:* 419 537-5605
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 127-38-31-011

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
OU Medical Center
Prgm Director: James R Barrett, MD
900 NE 10th Street
Oklahoma City, OK 73104
Tel: 405 271-8818 *Fax:* 405 271-4366
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-39-21-012

Tulsa

University of Oklahoma College of Medicine-Tulsa Program

Sponsor: University of Oklahoma College of Medicine-Tulsa
Saint Francis Health System
Prgm Director: T Jeffrey Emel, MD
6475 S Yale Suite 301
Tulsa, OK 74136
Tel: 918 494-9300 *Fax:* 918 494-9355
E-mail: nlang@eocc.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-39-31-013

Pennsylvania

Erie

St Vincent Health Center Program

Sponsor: St Vincent Health Center
Prgm Director: Jonathan D McKrell, MD
2314 Sassafras Street
3rd Floor
Erie, PA 16502
Tel: 814 452-5106 *Fax:* 814 452-5097
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-41-21-061

Philadelphia

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: John McShane, MD
1015 Walnut Street, Suite 401
Philadelphia, PA 19107
Tel: 215 955-0638 *Fax:* 215 955-0640
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-41-21-024

Pittsburgh

University of Pittsburgh Medical Center Medical Education (St Margaret) Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC St Margaret
Prgm Director: David A Stone, MD
UPMC St Margaret, c/o Room 519 SON Shadyside
5230 Centre Avenue
Pittsburgh, PA 15232
Tel: 412 623-2028 *Fax:* 412 623-6253
E-mail: pccmfellowship@upmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 127-41-31-025

University of Pittsburgh Medical Center Medical Education/Presbyterian Shadyside Hospital Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Prgm Director: David A Stone, MD
Dept of Family Medicine
5230 Centre Avenue - Room 519
Pittsburgh, PA 15232
Tel: 412 623-2028 *Fax:* 412 623-6253
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-41-21-014

Upland

Crozer-Keystone Health System Program

Sponsor: Crozer-Chester Medical Center
Springfield Hospital
Prgm Director: Brian J Shiple, DO
1260 E Woodland Avenue, Suite 200
Springfield, PA 19064
Tel: 610 690-4491 *Fax:* 610 328-9391
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-41-21-033

South Carolina

Columbia

Palmetto Health/University of South Carolina School of Medicine Program

Sponsor: Palmetto Health
Palmetto Health Richland
Prgm Director: Thomas D Armsey, MD
3209 Colonial Drive
Columbia, SC 29203
Tel: 803 434-6116 *Fax:* 803 434-7529
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-45-21-015

Tennessee

Knoxville

University of Tennessee Medical Center at Knoxville Program

Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee Memorial Hospital
Prgm Director: Kenneth M Bielak, MD, MBA
1924 Alcoa Highway
Box U-67
Knoxville, TN 37920
Tel: 865 544-9352 *Fax:* 865 544-6532
E-mail: kbielak@utk.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 127-47-21-044

Texas

Dallas

Methodist Hospitals of Dallas/University of Texas Southwestern Medical School Program

Sponsor: Methodist Hospitals of Dallas
Charlton Methodist Hospital
Prgm Director: David S Ross, MD
3500 W Wheatland Road
Dallas, TX 75237
Tel: 214 947-5420 *Fax:* 214 947-5425
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-48-21-016

Fort Worth

John Peter Smith Hospital (Tarrant County Hospital District) Program

Sponsor: John Peter Smith Hospital (Tarrant County Hospital District)
Michael E DeBakey VA Medical Center - Houston
Prgm Director: James J Barbee, MD
1500 S Main Street
Fort Worth, TX 76104
Tel: 817 927-1200 *Fax:* 817 927-1691
E-mail: jbarbee@jpshealthnetwork.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 127-48-21-073

Lubbock

Texas Tech University (Lubbock) Program

Sponsor: Texas Tech University Health Sciences Center at Lubbock
Covenant Health System
University Medical Center
Prgm Director: Jeff Paxton, MD
3601 4th Street
Lubbock, TX 79430
Tel: 806 743-2770 *Fax:* 806 743-3955
Length: 1 Yr
Program ID: 127-48-12-081

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio

Prgm Director: Walter L Calmbach, MD
7703 Floyd Curl Drive, Suite 610-L
Mailbox 7795

San Antonio, TX 78229

Tel: 210 358-3930 *Fax:* 210 223-6940

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 127-48-21-027

Utah**Provo****Utah Valley Regional Medical Center Program**

Sponsor: Utah Valley Regional Medical Center

Prgm Director: Matt Rousch, MD

1134 North 500 West, Suite 102

Provo, UT 84604

Tel: 801 357-7940 *Fax:* 801 357-7927

E-mail: uvemarti@ihc.com

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 127-49-21-058

Salt Lake City**University of Utah Program**

Sponsor: University of Utah Medical Center

Prgm Director: Elizabeth Joy, MD

555 Foothill Boulevard

Salt Lake City, UT 84112

Tel: 801 581-8000 *Fax:* 801 585-5393

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 127-49-31-059

Virginia**Fort Belvoir****National Capital Consortium (DeWitt Army Community Hospital) Program**

Sponsor: National Capital Consortium

DeWitt Army Community Hospital

Malcolm Grow Medical Center

Virginia Hospital Center-Arlington

Prgm Director: Fred H Brennan, DO*

4301 Jones Bridge Road

Bethesda, MD 20814

Tel: 301 295-3632 *Fax:* 301 295-3100

E-mail: fredb87@hotmail.com

Length: 1 Yr *ACGME Approved/Offered Positions:* 4

Program ID: 127-51-21-037

US Armed Services Program

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine

University of Washington Medical Center

Prgm Director: Kimberly G Harmon, MD*

Hall Health Primary Care Center

Box 354410

Seattle, WA 98195

Tel: 206 685-1044 *Fax:* 206 616-8652

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 127-54-21-039

West Virginia**Huntington****Marshall University School of Medicine Program**

Sponsor: Marshall University School of Medicine

Cabell Huntington Hospital

Prgm Director: Ross M Patton, MD

1600 Medical Center Drive #1500

Huntington, WV 25701

Tel: 304 691-1189 *Fax:* 304 691-1153

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 127-55-31-062

Wisconsin**Milwaukee****Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated

Hospitals Inc

Froedtert Memorial Lutheran Hospital

Prgm Director: Craig C Young, MD

c/o Dr Craig Young Box 26099

9200 West Wisconsin Avenue

Milwaukee, WI 53226

Tel: 414 805-7463 *Fax:* 414 805-7499

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 127-56-21-029

Sports Medicine (Internal Medicine)**Indiana****Muncie****Ball Memorial Hospital Program**

Sponsor: Ball Memorial Hospital

Prgm Director: Thomas L Sevier, MD

Medical Education Department

2401 W University Avenue

Muncie, IN 47303

Tel: 765 747-4366

Length: 1 Yr *ACGME Approved/Offered Positions:* 2

Program ID: 157-17-21-002

Pennsylvania**Philadelphia****Pennsylvania Hospital of the University of Pennsylvania Health System Program**

Sponsor: Pennsylvania Hospital (UPHS)

Prgm Director: Gary W Dorshimer, MD

727 Delancey Street

Philadelphia, PA 19106

Tel: 215 829-3523 *Fax:* 215 829-6023

E-mail: byrneR@pahosp.com

Length: 1 Yr *ACGME Approved/Offered Positions:* 1

Program ID: 157-41-12-004

Surgery-General

Alabama

Birmingham

Baptist Health System Program

Sponsor: Baptist Health System Inc
Baptist Medical Center-Montclair
Baptist Medical Center-Princeton
Prgm Director: William J Tapscott, MD*
701 Princeton Avenue SW
4 East
Birmingham, AL 35211
Tel: 205 783-3191 *Fax:* 205 783-3164
E-mail: billytapmd@aol.com
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 440-01-21-020

Carraway Methodist Medical Center Program

Sponsor: Carraway Methodist Medical Center
DCH Regional Medical Center
Prgm Director: Kimball I Mauli, MD
Department of Surgical Education
1600 Carraway Boulevard
Birmingham, AL 35234
Tel: 205 502-6230 *Fax:* 205 502-1575
Length: 5 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 440-01-12-021

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Cooper Green Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Marshall M Urist, MD*
1922 7th Avenue South
Room 301 Kracke Building
Birmingham, AL 35294
Tel: 205 975-2190 *Fax:* 205 975-2199
Length: 5 Yrs *ACGME Approved/Offered Positions:* 47
Program ID: 440-01-21-022

Mobile

University of South Alabama Medical Center Program

Sponsor: University of South Alabama Hospitals
USA Children's and Women's Hospital
USA Knollwood Park Hospital
Prgm Director: Joseph LoCicero, MD
2451 Fillingim Street
Department of General Surgery
Mobile, AL 36617
Tel: 251 471-7993 *Fax:* 251 471-7022
Length: 5 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 440-01-11-024

Arizona

Phoenix

Banner Good Samaritan Medical Center Program

Sponsor: Banner Good Samaritan Medical Center
Carl T Hayden Veterans Affairs Medical Center
(Phoenix)
Prgm Director: John J Ferrara, MD
1300 N 12th Street, Suite 619
Phoenix, AZ 85006
Tel: 602 239-2282 *Fax:* 602 495-9112
E-mail: angi.bennett@bannerhealth.com
Length: 5 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 440-03-22-026

Maricopa Medical Center Program

Sponsor: Maricopa Medical Center
Mayo Clinic (Scottsdale)
Prgm Director: Kevin N Foster, MD*
Department of Surgery
2601 E Roosevelt St
Phoenix, AZ 85008
Tel: 602 344-5600 *Fax:* 602 344-5048
Length: 5 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 440-03-22-025

Scottsdale

Mayo School of Graduate Medical Education (Scottsdale) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Scottsdale)
Mayo Clinic Hospital
Prgm Director: Richard J Gray, MD*
13400 East Shea Boulevard
Scottsdale, AZ 85259
Tel: 480 301-8000 *Fax:* 480 301-7346
Length: 5 Yrs *ACGME Approved/Offered Positions:* 17
Program ID: 440-03-21-402

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
Tucson Medical Center
University Medical Center
Prgm Director: James A Warneke, MD
Dept of Surgery/Room 5334
1501 N Campbell Avenue /POB 245058
Tucson, AZ 85724
Tel: 520 626-7747 *Fax:* 520 626-2247
E-mail: sellis@email.arizona.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 43
Program ID: 440-03-21-027

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Baptist Medical Center
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Joseph C Jensen, MD
Department of Surgery, Slot 520
4301 West Markham Street
Little Rock, AR 72205
Tel: 501 686-6627 *Fax:* 501 686-5696
Length: 5 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 440-04-21-029

California

Bakersfield

Kern Medical Center Program

Sponsor: Kern Medical Center
Prgm Director: Ray S Chung, MD
1830 Flower Street
Bakersfield, CA 93305
Tel: 661 326-2276 *Fax:* 661 326-2282
Length: 5 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 440-05-31-030

Fresno

University of California (San Francisco)/Fresno Program

Sponsor: UCSF-Fresno Medical Education Program
Children's Hospital Central California
Community Medical Centers-University Medical Center
VA Central California Health Care System
Prgm Director: Steven N Parks, MD
Department of Surgery
445 S Cedar Avenue
Fresno, CA 93702
Tel: 559 459-3770 *Fax:* 559 459-3719
E-mail: surgp@ucsfresno.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 440-05-21-082

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Arrowhead Regional Medical Center
Jerry L Pettis Memorial Veterans Hospital
Kaiser Foundation Hospital (Fontana)
Riverside County Regional Medical Center
Prgm Director: Arnold Tabuenca, MD
11175 Campus Street
Room 21108
Loma Linda, CA 92354
Tel: 909 558-4289 *Fax:* 909 558-4872
Length: 5 Yrs *ACGME Approved/Offered Positions:* 53
Program ID: 440-05-21-034

Los Angeles

Cedars-Sinai Medical Center Program

Sponsor: Cedars-Sinai Medical Center
Prgm Director: Alan T Lefor, MD, MPH
Dept of Surgery
8700 Beverly Blvd #8215
Los Angeles, CA 90048
Tel: 310 423-5874 *Fax:* 310 423-2694
Length: 5 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 440-05-11-037

Kaiser Permanente Southern California (Los Angeles) Program

Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
LAC+USC Medical Center
Prgm Director: J Craig Collins, MD
4760 Sunset Blvd, 3rd Floor
Department of Surgery
Los Angeles, CA 90027
Tel: 323 783-5442 *Fax:* 323 783-8747
E-mail: hilma.y.balajan@kp.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 23
Program ID: 440-05-12-038

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
Olive View/UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Darryl T Hiyama, MD
72-244 CHS
Box 956904
Los Angeles, CA 90095
Tel: 310 825-6557 *Fax:* 310 267-0369
E-mail: dhiyama@mednet.ucla.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 68
Program ID: 440-05-21-042

University of Southern California/ LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center
USC University Hospital
Prgm Director: Jeffrey A Hagen, MD*
1510 San Pablo Street, Suite 514
Los Angeles, CA 90033
Tel: 323 442-5759 *Fax:* 323 442-6887
Length: 5 Yrs *ACGME Approved/Offered Positions:* 64
Program ID: 440-05-11-039

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
VA Long Beach Healthcare System
Prgm Director: Russell A Williams, MD
Department of Surgery
101 The City Drive
Orange, CA 92368
Tel: 714 456-7252 *Fax:* 714 456-8205
E-mail: mdolich@uci.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 38
Program ID: 440-05-21-033

Pasadena

Huntington Memorial Hospital Program

Sponsor: Huntington Memorial Hospital
Prgm Director: Steven G Katz, MD
100 West California Boulevard
PO Box 7013
Pasadena, CA 91109
Tel: 626 397-5160 *Fax:* 626 395-2914
E-mail: jane.larkin@huntingtonhospital.com
Length: 5 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 440-05-11-047

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
Kaiser Foundation Hospital (Sacramento)
University of California (Davis) Medical Center
Prgm Director: Lynette A Scherer, MD
2315 Stockton Blvd
Room 6309
Sacramento, CA 95817
Tel: 916 734-2724 *Fax:* 916 734-5633
Length: 5 Yrs *ACGME Approved/Offered Positions:* 60
Program ID: 440-05-21-031

San Diego

Naval Medical Center (San Diego) Program

Sponsor: Naval Medical Center (San Diego)
Scripps Mercy Hospital
Prgm Director: Robert P Carrillo, MD
34800 Bob Wilson Drive
San Diego, CA 92134
Tel: 619 532-7579 *Fax:* 619 532-7673
Length: 5 Yrs *ACGME Approved/Offered Positions:* 40
Program ID: 440-05-12-013
US Armed Services Program

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: David Easter, MD
200 W Arbor Dr
Mail Code 8402
San Diego, CA 92103
Tel: 619 543-6889 *Fax:* 619 543-3763
E-mail: crunge@ucsd.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 46
Program ID: 440-05-21-048

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
Kaiser Permanente Medical Center (San Francisco)
Mount Zion Medical Center of the University of California
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Linda M Reilly, MD
513 Parnassus Ave, S920
Department of Surgery
San Francisco, CA 94143
Tel: 415 476-1239 *Fax:* 415 476-1734
Length: 5 Yrs *ACGME Approved/Offered Positions:* 79
Program ID: 440-05-21-052

University of California San Francisco (East Bay) Program

Sponsor: University of California (San Francisco) School of Medicine
Alameda County Medical Center
University of California (Davis) School of Medicine
University of California (San Francisco) Medical Center
Prgm Director: Terrence H Liu, MD
Department of Surgery
1411 East 31st Street
Oakland, CA 94602
Tel: 510 437-4837 *Fax:* 510 437-5017
Length: 5 Yrs *ACGME Approved/Offered Positions:* 48
Program ID: 440-05-21-389

Santa Barbara

Santa Barbara Cottage Hospital Program

Sponsor: Santa Barbara Cottage Hospital
Prgm Director: Kenneth Waxman, MD
PO Box 689
Pueblo at Bath St
Santa Barbara, CA 93102
Tel: 805 569-7316 *Fax:* 805 569-7317
Length: 5 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 440-05-12-053

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Kaiser Permanente Medical Center (Santa Clara)
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Prgm Director: Ralph Greco, MD
300 Pasteur Drive, Suite H-3591
Stanford, CA 94305
Tel: 650 736-1355 *Fax:* 650 736-1663
Length: 5 Yrs *ACGME Approved/Offered Positions:* 57
Program ID: 440-05-21-054

Stockton

San Joaquin General Hospital Program

Sponsor: San Joaquin General Hospital
St Joseph's Medical Center
University of California (Davis) Medical Center
Prgm Director: Nathaniel M Matolo, MD
Department of Surgery
500 West Hospital Road
French Camp, CA 95231
Tel: 209 468-6620 *Fax:* 209 468-6246
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 440-05-12-055

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Christian M de Virgilio, MD
1000 West Carson Street
Box 461
Torrance, CA 90509
Tel: 310 222-2702 *Fax:* 310 782-1562
Length: 5 Yrs *ACGME Approved/Offered Positions:* 39
Program ID: 440-05-21-056

Travis AFB

David Grant Medical Center Program

Sponsor: David Grant Medical Center
Kaiser Foundation Hospital (Vallejo)
University of California (Davis) Medical Center
Prgm Director: Jon Perlestein, MD
60th MSGS/SGCQR
101 Bodin Circle
Travis AFB, CA 94535
Tel: 707 423-5180 *Fax:* 707 423-7479
Length: 5 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 440-05-31-001
US Armed Services Program

Colorado

Denver

Exempla St Joseph Hospital Program

Sponsor: Exempla Saint Joseph Hospital
Denver Health Medical Center
Prgm Director: Jeffrey R Clark, MD
1835 Franklin Street
Denver, CO 80218
Tel: 303 837-7295 *Fax:* 303 866-8044
Length: 5 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 440-07-22-057

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
University of Colorado Hospital
Veterans Affairs Medical Center (Denver)
Prgm Director: Mark R Nehler, MD
4200 East Ninth Avenue
Campus Box C-302
Denver, CO 80262
Tel: 303 315-7448
Length: 5 Yrs *ACGME Approved/Offered Positions:* 65
Subspecialties: CCS
Program ID: 440-07-21-058

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Hartford Hospital
New Britain General Hospital
St Francis Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Joseph M Civetta, MD
Department of Surgery
263 Farmington Avenue
Farmington, CT 06030
Tel: 860 679-3467 *Fax:* 860 679-1460
Length: 5 Yrs *ACGME Approved/Offered Positions:* 49
Program ID: 440-08-21-390

New Haven

Hospital of St Raphael Program

Sponsor: Hospital of St Raphael
Prgm Director: Kenneth A Ciardiello, MD
 1450 Chapel Street
 New Haven, CT 06511
Tel: 203 789-3503 *Fax:* 203 867-5248
Length: 5 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 440-08-21-063

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
 Bridgeport Hospital
 Veterans Affairs Medical Center (West Haven)
Prgm Director: Walter E Longo, MD*
 Department of Surgery
 333 Cedar Street
 New Haven, CT 06520
Tel: 203 785-2616 *Fax:* 203 737-5209
Length: 5 Yrs *ACGME Approved/Offered Positions:* 47
Program ID: 440-08-21-064

Stamford

Stamford Hospital/Columbia University College of Physicians and Surgeons Program

Sponsor: Stamford Hospital
Prgm Director: Timothy S Hall, MD*
 30 Shelburne Road
 Stamford, CT 06904
Tel: 203 276-7470 *Fax:* 203 276-7089
Length: 5 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 440-08-21-364

Waterbury

St Mary's Hospital (Waterbury) Program

Sponsor: St Mary's Hospital
Prgm Director: Stanley J Dudrick, MD
 56 Franklin Street
 Department of Surgery
 Waterbury, CT 06706
Tel: 203 709-6314 *Fax:* 203 709-6089
Length: 5 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 440-08-31-065

Waterbury Hospital Health Center Program

Sponsor: Waterbury Hospital Health Center
Prgm Director: Edward M Kwasnik, MD
 64 Robbins St
 Waterbury, CT 06721
Tel: 203 573-7257 *Fax:* 203 573-6073
Length: 5 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 440-08-11-066

Delaware

Wilmington

Christiana Care Health Services Program

Sponsor: Christiana Care Health Services Inc
Prgm Director: Giberson Frederick, MD*
 4735 Ogletown-Stanton Road
 Suite 2121, MAP-2
 Newark, DE 19713
Tel: 302 733-4503 *Fax:* 302 733-4513
E-mail: fgiberson@christianacare.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 440-09-11-067

District of Columbia

Washington

George Washington University Program

Sponsor: George Washington University School of Medicine
 George Washington University Hospital (UHS)
 Holy Cross Hospital of Silver Spring
 Veterans Affairs Medical Center (Washington DC)
Prgm Director: Paul Lin, MD
 Mail Stop AN6B426
 2150 Pennsylvania Avenue, NW
 Washington, DC 20037
Tel: 202 741-3203 *Fax:* 202 741-3219
Length: 5 Yrs *ACGME Approved/Offered Positions:* 33
Program ID: 440-10-21-069

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
 Veterans Affairs Medical Center (Washington DC)
 Virginia Hospital Center-Arlington
Prgm Director: Stephen R Evans, MD
 3800 Reservoir Road, NW (3 PHC)
 Department of Surgery, Office of Education
 Washington, DC 20007
Tel: 202 444-1233 *Fax:* 202 444-7422
Length: 5 Yrs *ACGME Approved/Offered Positions:* 34
Program ID: 440-10-21-068

Howard University Program

Sponsor: Howard University Hospital
 Providence Hospital
Prgm Director: Debra H Ford, MD
 2041 Georgia Avenue, NW
 Washington, DC 20060
Tel: 202 865-1446 *Fax:* 202 865-1666
E-mail: surgery@howard.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 33
Program ID: 440-10-21-070

Washington Hospital Center Program

Sponsor: Washington Hospital Center
Prgm Director: John R Kirkpatrick, MD
 110 Irving St, NW
 Suite G253
 Washington, DC 20010
Tel: 202 877-5133 *Fax:* 202 877-3502
E-mail: stephanie.e.morgan@medstar.net
Length: 5 Yrs *ACGME Approved/Offered Positions:* 41
Program ID: 440-10-31-071

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
 North Florida/South Georgia Veterans Health System
 Shands Hospital at the University of Florida
Prgm Director: William G Cance, MD
 Shands Hospital
 PO Box 100286
 Gainesville, FL 32610
Tel: 352 265-7973 *Fax:* 352 265-3292
Length: 5 Yrs *ACGME Approved/Offered Positions:* 40
Program ID: 440-11-21-072

Jacksonville

Mayo School of Graduate Medical Education (Jacksonville) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Jacksonville)
 Orlando Regional Healthcare
Prgm Director: Ronald A Hinder, MD, PhD
 4500 San Pablo Road
 Jacksonville, FL 32224
Tel: 904 953-0421 *Fax:* 904 953-0430
E-mail: Cleary.Margaret@Mayo.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 440-11-21-405

University of Florida Health Science Center/Jacksonville Program

Sponsor: University of Florida College of Medicine at Jacksonville
 Shands Jacksonville Medical Center
Prgm Director: Richard A Crass, MD, MBA
 Department of Surgery
 653 W 8th St, 3rd Floor Faculty Clinic
 Jacksonville, FL 32209
Tel: 904 244-5502 *Fax:* 904 244-3870
E-mail: kathy.garvin@jax.ufl.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 440-11-21-073

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
 Veterans Affairs Medical Center (Miami)
Prgm Director: Duane G Hutson, MD
 Department of Surgery, (R310)
 PO Box 016310
 Miami, FL 33101
Tel: 305 585-1280 *Fax:* 305 585-6043
E-mail: TSpencer@med.miami.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 54
Program ID: 440-11-21-074

Miami Beach

Mount Sinai Medical Center of Florida Program

Sponsor: Mount Sinai Medical Center of Florida Inc
 Memorial Regional Hospital
 University of Miami Hospital and Clinics
Prgm Director: Manuel Sivina, MD
 4300 Alton Road, Suite 212A
 Miami Beach, FL 33140
Tel: 305 674-2760 *Fax:* 305 674-2769
Length: 5 Yrs *ACGME Approved/Offered Positions:* 17
Program ID: 440-11-22-075

Orlando

Orlando Regional Healthcare Program

Sponsor: Orlando Regional Healthcare
 Orlando Regional Medical Center
Prgm Director: Mark L Friedell, MD
 c/o Department of Surgical Education
 86 W Underwood Street, Suite 201
 Orlando, FL 32806
Tel: 407 841-5142 *Fax:* 407 648-3686
Length: 5 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 440-11-11-076

Tampa**University of South Florida Program**

Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
James A Haley Veterans Hospital
Tampa General Hospital
Veterans Affairs Medical Center (Bay Pines)
Prgm Director: Richard C Karl, MD
12901 Bruce B Downs Blvd
MDC Box 16
Tampa, FL 33612
Tel: 813 974-6159 *Fax:* 813 974-8106
Length: 5 Yrs *ACGME Approved/Offered Positions:* 40
Program ID: 440-11-31-078

Georgia**Atlanta****Atlanta Medical Center Program**

Sponsor: Atlanta Medical Center
Prgm Director: David Rosenthal, MD
303 Parkway Drive, NE
Dept of Surgery, Box 423
Atlanta, GA 30312
Tel: 404 265-4411 *Fax:* 404 265-4989
E-mail: docro@mindspring.com
Length: 5 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 440-12-22-080

Emory University Program

Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Piedmont Hospital
Veterans Affairs Medical Center (Atlanta)
Prgm Director: Thomas F Dodson, MD
H120 Emory Hospital
1364 Clifton Road, NE
Atlanta, GA 30322
Tel: 404 727-0093 *Fax:* 404 727-3316
E-mail: lynda_watts@emoryhealthcare.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 76
Program ID: 440-12-21-079

Morehouse School of Medicine Program

Sponsor: Morehouse School of Medicine
Grady Health System
Prgm Director: William L Weaver, MD
720 Westview Drive, SW
Atlanta, GA 30310
Tel: 404 616-3562 *Fax:* 404 616-3091
Length: 5 Yrs *ACGME Approved/Offered Positions:* 22
Program ID: 440-12-21-397

Augusta**Medical College of Georgia Program**

Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Prgm Director: John D Mellinger, MD*
General Surgery B1-4076
1120 15th Street
Augusta, GA 30912
Tel: 706 721-1423 *Fax:* 706 721-0972
Length: 5 Yrs *ACGME Approved/Offered Positions:* 45
Program ID: 440-12-31-082

Fort Gordon**Dwight David Eisenhower Army Medical Center Program**

Sponsor: Dwight David Eisenhower Army Medical Center
Prgm Director: James H North, MD
Bldg 300, E Hospital Rd, General Surgery Service
Fort Gordon, GA 30905
Tel: 706 787-2567 *Fax:* 706 787-2347
Length: 5 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 440-12-21-365
US Armed Services Program

Macon**Mercer University School of Medicine Program**

Sponsor: Medical Center of Central Georgia
Prgm Director: Martin L Dalton, MD
Medical Center of Central Georgia
777 Hemlock Street
Macon, GA 31201
Tel: 478 633-1367 *Fax:* 478 633-5153
E-mail: dalton.martin@mccg.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 440-12-21-083

Savannah**Mercer University School of Medicine (Savannah) Program**

Sponsor: Memorial Health-University Medical Center
Prgm Director: Steven Brower, MD
4700 Waters Avenue (31404)
PO Box 23089
Savannah, GA 31403
Tel: 912 350-5900 *Fax:* 912 350-5984
E-mail: browest1@memorialhealth.com
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 440-12-31-084

Hawaii**Honolulu****Tripler Army Medical Center Program**

Sponsor: Tripler Army Medical Center
Kaiser Foundation Hospital (Moanalua)
Prgm Director: Mathew H Chung, MD
Department of Surgery; MCHK-DSG
1 Jarrett White Road
Tripler AMC, HI 96859
Tel: 808 433-3435 *Fax:* 808 433-6539
Length: 5 Yrs *ACGME Approved/Offered Positions:* 22
Program ID: 440-14-12-008
US Armed Services Program

University of Hawaii Program

Sponsor: University of Hawaii John A Burns School of Medicine
Kuakini Medical Center
Queen's Medical Center
St Francis Medical Center
Straub Clinic and Hospital
Prgm Director: Danny M Takamishi, MD
1356 Lusitana Street, 6th Floor
Honolulu, HI 96813
Tel: 808 586-2920 *Fax:* 808 586-3022
Length: 5 Yrs *ACGME Approved/Offered Positions:* 29
Program ID: 440-14-21-085

Illinois**Chicago****McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern University
Evanston Hospital
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Prgm Director: Richard H Bell, MD
McGaw Medical Center - Galter 3-150
251 E Huron Street
Chicago, IL 60611
Tel: 312 926-8060 *Fax:* 312 926-7404
Length: 5 Yrs *ACGME Approved/Offered Positions:* 48
Program ID: 440-16-21-091

Rush University Medical Center Program

Sponsor: Rush University Medical Center
John H Stroger Hospital of Cook County
Prgm Director: Richard A Prinz, MD
1653 W Congress Pkwy
Suite 785 Jelke
Chicago, IL 60612
Tel: 312 942-6379 *Fax:* 312 942-2867
Length: 5 Yrs *ACGME Approved/Offered Positions:* 63
Program ID: 440-16-21-092

St Joseph Hospital Program

Sponsor: St Joseph Hospital
Prgm Director: Mark M Connolly, MD
2900 N Lake Shore Drive
Chicago, IL 60657
Tel: 773 665-6237 *Fax:* 773 665-6232
Length: 5 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 440-16-31-086

University of Chicago Program

Sponsor: University of Chicago Hospitals
John H Stroger Hospital of Cook County
Louis A Weiss Memorial Hospital
MacNeal Memorial Hospital
Prgm Director: Mitchell Posner, MD*
5841 S Maryland Avenue, MC-5031
Chicago, IL 60637
Tel: 773 702-6237 *Fax:* 773 702-2140
Length: 5 Yrs *ACGME Approved/Offered Positions:* 52
Program ID: 440-16-11-094

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
Advocate Christ Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Prgm Director: Jose R Cintron, MD
Department of Surgery, M/C 958
840 S Wood Street, Room 518E
Chicago, IL 60612
Tel: 312 996-6765 *Fax:* 312 996-1214
E-mail: uicsurgres@uic.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 56
Program ID: 440-16-21-395

University of Illinois College of Medicine at Chicago/Metropolitan Group Hospitals Program

Sponsor: University of Illinois College of Medicine at Chicago
Advocate Illinois Masonic Medical Center
Advocate Lutheran General Hospital
Mercy Hospital and Medical Center
St Francis Hospital
Prgm Director: Vijay K Maker, MD
Advocate Illinois Masonic Medical Center
836 West Wellington, Room 4813
Chicago, IL 60657
Tel: 773 296-7093 *Fax:* 773 296-5570
E-mail: Helen.Cereceda@advocatehealth.com
Length: 5 Yrs *ACGME Approved/Offered Positions:* 42
Program ID: 440-16-31-096

Maywood**Loyola University Program**

Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Resurrection Medical Center
Prgm Director: Sheryl G Gabram, MD, MBA
Department of Surgery
2160 South First Avenue
Maywood, IL 60153
Tel: 708 327-2695 *Fax:* 708 327-3565
Length: 5 Yrs *ACGME Approved/Offered Positions:* 49
Program ID: 440-16-21-099

North Chicago

The Chicago Medical School at Rosalind Franklin University of Medicine and Science Program

Sponsor: Chicago Medical School/Rosalind Franklin Univ of Med & Sci
Mount Sinai Hospital Medical Center of Chicago
Swedish Covenant Hospital
Prgm Director: Thomas Vargish, MD*
Mount Sinai Medical Center
California Avenue at 15th Street
Chicago, IL 60608
Tel: 773 257-6464 *Fax:* 773 257-6548
E-mail: andrea.wortham@rosalindfranklin.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 440-16-21-385

Peoria

University of Illinois College of Medicine at Peoria Program

Sponsor: University of Illinois College of Medicine at Peoria
OSF St Francis Medical Center
Prgm Director: Norman C Estes, MD
Department of Surgery
624 NE Glen Oak, North Bldg 2nd Floor
Peoria, IL 61603
Tel: 309 655-2383 *Fax:* 309 655-3630
Length: 5 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 440-16-21-101

Springfield

Southern Illinois University Program

Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Prgm Director: Gary L Dunnington, MD*
800 N Rutledge
PO Box 19638
Springfield, IL 62794
Tel: 217 545-4401 *Fax:* 217 545-2529
E-mail: bcarter@siu-med.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 440-16-21-102

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Methodist Hospital of Indiana
Clarian Riley Hospital for Children
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital
Prgm Director: Keith D Lillemoe, MD
205 Emerson Hall
545 Barnhill Drive
Indianapolis, IN 46202
Tel: 317 274-4966 *Fax:* 317 274-8769
Length: 5 Yrs *ACGME Approved/Offered Positions:* 63
Program ID: 440-17-21-103

Iowa

Des Moines

Central Iowa Health System (Iowa Methodist Medical Center) Program

Sponsor: Central Iowa Health System (Iowa Methodist/Iowa Lutheran)
Broadlawn Medical Center
Veterans Affairs Central Iowa Health Care System
Prgm Director: Douglas B Dorner, MD
1415 Woodland Avenue
Suite 140
Des Moines, IA 50309
Tel: 515 241-5901 *Fax:* 515 241-4080
Length: 5 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 440-18-22-105

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: William J Sharp, MD
Department of Surgery
200 Hawkins Drive, #1516JCP
Iowa City, IA 52242
Tel: 319 356-1907 *Fax:* 319 384-6306
Length: 5 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 440-18-21-107

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
Dwight D Eisenhower Veterans Affairs Medical Center
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Prgm Director: Kurt P Schropp, MD*
Room 5046, Sudler
3901 Rainbow Blvd
Kansas City, KS 66160
Tel: 913 588-6124 *Fax:* 913 588-6195
E-mail: kcollins@kumc.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 440-19-21-108

Wichita

University of Kansas (Wichita) Program

Sponsor: University of Kansas School of Medicine (Wichita)
Via Christi Regional Medical Center-St Francis Wesley Medical Center
Prgm Director: Jacqueline S Osland, MD*
Department of Surgery
929 North St Francis Room 3082
Wichita, KS 67214
Tel: 316 268-5990 *Fax:* 316 291-7662
Length: 5 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 440-19-21-387

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine
University of Kentucky Hospital
Veterans Affairs Medical Center (Lexington)
Prgm Director: Eric D Endean, MD
General Surgery
800 Rose Street, C224
Lexington, KY 40536
Tel: 859 323-6346 *Fax:* 859 323-6840
Length: 5 Yrs *ACGME Approved/Offered Positions:* 49
Program ID: 440-20-21-112

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
Jewish Hospital
Kosair Children's Hospital (Norton Healthcare, Inc)
Norton Healthcare - Norton Hospital
University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)
Prgm Director: William G Cheadle, MD
Department of Surgery
Health Sciences Center
Louisville, KY 40292
Tel: 502 852-6191 *Fax:* 502 852-8915
Length: 5 Yrs *ACGME Approved/Offered Positions:* 49
Subspecialties: HSS
Program ID: 440-20-21-113

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
Earl K Long Medical Center
Medical Center of Louisiana at New Orleans
University Medical Center (Lafayette)
Veterans Affairs Medical Center (New Orleans)
Prgm Director: J Patrick O'Leary, MD
1542 Tulane Ave
7th Floor
New Orleans, LA 70112
Tel: 504 568-4751 *Fax:* 504 568-2906
E-mail: jpolea@lsuhsc.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 63
Program ID: 440-21-21-114

Ochsner Clinic Foundation Program

Sponsor: Ochsner Clinic Foundation
Leonard J Chabert Medical Center
Prgm Director: George M Fuhrman, MD
Department of Surgery
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-4070 *Fax:* 504 842-3124
Length: 5 Yrs *ACGME Approved/Offered Positions:* 29
Program ID: 440-21-22-115

Tulane University Program

Sponsor: Tulane University School of Medicine
Huey P Long Regional Medical Center
Medical Center of Louisiana at New Orleans
Tulane University Hospital and Clinics
Prgm Director: Robert L Hewitt, MD
1430 Tulane Ave
Department of Surgery SL22
New Orleans, LA 70112
Tel: 504 888-1662 *Fax:* 504 988-1874
Length: 5 Yrs *ACGME Approved/Offered Positions:* 43
Program ID: 440-21-21-116

Shreveport**Louisiana State University (Shreveport) Program**

Sponsor: LSU Health Sciences Center-University Hospital
 E A Conway Medical Center
 Overton Brooks Veterans Affairs Medical Center
Prgm Director: Donnie F Aultman, MD
 1501 E Kings Hwy
 PO Box 33932
 Shreveport, LA 71130
Tel: 318 675-6111 *Fax:* 318 675-6141
Length: 5 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 440-21-21-117

Maine**Portland****Maine Medical Center Program**

Sponsor: Maine Medical Center
Prgm Director: Michael R Curci, MD
 Department of Surgery
 22 Bramhall Street
 Portland, ME 04102
Tel: 207 871-2515 *Fax:* 207 871-6389
Length: 5 Yrs *ACGME Approved/Offered Positions:* 17
Program ID: 440-22-21-119

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Bayview Medical Center
 Johns Hopkins Hospital
 Sinai Hospital of Baltimore
Prgm Director: Julie A Freischlag, MD
 600 North Wolfe Street
 655 Blalock
 Baltimore, MD 21287
Tel: 443 287-3497 *Fax:* 443 287-3500
Length: 5 Yrs *ACGME Approved/Offered Positions:* 58
Program ID: 440-23-21-392

St Agnes HealthCare Program

Sponsor: St Agnes Hospital
Prgm Director: Richard K Spence, MD
 900 Caton Avenue
 Department of Surgery - Box 207
 Baltimore, MD 21229
Tel: 410 368-2718 *Fax:* 410 951-4007
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 440-23-22-123

Union Memorial Hospital Program

Sponsor: Union Memorial Hospital
 Franklin Square Hospital Center
Prgm Director: Richard F Heitmiller, MD
 201 E University Parkway
 Baltimore, MD 21218
Tel: 410 554-2063 *Fax:* 410 554-2299
Length: 5 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 440-23-21-127

University of Maryland Program

Sponsor: University of Maryland Medical System
 Mercy Medical Center
 Veterans Affairs Medical Center (Baltimore)
Prgm Director: Barbara L Bass, MD
 22 South Greene Street
 Baltimore, MD 21201
Tel: 410 328-5877 *Fax:* 410 328-5919
E-mail: bbass@smail.umaryland.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 40
Program ID: 440-23-21-128

Bethesda**National Capital Consortium (Bethesda) Program**

Sponsor: National Capital Consortium
 National Naval Medical Center (Bethesda)
Prgm Director: John W DeNobile, MD
 Department of General Surgery
 8901 Wisconsin Avenue
 Bethesda, MD 20889
Tel: 301 295-4435 *Fax:* 301 295-0959
Length: 5 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 440-23-21-014
US Armed Services Program

National Capital Consortium Program

Sponsor: National Capital Consortium
 Walter Reed Army Medical Center
Prgm Director: Col MC Craig D Shriver, MD
 Heaton Pavilion, General Surgery Service/5C
 6900 Georgia Avenue
 Washington, DC 20307
Tel: 202 782-3418 *Fax:* 202 782-4260
E-mail: craig.shriver@na.amedd.army.mil
Length: 5 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 440-10-11-007
US Armed Services Program

Massachusetts**Boston****Beth Israel Deaconess Medical Center Program**

Sponsor: Beth Israel Deaconess Medical Center
 Mount Auburn Hospital
Prgm Director: Josef E Fischer, MD
 110 Francis Street, Suite 3A
 Boston, MA 02215
Tel: 617 632-9770 *Fax:* 617 632-7424
Length: 5 Yrs *ACGME Approved/Offered Positions:* 71
Program ID: 440-24-31-409

Boston University Medical Center Program

Sponsor: Boston Medical Center
 Veterans Affairs Medical Center (Boston)
Prgm Director: James M Becker, MD
 Boston Medical Center
 88 E Newton St Room C515
 Boston, MA 02118
Tel: 617 638-8442
Length: 5 Yrs *ACGME Approved/Offered Positions:* 46
Program ID: 440-24-21-131

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital
 Boston VA Healthcare System (Brockton-West Roxbury)
 Faulkner Hospital
Prgm Director: Stanley W Ashley, MD
 75 Francis Street
 CA-034
 Boston, MA 02115
Tel: 617 732-6730 *Fax:* 617 739-1728
E-mail: surgeryeducation@partners.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 49
Program ID: 440-24-21-135

Caritas St Elizabeth's Medical Center Program

Sponsor: Caritas St Elizabeth's Medical Center of Boston
 Good Samaritan Medical Center-Cushing Campus
Prgm Director: Marvin J Lopez, MD
 736 Cambridge St
 Boston, MA 02135
Tel: 617 789-2990 *Fax:* 617 789-3419
E-mail: Linda.J.Smith@cchcs.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 23
Program ID: 440-24-21-136

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
 Salem Hospital
Prgm Director: Charles M Ferguson, MD
 Surgical Residency Office
 55 Fruit Street, GRB 425
 Boston, MA 02114
Tel: 617 726-2800 *Fax:* 617 724-3499
Length: 5 Yrs *ACGME Approved/Offered Positions:* 58
Program ID: 440-24-31-132

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: William C Mackey, MD
 750 Washington Street
 Boston, MA 02111
Tel: 617 636-5927 *Fax:* 617 636-8003
Length: 5 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 440-24-21-134

Burlington**Lahey Clinic Program**

Sponsor: Lahey Clinic
Prgm Director: David Brams, MD
 41 Mall Road
 Burlington, MA 01805
Tel: 781 744-8585 *Fax:* 781 744-3646
Length: 5 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 440-24-21-401

Pittsfield**Berkshire Medical Center Program**

Sponsor: Berkshire Medical Center
Prgm Director: Parvis J Sadighi, MD
 Berkshire Medical Center
 725 North Street
 Pittsfield, MA 01201
Tel: 413 447-2741 *Fax:* 413 447-2766
Length: 5 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 440-24-31-137

Springfield**Baystate Medical Center/Tufts University School of Medicine Program**

Sponsor: Baystate Medical Center
Prgm Director: Richard B Wait, MD, PhD
 759 Chestnut Street
 Springfield, MA 01199
Tel: 413 794-5165 *Fax:* 413 794-1835
Length: 5 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 440-24-11-138

Worcester**University of Massachusetts Program**

Sponsor: University of Massachusetts Medical School
Prgm Director: Giles Whalen, MD*
 55 Lake Avenue North
 Department of Surgery
 Worcester, MA 01655
Tel: 508 856-3744 *Fax:* 508 334-3306
Length: 5 Yrs *ACGME Approved/Offered Positions:* 43
Program ID: 440-24-21-139

Michigan

Ann Arbor

St Joseph Mercy Hospital Program

Sponsor: St Joseph Mercy Health System
Prgm Director: Seth W Wolk, MD
 5301 E Huron River Drive
 PO Box 995, RHB-2115
 Ann Arbor, MI 48106
Tel: 734 712-7352 *Fax:* 734 712-2054
Length: 5 Yrs *ACGME Approved/Offered Positions:* 23
Program ID: 440-25-11-140

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
 Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Gerard M Doherty, MD
 2207 Taubman Center
 1500 E Medical Center Drive
 Ann Arbor, MI 48109
Tel: 734 615-4741 *Fax:* 734 936-5725
E-mail: UMHS-surgery.education@med.umich.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 43
Program ID: 440-25-21-141

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital
Prgm Director: Alexander D Shepard, MD
 Department of Surgery
 2799 W Grand Blvd
 Detroit, MI 48202
Tel: 313 916-3056 *Fax:* 313 916-7354
Length: 5 Yrs *ACGME Approved/Offered Positions:* 37
Program ID: 440-25-12-143

St John Hospital and Medical Center Program

Sponsor: St John Hospital and Medical Center
Prgm Director: Larry R Lloyd, MD
 22101 Moross Road, PBI - Suite 332
 Detroit, MI 48236
Tel: 313 343-7849 *Fax:* 313 343-7378
Length: 5 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 440-25-11-145

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
 Detroit Receiving Hospital and University Health Center
 Harper-Hutzel Hospital
 Oakwood Hospital
 Sinai-Grace Hospital (Grace Campus)
 Veterans Affairs Medical Center (Detroit)
Prgm Director: James G Tyburski, MD
 4201 St Antoine
 6-C University Health Center
 Detroit, MI 48201
Tel: 313 577-5009 *Fax:* 313 577-5310
E-mail: surgery@med.wayne.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 51
Program ID: 440-25-21-148

Grand Rapids

Grand Rapids Medical Education and Research Center/Michigan State University Program

Sponsor: Grand Rapids Medical Education and Research Center
 Saint Mary's Mercy Medical Center (Grand Rapids)
 Spectrum Health-Blodgett Campus
 Spectrum Health-Butterworth Campus
Prgm Director: Marc G Schlatter, MD*
 221 Michigan Street, NE Ste 200A
 Grand Rapids, MI 49503
Tel: 616 391-1405 *Fax:* 616 391-8611
E-mail: marcs11@comcast.net
Length: 5 Yrs *ACGME Approved/Offered Positions:* 43
Program ID: 440-25-21-410

Kalamazoo

Kalamazoo Center for Medical Studies/ Michigan State University Program

Sponsor: Michigan State Univ-Kalamazoo Center for Medical Studies
 Borgess Medical Center
 Bronson Methodist Hospital
Prgm Director: Michael K McLeod, MD
 Department of Surgery
 1000 Oakland Drive
 Kalamazoo, MI 49008
Tel: 269 337-6260 *Fax:* 269 337-6441
E-mail: gensurg@kcms.msu.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 440-25-21-400

Lansing

Michigan State University Program

Sponsor: Michigan State University College of Human Medicine
 Ingham Regional Medical Center
 McLaren Regional Medical Center
 Saint Mary's Mercy Medical Center (Grand Rapids)
 Sparrow Hospital
Prgm Director: Keith N Apeilgren, MD
 1200 East Michigan Ave, Suite 655
 Lansing, MI 48912
Tel: 517 267-2460 *Fax:* 517 267-2488
Length: 5 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 440-25-21-386

Pontiac

North Oakland Medical Centers Program

Sponsor: North Oakland Medical Centers
 Providence Hospital and Medical Centers
Prgm Director: Yvan J Silva, MD
 461 West Huron Street
 Pontiac, MI 48341
Tel: 248 857-7314 *Fax:* 248 857-6793
E-mail: surgres@nomc.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 440-25-11-156

St Joseph Mercy-Oakland Program

Sponsor: St Joseph Mercy-Oakland
Prgm Director: Allen Silbergleit, MD, PhD
 44405 Woodward Avenue
 Pontiac, MI 48341
Tel: 248 858-3234 *Fax:* 248 858-3244
Length: 5 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 440-25-11-157

Royal Oak

William Beaumont Hospital Program

Sponsor: William Beaumont Hospital
Prgm Director: Gerald B Zelenock, MD
 3601 West 13 Mile Road
 Royal Oak, MI 48073
Tel: 248 551-0422 *Fax:* 248 551-5426
Length: 5 Yrs *ACGME Approved/Offered Positions:* 33
Program ID: 440-25-12-158

Saginaw

Synergy Medical Education Alliance Program

Sponsor: Synergy Medical Education Alliance
 Covenant HealthCare System-Cooper Campus
 Covenant HealthCare System-Harrison Campus
 St Mary's Medical Center
Prgm Director: Dennis A Boysen, MD
 1000 Houghton, Rm 2061
 Saginaw, MI 48602
Tel: 989 583-6827 *Fax:* 989 583-6989
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 440-25-21-159

Southfield

Providence Hospital and Medical Centers Program

Sponsor: Providence Hospital and Medical Centers
 Sinai-Grace Hospital (Grace Campus)
Prgm Director: Vijay K Mittal, MD
 16001 West Nine Mile Road
 Department of Surgery
 Southfield, MI 48075
Tel: 248 849-3073 *Fax:* 248 849-5380
Length: 5 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 440-25-21-160

Minnesota

Minneapolis

Hennepin County Medical Center Program

Sponsor: Hennepin County Medical Center
Prgm Director: Joan M Van Camp, MD
 701 Park Ave
 Minneapolis, MN 55415
Tel: 612 873-2849 *Fax:* 612 904-4297
E-mail: phyllis.squiers@co.hennepin.mn.us
Length: 5 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 440-26-11-161

University of Minnesota Program

Sponsor: University of Minnesota Medical School
 Fairview-University Medical Center
 Methodist Hospital
 Regions Hospital
 Veterans Affairs Medical Center (Minneapolis)
Prgm Director: David L Dunn, MD, PhD
 11-132 Phillips-Wangensteen Bldg
 516 Delaware Street, SE
 Minneapolis, MN 55455
Tel: 612 626-1999 *Fax:* 612 626-0654
E-mail: larso051@tc.umn.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 53
Program ID: 440-26-31-162

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Rochester)
 Rochester Methodist Hospital
 St Mary's Hospital of Rochester
Prgm Director: David R Farley, MD
 200 First Street, SW
 Rochester, MN 55905
Tel: 507 284-8240 *Fax:* 507 284-0058
Length: 5 Yrs *ACGME Approved/Offered Positions:* 83
Program ID: 440-26-21-163

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University of Mississippi School of Medicine
 North Mississippi Medical Center
 University Hospitals and Clinics
 Veterans Affairs Medical Center (Jackson)
Prgm Director: Karen R Borman, MD
 2500 N State St
 Jackson, MS 39216
Tel: 601 815-1026 *Fax:* 601 984-6700
E-mail: surgapp@surgery.umsmed.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 34
Program ID: 440-27-21-165

Keesler AFB**Keesler Medical Center Program**

Sponsor: Keesler Medical Center
Veterans Affairs Medical Center (Biloxi)
Prgm Director: David M Jenkins, MD
81 MSGS/SGCC
301 Fisher Street, Room 1A132
Keesler AFB, MS 39534
Tel: 228 377-6014 *Fax:* 228 377-7434
Length: 5 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 440-27-31-002
US Armed Services Program

Missouri**Columbia****University of Missouri-Columbia Program**

Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prgm Director: Debra G Koivunen, MD
One Hospital Drive
4th Floor McHaney Hall
Columbia, MO 65212
Tel: 573 882-2245 *Fax:* 573 884-4611
Length: 5 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 440-28-21-166

Kansas City**University of Missouri at Kansas City Program**

Sponsor: University of Missouri-Kansas City School of Medicine
St Luke's Hospital
Truman Medical Center
Veterans Affairs Medical Center (Kansas City)
Prgm Director: Glenn E Talbot, MD*
Surgery Administration
2301 Holmes St, 3rd Fl
Kansas City, MO 64108
Tel: 816 404-5345 *Fax:* 816 404-5381
Length: 5 Yrs *ACGME Approved/Offered Positions:* 29
Program ID: 440-28-21-168

St Louis**St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St John's Mercy Medical Center
St Louis University Hospital
Veterans Affairs Medical Center (St Louis)
Prgm Director: Donald Kaminski, MD
3635 Vista Avenue at Grand Blvd
PO Box 15250
St Louis, MO 63110
Tel: 314 577-8353 *Fax:* 314 771-1945
Length: 5 Yrs *ACGME Approved/Offered Positions:* 39
Program ID: 440-28-21-171

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Veterans Affairs Medical Center (St Louis)
Prgm Director: Mary E Klingensmith, MD
660 South Euclid Avenue, Box 8109
St Louis, MO 63110
Tel: 314 362-8028 *Fax:* 314 747-1288
Length: 5 Yrs *ACGME Approved/Offered Positions:* 65
Program ID: 440-28-21-388

Nebraska**Omaha****Creighton University Program**

Sponsor: Creighton University School of Medicine
Creighton University Medical Center (Tenet - SJH)
Veterans Affairs Medical Center (Omaha)
Prgm Director: Ranjan Sudan, MD*
601 N 30th Street, Suite 3700
Omaha, NE 68131
Tel: 402 280-4231 *Fax:* 402 280-4534
Length: 5 Yrs *ACGME Approved/Offered Positions:* 22
Program ID: 440-30-31-175

University of Nebraska Medical Center College of Medicine Program

Sponsor: University of Nebraska Medical Center College of Medicine
Children's Hospital
Nebraska Methodist Hospital
The Nebraska Medical Center
Veterans Affairs Medical Center (Omaha)
Prgm Director: Jon S Thompson, MD
983280 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-6721 *Fax:* 402 559-6749
Length: 5 Yrs *ACGME Approved/Offered Positions:* 25
Program ID: 440-30-21-176

Nevada**Las Vegas****University of Nevada Program**

Sponsor: University of Nevada School of Medicine
University Medical Center of Southern Nevada
VA Southern Nevada Healthcare System
Prgm Director: John Fildes, MD
2040 W Charleston Boulevard
Suite 302
Las Vegas, NV 89102
Tel: 702 671-2271 *Fax:* 702 385-9399
Length: 5 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 440-31-21-378

New Hampshire**Lebanon****Dartmouth-Hitchcock Medical Center Program**

Sponsor: Mary Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Prgm Director: Daniel B Walsh, MD*
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-7692 *Fax:* 603 650-6061
E-mail: Surgery.Office@dartmouth.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 34
Program ID: 440-32-21-177

New Jersey**Camden****UMDNJ-Robert Wood Johnson Medical School (Camden) Program**

Sponsor: Cooper Hospital-University Medical Center
Virtua-Memorial Hospital Burlington County
Prgm Director: Steven E Ross, MD
Cooper Hospital/University Medical Center
Three Cooper Plaza, Suite 411
Camden, NJ 08103
Tel: 856 342-3012 *Fax:* 856 365-7582
E-mail: surgery_camden@umdnj.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 440-33-21-179

Livingston**St Barnabas Medical Center Program**

Sponsor: St Barnabas Medical Center
Jersey City Medical Center
Prgm Director: Michael A Marano, MD
94 Old Short Hills Road
Department of Surgery
Livingston, NJ 07039
Tel: 973 322-8945 *Fax:* 973 322-2471
Length: 5 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 440-33-22-181

Long Branch**Monmouth Medical Center Program**

Sponsor: Monmouth Medical Center
Jersey Shore University Medical Center
Newark Beth Israel Medical Center
Prgm Director: Michael A Goldfarb, MD
Room 251 Stanley Wing
300 Second Avenue
Long Branch, NJ 07740
Tel: 732 923-6770 *Fax:* 732 923-6768
E-mail: mmcsurgery@sbhcs.com
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 440-33-21-182

Morristown**Atlantic Health System (Morristown) Program**

Sponsor: Atlantic Health System
Morristown Memorial Hospital
Prgm Director: John J Castronuovo, MD
100 Madison Ave
PO Box 1956
Morristown, NJ 07962
Tel: 973 971-5684 *Fax:* 973 290-7070
Length: 5 Yrs *ACGME Approved/Offered Positions:* 23
Program ID: 440-33-11-183

New Brunswick**UMDNJ-Robert Wood Johnson Medical School Program**

Sponsor: UMDNJ-Robert Wood Johnson Medical School
Jersey Shore University Medical Center
Medical Center at Princeton
Robert Wood Johnson University Hospital
St Peter's University Hospital
Prgm Director: Thomas V Whalen, MD
PO Box 19
Surgery, MEB 594
New Brunswick, NJ 08903
Tel: 732 235-7674 *Fax:* 732 235-8878
Length: 5 Yrs *ACGME Approved/Offered Positions:* 44
Program ID: 440-33-21-187

Newark**UMDNJ-New Jersey Medical School Program**

Sponsor: UMDNJ-New Jersey Medical School
Hackensack University Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Peter J Pappas, MD
150 Bergen Street
University Hospital - Room E-401
Newark, NJ 07103
Tel: 973 972-6601 *Fax:* 973 972-6591
E-mail: njms-res-surgery@umdnj.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 65
Program ID: 440-33-21-184

South Orange

Seton Hall University School of Graduate Medical Education (St Francis) Program

Sponsor: Seton Hall University School of Graduate Medical Education
 St Francis Medical Center
 St Joseph's Regional Medical Center
Prgm Director: James E Gervasoni, PhD, MD*
 601 Hamilton Avenue, Room B-158
 Trenton, NJ 08629
Tel: 609 599-5370 *Fax:* 609 599-6232
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 440-33-31-189

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
Prgm Director: Mark Langsfeld, MD
 MSC 10-5610
 1 University of New Mexico
 Albuquerque, NM 87131
Tel: 505 272-4161 *Fax:* 505 272-4851
E-mail: gensurgres@salud.unm.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 440-34-21-190

New York

Albany

Albany Medical Center Program

Sponsor: Albany Medical Center
 St Peter's Hospital
 Veterans Affairs Medical Center (Albany)
Prgm Director: David J Conti, MD
 47 New Scotland Avenue
 Department of Surgery
 Albany, NY 12208
Tel: 518 262-5374 *Fax:* 518 262-5692
Length: 5 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 440-35-21-191

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Jacobi Medical Center
 Montefiore Medical Center-Henry and Lucy Moses
 Division
 Montefiore Medical Center-Weiler Hospital
 North Central Bronx Hospital
Prgm Director: Thanjavur S Ravikumar, MD
 Montefiore Medical Center
 3400 Bainbridge Avenue MAP Bldg 4th Floor
 Bronx, NY 10467
Tel: 718 920-6287 *Fax:* 718 798-1883
E-mail: travikum@montefiore.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 65
Program ID: 440-35-21-202

Bronx-Lebanon Hospital Center Program

Sponsor: Bronx-Lebanon Hospital Center
Prgm Director: Frank Ehrlich, MD*
 1650 Grand Concourse
 Bronx, NY 10457
Tel: 718 960-1227 *Fax:* 718 960-1370
E-mail: fehrlich@bronxleb.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 440-35-11-206

New York Medical College (Our Lady of Mercy) Program

Sponsor: New York Medical College
 Our Lady of Mercy Medical Center
 Lincoln Medical and Mental Health Center
Prgm Director: C Gene Cayten, MD, MPH
 600 East 233rd Street
 Bronx, NY 10466
Tel: 718 920-9522 *Fax:* 718 920-9837
Length: 5 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 440-35-11-408

Brooklyn

Brookdale University Hospital and Medical Center Program

Sponsor: Brookdale University Hospital and Medical Center
Prgm Director: Prem S Patel, MD*
 One Brookdale Plaza
 Brooklyn, NY 11212
Tel: 718 240-6380 *Fax:* 718 240-6380
Length: 5 Yrs *ACGME Approved/Offered Positions:* 25
Program ID: 440-35-21-207

Brooklyn Hospital Center Program

Sponsor: Brooklyn Hospital Center
Prgm Director: Stephen S Carryl, MD*
 121 Dekalb Avenue
 Brooklyn, NY 11201
Tel: 718 250-8944 *Fax:* 718 250-6080
Length: 5 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 440-35-31-208

Maimonides Medical Center Program

Sponsor: Maimonides Medical Center
 Coney Island Hospital
Prgm Director: Joseph N Cunningham, MD
 4802 Tenth Avenue
 Brooklyn, NY 11219
Tel: 718 283-7683 *Fax:* 718 283-8909
E-mail: aazzue@aol.com
Length: 5 Yrs *ACGME Approved/Offered Positions:* 39
Program ID: 440-35-21-221

New York Methodist Hospital Program

Sponsor: New York Methodist Hospital
Prgm Director: Leslie Wise, MD
 506 Sixth Street
 PO Box 158008
 Brooklyn, NY 11215
Tel: 718 780-3288 *Fax:* 718 780-3154
E-mail: nad9022@nyp.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 440-35-21-222

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
 Kings County Hospital Center
 Long Island College Hospital
 University Hospital-SUNY Health Science Center at Brooklyn
 Veterans Affairs Medical Center (Brooklyn)
Prgm Director: Michael E Zenilman, MD
 Department of Surgery
 450 Clarkson Ave, Box 40
 Brooklyn, NY 11203
Tel: 718 270-1421 *Fax:* 718 270-2826
Length: 5 Yrs *ACGME Approved/Offered Positions:* 68
Program ID: 440-35-21-237

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo
 Erie County Medical Center
 Kaleida Health System (Buffalo General Hospital)
 Kaleida Health System (Millard Fillmore Hospital)
 Veterans Affairs Western New York Healthcare System
Prgm Director: James M Hassett, MD
 Erie County Medical Center-Surgery
 462 Grider Street
 Buffalo, NY 14215
Tel: 716 898-3808 *Fax:* 716 898-5029
E-mail: rhn@acsu.buffalo.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 53
Program ID: 440-35-21-393

Cooperstown

Bassett Healthcare Program

Sponsor: Bassett Healthcare
 Mary Imogene Bassett Hospital
Prgm Director: Patrick A Dietz, MD
 One Atwell Road
 Cooperstown, NY 13326
Tel: 607 547-3202 *Fax:* 607 547-6553
E-mail: kelly.stone@bassett.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 440-35-31-197

East Meadow

Nassau University Medical Center Program

Sponsor: Nassau University Medical Center
Prgm Director: Richard A Bagdonas, MD*
 2201 Hempstead Turnpike
 East Meadow, NY 11554
Tel: 516 572-6705 *Fax:* 516 572-5140
Length: 5 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 440-35-12-198

Flushing

New York Hospital Medical Center of Queens/Cornell University Medical College Program

Sponsor: New York Hospital Medical Center of Queens
Prgm Director: James W Turner, MD*
 56-45 Main Street
 Flushing, NY 11355
Tel: 718 670-1156 *Fax:* 718 670-1864
Length: 5 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 440-35-11-205

Great Neck

North Shore-Long Island Jewish Health System Program

Sponsor: North Shore-Long Island Jewish Health System
 Long Island Jewish Medical Center
 North Shore University Hospital
Prgm Director: H Hank Simms, MD
 300 Community Drive
 Manhasset, NY 11030
Tel: 516 562-2870
Length: 5 Yrs *ACGME Approved/Offered Positions:* 68
Program ID: 440-35-13-411

Jamaica

New York Medical College (Brooklyn-Queens) Program

Sponsor: New York Medical College
 St Vincent Catholic Medical Centers (Brooklyn-Queens)
Prgm Director: Nageswara Mandava, MD
 Brooklyn and Queens Campus
 88-25 153 Street
 Jamaica, NY 11432
Tel: 718 558-7216 *Fax:* 718 558-7090
Length: 5 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 440-35-21-210

New Rochelle**New York Medical College (Sound Shore) Program**

Sponsor: New York Medical College
Sound Shore Medical Center of Westchester
Danbury Hospital
Prgm Director: Burton L. Herz, MD
16 Guion Place
New Rochelle, NY 10802
Tel: 914 637-1396 *Fax:* 914 637-1639
Length: 5 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 440-35-21-201

New York**Albert Einstein College of Medicine at Beth Israel Medical Center Program**

Sponsor: Beth Israel Medical Center
Prgm Director: Ronald Kaley, MD*
First Avenue at 16th Street
New York, NY 10003
Tel: 212 844-8410 *Fax:* 212 844-8440
E-mail: rkaley@chnpnet.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 440-35-11-204

Harlem Hospital Center Program

Sponsor: Harlem Hospital Center
North General Hospital
Prgm Director: Soji F Oluwole, MD
506 Lenox Ave
New York, NY 10037
Tel: 212 939-1641 *Fax:* 212 939-3536
E-mail: so5@columbia.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 25
Program ID: 440-35-11-214

Lenox Hill Hospital Program

Sponsor: Lenox Hill Hospital
Prgm Director: Michael Leitman, MD
100 East 77th Street
8-Loggia
New York, NY 10021
Tel: 212 434-2150 *Fax:* 212 434-2083
Length: 5 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 440-35-11-217

Mount Sinai School of Medicine (Cabrini) Program

Sponsor: Mount Sinai School of Medicine
Cabrini Medical Center
Prgm Director: Michael Cioroiu, MD*
227 E 19th Street
Dept of Surgery D909
New York, NY 10003
Tel: 212 995-6727 *Fax:* 212 979-3464
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 440-35-21-209

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Prgm Director: Gary I Slater, MD
Department of Surgery
One Gustave L Levy Place Box 1259
New York, NY 10029
Tel: 212 241-5871 *Fax:* 212 987-9310
Length: 5 Yrs *ACGME Approved/Offered Positions:* 72
Program ID: 440-35-21-225

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Metropolitan Hospital Center
St Vincent Catholic Medical Centers (Staten Island)
Prgm Director: Vincent M Scarpinato, MD*
170 West 12th Street
Cronin 802
New York, NY 10011
Tel: 212 604-8362 *Fax:* 212 604-8355
Length: 5 Yrs *ACGME Approved/Offered Positions:* 53
Program ID: 440-35-21-234

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Overlook Hospital
Prgm Director: Mark A Hardy, MD
Milstein Hospital 7GS-313
177 Fort Washington Avenue
New York, NY 10032
Tel: 212 305-3038 *Fax:* 212 305-8321
E-mail: mah1@columbia.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 51
Program ID: 440-35-21-229

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
Jamaica Hospital Medical Center
Lincoln Medical and Mental Health Center
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Thomas J Pahey, MD
525 East 68th Street
New York, NY 10021
Tel: 212 746-5130 *Fax:* 212 746-8802
E-mail: mst2002@med.cornell.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 64
Program ID: 440-35-21-211

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
NYU Downtown Hospital
Prgm Director: Thomas H Gouge, MD
550 First Avenue
NB 15 N1
New York, NY 10016
Tel: 212 263-6381 *Fax:* 212 263-8216
Length: 5 Yrs *ACGME Approved/Offered Positions:* 65
Program ID: 440-35-21-394

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
St Luke's-Roosevelt Hospital Center-Roosevelt Division
St Luke's-Roosevelt Hospital Center-St Luke's Division
Prgm Director: Ann M Rogers, MD
1000 Tenth Avenue, Suite 2B
New York, NY 10019
Tel: 212 523-7780 *Fax:* 212 523-6495
Length: 5 Yrs *ACGME Approved/Offered Positions:* 36
Program ID: 440-35-21-383

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
Highland Hospital of Rochester
Rochester General Hospital
Prgm Director: James L Peacock, MD
601 Elmwood Avenue
Department of Surgery
Rochester, NY 14642
Tel: 585 275-2723 *Fax:* 585 273-1252
E-mail: karen_kozlowski@urmc.rochester.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 48
Program ID: 440-35-21-240

Staten Island**Staten Island University Hospital Program**

Sponsor: Staten Island University Hospital
Prgm Director: Gene F Coppa, MD
475 Seaview Avenue
Staten Island, NY 10305
Tel: 718 226-9508 *Fax:* 718 226-8365
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 440-35-11-236

Stony Brook**SUNY at Stony Brook Program**

Sponsor: University Hospital-SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Winthrop-University Hospital
Prgm Director: Eugene Mohan, MD
Health Science Center 19-020
Nicolls Road
Stony Brook, NY 11794
Tel: 631 444-1791 *Fax:* 631 444-6209
Length: 5 Yrs *ACGME Approved/Offered Positions:* 46
Program ID: 440-35-21-242

Syracuse**SUNY Upstate Medical University Program**

Sponsor: SUNY Upstate Medical University
Community-General Hospital of Greater Syracuse
Crouse Hospital
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Paul R Cunningham, MD
Department of Surgery
750 E Adams Street
Syracuse, NY 13210
Tel: 315 464-6289 *Fax:* 315 464-6233
E-mail: thomasr@upstate.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 43
Program ID: 440-35-21-244

Valhalla**New York Medical College at Westchester Medical Center Program**

Sponsor: New York Medical College
St Vincent's Medical Center
Westchester Medical Center
Prgm Director: John A Savino, MD
Department of Surgery
Munger Pavillion
Valhalla, NY 10595
Tel: 914 493-7614 *Fax:* 914 594-4359
Length: 5 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 440-35-21-227

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Wake Medical Center
Prgm Director: Anthony A Meyer, MD, PhD
Department of Surgery
2115 Bioinformatics Bldg, CB #7050
Chapel Hill, NC 27599
Tel: 919 966-4653 *Fax:* 919 966-7841
Length: 5 Yrs *ACGME Approved/Offered Positions:* 48
Program ID: 440-36-21-245

Charlotte

Carolinas Medical Center Program

Sponsor: Carolinas Medical Center
Prgm Director: Frederick L Greene, MD
Department of General Surgery
PO Box 32861
Charlotte, NC 28232
Tel: 704 355-3176 *Fax:* 704 355-5619
E-mail: general.surgery@carolinashalthcare.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 440-36-12-246

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Durham Regional Hospital
Veterans Affairs Medical Center (Asheville)
Veterans Affairs Medical Center (Durham)
Prgm Director: Michael A Skinner, MD
PO Box 3443
Durham, NC 27710
Tel: 919 681-3816 *Fax:* 919 681-7934
E-mail: fishes048@mc.duke.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 68
Program ID: 440-36-21-247

Greenville

Pitt County Memorial Hospital/East Carolina University Program

Sponsor: Pitt County Memorial Hospital
East Carolina University School of Medicine
Prgm Director: Carl E Haisch, MD
Department of Surgery
Pitt County Medical Center
Greenville, NC 27834
Tel: 252 744-5262 *Fax:* 252 744-3156
Length: 5 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 440-36-11-248

Wilmington

New Hanover Regional Medical Center Program

Sponsor: New Hanover Regional Medical Center
Prgm Director: Don K Nakayama, MD, MBA
2131 South 17th Street
PO Box 9025
Wilmington, NC 28402
Tel: 910 343-0161 *Fax:* 910 763-4630
Length: 5 Yrs *ACGME Approved/Offered Positions:* 11
Program ID: 440-36-31-249

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: J Wayne Meredith, MD
Medical Center Blvd
Winston-Salem, NC 27157
Tel: 336 716-7579 *Fax:* 336 716-5414
Length: 5 Yrs *ACGME Approved/Offered Positions:* 45
Program ID: 440-36-31-250

North Dakota

Grand Forks

University of North Dakota Program

Sponsor: Univ of North Dakota School of Medicine and Health Sciences
Altru Health System Hospital
Veterans Affairs Medical and Regional Office Center (Fargo)
Prgm Director: Robert P Sticca, MD
501 North Columbia Road
Department of Surgery
Grand Forks, ND 58203
Tel: 701 777-3067 *Fax:* 701 777-2609
Length: 5 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 440-37-21-379

Ohio

Akron

Akron General Medical Center/NEOUCOM Program

Sponsor: Akron General Medical Center
Prgm Director: Daniel P Guyton, MD
400 Wabash Avenue
Akron, OH 44307
Tel: 330 344-6234 *Fax:* 330 344-6672
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 440-38-11-252

Summa Health System/NEOUCOM Program

Sponsor: Summa Health System
Akron City Hospital (Summa Health System)
Prgm Director: Duane L Donovan, MD
525 E Market Street
Medical Education/Mary Yanik
Akron, OH 44304
Tel: 330 375-3648 *Fax:* 330 375-3751
Length: 5 Yrs *ACGME Approved/Offered Positions:* 17
Program ID: 440-38-21-251

Cincinnati

Jewish Hospital of Cincinnati Program

Sponsor: Jewish Hospital of Cincinnati
Prgm Director: Elliott J Fegelman, MD
4777 E Galbraith Road
Cincinnati, OH 45236
Tel: 513 686-5466 *Fax:* 513 686-5469
E-mail: brougha@healthall.com
Length: 5 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 440-38-31-254

TriHealth (Good Samaritan Hospital) Program

Sponsor: TriHealth
Franciscan Hospital-Western Hills
TriHealth-Bethesda Hospital
TriHealth-Good Samaritan Hospital
Prgm Director: Richard E Welling, MD
375 Dixmyth Avenue
Cincinnati, OH 45220
Tel: 513 872-3220
Length: 5 Yrs *ACGME Approved/Offered Positions:* 24
Program ID: 440-38-31-253

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
Christ Hospital
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Robert H Bower, MD
231 Albert Sabin Way ML 0558
Cincinnati, OH 45267
Tel: 513 558-5861 *Fax:* 513 558-3474
Length: 5 Yrs *ACGME Approved/Offered Positions:* 60
Program ID: 440-38-21-255

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Veterans Affairs Medical Center (Cleveland)
Prgm Director: Debra J Graham, MD
University Hospitals of Cleveland
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3027 *Fax:* 216 844-8201
Length: 5 Yrs *ACGME Approved/Offered Positions:* 62
Program ID: 440-38-21-399

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
MetroHealth Medical Center
Prgm Director: Allan Siperstein, MD
Department of Surgery/A80
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-5664 *Fax:* 216 445-7653
E-mail: surged@ccf.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 50
Program ID: 440-38-22-257

Fairview Hospital Program

Sponsor: Fairview Hospital
Prgm Director: Richard C Treat, MD
Department of Surgery
18101 Lorain Avenue
Cleveland, OH 44111
Tel: 216 476-7155 *Fax:* 216 476-7883
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 440-38-22-258

Huron Hospital Program

Sponsor: Huron Hospital
Hillcrest Hospital
Robinson Memorial Hospital
Prgm Director: Raphael S Chung, MD, MBA
13951 Terrace Road
Cleveland, OH 44112
Tel: 216 761-4223 *Fax:* 216 761-3499
E-mail: rskchung@hotmail.com
Length: 5 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 440-38-22-259

Columbus

Mount Carmel Program

Sponsor: Mount Carmel
Prgm Director: Thomas H Hartranft, MD
Department of Surgery
793 W State Street - MSB 2nd Floor
Columbus, OH 43222
Tel: 614 234-5983 *Fax:* 614 234-2772
E-mail: ttom@columbus.rr.com
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 440-38-32-263

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Arthur G James Cancer Hospital and Research Institute
Prgm Director: Mark W Arnold, MD
316-A Means Hall
1654 Upham Drive
Columbus, OH 43210
Tel: 614 293-8704 *Fax:* 614 293-4063
Length: 5 Yrs *ACGME Approved/Offered Positions:* 34
Program ID: 440-38-21-264

Riverside Methodist Hospitals (OhioHealth) Program

Sponsor: Riverside Methodist Hospitals (OhioHealth)
Prgm Director: Oscar R Ruiz, MD
Medical Education Department
3535 Olentangy River Road
Columbus, OH 43214
Tel: 614 566-5762 *Fax:* 614 566-6852
E-mail: amanning@ohiohealth.com
Length: 5 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 440-38-12-265

Dayton

Wright State University Program

Sponsor: Wright State University School of Medicine
Good Samaritan Hospital and Health Center
Kettering Medical Center
Miami Valley Hospital
Veterans Affairs Medical Center (Dayton)
Wright-Patterson Medical Center
Prgm Director: Paula M Termuhlen, MD
One Wyoming Street
Suite 7000, Weber Center for Health Education
Dayton, OH 45409
Tel: 937 208-2177 *Fax:* 937 208-2105
Length: 5 Yrs *ACGME Approved/Offered Positions:* 47
Program ID: 440-38-21-266

Toledo

Medical College of Ohio Program

Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
St Vincent Mercy Medical Center
Prgm Director: David C Allison, MD, PhD*
Mulford Library
3045 Arlington Avenue
Toledo, OH 43614
Tel: 419 383-6298 *Fax:* 419 383-6636
Length: 5 Yrs *ACGME Approved/Offered Positions:* 27
Program ID: 440-38-21-269

Youngstown

St Elizabeth Health Center/NEOUCOM Program

Sponsor: St Elizabeth Health Center
Prgm Director: Michael S Kavic, MD
1044 Belmont Avenue
PO Box 1790
Youngstown, OH 44501
Tel: 800 422-3699 *Fax:* 330 480-3640
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 440-38-11-270

Western Reserve Care System/NEOUCOM Program

Sponsor: Forum Health/Western Reserve Care System (Youngstown)
Northside Medical Center
Prgm Director: Mark Hirko, MD
500 Gypsy Lane
PO Box 240
Youngstown, OH 44501
Tel: 330 884-3472 *Fax:* 330 884-5690
Length: 5 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 440-38-21-271

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
OU Medical Center
Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: M Alex Jacocks, MD
Williams Pavilion Building
PO Box 26901 - Room WP2140
Oklahoma City, OK 73190
Tel: 405 271-6308 *Fax:* 405 271-3919
E-mail: rhea-sulzycki@ouhsc.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 440-39-21-273

Tulsa

University of Oklahoma College of Medicine-Tulsa Program

Sponsor: University of Oklahoma College of Medicine-Tulsa
St John Medical Center
Prgm Director: Thomas A Broughan, MD
Department of Surgery
4502 E 41st Street
Tulsa, OK 74135
Tel: 918 744-3650 *Fax:* 918 744-3367
Length: 5 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 440-39-21-274

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Kaiser Foundation Hospitals-Northwest Region
Legacy Emanuel Hospital and Medical Center
Legacy Good Samaritan Hospital and Medical Center
St Vincent Hospital and Medical Center
Veterans Affairs Medical Center (Portland)
Prgm Director: Karen Deveney, MD
3181 SW Sam Jackson Pk Rd, L223
Portland, OR 97239
Tel: 503 494-7758 *Fax:* 503 494-5615
Length: 5 Yrs *ACGME Approved/Offered Positions:* 74
Program ID: 440-40-21-278

Pennsylvania

Abington

Abington Memorial Hospital Program

Sponsor: Abington Memorial Hospital
Prgm Director: John S Kukora, MD
1200 Old York Road
Abington, PA 19001
Tel: 215 481-7464 *Fax:* 215 481-2159
Length: 5 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 440-41-12-279

Allentown

Lehigh Valley Hospital/Pennsylvania State University Program

Sponsor: Lehigh Valley Hospital
Prgm Director: Gary G Nicholas, MD
Department of Surgery
Cedar Crest and I-78, PO Box 689
Allentown, PA 18105
Tel: 610 402-8966 *Fax:* 610 402-1667
Length: 5 Yrs *ACGME Approved/Offered Positions:* 23
Program ID: 440-41-21-280

Bethlehem

St Luke's Hospital Program

Sponsor: St Luke's Hospital
Prgm Director: Joel C Rosenfeld, MD, MEd
General Surgery Residency
801 Orstrum Street
Bethlehem, PA 18015
Tel: 610 954-2255 *Fax:* 610 954-6450
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 440-41-21-398

Danville

Geisinger Health System Program

Sponsor: Geisinger Health System
Prgm Director: William E Strodel, MD*
Department of General Surgery
100 North Academy Avenue
Danville, PA 17822
Tel: 570 271-6361 *Fax:* 570 271-5785
E-mail: meded@geisinger.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 440-41-21-283

Easton

Easton Hospital Program

Sponsor: Easton Hospital (Northampton Hospital Corporation)
Prgm Director: Harjeet P Kohli, MD
250 S 21st Street
Department of Surgery
Easton, PA 18042
Tel: 610 250-4375 *Fax:* 610 250-4851
Length: 5 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 440-41-31-284

Harrisburg

PinnacleHealth Hospitals Program

Sponsor: PinnacleHealth Hospitals
Prgm Director: Michael J Holman, MD
Department of Surgery, BMAB 9
205 South Front Street
Harrisburg, PA 17104
Tel: 717 231-8755 *Fax:* 717 231-8756
E-mail: etucci@pinnaclehealth.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 440-41-21-384

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
Prgm Director: Robert L Conter, MD
500 University Drive
PO Box 850 H149
Hershey, PA 17033
Tel: 717 531-5272 *Fax:* 717 531-3649
Length: 5 Yrs *ACGME Approved/Offered Positions:* 37
Program ID: 440-41-21-287

Johnstown

Temple University/Conemaugh Valley Memorial Hospital Program

Sponsor: Conemaugh Valley Memorial Hospital
Prgm Director: Russell D Dumire, MD*
1086 Franklin Street
A-300-2
Johnstown, PA 15905
Tel: 814 534-9330 *Fax:* 814 534-3279
Length: 5 Yrs *ACGME Approved/Offered Positions:* 14
Program ID: 440-41-11-288

Philadelphia

Albert Einstein Healthcare Network Program

Sponsor: Albert Einstein Medical Center
Prgm Director: Robert G Somers, MD
 5501 Old York Road
 Klein Building, Suite 510
 Philadelphia, PA 19141
Tel: 215 456-6930 *Fax:* 215 456-3529
Length: 5 Yrs *ACGME Approved/Offered Positions:* 23
Program ID: 440-41-11-291

Drexel University College of Medicine/Hahnemann University Hospital Program

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
 Crozer-Chester Medical Center
 Hahnemann University Hospital (Tenet Health System)
 St Christopher's Hospital for Children (Tenet Health System)
Prgm Director: William C Meyers, MD, MBA*
 245 North 15th Street
 Mail Stop 413
 Philadelphia, PA 19102
Tel: 215 762-3585 *Fax:* 215 762-6275
E-mail: wmeyers@drexelmed.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 41
Program ID: 440-41-21-295

Graduate Hospital Program

Sponsor: Graduate Hospital (Tenet Health System)
 Chestnut Hill Hospital
 Hahnemann University Hospital (Tenet Health System)
Prgm Director: Philip C Wry, MD
 Pepper Pavilion, Suite 1101
 1800 Lombard Street
 Philadelphia, PA 19146
Tel: 215 893-8284 *Fax:* 215 893-6687
Length: 5 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 440-41-21-293

Mercy Catholic Medical Center Program

Sponsor: Mercy Catholic Medical Center Inc
 Mercy Hospital of Philadelphia
 Mercy Fitzgerald Hospital
Prgm Director: Chris D Tzarnas, MD
 1500 Lansdowne Avenue
 Darby, PA 19023
Tel: 610 237-4950 *Fax:* 610 237-4329
Length: 5 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 440-41-31-297

Pennsylvania Hospital of the University of Pennsylvania Health System Program

Sponsor: Pennsylvania Hospital (UPHS)
 University of Pennsylvania Health System
Prgm Director: Alan L Schuricht, MD
 301 S 8th Street, Suite 4 D
 Education Office
 Philadelphia, PA 19106
Tel: 215 829-6880 *Fax:* 215 829-8497
E-mail: alschuricht@hotmail.com
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 440-41-11-298

Temple University Hospital Program

Sponsor: Temple University Hospital
 Crozer-Chester Medical Center
 Fox Chase Cancer Center
Prgm Director: Amy J Goldberg, MD*
 3401 N Broad St
 Broad & Ontario Streets
 Philadelphia, PA 19140
Tel: 215 707-3634 *Fax:* 215 707-1915
Length: 5 Yrs *ACGME Approved/Offered Positions:* 53
Program ID: 440-41-21-300

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
 Veterans Affairs Medical Center (Wilmington)
Prgm Director: John C Cairys, MD
 1015 Walnut Street
 Suite 620
 Philadelphia, PA 19107
Tel: 215 955-6864 *Fax:* 215 955-2878
Length: 5 Yrs *ACGME Approved/Offered Positions:* 45
Program ID: 440-41-21-301

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
 Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Jon B Morris, MD
 3400 Spruce Street
 Philadelphia, PA 19104
Tel: 215 662-6156 *Fax:* 215 662-7983
Length: 5 Yrs *ACGME Approved/Offered Positions:* 59
Program ID: 440-41-21-302

Pittsburgh

Allegheny General Hospital Program

Sponsor: Allegheny General Hospital
Prgm Director: Charles F Cobb, MD
 320 East North Avenue
 Pittsburgh, PA 15212
Tel: 412 359-6907 *Fax:* 412 359-3212
E-mail: gardner@wpahs.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 32
Program ID: 440-41-12-303

Mercy Hospital of Pittsburgh Program

Sponsor: Mercy Hospital of Pittsburgh
Prgm Director: Kurt R Stahfeld, MD
 1400 Locust Street
 Pittsburgh, PA 15219
Tel: 412 232-8097 *Fax:* 412 232-8096
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 440-41-12-305

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 UPMC St Margaret
 Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Timothy R Billiar, MD*
 Room F1281 PUH
 200 Lothrop Street
 Pittsburgh, PA 15213
Tel: 412 647-1749 *Fax:* 412 647-1999
E-mail: billiartr@upmc.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 53
Program ID: 440-41-21-304

Western Pennsylvania Hospital/Temple University Program

Sponsor: The Western Pennsylvania Hospital
Prgm Director: Philip F Caushaj, MD
 4800 Friendship Avenue
 Suite 4600 North Tower
 Pittsburgh, PA 15224
Tel: 412 578-4026 *Fax:* 412 578-1434
Length: 5 Yrs *ACGME Approved/Offered Positions:* 25
Program ID: 440-41-12-308

Sayre

Guthrie/Robert Packer Hospital Program

Sponsor: Robert Packer Hospital
 Corning Hospital
Prgm Director: Sushil K Gupta, MD
 One Guthrie Square
 Sayre, PA 18840
Tel: 570 882-3585 *Fax:* 570 882-3599
Length: 5 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 440-41-12-309

Wynnewood

Lankenau Hospital Program

Sponsor: Lankenau Hospital
Prgm Director: Barry D Mann, MD*
 100 Lancaster Avenue
 422 Lankenau Medical Building
 Wynnewood, PA 19096
Tel: 610 645-2169 *Fax:* 610 645-3854
E-mail: marianos@mlhs.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 440-41-11-296

York

York Hospital Program

Sponsor: York Hospital
Prgm Director: L Peter Fielding, MD
 1001 South George Street
 York, PA 17405
Tel: 717 851-2772 *Fax:* 717 851-4513
Length: 5 Yrs *ACGME Approved/Offered Positions:* 17
Program ID: 440-41-12-310

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
 I Gonzalez Martinez Oncologic Hospital
 University Hospital
 University of Puerto Rico Hospital at Carolina
 Veterans Affairs Medical Center (San Juan)
Prgm Director: Juan J Lojo, MD
 Medical Sciences Campus
 GPO Box 365067
 San Juan, PR 00936
Tel: 787 763-2440 *Fax:* 787 758-1119
E-mail: jlojoimd@coqui.net
Length: 5 Yrs *ACGME Approved/Offered Positions:* 43
Program ID: 440-42-21-313

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
 Miriam Hospital-Lifespan
 Veterans Affairs Medical Center (Providence)
Prgm Director: William G Cioffi, MD
 Rhode Island Hospital
 593 Eddy Street
 Providence, RI 02903
Tel: 401 444-6611 *Fax:* 401 444-6612
Length: 5 Yrs *ACGME Approved/Offered Positions:* 46
Program ID: 440-43-21-314

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
 MUSC Medical Center
 Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Thomas E Brothers, MD
 96 Jonathan Lucas St, PO Box 250613
 Charleston, SC 29425
Tel: 843 792-3072 *Fax:* 843 792-8286
Length: 5 Yrs *ACGME Approved/Offered Positions:* 41
Program ID: 440-45-21-315

Columbia**Palmetto Health/University of South Carolina School of Medicine Program**

Sponsor: Palmetto Health
Palmetto Health Richland
William Jennings Bryan Dorn Veterans Hospital
Prgm Director: Richard M Bell, MD
University of South Carolina
Two Richland Medical Park, #402
Columbia, SC 29203
Tel: 803 256-2657 *Fax:* 803 933-9545
Length: 5 Yrs *ACGME Approved/Offered Positions:* 17
Program ID: 440-45-21-316

Greenville**Greenville Hospital System Program**

Sponsor: Greenville Hospital System
Prgm Director: Jonathan S Lokey, MD*
Academic Department of Surgery
701 Grove Road
Greenville, SC 29605
Tel: 864 455-7886 *Fax:* 864 455-1320
E-mail: sburns@ghs.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 440-45-11-317

Spartanburg**Spartanburg Regional Healthcare System Program**

Sponsor: Spartanburg Regional Healthcare System
Prgm Director: Richard K Orr, MD, MPH
101 E Wood Street
Spartanburg, SC 29303
Tel: 864 560-6285 *Fax:* 864 560-6063
Length: 5 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 440-45-31-318

Tennessee**Chattanooga****University of Tennessee College of Medicine at Chattanooga Program**

Sponsor: University of Tennessee College of Medicine-Chattanooga
Erlanger Medical Center
Prgm Director: Joseph B Cofer, MD
979 East Third Street, Suite 401
Chattanooga, TN 37403
Tel: 423 778-7695 *Fax:* 423 778-2950
Length: 5 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 440-47-11-320

Johnson City**East Tennessee State University Program**

Sponsor: James H Quillen College of Medicine
Johnson City Medical Center Hospital
Veterans Affairs Medical Center (Mountain Home)
Wellmont Health System - Bristol Regional Medical Center
Wellmont Health System-Holston Valley
Prgm Director: William Browder, MD
Department of Surgery
Box 70575
Johnson City, TN 37614
Tel: 423 439-6267 *Fax:* 423 439-6259
E-mail: browder@etsu.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 29
Program ID: 440-47-21-377

Knoxville**University of Tennessee Medical Center at Knoxville Program**

Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee Memorial Hospital
Prgm Director: Mitchell H Goldman, MD
University Memorial Hospital
1924 Alcoa Highway, Box U-11
Knoxville, TN 37920
Tel: 865 544-9230 *Fax:* 865 544-6958
E-mail: gniya@mc.utmc.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 22
Program ID: 440-47-11-321

Memphis**University of Tennessee Program**

Sponsor: University of Tennessee College of Medicine
Baptist Memorial Hospital
Methodist Healthcare-Memphis Hospitals
Regional Medical Center at Memphis
University of Tennessee Medical Center
Veterans Affairs Medical Center (Memphis)
Prgm Director: Eugene C Mangiante, MD
956 Court Ave
Room E222
Memphis, TN 38163
Tel: 901 448-7635 *Fax:* 901 448-7306
E-mail: rpipkin@utm.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 63
Program ID: 440-47-21-324

Nashville**Vanderbilt University Program**

Sponsor: Vanderbilt University Medical Center
St Thomas Hospital
Veterans Affairs Medical Center (Nashville)
Prgm Director: John L Tarpley, MD
D-4314 MCN
1161 21st Avenue, South
Nashville, TN 37232
Tel: 615 343-6642 *Fax:* 615 322-0680
E-mail: john.tarpley@vanderbilt.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 62
Program ID: 440-47-21-327

Texas**Dallas****Baylor University Medical Center Program**

Sponsor: Baylor University Medical Center
John Peter Smith Hospital (Tarrant County Hospital District)
Presbyterian Hospital of Dallas
Prgm Director: Ronald C Jones, MD
3500 Gaston Avenue
Dallas, TX 75246
Tel: 214 820-2468 *Fax:* 214 820-4538
Length: 5 Yrs *ACGME Approved/Offered Positions:* 45
Program ID: 440-48-21-328

Methodist Hospitals of Dallas Program

Sponsor: Methodist Hospitals of Dallas
Prgm Director: Ernest L Dunn, MD
1441 N Beckley Avenue
PO Box 655999
Dallas, TX 75265
Tel: 214 947-2303
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 440-48-12-329

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Children's Medical Center of Dallas
Dallas County Hospital District-Parkland Memorial Hospital
St Paul University Hospital
Veterans Affairs Medical Center (Dallas)
Zale-Lipsby University Hospital
Prgm Director: R James Valentine, MD
Department of Surgery
5323 Harry Hines Boulevard
Dallas, TX 75390
Tel: 214 648-3514 *Fax:* 214 648-7969
E-mail: james.valentine@utsouthwestern.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 95
Program ID: 440-48-21-331

El Paso**Texas Tech University (El Paso) Program**

Sponsor: Texas Tech University Health Sciences Center at El Paso
R E Thomason General Hospital
Prgm Director: Ysela M Carrillo, MD*
4800 Alberta Avenue
El Paso, TX 79905
Tel: 915 545-6872 *Fax:* 915 545-6864
Length: 5 Yrs *ACGME Approved/Offered Positions:* 17
Program ID: 440-48-11-332

William Beaumont Army Medical Center Program

Sponsor: William Beaumont Army Medical Center
Prgm Director: John P Schriver, MD
General Surgery Service
5005 N Piedras
El Paso, TX 79920
Tel: 915 569-2698 *Fax:* 915 569-2602
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 440-48-12-009
US Armed Services Program

Fort Sam Houston**San Antonio Uniformed Services Health Education Consortium (BAMC) Program**

Sponsor: San Antonio Uniformed Services Health Education Consortium
Brooke Army Medical Center
Prgm Director: Lt Col Thomas E Le Voyer, MD*
3851 Roger Brooke Drive
Fort Sam Houston, TX 78234
Tel: 210 916-0439 *Fax:* 210 916-6658
Length: 5 Yrs *ACGME Approved/Offered Positions:* 22
Program ID: 440-48-22-010
US Armed Services Program

Galveston**University of Texas Medical Branch Hospitals Program**

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Courtney M Townsend, Jr, MD
Department of Surgery
301 University Boulevard
Galveston, TX 77555
Tel: 409 772-1285 *Fax:* 409 772-5611
Length: 5 Yrs *ACGME Approved/Offered Positions:* 38
Program ID: 440-48-11-333

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
Prgm Director: Charles H McCollum, MD
One Baylor Plaza, Room 404D
Houston, TX 77030
Tel: 713 798-6078 *Fax:* 713 798-8941
Length: 5 Yrs *ACGME Approved/Offered Positions:* 68
Program ID: 440-48-21-334

Christus St Joseph Hospital Program

Sponsor: Christus St Joseph Hospital
Prgm Director: Thomas V Taylor, MD
1919 LaBranch
Department of Surgery
Houston, TX 77002
Tel: 713 756-5684 *Fax:* 713 657-7234
Length: 5 Yrs *ACGME Approved/Offered Positions:* 21
Program ID: 440-48-22-335

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Lyndon B Johnson General Hospital
Memorial Hermann Hospital System
University of Texas M D Anderson Cancer Center
Prgm Director: John R Potts, MD
Department of Surgery
6431 Fannin, Room 4.270
Houston, TX 77030
Tel: 713 500-7216 *Fax:* 713 500-7239
E-mail: Angela.H.Young@uth.tmc.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 52
Program ID: 440-48-21-337

Lubbock

Texas Tech University (Lubbock) Program

Sponsor: Texas Tech University Health Sciences Center at Lubbock
University Medical Center
Prgm Director: Ari O Halldorsson, MD
Department of Surgery
3601 4th Street
Lubbock, TX 79430
Tel: 806 743-2370 *Fax:* 806 743-1475
Length: 5 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 440-48-21-363

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
San Antonio Uniformed Services Health Education Consortium
University Health System
Wilford Hall Medical Center (AETC)
Prgm Director: Melanie L Richards, MD
7703 Floyd Curl Drive
San Antonio, TX 78229
Tel: 210 567-5711
E-mail: smithla0@uthscsa.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 76
Program ID: 440-48-21-338

Temple

Texas A&M College of Medicine-Scott and White Program

Sponsor: Scott and White Memorial Hospital
Central Texas Veterans Affairs Healthcare System
Prgm Director: Randall W Smith, MD
2401 S 31st Street
Temple, TX 76508
Tel: 254 724-2366 *Fax:* 254 724-9186
Length: 5 Yrs *ACGME Approved/Offered Positions:* 26
Program ID: 440-48-21-339

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
LDS Hospital
Salt Lake Regional Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: James McGreevy, MD
50 N Medical Drive
Salt Lake City, UT 84132
Tel: 801 581-4488 *Fax:* 801 581-6612
Length: 5 Yrs *ACGME Approved/Offered Positions:* 37
Program ID: 440-49-21-340

Vermont

Burlington

University of Vermont Program

Sponsor: Fletcher Allen Health Care
Prgm Director: Kenneth H Sartorelli, MD
Surgery Education Office, Fletcher House 309
111 Colchester Avenue
Burlington, VT 05401
Tel: 802 847-4273 *Fax:* 802 847-9528
Length: 5 Yrs *ACGME Approved/Offered Positions:* 25
Program ID: 440-50-21-341

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Veterans Affairs Medical Center (Salem)
Prgm Director: Bruce D Schirmer, MD
PO Box 800681
Charlottesville, VA 22908
Tel: 434 924-9307 *Fax:* 434 243-5791
Length: 5 Yrs *ACGME Approved/Offered Positions:* 48
Program ID: 440-51-21-342

Falls Church

Inova Fairfax Hospital/Inova Fairfax Hospital for Children Program

Sponsor: Inova Fairfax Hospital
Prgm Director: H David Reines, MD
3300 Gallows Road
Falls Church, VA 22042
Tel: 703 776-3563 *Fax:* 703 776-2338
E-mail: h.david.reines@inova.com
Length: 5 Yrs *ACGME Approved/Offered Positions:* 15
Program ID: 440-51-21-412

Norfolk

Eastern Virginia Medical School Program

Sponsor: Eastern Virginia Medical School
Children's Hospital of the King's Daughters
Sentara Leigh Hospital
Sentara Norfolk General Hospital
Veterans Affairs Medical Center (Hampton)
Prgm Director: L D Britt, MD, MPH
6th Floor, Hofheimer Hall
825 Fairfax Avenue
Norfolk, VA 23507
Tel: 757 446-8950 *Fax:* 757 446-8951
Length: 5 Yrs *ACGME Approved/Offered Positions:* 34
Program ID: 440-51-21-343

Portsmouth

Naval Medical Center (Portsmouth) Program

Sponsor: Naval Medical Center (Portsmouth)
Sentara Norfolk General Hospital
Prgm Director: Beth R Jaklic, MD
Department of General Surgery (code 0511)
620 John Paul Jones Circle
Portsmouth, VA 23708
Tel: 757 953-2447 *Fax:* 757 953-0845
Length: 5 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 440-51-32-915
US Armed Services Program

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
Hunter Holmes McGuire VA Medical Center (Richmond)
Medical College of Virginia Hospitals
Prgm Director: Brian J Kaplan, MD
PO Box 980135
Richmond, VA 23298
Tel: 804 828-2755 *Fax:* 804 828-5595
E-mail: surgery@vcu.edu
Length: 5 Yrs *ACGME Approved/Offered Positions:* 41
Program ID: 440-51-21-344

Roanoke

Carilion Health System Program

Sponsor: Carilion Health System
Carilion Medical Center-Roanoke Community Hospital
Carilion Medical Center-Roanoke Memorial Hospital
Prgm Director: James E Foster, MD*
Bellevue Avenue at Jefferson Street
PO Box 13367
Roanoke, VA 24033
Tel: 540 981-8280 *Fax:* 540 981-8681
E-mail: abasham@carilion.com
Length: 5 Yrs *ACGME Approved/Offered Positions:* 20
Program ID: 440-51-31-345

Washington

Seattle

Swedish Medical Center (First Hill) Program

Sponsor: Swedish Medical Center-Seattle
University of Washington Medical Center
Prgm Director: Michael J Hart, MD
747 Broadway
Surgery Residency Program, Suite 731
Seattle, WA 98122
Tel: 206 386-2123 *Fax:* 206 386-6293
Length: 5 Yrs *ACGME Approved/Offered Positions:* 13
Program ID: 440-54-32-347

University of Washington Program

Sponsor: University of Washington School of Medicine
University of Washington Medical Center
VA Puget Sound Health Care System
Prgm Director: Karen D Horvath, MD
1959 NE Pacific Street
Box #356410

Seattle, WA 98195
Tel: 206 543-3687 *Fax:* 206 543-8136
Length: 5 Yrs *ACGME Approved/Offered Positions:* 69
Program ID: 440-54-21-348

Virginia Mason Medical Center Program

Sponsor: Virginia Mason Medical Center
University of Washington Medical Center
Prgm Director: Richard C Thirby, MD
925 Seneca St
H8-GME

Seattle, WA 98111
Tel: 206 583-6079 *Fax:* 206 583-2307
Length: 5 Yrs *ACGME Approved/Offered Positions:* 28
Program ID: 440-54-12-349

Tacoma**Madigan Army Medical Center Program**

Sponsor: Madigan Army Medical Center
University of Washington/Harborview Medical Centers
Prgm Director: Kenneth S Azarow, MD
General Surgery Service
MCHJ-SGY

Tacoma, WA 98431
Tel: 253 968-0236 *Fax:* 253 968-5900
Length: 5 Yrs *ACGME Approved/Offered Positions:* 22
Program ID: 440-54-12-011
US Armed Services Program

West Virginia**Charleston****Charleston Area Medical Center/West Virginia University (Charleston Division) Program**

Sponsor: Charleston Area Medical Center/West Virginia University

Prgm Director: John A DeLuca, MD
3110 Mac Corkle Ave
Charleston, WV 25304
Tel: 304 347-1338 *Fax:* 304 388-9958
Length: 5 Yrs *ACGME Approved/Offered Positions:* 19
Program ID: 440-55-11-351

Huntington**Marshall University School of Medicine Program**

Sponsor: Marshall University School of Medicine
Cabell Huntington Hospital
St Mary's Hospital

Veterans Affairs Medical Center (Huntington)
Prgm Director: John T Walker, MD
1600 Medical Center Dr, Suite 2500
Huntington, WV 25701
Tel: 304 691-1282 *Fax:* 304 691-1287
Length: 5 Yrs *ACGME Approved/Offered Positions:* 18
Program ID: 440-55-21-366

Morgantown**West Virginia University Program**

Sponsor: West Virginia University School of Medicine
Louis A Johnson Veterans Affairs Medical Center
West Virginia University Hospitals

Prgm Director: Cynthia F Graves, MD
Health Sciences Center N, Room 7700
PO Box 9238
Morgantown, WV 26506
Tel: 304 293-5169 *Fax:* 304 293-8881
Length: 5 Yrs *ACGME Approved/Offered Positions:* 22
Program ID: 440-55-21-352

Wisconsin**La Crosse****Gundersen Lutheran Medical Foundation Program**

Sponsor: Gundersen Lutheran Medical Foundation
Gundersen Clinic

Lutheran Hospital-La Crosse
Prgm Director: Thomas H Coghill, MD
1836 South Avenue
Mail Code C01-005
La Crosse, WI 54601
Tel: 608 775-2431 *Fax:* 608 775-4460
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 440-56-12-354

Madison**University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital

Prgm Director: David M Mahvi, MD
600 Highland Avenue
H4/724A Clinical Science Center
Madison, WI 53792
Tel: 608 263-1383 *Fax:* 608 263-7652
Length: 5 Yrs *ACGME Approved/Offered Positions:* 30
Program ID: 440-56-21-355

Marshfield**Marshfield Clinic-St Joseph's Hospital Program**

Sponsor: Marshfield Clinic-St Joseph's Hospital

Prgm Director: Randolph E Szlabick, MD
Marshfield Clinic
1000 North Oak Avenue
Marshfield, WI 54449
Tel: 715 381-7425 *Fax:* 715 389-4454
E-mail: szlabick.randolph@marshfieldclinic.org
Length: 5 Yrs *ACGME Approved/Offered Positions:* 10
Program ID: 440-56-31-356

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Clement J Zablocki Veterans Affairs Medical Center
Columbia Hospital
Froedtert Memorial Lutheran Hospital

Prgm Director: John A Weigelt, MD
Department of Surgery
9200 West Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 805-8632 *Fax:* 414 805-8641
Length: 5 Yrs *ACGME Approved/Offered Positions:* 43
Program ID: 440-56-21-357

Surgical Critical Care (General Surgery)**Alabama****Birmingham****University of Alabama Medical Center Program**

Sponsor: University of Alabama Hospital
Children's Hospital of Alabama

Prgm Director: Loring W Rue, MD
Department of Surgery
701 South 19th Street (Suite 112)
Birmingham, AL 35294
Tel: 205 934-6840
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-01-21-079

California**Fresno****University of California (San Francisco)/Fresno Program**

Sponsor: UCSF-Fresno Medical Education Program
Community Medical Centers-University Medical Center

Prgm Director: Krista L Kaups, MD
445 S Cedar Avenue
Fresno, CA 93702
Tel: 559 459-3770 *Fax:* 559 459-3719
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-05-21-067

Los Angeles**Cedars-Sinai Medical Center Program**

Sponsor: Cedars-Sinai Medical Center
Prgm Director: M Michael Shabot, MD

8700 Beverly Boulevard
Department of Surgery - Room 8215
Los Angeles, CA 90048
Tel: 310 423-5873
E-mail: michael.shabot@cshs.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-05-21-046

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center

LAC+USC Medical Center
USC University Hospital
Prgm Director: Thomas V Berne, MD
Department of Surgery, Room 9900
1200 N State Street
Los Angeles, CA 90033
Tel: 323 226-7720 *Fax:* 323 226-5996
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 442-05-31-058

Orange**University of California (Irvine) Program**

Sponsor: University of California (Irvine) Medical Center

Prgm Director: Marianne Cinat, MD
101 The City Drive, South
Bldg 53, Room 207, Rte 81
Orange, CA 92868
Tel: 714 456-5840 *Fax:* 714 456-6048
E-mail: dmhasson@uci.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-05-21-003

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: John Owings, MD
Department of Surgery
2315 Stockton Blvd, Rm 4209
Sacramento, CA 95817
Tel: 916 734-5535 *Fax:* 916 734-7755
E-mail: jtowings@ucdavis.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-05-21-017

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
Prgm Director: Raul Coimbra, MD, PhD*
200 West Arbor Drive, #8896
San Diego, CA 92103
Tel: 619 543-7200 *Fax:* 619 543-7202
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-05-21-052

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
Prgm Director: Andre R Campbell, MD
1001 Potrero Avenue
San Francisco, CA 94110
Tel: 415 206-4627
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-05-21-075

Colorado

Denver

University of Colorado School of Medicine Program

Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
University of Colorado Hospital
Prgm Director: Jon M Burch, MD
777 Bannock Street
Denver, CO 80204
Tel: 303 436-6558 *Fax:* 303 436-6572
E-mail: Jon.Burch@dhha.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-07-13-094

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Hartford Hospital
Prgm Director: Kevin P Keating, MD
Surgical Critical Care Division
80 Seymour Street
Hartford, CT 06102
Tel: 860 545-5201 *Fax:* 860 545-3266
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 442-08-21-020

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Bridgeport Hospital
Prgm Director: Heidi L Frankel, MD
Section of Trauma and Surgical Critical Care
330 Cedar Street, BB310
New Haven, CT 06520
Tel: 203 737-5684 *Fax:* 203 785-3050
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-08-21-045

Delaware

Wilmington

Christiana Care Health Services Program

Sponsor: Christiana Care Health Services Inc
Alfred I duPont Hospital for Children
Prgm Director: Gerard J Fulda, MD
4755 Oglethorn-Stanton Road
Room 2925
Newark, DE 19718
Tel: 302 733-4260 *Fax:* 302 733-4264
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-09-21-093

District of Columbia

Washington

Washington Hospital Center Program

Sponsor: Washington Hospital Center
Prgm Director: John R Kirkpatrick, MD, MBA
110 Irving Street, NW, Room G253
Washington, DC 20010
Tel: 202 877-5133 *Fax:* 202 877-3699
E-mail: stephanie.e.morgan@medstar.net
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 442-10-21-048

Florida

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Erik Barquist, MD
1800 NW 10th Avenue, #T247
Ryder Trauma Center
Miami, FL 33136
Tel: 305 585-1293 *Fax:* 305 326-7065
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 442-11-21-004

Orlando

Orlando Regional Healthcare Program

Sponsor: Orlando Regional Healthcare
Orlando Regional Medical Center
Prgm Director: Michael L Cheatham, MD
86 W Underwood Street
Suite 201, MP 100
Orlando, FL 32806
Tel: 407 841-5296 *Fax:* 407 648-3686
E-mail: mikec@orhs.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-11-21-068

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
Prgm Director: Rodney M Durham, MD
2 Columbia Drive
Room G 417
Tampa, FL 33606
Tel: 813 844-4428
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-11-21-104

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Prgm Director: Grace S Rozycki, MD
69 Jesse Hill Jr Drive, SE
Glenn Memorial Bldg, Suite 302
Atlanta, GA 30303
Tel: 404 616-3553 *Fax:* 404 616-7333
E-mail: grozyck@emory.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-12-21-069

Hawaii

Honolulu

University of Hawaii Program

Sponsor: University of Hawaii John A Burns School of Medicine
Queen's Medical Center
Prgm Director: Mihae Yu, MD
1356 Lusitana Street, 6th Floor
Honolulu, HI 96813
Tel: 808 586-2920 *Fax:* 808 586-3022
E-mail: mihaey@hawaii.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-14-21-036

Illinois

Chicago

Cook County Hospital Program

Sponsor: John H Stroger Hospital of Cook County
Prgm Director: Krishnan Sriram, MD
Division of Surgical Critical Care
1901 West Harrison St Room 3350
Chicago, IL 60612
Tel: 312 864-3133 *Fax:* 312 864-9633
E-mail: ksriram41@hotmail.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-16-12-087

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Prgm Director: Marleta Reynolds, MD*
Pediatric Surgery #63
2300 Children's Plaza
Chicago, IL 60614
Tel: 773 880-4292 *Fax:* 773 880-4588
E-mail: dhogan@childrensmemorial.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-16-31-077

University of Illinois College of Medicine at Chicago/Metropolitan Group Hospitals Program

Sponsor: University of Illinois College of Medicine at Chicago
Advocate Illinois Masonic Medical Center
Prgm Director: Richard J Fantus, MD
 836 West Wellington Avenue
 Room 4813 Center Court
 Chicago, IL 60657
Tel: 773 296-7033 *Fax:* 773 296-7199
E-mail:
 IMMC.SurgicalCriticalCare@advocatehealth.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-16-21-060

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
 Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Kimberly A Davis, MD
 2160 South First Avenue
 Maywood, IL 60153
Tel: 708 327-2073 *Fax:* 708 327-3474
E-mail: fluchet@lumc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-16-21-102

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine
 University of Kentucky Hospital
Prgm Director: Paul A Kearney, MD
 800 Rose Street
 Department of Surgery, C2232
 Lexington, KY 40536
Tel: 859 323-6346 *Fax:* 859 323-6840
E-mail: pakear0@uky.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-20-21-076

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine
 University of Louisville Hospital
Prgm Director: Jorge L Rodriguez, MD
 Department of Surgery
 Louisville, KY 40292
Tel: 502 852-5676 *Fax:* 502 852-8915
E-mail: jrodr02@louisville.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-20-21-059

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
 Medical Center of Louisiana at New Orleans
 Veterans Affairs Medical Center (New Orleans)
Prgm Director: John Patrick Hunt, MD
 1542 Tulane Avenue
 New Orleans, LA 70112
Tel: 504 568-7805 *Fax:* 504 568-4633
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-21-13-090

Tulane University Program

Sponsor: Tulane University School of Medicine
 Medical Center of Louisiana at New Orleans
Prgm Director: Mary Jo Wright, MD
 1430 Tulane Avenue
 SL-22
 New Orleans, LA 70112
Tel: 504 586-3909 *Fax:* 504 988-1882
E-mail: mwright2@tulane.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-21-21-057

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Hospital
Prgm Director: Pamela A Lipsett, MD
 Dept of Surgery, Blalock 685
 600 N Wolfe Street
 Baltimore, MD 21287
Tel: 410 955-3739 *Fax:* 410 614-9083
E-mail: plipsett@jhmi.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-23-31-009

University of Maryland Program

Sponsor: University of Maryland Medical System
Prgm Director: Steven B Johnson, MD
 Division of Surgical Critical Care
 22 South Greene Street, T3R32
 Baltimore, MD 21201
Tel: 410 328-5830 *Fax:* 410 328-0687
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Program ID: 442-23-21-032

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Christopher C Baker, MD*
 110 Francis Street, Suite 3A
 Boston, MA 02215
Tel: 617 632-9929 *Fax:* 617 632-9917
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-24-21-042

Boston University Medical Center Program

Sponsor: Boston Medical Center
Prgm Director: Peter A Burke, MD*
 88 E Newton Street
 Boston, MA 02118
Tel: 617 638-8442 *Fax:* 617 638-8409
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-24-21-011

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital
Prgm Director: Selwyn O Rogers, MD, MPH
 75 Francis Street
 Boston, MA 02115
Tel: 617 732-8042 *Fax:* 617 582-6047
E-mail: srogers@partners.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-24-12-083

Children's Hospital Program

Sponsor: Children's Hospital
Prgm Director: Jay M Wilson, MD
 300 Longwood Avenue, Fegan 3
 Boston, MA 02115
Tel: 617 355-6019 *Fax:* 617 730-0477
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-24-31-082

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: Robert L Sheridan, MD
 55 Fruit Street, WHT 506
 Boston, MA 02114
Tel: 617 726-5633 *Fax:* 617 367-8936
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-24-21-054

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
 UMass Memorial Health Care (University Campus)
Prgm Director: Harry L Anderson, MD*
 Division of Trauma and Critical Care
 55 Lake Avenue North
 Worcester, MA 01655
Tel: 508 856-5288 *Fax:* 508 856-4224
E-mail: dineenr@unumhc.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-24-21-012

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Prgm Director: Robert H Bartlett, MD
 1500 E Medical Center Drive
 TC-2920 Taubman Health Care Center
 Ann Arbor, MI 48109
Tel: 734 936-5822 *Fax:* 734 936-5830
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 442-25-21-013

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital
Prgm Director: H Mathilda Horst, MD
 Department of Surgery
 2799 W Grand Blvd
 Detroit, MI 48202
Tel: 313 916-1052 *Fax:* 313 916-8007
E-mail: mhorst1@hfhs.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 442-25-21-026

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
 Children's Hospital of Michigan
Prgm Director: Marc L Cullen, MD
 3901 Beaubien Boulevard
 Detroit, MI 48201
Tel: 313 745-5839 *Fax:* 313 966-7696
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-25-31-027

Grand Rapids

Grand Rapids Medical Education and Research Center/Michigan State University Program

Sponsor: Grand Rapids Medical Education and Research Center
 Spectrum Health-Butterworth Campus
Prgm Director: Bruce W Bonnell, MD
 Surgical Critical Care Fellowship
 221 Michigan Street NE, Suite 200A
 Grand Rapids, MI 49503
Tel: 616 391-1691 *Fax:* 616 391-8611
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-25-21-014

Minnesota

Minneapolis

Hennepin County Medical Center Program

Sponsor: Hennepin County Medical Center
Prgm Director: Robert R Quickel, MD*
 701 Park Avenue, South, #8198
 Minneapolis, MN 55415
Tel: 612 873-2849 *Fax:* 612 904-4297
E-mail: phyllis.squiers@co.hennepin.mn.us
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 442-26-21-072

University of Minnesota Program

Sponsor: University of Minnesota Medical School
 Fairview-University Medical Center
 Regions Hospital
 Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Gregory J Beilman, MD
 Department of Surgery, MMC11
 420 Delaware Street, SE
 Minneapolis, MN 55455
Tel: 612 625-7911 *Fax:* 612 626-0439
E-mail: beilm001@umn.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 442-26-21-022

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
 College of Medicine
 Mayo Clinic (Rochester)
 St Mary's Hospital of Rochester
Prgm Director: Michael P Bannon, MD
 Department of Surgery
 200 First Street, SW
 Rochester, MN 55905
Tel: 507 255-6365 *Fax:* 507 255-9872
E-mail: krumwiede.karma@mayo.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-26-21-034

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine
 University Hospitals and Clinics
Prgm Director: Donald Spadone, MD
 One Hospital Drive
 4th Floor McHaney Hall
 Columbia, MO 65212
Tel: 573 884-2000
E-mail: Schulzgz@health.missouri.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-28-21-016

Kansas City

University of Missouri at Kansas City Program

Sponsor: University of Missouri-Kansas City School of Medicine
 Children's Mercy Hospital
Prgm Director: Ronald J Sharp, MD
 2401 Gillham Road
 Kansas City, MO 64108
Tel: 816 234-3574 *Fax:* 816 460-1012
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-28-21-071

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
 St John's Mercy Medical Center
 St Louis University Hospital
Prgm Director: Lonnie W Frei, MD*
 3635 Vista Ave at Grand Blvd
 PO Box 15250
 St Louis, MO 63110
Tel: 314 577-8365 *Fax:* 314 268-5194
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-28-21-023

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
Prgm Director: Craig M Coopersmith, BA, MD
 660 S Euclid Avenue
 Box 8109
 St Louis, MO 63110
Tel: 314 362-9342 *Fax:* 314 362-1602
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-28-21-051

New Jersey

Camden

UMDNJ-Robert Wood Johnson Medical School (Camden) Program

Sponsor: Cooper Hospital-University Medical Center
Prgm Director: Alexander Axelrad, MD, MS*
 Department of Surgery
 3 Cooper Plaza, Suite 411
 Camden, NJ 08103
Tel: 856 342-3014 *Fax:* 856 342-2817
E-mail: surgery_camden@umdnj.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 442-33-21-031

Newark

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
 UMDNJ-University Hospital
Prgm Director: David H Livingston, MD
 New Jersey Trauma Center
 150 Bergen Street, E-245
 Newark, NJ 07103
Tel: 973 972-4900 *Fax:* 973 982-7441
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-33-21-049

New York

Bronx

Lincoln Medical and Mental Health Center Program

Sponsor: Lincoln Medical and Mental Health Center
 New York Presbyterian Hospital
Prgm Director: Samuel P Kigongo, MD*
 234 East 149th Street
 Department of Surgery
 Bronx, NY 10451
Tel: 718 579-5900 *Fax:* 718 579-4620
E-mail: gonzalro@nychhc.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-35-31-033

Great Neck

North Shore-Long Island Jewish Health System Program

Sponsor: North Shore-Long Island Jewish Health System
 North Shore University Hospital
Prgm Director: Jay A Yelon, DO
 300 Community Drive
 Manhasset, NY 11080
Tel: 516 562-2993
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-35-31-100

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Paul Bankey, MD, PhD
 601 Elmwood Avenue
 Box Surg
 Rochester, NY 14642
Tel: 716 275-7248 *Fax:* 716 275-8513
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-35-21-025

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
 Veterans Affairs Medical Center (Northport)
Prgm Director: Marc J Shapiro, MD
 Division of GS/Trauma/Surgical Critical Care/Burn
 Health Sciences Center, T19-060
 Stony Brook, NY 11794
Tel: 631 444-1045 *Fax:* 631 444-6176
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-35-21-084

Valhalla

New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College
 Westchester Medical Center
Prgm Director: John A Savino, MD
 Department of Surgery
 Munger Pavillion
 Valhalla, NY 10595
Tel: 914 594-3241 *Fax:* 914 594-4359
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 442-35-11-035

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Edmund J Rutherford, MD
 180 Wing D CB #7228
 Chapel Hill, NC 27599
Tel: 919 862-7555 *Fax:* 919 966-0369
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-36-21-028

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
 Veterans Affairs Medical Center (Durham)
Prgm Director: Mark W Sebastian, MD
 DUMC, Box 3533
 Durham, NC 27710
Tel: 919 681-6096 *Fax:* 919 668-5284
E-mail: harwa004@mc.duke.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-36-21-037

Greenville**Pitt County Memorial Hospital/East Carolina University Program**

Sponsor: Pitt County Memorial Hospital
University of North Carolina Hospitals
Prgm Director: Michael F Rotondo, MD
600 Moye Boulevard
Greenville, NC 27834
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-36-13-105

Ohio**Cincinnati****University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc
Prgm Director: Sandra Miller, MD*
231 Albert Sabin Way
PO Box 670558
Cincinnati, OH 45267
Tel: 513 558-5661 *Fax:* 513 558-3136
E-mail: sandra.miller@uc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-38-21-063

Cleveland**Case Western Reserve University/University Hospitals of Cleveland Program**

Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Prgm Director: Charles J Yowler, MD
2500 MetroHealth Drive
Cleveland, OH 44109
Tel: 216 778-5627
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-38-21-070

Columbus**Children's Hospital/Ohio State University Program**

Sponsor: Children's Hospital (Columbus)
Prgm Director: Brian D Kenney, MD, MBA
700 Children's Drive, #ED379
Columbus, OH 43205
Tel: 614 722-3928 *Fax:* 614 722-3903
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-38-31-088

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Prgm Director: Larry C Martin, MD
N748 Doan Hall
410 W Tenth Avenue
Columbus, OH 43210
Tel: 614 293-3451 *Fax:* 614 293-4325
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-38-21-021

Oregon**Portland****Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Prgm Director: Martin A Schreiber, MD
3181 SW Sam Jackson Park Rd, L223A
Portland, OR 97239
Tel: 503 494-5300 *Fax:* 503 494-6519
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-40-21-064

Pennsylvania**Allentown****Lehigh Valley Hospital/Pennsylvania State University Program**

Sponsor: Lehigh Valley Hospital
Prgm Director: Michael Badellino, MD
Cedar Crest & 1-78
PO Box 689
Allentown, PA 18105
Tel: 610 402-8966 *Fax:* 610 402-1667
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-41-31-047

Hershey**Penn State University/Milton S Hershey Medical Center Program**

Sponsor: Milton S Hershey Medical Center
Prgm Director: Robert N Cooney, MD
500 University Drive, MC H070
Hershey, PA 17033
Tel: 717 531-6241 *Fax:* 717 531-3649
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-41-21-041

Philadelphia**Drexel University College of Medicine/Hahnemann University Hospital Program**

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Crozer-Chester Medical Center
Hahnemann University Hospital (Tenet Health System)
St Christopher's Hospital for Children (Tenet Health System)
Prgm Director: Thomas J Santora, MD
Department of Surgery
3300 Henry Avenue, 8th Floor
Philadelphia, PA 19129
Tel: 215 842-6567 *Fax:* 215 843-1095
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-41-21-065

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Murray J Cohen, MD
1100 Walnut Street, Fifth Floor
Philadelphia, PA 19107
Tel: 215 955-2600 *Fax:* 215 955-5570
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-41-31-066

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: Patrick M Reilly, MD
3440 Market Street, First Floor
Philadelphia, PA 19104
Tel: 215 662-7323 *Fax:* 215 349-5917
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 442-41-21-056

Pittsburgh**University of Pittsburgh Medical Center Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Prgm Director: Samuel Tisherman, MD
655 Scaife Hall
3550 Terrace Street
Pittsburgh, PA 15261
Tel: 412 647-3135 *Fax:* 412 647-8060
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 442-41-21-005

University of Pittsburgh Medical Center Medical Education Program A

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Magee-Women's Hospital
UPMC Presbyterian/Shadyside
Prgm Director: Barbara A Gaines, MD
3705 Fifth Avenue
Pittsburgh, PA 15213
Tel: 412 692-7460 *Fax:* 412 692-6069
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-41-13-103

Rhode Island**Providence****Brown University Program**

Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: Walter L Biffi, MD
593 Eddy Street
(APC 451)
Providence, RI 02903
Tel: 401 444-2892 *Fax:* 401 444-6681
E-mail: ssmeaton2@lifespan.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-43-21-044

South Carolina**Columbia****Palmetto Health/University of South Carolina School of Medicine Program**

Sponsor: Palmetto Health
Prgm Director: James Morrison, MD
Two Richland Medical Park
Suite 402
Columbia, SC 29203
Tel: 803 256-2657 *Fax:* 803 933-9545
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-45-11-095

Tennessee**Chattanooga****University of Tennessee College of Medicine at Chattanooga Program**

Sponsor: University of Tennessee College of Medicine-Chattanooga
Prgm Director: Robert A Maxwell, MD
Chattanooga Unit, Department of Surgery
979 East Third Street, Suite 401
Chattanooga, TN 37403
Tel: 423 778-7695 *Fax:* 423 778-2950
E-mail: schultcb@erlanger.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-47-21-091

Knoxville**University of Tennessee Medical Center at Knoxville Program**

Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee Memorial Hospital
Prgm Director: Blaine L Enderson, MD
1924 Alcoa Highway, U-11
Knoxville, TN 37920
Tel: 865 544-9230 *Fax:* 865 544-6958
E-mail: gmiya@mc.utmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-47-21-043

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
Regional Medical Center at Memphis
Prgm Director: Martin A Croce, MD
956 Court Avenue
Suite G228
Memphis, TN 38163
Tel: 901 448-5914 *Fax:* 901 448-7689
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-47-21-024

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Prgm Director: Addison K May, MD
243 Medical Center South
2100 Pierce Avenue
Nashville, TN 37212
Tel: 615 936-0177 *Fax:* 615 936-0185
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 442-47-21-007

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical
School
Dallas County Hospital District-Parkland Memorial
Hospital
Prgm Director: Joseph P Minei, MD
Division of Burn/Trauma and Critical Care
5323 Harry Hines Blvd
Dallas, TX 75235
Tel: 214 648-7295 *Fax:* 214 648-5477
E-mail: joseph.minei@utsouthwestern.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-49-21-001

Fort Sam Houston

San Antonio Uniformed Services Health Education Consortium (BAMC) Program

Sponsor: San Antonio Uniformed Services Health
Education Consortium
Brooke Army Medical Center
Prgm Director: Toney W Baskin, MD
3851 Roger Brooke Drive
Fort Sam Houston, TX 78234
Tel: 210 916-5250 *Fax:* 210 916-1602
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 442-49-22-008
US Armed Services Program

Galveston

The University of Texas Medical Branch Program

Sponsor: University of Texas Medical Branch Hospitals
Shriners Hospitals for Children (Galveston Burns
Institute)
Prgm Director: David N Herndon, MD
Shriner's Burn Hospital
815 Market Street
Galveston, TX 77555
Tel: 409 770-6731
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-48-31-098

Houston

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
University of Texas M D Anderson Cancer Center
Prgm Director: Christine S Cocanour, MD
6431 Fannin, MSB 4.284
Houston, TX 77030
Tel: 713 500-7194 *Fax:* 713 500-7268
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 442-48-21-038

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San
Antonio
Prgm Director: Ronald Stewart, MD
7703 Floyd Curl Drive
Dept of Surgery/Trauma
San Antonio, TX 78229
Tel: 210 567-3623 *Fax:* 210 567-0003
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 442-48-12-081

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
Prgm Director: Richard G Barton, MD
Dept of Surgery, 3B 313
50 North Medical Drive
Salt Lake City, UT 84132
Tel: 801 581-4314
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-49-12-092

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Prgm Director: Timothy L Pruett, MD
PO Box 800709
Charlottesville, VA 22908
Tel: 434 924-0462
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-51-13-097

Norfolk

Eastern Virginia Medical School Program

Sponsor: Eastern Virginia Medical School
Children's Hospital of the King's Daughters
Naval Medical Center (Portsmouth)
Sentara Norfolk General Hospital
Prgm Director: Frederic J Cole, MD
825 Fairfax Avenue, Suite 610
Norfolk, VA 23507
Tel: 757 446-8950 *Fax:* 757 446-8951
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-51-13-089

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health
System
Medical College of Virginia Hospitals
Prgm Director: Rao R Ivatury, MD, MS
1200 East Broad, 15th Floor
West Hospital
Richmond, VA 23298
Tel: 804 828-7748 *Fax:* 804 827-0285
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-51-31-085

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
University of Washington Medical Center
Prgm Director: Ronald V Maier, MD
Dept of Surgery, Box 359796
325 Ninth Avenue
Seattle, WA 98104
Tel: 206 731-3209 *Fax:* 206 731-8582
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-54-21-050

Wisconsin

Marshfield

Marshfield Clinic-St Joseph's Hospital Program

Sponsor: Marshfield Clinic-St Joseph's Hospital
Prgm Director: Randolph E Szlabick, MD
1000 North Oak Avenue
Marshfield, WI 54449
Tel: 715 387-9222 *Fax:* 715 389-4454
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 442-56-22-099

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated
Hospitals Inc
Froedtert Memorial Lutheran Hospital
Prgm Director: Karen J Brasel, MD, MPH*
9200 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 805-8624 *Fax:* 414 805-8641
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 442-56-21-010

Thoracic Surgery

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Albert D Pacifico, MD
1900 University Blvd
THT, Room 760
Birmingham, AL 35294
Tel: 205 934-6209 *Fax:* 205 934-7514
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 460-01-21-007

Arizona

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
University Medical Center
Prgm Director: Jack G Copeland, MD
1501 N Campbell Avenue
PO Box 245071
Tucson, AZ 85724
Tel: 520 626-4341 *Fax:* 520 626-5333
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-03-21-106

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Tamim Antakli, MD
Slot 713
4301 West Markham Street
Little Rock, AR 72205
Tel: 501 686-7884 *Fax:* 501 686-8503
E-mail: antaklitamim@uams.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-04-21-008

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Prgm Director: Anees J Razzouk, MD
11175 Campus Street
Suite 21121
Loma Linda, CA 92354
Tel: 909 558-4354 *Fax:* 909 558-0348
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 460-05-21-102

Los Angeles

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen
School of Medicine
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Mark D Plunkett, MD
Cardiothoracic Surgery
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 206-8232 *Fax:* 310 267-2211
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 460-05-21-013

University of Southern California/ LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC
Medical Center
Childrens Hospital Los Angeles
Huntington Memorial Hospital
LAC+USC Medical Center
USC University Hospital
Prgm Director: Winfield J Wells, MD*
USC Cardiothoracic Surgery
1520 San Pablo Street, Suite 4300
Los Angeles, CA 90033
Tel: 323 442-5849 *Fax:* 323 442-5966
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 460-05-22-011

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: J Nilas Young, MD
Division of Thoracic Surgery
2221 Stockton Blvd, 2nd Floor
Sacramento, CA 95817
Tel: 916 734-3861 *Fax:* 916 734-3066
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-05-21-112

San Diego

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical
Center
Children's Hospital and Health Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Stuart W Jamieson, MD
Division of Cardiothoracic Surgery
200 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-7777 *Fax:* 619 543-2652
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-05-21-109

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School
of Medicine
Mount Zion Medical Center of the University of
California
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Scot H Merrick, MD*
350 Parnassus Avenue
Suite 160
San Francisco, CA 94143
Tel: 415 353-1606 *Fax:* 415 353-1312
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-05-21-015

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Lucile Salter Packard Children's Hospital at Stanford
Veterans Affairs Palo Alto Health Care System
Prgm Director: Bruce A Reitz, MD
Department of Cardiothoracic Surgery
Falk Cardiovascular Research Building
Stanford, CA 94305
Tel: 650 725-5895 *Fax:* 650 725-3846
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 460-05-21-016

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
University of Colorado Hospital
Veterans Affairs Medical Center (Denver)
Prgm Director: David A Fullerton, MD
4200 East 9th Avenue, Box C-310
Denver, CO 80262
Tel: 303 315-8527 *Fax:* 303 315-3065
E-mail: david.fullerton@uchsc.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 460-07-21-017

Connecticut

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Hospital of St Raphael
Veterans Affairs Medical Center (West Haven)
Prgm Director: John A Elefteriades, MD
333 Cedar Street
Cardiothoracic Surgery, FMB121
New Haven, CT 06520
Tel: 203 785-2704 *Fax:* 203 785-3346
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 460-08-21-018

District of Columbia

Washington

George Washington University Program

Sponsor: George Washington University School of
Medicine
Children's National Medical Center
George Washington University Hospital (UHS)
Johns Hopkins Hospital
Veterans Affairs Medical Center (Washington DC)
Prgm Director: Pendleton Alexander, MD
2150 Pennsylvania Avenue, Suite 6B
Washington, DC 20037
Tel: 202 745-8626 *Fax:* 202 745-8385
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 460-10-21-019

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida

Prgm Director: Daniel G Knauf, MD*

Division of Thoracic Surgery

PO Box 100286

Gainesville, FL 32610

Tel: 352 273-5501 *Fax:* 352 273-5513

E-mail: westesl@surgery.ufl.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 460-11-21-020

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System

Mount Sinai Medical Center of Florida Inc

Veterans Affairs Medical Center (Miami)

Prgm Director: Tomas A Salerno, MD

Cardiothoracic Surgery (R-114)

1611 NW 12th Avenue ET 3072

Miami, FL 33136

Tel: 305 585-5271 *Fax:* 305 547-2185

Length: 2 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 460-11-21-021

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine

Children's Healthcare of Atlanta at Egleston

Crawford Long Hospital of Emory University

Emory University Hospital

Grady Health System

Veterans Affairs Medical Center (Atlanta)

Prgm Director: Robert A Guyton, MD

1365 Clifton Road, NE

Room A2223

Atlanta, GA 30322

Tel: 404 778-3836 *Fax:* 404 778-5039

Length: 2 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 460-12-21-022

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia

Veterans Affairs Medical Center (Augusta)

Prgm Director: Kevin P Landolfo, MD, MSC

BAA-4300

1120 15th Street

Augusta, GA 30912

Tel: 706 721-3226 *Fax:* 706 721-7508

Length: 2 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 460-12-21-023

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University

Children's Memorial Hospital

Northwestern Memorial Hospital

Prgm Director: Robert M Vanecko, MD

Galter Pavilion, 201 East Huron Street

Suite 10-105

Chicago, IL 60611

Tel: 312 695-3121 *Fax:* 312 695-1903

Length: 3 Yrs *ACGME Approved/Offered Positions:* 3

Program ID: 460-16-21-025

Rush University Medical Center Program

Sponsor: Rush University Medical Center

John H Stroger Hospital of Cook County

Prgm Director: Robert S Higgins, MD

1653 West Congress Parkway

714 Jelke

Chicago, IL 60612

Tel: 312 942-6370 *Fax:* 312 942-6052

E-mail: Robert_Higgins@rush.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 460-16-21-027

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago

Advocate Christ Medical Center

University of Illinois Hospital and Clinics

Veterans Affairs West Side Medical Center

Prgm Director: Alexander S Geha, MD, MS

840 South Wood Street

Room 417 CSB (MC 958)

Chicago, IL 60612

Tel: 312 996-7956 *Fax:* 312 996-2013

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 460-16-21-029

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center

Edward Hines Jr Veterans Affairs Hospital

Prgm Director: Bryan K Foy, MD

Foster G McGaw Hospital

2160 South First Avenue, Bldg 110, Room 6243

Maywood, IL 60153

Tel: 708 327-2503 *Fax:* 708 327-2504

Length: 2 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 460-16-31-030

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine

Clarian Indiana University Hospital

Clarian Methodist Hospital of Indiana

Clarian Riley Hospital for Children

Richard L Roudebush Veterans Affairs Medical Center

Prgm Director: John W Brown, MD

Emerson Hall 215

545 Barnhill Drive

Indianapolis, IN 46202

Tel: 317 274-7150 *Fax:* 317 274-2940

Length: 3 Yrs *ACGME Approved/Offered Positions:* 6

Program ID: 460-17-21-031

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics

Prgm Director: Mark D Iannettoni, MD, MBA*

200 Hawkins Drive

1602-JCP

Iowa City, IA 52242

Tel: 319 356-1133 *Fax:* 319 356-3891

E-mail: mark-iannettoni@uiowa.edu

Length: 2 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 460-18-21-032

Kentucky

Lexington

University of Kentucky College of Medicine Program

Sponsor: University of Kentucky College of Medicine

Veterans Affairs Medical Center (Lexington)

Prgm Director: Victor A Ferraris, MD, PhD

Department of Surgery

800 Rose Street, C207

Lexington, KY 40536

Tel: 859 323-6519 *Fax:* 859 257-4682

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 460-20-21-115

Louisville

University of Louisville Program

Sponsor: University of Louisville School of Medicine

Jewish Hospital

Kosair Children's Hospital (Norton Healthcare, Inc)

University of Louisville Hospital

Veterans Affairs Medical Center (Louisville)

Prgm Director: Laman A Gray, MD

Department of Surgery

201 Abraham Flexner Way, Suite 1200

Louisville, KY 40202

Tel: 502 561-2180 *Fax:* 502 561-2190

E-mail: jdrillien@ucsamd.com

Length: 2 Yrs *ACGME Approved/Offered Positions:* 4

Program ID: 460-20-21-105

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine

Children's Hospital

Medical Center of Louisiana at New Orleans

Veterans Affairs Medical Center (New Orleans)

Prgm Director: Lynn H Harrison, MD

1542 Tulane Avenue, 7th Floor

New Orleans, LA 70112

Tel: 504 568-7654 *Fax:* 504 568-4633

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 460-21-21-117

Ochsner Clinic Foundation Program

Sponsor: Ochsner Clinic Foundation

Prgm Director: P Michael McFadden, MD

1514 Jefferson Highway

New Orleans, LA 70121

Tel: 504 842-3260 *Fax:* 504 842-3193

E-mail: gme@ochsner.org

Length: 2 Yrs *ACGME Approved/Offered Positions:* 2

Program ID: 460-21-21-036

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: William A Baumgartner, MD
Bialock 618
600 North Wolfe Street
Baltimore, MD 21287
Tel: 410 955-5248 *Fax:* 410 955-3809
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 460-23-11-037

University of Maryland Program

Sponsor: University of Maryland Medical System
Prgm Director: Bartley P Griffith, MD
N4W94, 22 S Greene St
Baltimore, MD 21201
Tel: 410 328-3822 *Fax:* 410 328-2750
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-23-11-038

Bethesda

National Capital Consortium Program

Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Prgm Director: Philip C Corcoran, MD
6900 Georgia Avenue NW
Washington, DC 20307
Tel: 202 782-8486 *Fax:* 202 782-8253
E-mail: pccorcoran@aol.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-10-11-003
US Armed Services Program

Massachusetts

Boston

Beth Israel Deaconess Medical Center Program

Sponsor: Beth Israel Deaconess Medical Center
Children's Hospital
Prgm Director: Frank W Sellke, MD
110 Francis Street, Suite 2A
Boston, MA 02215
Tel: 617 632-8385 *Fax:* 617 632-8387
E-mail: fsellke@bidmc.harvard.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-24-21-041

Boston University Medical Center Program

Sponsor: Boston Medical Center
Children's Hospital
Lahey Clinic
Prgm Director: Richard J Shemin, MD
Dept of Cardiothoracic Surgery
88 E Newton Street
Boston, MA 02118
Tel: 617 638-7350 *Fax:* 617 638-7228
Length: 3 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-24-21-039

Brigham and Women's Hospital/Children's Hospital Program

Sponsor: Brigham and Women's Hospital
Children's Hospital
Prgm Director: Raphael Bueno, MD*
75 Francis Street
Boston, MA 02115
Tel: 617 732-8148 *Fax:* 617 582-6171
E-mail: surgeryeducation@partners.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 460-24-22-043

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Children's Hospital
Prgm Director: Douglas J Mathisen, MD
55 Fruit Street
Blake 1570
Boston, MA 02114
Tel: 617 726-6826 *Fax:* 617 726-7667
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 460-24-11-040

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Caritas St Elizabeth's Medical Center of Boston
Prgm Director: Kenneth G Warner, MD
750 Washington Street, Box 266
Boston, MA 02111
Tel: 617 636-0093 *Fax:* 617 636-7616
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-24-21-042

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
Children's Hospital
UMass Memorial Health Care (University Campus)
Prgm Director: Stephen J Lahey, MD
55 Lake Avenue North
Worcester, MA 01855
Tel: 508 334-3278 *Fax:* 508 334-7915
E-mail: jenningsm@ummhc.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 460-24-21-111

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Mark B Orringer, MD
2120 Taubman, Thoracic Surgery
1500 E Medical Center Dr
Ann Arbor, MI 48109
Tel: 734 936-4975 *Fax:* 734 615-2656
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 460-25-21-044

Detroit

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Harper-Hutzel Hospital
Prgm Director: Larry W Stephenson, MD
3990 John R
Suite 2102 Harper Professional Building
Detroit, MI 48201
Tel: 313 745-1413 *Fax:* 313 993-0572
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 460-25-21-045

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Regions Hospital
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: R Morton Bolman, MD
Mayo Mail Code 207
425 East River Road, Room 347
Minneapolis, MN 55455
Tel: 612 625-3902 *Fax:* 612 625-1683
E-mail: bolma001@umn.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 460-26-21-046

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
St Mary's Hospital of Rochester
Prgm Director: Joseph A Dearani, MD
200 First St, SW
Rochester, MN 55905
Tel: 507 255-7069 *Fax:* 507 255-7378
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 460-26-21-047

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Prgm Director: Giorgio M Aru, MD
2500 North State Street
Jackson, MS 39216
Tel: 601 984-5170 *Fax:* 601 984-5198
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-27-11-048

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine
Ellis Fischel Cancer Center
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prgm Director: Richard A Schmaltz, MD
Division of Cardiothoracic Surgery MA312
One Hospital Drive
Columbia, MO 65212
Tel: 573 882-6954 *Fax:* 573 884-0437
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-28-21-049

Kansas City

St Luke's Hospital Program

Sponsor: University of Missouri-Kansas City School of Medicine
 St Luke's Hospital
Prgm Director: R Scott Stuart, MD
 Medical Plaza II, Suite 50
 4320 Wornall Road
 Kansas City, MO 64111
Tel: 816 931-3312 *Fax:* 816 531-9862
E-mail: sstuart@saint-lukes.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-28-12-050

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
 Cardinal Glennon Children's Hospital
 St Louis University Hospital
Prgm Director: Keith S Naunheim, MD
 3635 Vista Avenue at Grand Blvd
 PO Box 15250
 St Louis, MO 63110
Tel: 314 577-8360 *Fax:* 314 577-8315
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-28-21-052

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
 Barnes-Jewish Hospital
 St Louis Children's Hospital
Prgm Director: Marc R Moon, MD*
 Cardiothoracic Surgery, Box 8234
 One Barnes-Jewish Hospital Plaza
 St Louis, MO 63110
Tel: 314 362-0993 *Fax:* 314 362-0328
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 460-28-21-051

New Jersey

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School
 Robert Wood Johnson University Hospital
Prgm Director: Peter M Scholz, MD
 Division of Thoracic Surgery
 PO Box 19, MEB 512
 New Brunswick, NJ 08903
Tel: 732 235-7642 *Fax:* 732 235-7013
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 460-33-21-110

Newark

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
 Hackensack University Medical Center
 UMDNJ-University Hospital
Prgm Director: Barry C Esrig, MD
 150 Bergen Street
 Suite F-102 (UH)
 Newark, NJ 07103
Tel: 973 972-3555 *Fax:* 973 972-3510
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-33-21-053

New Mexico

Albuquerque

University of New Mexico Program

Sponsor: University of New Mexico School of Medicine
 University of New Mexico Health Sciences
 Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Jorge A Wernly, MD
 1 University of New Mexico
 MSC 10 5610, ACC 2
 Albuquerque, NM 87131
Tel: 505 272-6869 *Fax:* 505 272-6909
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-34-21-055

New York

Albany

Albany Medical Center Program

Sponsor: Albany Medical Center
 Veterans Affairs Medical Center (Albany)
Prgm Director: Riivo Ilves, MD*
 47 New Scotland Avenue, MC 55
 Albany, NY 12208
Tel: 518 292-6000 *Fax:* 518 262-5999
E-mail: ilvesr@mail.amc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-35-11-056

Bronx

Albert Einstein College of Medicine Program

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Jacobi Medical Center
 Montefiore Medical Center-Henry and Lucy Moses Division
 Montefiore Medical Center-Weiler Hospital
Prgm Director: Jeffrey P Gold, MD
 Montefiore Medical Center
 111 East 210th Street
 Bronx, NY 10467
Tel: 718 920-7000 *Fax:* 718 231-7113
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 460-35-21-058

Brooklyn

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
 Kings County Hospital Center
 Lutheran Medical Center
 Maimonides Medical Center
 University Hospital-SUNY Health Science Center at Brooklyn
Prgm Director: Joseph N Cunningham, MD
 c/o Maimonides Medical Center
 4802 10th Avenue
 Brooklyn, NY 11219
Tel: 718 283-7683 *Fax:* 718 635-7399
E-mail: aazzue@aol.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 460-35-11-066

New Hyde Park

Albert Einstein College of Medicine at Long Island Jewish Medical Center Program

Sponsor: Long Island Jewish Medical Center
Prgm Director: L Michael Graver, MD
 The Heart Institute, Rm 2123
 270-05 76th Avenue
 New Hyde Park, NY 11040
Tel: 718 470-7460 *Fax:* 718 343-1438
E-mail: lmgraver@ix.netcom.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-35-21-062

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
 Mount Sinai Medical Center
Prgm Director: Scott J Swanson, MD
 One Gustave L Levy Place
 Box 1028
 New York, NY 10029
Tel: 212 659-6815 *Fax:* 212 659-6818
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 460-35-11-064

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Craig R Smith, MD
 177 Fort Washington Avenue
 MHB 7GN-435
 New York, NY 10032
Tel: 212 305-8312 *Fax:* 212 342-1602
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 460-35-21-059

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
 Memorial Sloan-Kettering Cancer Center
 New York Presbyterian Hospital (Cornell Campus)
Prgm Director: Karl H Krieger, MD
 525 E 68th St, Suite M436
 Mail Box #110
 New York, NY 10021
Tel: 212 746-5152 *Fax:* 212 746-8828
E-mail: jtorres@med.cornell.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 460-35-11-060

New York University School of Medicine Program

Sponsor: New York University School of Medicine
 Bellevue Hospital Center
 Manhattan VA Harbor Health Care System
 NYU Hospitals Center
Prgm Director: Aubrey C Galloway, MD
 530 First Avenue, Suite 9-V
 New York, NY 10016
Tel: 212 263-7185 *Fax:* 212 263-6880
E-mail: galloway@cv.med.nyu.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 460-35-21-065

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: George L Hicks, MD
 601 Elmwood Avenue
 Rochester, NY 14642
Tel: 585 275-5384 *Fax:* 585 244-7171
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 460-35-21-067

Syracuse**SUNY Upstate Medical University Program**

Sponsor: SUNY Upstate Medical University
Crouse Hospital
Prgm Director: Leslie J Kohman, MD
750 E Adams Street
Syracuse, NY 13210
Tel: 315 464-6254 *Fax:* 315 464-6251
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-35-21-068

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
Prgm Director: Michael R Mill, MD
101 Manning Drive
Chapel Hill, NC 27599
Tel: 919 966-3381 *Fax:* 919 966-3475
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-36-11-069

Charlotte**Carolinas Medical Center Program**

Sponsor: Carolinas Medical Center
Prgm Director: Francis Robicsek, MD, PhD
1000 Blythe Boulevard
PO Box 32861
Charlotte, NC 28203
Tel: 704 355-4005 *Fax:* 704 355-6227
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 460-36-12-070

Durham**Duke University Hospital Program**

Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Asheville)
Veterans Affairs Medical Center (Durham)
Prgm Director: Thomas A D'Amico, MD
Box 3496
Durham, NC 27710
Tel: 919 684-4891 *Fax:* 919 681-8508
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 460-36-21-071

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Neal D Kon, MD
Medical Center Blvd
Winston-Salem, NC 27157
Tel: 336 716-2124 *Fax:* 336 716-3348
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-36-11-072

Ohio**Cincinnati****University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc
Cincinnati Children's Hospital Medical Center
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Walter H Merrill, MD
231 Albert B Sabin Way, ML 0558
Cincinnati, OH 45267
Tel: 513 584-3278 *Fax:* 513 584-1538
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 460-38-22-119

Cleveland**Case Western Reserve University/University Hospitals of Cleveland Program**

Sponsor: University Hospitals of Cleveland
Veterans Affairs Medical Center (Cleveland)
Prgm Director: Robert W Stewart, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-7268 *Fax:* 216 844-1202
E-mail: robert.stewart@uhhs.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-38-21-074

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Delos M Cosgrove, MD
9500 Euclid Avenue
F24
Cleveland, OH 44106
Tel: 216 444-6733 *Fax:* 216 444-3119
E-mail: madiso2@ccf.org
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 460-38-12-075

Columbus**Ohio State University Hospital Program**

Sponsor: Ohio State University Hospital
Arthur G James Cancer Hospital and Research Institute
Children's Hospital (Columbus)
Prgm Director: Benjamin Sun, MD*
410 W 10th Ave
N 8th Floor, Doan Hall
Columbus, OH 43210
Tel: 614 293-4558 *Fax:* 614 293-4726
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 460-38-21-077

Oklahoma**Oklahoma City****University of Oklahoma Health Sciences Center Program**

Sponsor: University of Oklahoma College of Medicine
OU Medical Center-Children's Hospital
OU Medical Center-Presbyterian Tower
Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Marvin D Peyton, MD
Post Office Box 26901
Oklahoma City, OK 73190
Tel: 405 271-5789 *Fax:* 405 271-3288
E-mail: Thoracic-Surgery@ouhsc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-39-21-078

Oregon**Portland****Oregon Health & Science University Program**

Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Prgm Director: Ross M Ungerleider, MD
Oregon Health & Science University
3181 SW Sam Jackson Park Road
Portland, OR 97239
Tel: 503 494-7820 *Fax:* 503 494-7829
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-40-21-079

Pennsylvania**Hershey****Penn State University/Milton S Hershey Medical Center Program**

Sponsor: Milton S Hershey Medical Center
Prgm Director: David B Campbell, MD
500 University Drive
PO Box 850
Hershey, PA 17033
Tel: 717 531-8330 *Fax:* 717 531-3664
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-41-11-080

Philadelphia**Drexel University College of Medicine/Hahnemann University Hospital Program**

Sponsor: Drexel University College of Medicine (MCP Hahnemann)
Hahnemann University Hospital (Tenet Health System)
St Christopher's Hospital for Children (Tenet Health System)
Prgm Director: John W Entwistle III, MD, PhD
Broad and Vine Streets, MS 111
Philadelphia, PA 19102
Tel: 215 762-7802 *Fax:* 215 762-1858
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 460-41-21-104

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Children's Hospital of Philadelphia
Prgm Director: James T Diehl, MD
1025 Walnut St, Suite 607
Philadelphia, PA 19107
Tel: 215 955-6996 *Fax:* 215 955-6010
E-mail: James.Diehl@jefferson.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 460-41-21-081

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Prgm Director: Michael A Acker, MD
Division of Cardiothoracic Surgery
3400 Spruce Street, 6 Silverstein
Philadelphia, PA 19104
Tel: 215 349-8305 *Fax:* 215 349-5798
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 460-41-21-082

Pittsburgh**Allegheny General Hospital Program**

Sponsor: Allegheny General Hospital
Prgm Director: George J Magovern, MD
320 E North Avenue
14th Floor, South Tower
Pittsburgh, PA 15212
Tel: 412 359-3715 *Fax:* 412 359-3878
E-mail: gmagover@wpaahs.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 460-41-31-084

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Robert L Kormos, MD
Suite C700 PUH
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 648-8107 *Fax:* 412 648-1925
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 460-41-21-085

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
 MUSC Medical Center
 Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Fred A Crawford, MD
 96 Jonathan Lucas St
 409 CSB P O Box 250612
 Charleston, SC 29425
Tel: 843 792-5897 *Fax:* 843 792-9783
Length: 3 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 460-45-21-087

Tennessee

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
 Baptist Memorial Hospital
 LeBonheur Children's Medical Center
 Methodist Healthcare-Memphis Hospitals
 Regional Medical Center at Memphis
 University of Tennessee Medical Center
 Veterans Affairs Medical Center (Memphis)
Prgm Director: Darryl S Weiman, MD, JD
 956 Court Avenue, Suite G228
 Memphis, TN 38163
Tel: 901 448-5914 *Fax:* 901 448-7689
E-mail: tpiplin@outmem.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 460-47-21-088

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
 Veterans Affairs Medical Center (Nashville)
Prgm Director: Joe B Putnam, MD*
 2971 The Vanderbilt Clinic
 1301 22nd Avenue South
 Nashville, TN 37232
Tel: 615 343-9202 *Fax:* 615 343-3032
E-mail: bill.putnam@vanderbilt.edu
Length: 3 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 460-47-31-089

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
 Children's Medical Center of Dallas
 Dallas County Hospital District-Parkland Memorial Hospital
 St Paul University Hospital
 Veterans Affairs Medical Center (Dallas)
Prgm Director: Michael E Jessen, MD
 5323 Harry Hines Boulevard
 Dallas, TX 75390
Tel: 214 645-7721 *Fax:* 214 645-9708
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 460-48-21-090

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
 Texas Children's Hospital
Prgm Director: Vincent R Conti, MD
 Division of Cardiothoracic Surgery
 301 University Blvd
 Galveston, TX 77555
Tel: 409 772-1203 *Fax:* 409 772-1421
Length: 2 Yrs *ACGME Approved/Offered Positions:* 1
Program ID: 460-48-21-091

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
 Harris County Hospital District-Ben Taub General Hospital
 Methodist Hospital
 Michael E DeBakey VA Medical Center - Houston
 Texas Children's Hospital
 University of Texas M D Anderson Cancer Center
Prgm Director: Joseph S Coselli, MD
 One Baylor Plaza 404D
 Houston, TX 77030
Tel: 713 798-8154 *Fax:* 713 798-8333
E-mail: jcoselli@bcm.tmc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 460-48-21-092

Texas Heart Institute Program

Sponsor: Texas Heart Institute
 Memorial Hermann Hospital System
 St Luke's Episcopal Hospital
 Texas Children's Hospital
 University of Texas M D Anderson Cancer Center
Prgm Director: Denton A Cooley, MD
 P O Box 20345
 Houston, TX 77225
Tel: 832 355-4932 *Fax:* 832 355-3424
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 460-48-21-093

The University of Texas (M D Anderson Cancer Center) Program

Sponsor: University of Texas M D Anderson Cancer Center
 Texas Heart Institute
Prgm Director: Ara A Vaporciyan, MD*
 1515 Holcombe Boulevard
 Box 445
 Houston, TX 77030
Tel: 713 563-9142 *Fax:* 713 794-4801
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-48-13-121

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
 Audie L Murphy Memorial Veterans Hospital (San Antonio)
 Christus Santa Rosa Health Care Corporation
 University Health System
Prgm Director: John H Calhoun, MD
 7703 Floyd Curl Drive
 Division of Thoracic Surgery
 San Antonio, TX 78229
Tel: 210 567-6863 *Fax:* 210 567-2877
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 460-48-21-094

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
 LDS Hospital
 Primary Children's Medical Center
 Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: David A Bull, MD
 50 North Medical Drive
 Salt Lake City, UT 84132
Tel: 801 581-5311 *Fax:* 801 585-3936
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 460-49-21-095

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
Prgm Director: Irving L Kron, MD
 Division Thoracic Cardiovascular Surgery
 Box 800679
 Charlottesville, VA 22908
Tel: 434 924-2158 *Fax:* 434 982-3885
Length: 2 Yrs *ACGME Approved/Offered Positions:* 5
Program ID: 460-51-11-096

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
 Hunter Holmes McGuire VA Medical Center (Richmond)
 Medical College of Virginia Hospitals
Prgm Director: Abe DeAnda, MD
 1200 E Broad Street, South Wing, 7th Fl
 PO Box 980068
 Richmond, VA 23298
Tel: 804 828-2775 *Fax:* 804 628-0537
E-mail: adeanda@vcu.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 460-51-11-097

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
 Children's Hospital and Regional Medical Center
 University of Washington Medical Center
 VA Puget Sound Health Care System
Prgm Director: Edward D Verrier, MD
 Division of Thoracic Surgery
 Box 356310, 1959 NE Pacific
 Seattle, WA 98195
Tel: 206 685-3370 *Fax:* 206 616-9063
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 460-54-21-098

West Virginia

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine
Monongalia General Hospital
West Virginia University Hospitals
Prgm Director: Timothy S Hall, MD
Department of Surgery
6300 Health Sciences Center South
Morgantown, WV 26506
Tel: 304 293-1111 *Fax:* 304 293-5845
E-mail: thall@hsc.wvu.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 460-55-11-099

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
Children's Hospital of Wisconsin
William S Middleton Veterans Hospital
Prgm Director: Niloo M Edwards, MD, BA
600 Highland Avenue, CSC H4/358
Madison, WI 53792
Tel: 608 263-0439 *Fax:* 608 263-0547
E-mail: edwards@surgery.wisc.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 460-56-21-100

Milwaukee

Medical College of Wisconsin Affiliated Hospitals Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Prgm Director: James S Tweddell, MD
Froedtert Memorial Lutheran Hospital
9200 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 456-6906 *Fax:* 414 456-6216
E-mail: jdavies@mcw.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 3
Program ID: 460-56-21-101

Transitional Year

Alabama

Birmingham

Baptist Medical Center Program

Sponsor: Baptist Health System Inc
Baptist Medical Center-Montclair
Baptist Medical Center-Princeton
Prgm Director: Steven D Presley, MD*
840 Montclair Road, Suite 317
Birmingham, AL 35213
Tel: 205 592-5759 *Fax:* 205 592-5694
Length: 1 Yr *ACGME Approved/Offered Positions:* 16
Sponsoring Spec: IM, DR, GS
Program ID: 999-01-00-001

Carraway Methodist Medical Center Program

Sponsor: Carraway Methodist Medical Center
Prgm Director: Edward D Haigler, MD
1600 Carraway Boulevard
Birmingham, AL 35234
Tel: 205 502-6358 *Fax:* 205 502-5613
E-mail: transres@carraway.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Sponsoring Spec: IM, FP, GS
Program ID: 999-01-00-002

Arizona

Phoenix

Banner Good Samaritan Medical Center Program

Sponsor: Banner Good Samaritan Medical Center
Prgm Director: Robert A Raschke, MD
1111 East McDowell Road
Department of Medicine
Phoenix, AZ 85006
Tel: 602 239-2296 *Fax:* 602 239-2084
E-mail: medicine@samaritan.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Sponsoring Spec: IM, OBG, PD, GS
Program ID: 999-03-00-004

Scottsdale

Mayo School of Graduate Medical Education (Scottsdale) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Scottsdale)
Mayo Clinic Hospital
Prgm Director: Mark K Edwin, MD
13400 East Shea Boulevard
CP-91C Med Ed
Scottsdale, AZ 85259
Tel: 480 301-4053 *Fax:* 480 301-8323
E-mail: voight.susan@mayo.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Sponsoring Spec: IM, FP, GS
Program ID: 999-03-00-226

Tucson

Tucson Hospitals Medical Education Program

Sponsor: Tucson Hospitals Medical Education Program Inc
Southern Arizona VA Health Care Center (Tucson)
Tucson Medical Center
University Medical Center
Prgm Director: Tyler J Kent, MD
PO Box 42195
Tucson, AZ 85733
Tel: 520 324-5096 *Fax:* 520 324-5231
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Sponsoring Spec: IM, GS
Program ID: 999-03-00-006

California

Bakersfield

Kern Medical Center Program

Sponsor: Kern Medical Center
Prgm Director: Jennifer J Abraham, MD, MEd
1330 Flower Street
Bakersfield, CA 93305
Tel: 661 326-2200 *Fax:* 661 326-2950
E-mail: abrahamj@kernmedctr.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Sponsoring Spec: IM, EM, GS
Program ID: 999-05-00-222

Colton

Arrowhead Regional Medical Center Program

Sponsor: Arrowhead Regional Medical Center
Prgm Director: David A Lanum, MD
400 N Pepper Avenue
Colton, CA 92324
Tel: 909 580-6230 *Fax:* 909 580-6308
E-mail: rebecca@arhc.sbcounty.gov
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Sponsoring Spec: FP, GS
Program ID: 999-05-00-009

Oakland

Alameda County Medical Center Program

Sponsor: Alameda County Medical Center
Prgm Director: Steven Sackrin, MD
1411 E 31st Street
Oakland, CA 94602
Tel: 510 437-5139 *Fax:* 510 437-4187
Length: 1 Yr *ACGME Approved/Offered Positions:* 11
Sponsoring Spec: IM, EM
Program ID: 999-05-00-185

San Diego

Naval Medical Center (San Diego) Program

Sponsor: Naval Medical Center (San Diego)
Prgm Director: John S Hammes, MD, BS*
34800 Bob Wilson Drive
San Diego, CA 92134
Tel: 619 532-8846 *Fax:* 619 532-5507
E-mail: drglom@yahoo.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 27
Sponsoring Spec: IM, PD, GS
Program ID: 999-05-00-151
US Armed Services Program

Scripps Mercy Hospital Program

Sponsor: Scripps Mercy Hospital
Prgm Director: Andrew C Ping, MD
Department of Graduate Medical Education
4077 Fifth Avenue, MER 35
San Diego, CA 92103
Tel: 619 260-7220 *Fax:* 619 260-7305
E-mail: ping.andrew@scrippshealth.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 18
Sponsoring Spec: IM, PD
Program ID: 999-05-00-010

San Jose

Santa Clara Valley Medical Center Program

Sponsor: Santa Clara Valley Medical Center
Prgm Director: Jen M Eng, MD
Department of Medicine, 4th Fl
751 S Bascom Avenue
San Jose, CA 95128
Tel: 408 885-6305 *Fax:* 408 885-6324
Length: 1 Yr *ACGME Approved/Offered Positions:* 16
Sponsoring Spec: IM, PD
Program ID: 999-05-00-013

Stockton

San Joaquin General Hospital Program

Sponsor: San Joaquin General Hospital
Prgm Director: James K Saffier, MD
500 West Hospital Road
French Camp, CA 95231
Tel: 209 468-6611 *Fax:* 209 468-6246
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Sponsoring Spec: IM, FP
Program ID: 999-05-00-243

Torrance

Los Angeles County Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Darrell W Harrington, MD
1000 W Carson Street
Torrance, CA 90509
Tel: 310 222-2911 *Fax:* 310 782-8599
E-mail: nharrishuma@earthlink.net
Length: 1 Yr *ACGME Approved/Offered Positions:* 20
Sponsoring Spec: IM, EM, PD, GS
Program ID: 999-05-00-239

Travis AFB

David Grant Medical Center Program

Sponsor: David Grant Medical Center
Prgm Director: Casey E Duncan, MD
60th Medical Group/SGOL
101 Bodin Circle
Travis AFB, CA 94535
Tel: 707 423-3735 *Fax:* 707 423-3501
E-mail: casey.duncan@travis.af.mil
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Sponsoring Spec: IM, OBG, PD, GS
Program ID: 999-05-00-008
US Armed Services Program

Colorado

Denver

HealthOne Presbyterian-St Luke's Medical Center Program

Sponsor: HealthOne Presbyterian-St Luke's Medical Center
Prgm Director: Gregory J Gahm, MD
1719 E 19th Avenue 5C-East
Denver, CO 80218
Tel: 303 839-6741 *Fax:* 303 869-2162
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Sponsoring Spec: IM, EM
Program ID: 999-07-00-017

Connecticut

Bridgeport

St Vincent's Medical Center Program

Sponsor: St Vincent's Medical Center
Prgm Director: Catherine E Apaloo, MD*
2800 Main St
Bridgeport, CT 06606
Tel: 203 576-5576 *Fax:* 203 576-5022
E-mail: mededucation@svhs-ct.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Sponsoring Spec: IM, DR
Program ID: 999-08-00-018

Derby

Griffin Hospital Program

Sponsor: Griffin Hospital
St Mary's Hospital
Yale-New Haven Hospital
Prgm Director: Ramin Ahmadi, MD, MPH
Department of Medicine
130 Division Street
Derby, CT 06418
Tel: 203 732-7325 *Fax:* 203 732-7185
E-mail: mbliga@griffinhealth.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Sponsoring Spec: IM, GPM, GS
Program ID: 999-08-00-237

New Haven

Hospital of St Raphael Program

Sponsor: Hospital of St Raphael
Prgm Director: Ernest D Moritz, MD
1450 Chapel St
New Haven, CT 06511
Tel: 203 789-3089 *Fax:* 203 789-3222
E-mail: spane@srhs.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 9
Sponsoring Spec: IM, GS
Program ID: 999-08-00-020

Delaware

Wilmington

Christiana Care Health Services Program

Sponsor: Christiana Care Health Services Inc
Prgm Director: Virginia U Collier, MD
Christiana Hospital
4755 Ogletown-Stanton Road
Wilmington, DE 19718
Tel: 302 733-6344 *Fax:* 302 733-6386
E-mail: transition.residency@christianacare.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 9
Sponsoring Spec: IM, FP
Program ID: 999-09-00-021

Florida

Jacksonville

Mayo School of Graduate Medical Education (Jacksonville) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Jacksonville)
St Luke's Hospital
Prgm Director: Gary M Lee, MD
4500 San Pablo Road
Jacksonville, FL 32224
Tel: 904 953-0426 *Fax:* 904 953-0430
E-mail: mgsm.jack.fl.transyear@mayo.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Sponsoring Spec: IM, DR
Program ID: 999-11-00-228

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Prgm Director: H Kenneth Walker, MD
Thomas K. Glenn Memorial Bldg.
69 Jesse Hill Jr Dr SE
Atlanta, GA 30303
Tel: 404 616-3420 *Fax:* 404 525-2957
Length: 1 Yr *ACGME Approved/Offered Positions:* 18
Sponsoring Spec: IM, DR
Program ID: 999-12-00-026

Columbus

The Medical Center Program

Sponsor: The Medical Center Inc
Prgm Director: Gregory A Foster, MD
Department of Medical Education
710 Center Street, Box 100
Columbus, GA 31902
Tel: 706 571-1430 *Fax:* 706 571-1604
E-mail: greg.foster@crhs.net
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Sponsoring Spec: FP, GS
Program ID: 999-12-00-229

Fort Gordon

Dwight David Eisenhower Army Medical Center Program

Sponsor: Dwight David Eisenhower Army Medical Center
Prgm Director: Karla K Hansen, MD
Attn: MCHF-GME
Transitional Year Program
Fort Gordon, GA 30905
Tel: 706 787-1398 *Fax:* 706 787-1745
Length: 1 Yr *ACGME Approved/Offered Positions:* 10
Sponsoring Spec: IM, GS
Program ID: 999-12-00-029
US Armed Services Program

Hawaii**Honolulu****Tripler Army Medical Center Program**

Sponsor: Tripler Army Medical Center
Prgm Director: Conrad S Belnap, MD
 Department of Medicine
 1 Jarrett White Road
 Tripler AMC, HI 96859
Tel: 808 433-2474 *Fax:* 808 433-1559
Length: 1 Yr *ACGME Approved/Offered Positions:* 17
Sponsoring Spec: GS, IM, OBG, PD
Program ID: 999-14-00-030
US Armed Services Program

University of Hawaii Program

Sponsor: University of Hawaii John A Burns School of Medicine
 Kuakini Medical Center
 Queen's Medical Center
Prgm Director: Cynthia S Hew, MD
 University Tower, 7th Floor
 1356 Lusitana Street
 Honolulu, HI 96813
Tel: 808 586-7477 *Fax:* 808 586-7486
E-mail: uhttrans@hawaii.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 30
Sponsoring Spec: IM, GS
Program ID: 999-14-00-031

Illinois**Berwyn****MacNeal Memorial Hospital Program**

Sponsor: MacNeal Memorial Hospital
Prgm Director: Katherine M Tynus, MD
 3249 S Oak Park Ave
 Berwyn, IL 60402
Tel: 708 783-3400 *Fax:* 708 783-3341
Length: 1 Yr *ACGME Approved/Offered Positions:* 33
Sponsoring Spec: IM, FP
Program ID: 999-16-00-032

Chicago**Louis A Weiss Memorial Hospital/ University of Chicago Program**

Sponsor: Louis A Weiss Memorial Hospital
Prgm Director: Shehzad Ali, MD*
 4646 North Marine Drive
 Chicago, IL 60640
Tel: 773 564-5225 *Fax:* 773 564-5226
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Sponsoring Spec: IM, GS
Program ID: 999-16-00-035

Resurrection Medical Center Program

Sponsor: Resurrection Medical Center
 Loyola University Medical Center
Prgm Director: Michael S Rosenberg, MD
 Medical Education Office
 7435 W Talcott Ave
 Chicago, IL 60631
Tel: 773 792-5261 *Fax:* 773 792-9935
Length: 1 Yr *ACGME Approved/Offered Positions:* 32
Sponsoring Spec: FP, EM
Program ID: 999-16-00-207

St Joseph Hospital Program

Sponsor: St Joseph Hospital
Prgm Director: Stephen Grohmann, MD
 2900 N Lake Shore Drive
 Chicago, IL 60657
Tel: 773 665-3023 *Fax:* 773 871-2441
E-mail: dwhitehead@reshealthcare.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Sponsoring Spec: IM, GS
Program ID: 999-16-00-033

Swedish Covenant Hospital Program

Sponsor: Swedish Covenant Hospital
Prgm Director: Michael J Plunkett, MD
 5145 N California Ave
 Chicago, IL 60625
Tel: 773 989-3808 *Fax:* 773 989-1648
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Sponsoring Spec: FP, GS
Program ID: 999-16-00-231

Evanston**McGaw Medical Center of Northwestern University (Evanston) Program**

Sponsor: McGaw Medical Center of Northwestern University
 Evanston Hospital
Prgm Director: Liza G Iccayan, MD*
 2650 Ridge Avenue
 Evanston, IL 60201
Tel: 847 570-2376 *Fax:* 847 570-2905
E-mail: licayan@enh.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 10
Sponsoring Spec: IM, EM
Program ID: 999-16-00-037

St Francis Hospital of Evanston Program

Sponsor: St Francis Hospital
 Straub Clinic and Hospital
Prgm Director: Marko J Jachtorowycz, MD
 Department of Medical Education
 355 Ridge Avenue, Room 1042
 Evanston, IL 60602
Tel: 847 316-3111 *Fax:* 847 316-3307
E-mail: marko.j@att.net
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Sponsoring Spec: IM, OBG
Program ID: 999-16-00-038

Oak Park**West Suburban Medical Center Program**

Sponsor: West Suburban Medical Center
Prgm Director: Malcolm A Deam, MD
 GME, Suite L-700
 3 Erie Court
 Oak Park, IL 60302
Tel: 708 763-6908 *Fax:* 708 383-6655
E-mail: sherrl.sachs@wshmc.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Sponsoring Spec: IM, FP
Program ID: 999-16-00-154

Indiana**Indianapolis****Indiana University School of Medicine/ Methodist Hospital Program**

Sponsor: Indiana University School of Medicine
 Clarian Methodist Hospital of Indiana
Prgm Director: Jack K Keene, MD
 1-65 at 21st Street
 PO Box 1367
 Indianapolis, IN 46206
Tel: 317 962-8881 *Fax:* 317 962-2150
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Sponsoring Spec: IM, EM, FP, PD, GS
Program ID: 999-17-00-040

St Vincent Hospital and Health Care Center Program

Sponsor: St Vincent Hospital and Health Care Center
Prgm Director: Robert H Love, MD
 2001 W 86th Street
 Indianapolis, IN 46260
Tel: 317 338-2459 *Fax:* 317 338-6359
Length: 1 Yr *ACGME Approved/Offered Positions:* 18
Sponsoring Spec: IM, FP
Program ID: 999-17-00-041

Muncie**Ball Memorial Hospital Program**

Sponsor: Ball Memorial Hospital
Prgm Director: Gerard T Costello, MD
 2401 University Ave
 Muncie, IN 47303
Tel: 765 741-1095
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Sponsoring Spec: IM, FP
Program ID: 999-17-00-157

Iowa**Des Moines****Central Iowa Health System (Iowa Methodist Medical Center) Program**

Sponsor: Central Iowa Health System (Iowa Methodist/Iowa Lutheran)
Prgm Director: William J Yost, MD
 1415 Woodland Avenue, Suite 140
 Des Moines, IA 50309
Tel: 515 241-6266 *Fax:* 515 241-4080
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Sponsoring Spec: IM, PD, GS
Program ID: 999-18-00-220

Louisiana**New Orleans****Tulane University Program**

Sponsor: Tulane University School of Medicine
 Medical Center of Louisiana at New Orleans
 Tulane University Hospital and Clinics
 Veterans Affairs Medical Center (New Orleans)
Prgm Director: Edwin W Dennard, MD, JD
 Transitional Program
 1430 Tulane Avenue (TB-3)
 New Orleans, LA 70112
Tel: 504 988-2184 *Fax:* 504 988-4701
Length: 1 Yr *ACGME Approved/Offered Positions:* 18
Sponsoring Spec: IM, PD
Program ID: 999-21-00-047

Maryland**Andrews AFB****National Capital Consortium Program**

Sponsor: National Capital Consortium
 Malcolm Grow Medical Center
Prgm Director: Maj Anthony I Beutler, MD*
 89MDOS/SGOL
 1075 West Perimeter Road, Suite A-01
 Andrews AFB, MD 20762
Tel: 240 857-5100 *Fax:* 240 857-3011
E-mail: anthony.beutler@andrews.af.mil
Length: 1 Yr *ACGME Approved/Offered Positions:* 11
Sponsoring Spec: FP, GS
Program ID: 999-23-00-023
US Armed Services Program

Baltimore**Harbor Hospital Center Program**

Sponsor: Harbor Hospital Center
 Union Memorial Hospital
Prgm Director: Richard B Williams, MD
 3001 S Hanover Street
 Baltimore, MD 21225
Tel: 410 350-3565 *Fax:* 410 354-0186
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Sponsoring Spec: IM, GS
Program ID: 999-23-00-050

Maryland General Hospital Program

Sponsor: Maryland General Hospital
Prgm Director: William C Anthony, MD, MBA
827 Linden Avenue
Suite 3B
Baltimore, MD 21201
Tel: 410 225-8790 *Fax:* 410 225-8910
E-mail: bsizemore@marylandgeneral.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Sponsoring Spec: IM, OPH
Program ID: 999-23-00-049

Bethesda

National Capital Consortium (Bethesda) Program

Sponsor: National Capital Consortium
National Naval Medical Center (Bethesda)
Prgm Director: Elizabeth A McGuigan, MD
c/o Department of Diagnostic Radiology
8901 Wisconsin Avenue
Bethesda, MD 20889
Tel: 301 319-8540 *Fax:* 301 295-5779
E-mail: eamcguigan@bethesda.med.navy.mil
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Sponsoring Spec: IM, PD
Program ID: 999-23-00-051
US Armed Services Program

National Capital Consortium (Walter Reed) Program

Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Prgm Director: Mary C Nace, MD
Dept of Obstetrics/Gynecology
13911 Crest Hill Lane
Silver Spring, MD 20905
Tel: 202 782-7314 *Fax:* 202 782-3505
Length: 1 Yr *ACGME Approved/Offered Positions:* 20
Sponsoring Spec: IM, OBG
Program ID: 999-10-00-024
US Armed Services Program

Massachusetts

Boston

Caritas Carney Hospital Program

Sponsor: Caritas Carney Hospital
Prgm Director: Michael Barza, MD
2100 Dorchester Ave
Boston, MA 02124
Tel: 617 296-4012 *Fax:* 617 298-1547
Length: 1 Yr *ACGME Approved/Offered Positions:* 7
Sponsoring Spec: IM, IM
Program ID: 999-24-00-159

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Lahey Clinic
Lemuel Shattuck Hospital
Prgm Director: Salah Alrakawi, MD
170 Morton Street
Jamaica Plain, MA 02130
Tel: 617 971-3338 *Fax:* 617 971-3852
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Sponsoring Spec: IM, GS
Program ID: 999-24-00-199

Brockton

Tufts-New England Medical Center/ Brockton Hospital Program

Sponsor: Tufts-New England Medical Center
Brockton Hospital
Prgm Director: Burton J Polansky, MD
680 Centre St
Brockton, MA 02302
Tel: 508 941-7221 *Fax:* 508 941-6334
Length: 1 Yr *ACGME Approved/Offered Positions:* 9
Sponsoring Spec: IM, GS
Program ID: 999-24-00-158

Cambridge

Cambridge Hospital/Cambridge Health Alliance Program

Sponsor: Cambridge Hospital/Cambridge Health Alliance
Prgm Director: Aye A Atasoylu, MD, MPH
1493 Cambridge St
Cambridge, MA 02139
Tel: 617 665-1021 *Fax:* 617 665-1671
Length: 1 Yr *ACGME Approved/Offered Positions:* 7
Sponsoring Spec: IM, P
Program ID: 999-24-00-054

Framingham

MetroWest Medical Center/Harvard Medical School Program

Sponsor: MetroWest Medical Center-Framingham Union Hospital
Prgm Director: Matthias M Nurnberger, MD
Department of Medical Education
115 Lincoln Street
Framingham, MA 01702
Tel: 508 383-1555 *Fax:* 508 872-4794
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Sponsoring Spec: IM, PD
Program ID: 999-24-00-160

Newton

Newton-Wellesley Hospital Program

Sponsor: Newton-Wellesley Hospital
Prgm Director: Joseph Rhatigan, MD
Department of Medicine
2014 Washington Street
Newton, MA 02462
Tel: 617 243-6467 *Fax:* 617 243-5148
Length: 1 Yr *ACGME Approved/Offered Positions:* 9
Sponsoring Spec: IM, GS
Program ID: 999-24-00-246

Michigan

Ann Arbor

St Joseph Mercy Hospital Program

Sponsor: St Joseph Mercy Health System
Prgm Director: Jack H Carman, MD
5301 E Huron River Drive, RHB-3009
PO Box 995
Ann Arbor, MI 48106
Tel: 734 712-5563 *Fax:* 734 712-5583
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Sponsoring Spec: IM, GS
Program ID: 999-25-00-056

Dearborn

Oakwood Hospital Program

Sponsor: Oakwood Hospital
Prgm Director: Lyle D Victor, MD, MBA
18101 Oakwood Blvd
Dearborn, MI 48124
Tel: 313 593-8435 *Fax:* 313 436-2071
E-mail: duncanc@oakwood.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 15
Sponsoring Spec: IM, FP
Program ID: 999-25-00-057

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital
Bi-County Community Hospital
Prgm Director: Peter G Coggan, MD, MEd
2799 W Grand Blvd
Detroit, MI 48202
Tel: 313 916-3446 *Fax:* 313 916-8843
Length: 1 Yr *ACGME Approved/Offered Positions:* 18
Sponsoring Spec: IM, EM
Program ID: 999-25-00-058

St John Hospital and Medical Center Program

Sponsor: St John Hospital and Medical Center
Prgm Director: Adonis N Lorenzana, MD
Medical Education Building
22101 Moross Road
Detroit, MI 48236
Tel: 313 343-3878 *Fax:* 313 343-7840
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Sponsoring Spec: IM, EM
Program ID: 999-25-00-059

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Harper-Hutzel Hospital
Sinai-Grace Hospital (Grace Campus)
The Michigan Orthopaedic Specialty Hospital
Prgm Director: Kenneth L Bergsman, MD
6071 West Outer Drive
Detroit, MI 48235
Tel: 313 966-4946 *Fax:* 313 966-1738
Length: 1 Yr *ACGME Approved/Offered Positions:* 22
Sponsoring Spec: IM, EM, FP
Program ID: 999-25-00-060

Flint

Hurley Medical Center/Michigan State University Program

Sponsor: Hurley Medical Center
Prgm Director: Ghassan I Bachuwa, MD
Two Hurley Plaza,
Suite 212
Flint, MI 48503
Tel: 810 257-9682 *Fax:* 810 762-7245
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Sponsoring Spec: IM, PD
Program ID: 999-25-00-062

Grand Rapids**Grand Rapids Medical Education and Research Center/Michigan State University Program**

Sponsor: Grand Rapids Medical Education and Research Center

Saint Mary's Mercy Medical Center (Grand Rapids)
Spectrum Health-Butterworth Campus
Prgm Director: Sohail Qadir, MD
Transitional Year Residency Program
21 Michigan NE, Suite 525
Grand Rapids, MI 49503

Tel: 616 391-3245 *Fax:* 616 391-3130

E-mail: Sarah.Stobie@spectrum-health.org

Length: 1 Yr *ACGME Approved/Offered Positions:* 20

Sponsoring Spec: IM, EM

Program ID: 999-25-00-190

Kalamazoo**Kalamazoo Center for Medical Studies/Michigan State University Program**

Sponsor: Michigan State Univ-Kalamazoo Center for Medical Studies

Borgess Medical Center
Bronson Methodist Hospital
Prgm Director: Marilyn R Terranella, MD
Transitional Year Program
1000 Oakland Drive
Kalamazoo, MI 49008

Tel: 269 337-6350 *Fax:* 269 337-4234

E-mail: terranella@kcms.msu.edu

Length: 1 Yr *ACGME Approved/Offered Positions:* 8

Sponsoring Spec: IM, FP

Program ID: 999-25-00-065

Pontiac**St Joseph Mercy-Oakland Program**

Sponsor: St Joseph Mercy-Oakland

Prgm Director: Jeffrey P Yanez, MD
44405 Woodward Avenue
Pontiac, MI 48341

Tel: 248 858-6233 *Fax:* 248 858-3244

Length: 1 Yr *ACGME Approved/Offered Positions:* 6

Sponsoring Spec: IM, GS

Program ID: 999-25-00-067

Royal Oak**William Beaumont Hospital Program**

Sponsor: William Beaumont Hospital

Prgm Director: Razvan Chirila, MD
3601 West Thirteen Mile Rd
Royal Oak, MI 48073

Tel: 248 551-2417 *Fax:* 248 551-0581

Length: 1 Yr *ACGME Approved/Offered Positions:* 16

Sponsoring Spec: IM, EM

Program ID: 999-25-00-178

Southfield**Providence Hospital and Medical Centers Program**

Sponsor: Providence Hospital and Medical Centers

Prgm Director: Bruce L Kaplan, DO
16001 W Nine Mile, PO Box 2043
Southfield, MI 48037

Tel: 248 849-8483 *Fax:* 248 849-5324

Length: 1 Yr *ACGME Approved/Offered Positions:* 10

Sponsoring Spec: IM, GS

Program ID: 999-25-00-068

Minnesota**Minneapolis****Hennepin County Medical Center Program**

Sponsor: Hennepin County Medical Center

Prgm Director: Peter F Weissmann, MD*
Medical Administration 07 OMD
701 Park Avenue S
Minneapolis, MN 55415

Tel: 612 873-3922 *Fax:* 612 904-4401

Length: 1 Yr *ACGME Approved/Offered Positions:* 14

Sponsoring Spec: IM, EM

Program ID: 999-26-00-069

Missouri**St Louis****Forest Park Hospital Program**

Sponsor: Forest Park Hospital

Prgm Director: Michael T Railey, MD*
6150 Oakland Avenue
St Louis, MO 63139

Tel: 314 768-3006 *Fax:* 314 768-5632

Length: 1 Yr *ACGME Approved/Offered Positions:* 12

Sponsoring Spec: IM, FP

Program ID: 999-28-00-179

Saint Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine

St Louis University Hospital
Prgm Director: Dean F Connors, MD, PhD
3635 Vista Avenue at Grand Boulevard
PO Box 15250
St. Louis, MO 63110

Tel: 314 577-8750 *Fax:* 314 268-5102

Length: 1 Yr *ACGME Approved/Offered Positions:* 12

Sponsoring Spec: GS, AN

Program ID: 999-28-00-244

St John's Mercy Medical Center Program

Sponsor: St John's Mercy Medical Center

Prgm Director: Christopher Veremakis, MD
615 S New Ballas Rd
St Louis, MO 63141

Tel: 314 569-6930 *Fax:* 314 995-4288

Length: 1 Yr *ACGME Approved/Offered Positions:* 12

Sponsoring Spec: IM, GS

Program ID: 999-28-00-071

New Jersey**Florham Park****Atlantic Health System Program**

Sponsor: Atlantic Health System

Morristown Memorial Hospital
Overlook Hospital
Prgm Director: David Kuo, MD

Overlook Hospital

99 Beauvoir Avenue

Summit, NJ 07901

Tel: 908 522-2934 *Fax:* 908 522-0804

E-mail: keshha.holley-whitaker@ahsys.org

Length: 1 Yr *ACGME Approved/Offered Positions:* 6

Sponsoring Spec: IM, IM, PD

Program ID: 999-33-00-240

Livingston**St Barnabas Medical Center Program**

Sponsor: St Barnabas Medical Center

Prgm Director: Henry Rosenberg, MD
94 Old Short Hills Rd
Livingston, NJ 07039

Tel: 973 322-5777 *Fax:* 973 322-8720

E-mail: hrosenberg@sbhcs.com

Length: 1 Yr *ACGME Approved/Offered Positions:* 14

Sponsoring Spec: IM, PD

Program ID: 999-33-00-073

New York**Brooklyn****Maimonides Medical Center Program**

Sponsor: Maimonides Medical Center

Coney Island Hospital
Prgm Director: John Tsialas, DO*
4802 Tenth Avenue
Brooklyn, NY 11219

Tel: 718 283-8241 *Fax:* 718 283-8069

E-mail: dpilgrim@maimonidesmed.org

Length: 1 Yr *ACGME Approved/Offered Positions:* 10

Sponsoring Spec: GS, AN, IM

Program ID: 999-35-00-204

Cooperstown**Bassett Healthcare Program**

Sponsor: Bassett Healthcare

Prgm Director: Eric J DelGiaccio, MD
One Atwell Road
Cooperstown, NY 13326

Tel: 607 547-6522 *Fax:* 607 547-6612

E-mail: charlotte.hoag@bassett.org

Length: 1 Yr *ACGME Approved/Offered Positions:* 9

Sponsoring Spec: IM, GS

Program ID: 999-35-00-080

Flushing**Flushing Hospital Medical Center Program**

Sponsor: Flushing Hospital Medical Center

Prgm Director: Roberto Cantu, MD*
4500 Parsons Boulevard
Flushing, NY 11355

Tel: 718 670-3135 *Fax:* 718 670-4449

Length: 1 Yr *ACGME Approved/Offered Positions:* 10

Sponsoring Spec: IM, OBG, PD

Program ID: 999-35-00-196

New York Hospital Medical Center of Queens/Cornell University Medical College Program

Sponsor: New York Hospital Medical Center of Queens

Prgm Director: Anthony Somogyi, MD
56-45 Main Street
Flushing, NY 11355

Tel: 718 670-1507 *Fax:* 718 460-1352

E-mail: aasomogy@nyp.org

Length: 1 Yr *ACGME Approved/Offered Positions:* 12

Sponsoring Spec: IM, GS

Program ID: 999-35-00-225

Johnson City

United Health Services Hospitals Program

Sponsor: United Health Services Hospitals
Wilson Memorial Regional Medical Center (United Health Svcs)
Prgm Director: James DellaValle, MD*
Medical Education Dept
33-57 Harrison Street
Johnson City, NY 13790
Tel: 607 763-8141 *Fax:* 607 763-5484
Length: 1 Yr *ACGME Approved/Offered Positions:* 7
Sponsoring Spec: IM, FP
Program ID: 999-35-00-081

New Rochelle

New York Medical College (Sound Shore) Program

Sponsor: New York Medical College
Sound Shore Medical Center of Westchester
Prgm Director: Jeffery M Brensilver, MD
16 Guion Place
New Rochelle, NY 10802
Tel: 914 637-1681 *Fax:* 914 637-1171
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Sponsoring Spec: IM, GS
Program ID: 999-35-00-216

New York

Memorial Sloan-Kettering Cancer Center Program

Sponsor: Memorial Sloan-Kettering Cancer Center
Prgm Director: Jean T Santamauro, MD
1275 York Avenue, Box 420
Bobst Building, Room C1291
New York, NY 10021
Tel: 212 639-3210 *Fax:* 646 422-2135
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Sponsoring Spec: IM, GS
Program ID: 999-35-00-241

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

Sponsor: New York Medical College
St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: Margaret D Smith, MD
Department of Medicine
153 West 11th Street
New York, NY 10011
Tel: 212 604-2124 *Fax:* 212 604-3225
Length: 1 Yr *ACGME Approved/Offered Positions:* 20
Sponsoring Spec: IM, OBG, PD, P, GS
Program ID: 999-35-00-083

Syracuse

St Joseph's Hospital Health Center Program

Sponsor: St Joseph's Hospital Health Center
Prgm Director: Robert T Friedman, MD
301 Prospect Ave
Syracuse, NY 13203
Tel: 315 448-5546
E-mail: barb.channels@sjhsyr.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Sponsoring Spec: FP, EM
Program ID: 999-35-00-084

North Dakota

Fargo

University of North Dakota Program
Sponsor: Univ of North Dakota School of Medicine and Health Sciences
MeritCare Health System
Prgm Director: David J Theige, MD
Medical & Academic Education
PO Box MC
Fargo, ND 58122
Tel: 701 234-5934 *Fax:* 701 234-7230
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Sponsoring Spec: IM, P
Program ID: 999-37-00-086

Ohio

Akron

Akron General Medical Center/NEOUCOM Program
Sponsor: Akron General Medical Center
Prgm Director: Joseph Finocchio, MD
400 Wabash Avenue
Akron, OH 44307
Tel: 330 344-6140 *Fax:* 330 535-9270
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Sponsoring Spec: IM, EM
Program ID: 999-38-00-088

Summa Health System/NEOUCOM Program

Sponsor: Summa Health System
Akron City Hospital (Summa Health System)
St Thomas Hospital (Summa Health System)
Prgm Director: Joseph Myers, MD
525 E Market St
Medical Education/Mary Yanik
Akron, OH 44304
Tel: 330 375-3772
Length: 1 Yr *ACGME Approved/Offered Positions:* 10
Sponsoring Spec: IM, EM
Program ID: 999-38-00-087

Canton

Aultman Hospital/NEOUCOM Program

Sponsor: Aultman Hospital
Prgm Director: Jennifer L Bolyard, MD*
2600 Sixth St SW
Canton, OH 44710
Tel: 330 363-6293 *Fax:* 330 588-2605
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Sponsoring Spec: IM, FP
Program ID: 999-38-00-191

Columbus

Mount Carmel Program

Sponsor: Mount Carmel
Prgm Director: James N Parsons, MD
793 W State St
Columbus, OH 43222
Tel: 614 234-5279 *Fax:* 614 234-2772
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Sponsoring Spec: IM, GS
Program ID: 999-38-00-093

Riverside Methodist Hospitals (OhioHealth) Program

Sponsor: Riverside Methodist Hospitals (OhioHealth)
Prgm Director: Thomas J Boes, MD
Medical Education Department
3535 Olentangy River Road
Columbus, OH 43214
Tel: 614 566-4462
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Sponsoring Spec: IM, FP
Program ID: 999-38-00-095

Kettering

Kettering Medical Center Program

Sponsor: Kettering Medical Center
Prgm Director: John A Shrader, MD
3535 Southern Boulevard
Kettering, OH 45429
Tel: 937 395-8693 *Fax:* 937 395-8399
E-mail: john.shrader@kmcnetwork.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Sponsoring Spec: IM, EM, FP
Program ID: 999-38-00-096

Toledo

Mercy Health Partners/St Vincent Mercy Medical Center Program

Sponsor: St Vincent Mercy Medical Center
St Charles Mercy Hospital
Prgm Director: Imran A Andrabi, MD
2200 Jefferson Ave
Toledo, OH 43624
Tel: 419 251-1859 *Fax:* 419 242-9806
E-mail: imran_andrabi@mhsnr.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Sponsoring Spec: FP, EM, GS
Program ID: 999-38-00-165

Oregon

Portland

Legacy Emanuel Hospital and Health Center Program

Sponsor: Legacy Emanuel Hospital and Medical Center
Legacy Good Samaritan Hospital and Medical Center
Prgm Director: Elizabeth Eckstrom, MD, MPH
2801 N Gantenbein Avenue
Room 4100A
Portland, OR 97227
Tel: 503 413-4692 *Fax:* 503 413-2144
E-mail: eeckstro@lths.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Sponsoring Spec: IM, GS
Program ID: 999-40-00-101

Pennsylvania

Allentown

Lehigh Valley Hospital/Pennsylvania State University Program

Sponsor: Lehigh Valley Hospital
Prgm Director: William F Iobst, MD
Cedar Crest and I-78
PO Box 689
Allentown, PA 18105
Tel: 610 402-8045 *Fax:* 610 402-1675
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Sponsoring Spec: IM, GS
Program ID: 999-41-00-103

Bethlehem

St Luke's Hospital Program

Sponsor: St Luke's Hospital
Prgm Director: Gloria T Fioravanti, DO
Department of Medicine
801 Ostrum Street
Bethlehem, PA 18015
Tel: 610 954-4644 *Fax:* 610 954-4920
E-mail: inresidency@slhn.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Sponsoring Spec: IM, OBG
Program ID: 999-41-00-104

Darby**Mercy Catholic Medical Center Program**

Sponsor: Mercy Catholic Medical Center Inc
 Mercy Fitzgerald Hospital
Prgm Director: J Harris Joseph, DO, MED
 1500 Lansdowne Avenue
 Darby, PA 19023
 Tel: 610 237-5060 Fax: 610 237-5093
 Length: 1 Yr ACGME Approved/Offered Positions: 10
 Sponsoring Spec: IM, GS
 Program ID: 999-41-00-106

Johnstown**Conemaugh Valley Memorial Hospital Program**

Sponsor: Conemaugh Valley Memorial Hospital
Prgm Director: Joseph T Sobieski, MD
 1086 Franklin Street
 Johnstown, PA 15905
 Tel: 814 534-9408 Fax: 814 534-3290
 Length: 1 Yr ACGME Approved/Offered Positions: 8
 Sponsoring Spec: IM, FP, PTH
 Program ID: 999-41-00-108

Philadelphia**Albert Einstein Healthcare Network Program A**

Sponsor: Albert Einstein Medical Center
Prgm Director: Glenn Eiger, MD
 5401 Old York Road, Suite 363
 Philadelphia, PA 19141
 Tel: 215 456-4940 Fax: 215 456-7926
 Length: 1 Yr ACGME Approved/Offered Positions: 20
 Sponsoring Spec: IM, EM
 Program ID: 999-41-00-224

Frankford Hospitals Program

Sponsor: Frankford Hospitals (Frankford Campus)
 Frankford Hospitals (Bucks County Campus)
 Frankford Hospitals (Torresdale Campus)
 Thomas Jefferson University Hospital
Prgm Director: Jeremy Barnett, MD*
 Department of Medical Education
 Knights and Red Lion Roads
 Philadelphia, PA 19114
 Tel: 215 612-4826 Fax: 215 612-4069
 E-mail: transitionryr@fhcs.org
 Length: 1 Yr ACGME Approved/Offered Positions: 29
 Sponsoring Spec: IM, GS
 Program ID: 999-41-00-112

Frankford Hospitals Program A

Sponsor: Frankford Hospitals (Torresdale Campus)
Prgm Director: Stanton L Segal, MD
 Knights and Red Lion Roads
 Philadelphia, PA 19114
 Tel: 215 612-4848 Fax: 215 612-4049
 Length: 1 Yr ACGME Approved/Offered Positions: 12
 Sponsoring Spec: GS, IM, OBG
 Program ID: 999-41-00-247

Presbyterian Medical Center of the University of Pennsylvania Health System Program

Sponsor: Presbyterian Medical Center (UPHS)
Prgm Director: Howard M Ross, MD
 39th and Market Street
 Philadelphia, PA 19104
 Tel: 215 662-9784 Fax: 215 243-4691
 Length: 1 Yr ACGME Approved/Offered Positions: 14
 Sponsoring Spec: GS, IM
 Program ID: 999-41-00-113

Pittsburgh**Mercy Hospital of Pittsburgh Program**

Sponsor: Mercy Hospital of Pittsburgh
Prgm Director: Anthony J Pinevich, MD
 Department of Medicine
 1400 Locust Street
 Pittsburgh, PA 15219
 Tel: 800 637-2946 Fax: 412 232-5689
 Length: 1 Yr ACGME Approved/Offered Positions: 15
 Sponsoring Spec: IM, AN, DR
 Program ID: 999-41-00-114

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 UPMC Presbyterian/Shadyside
 Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Frank J Bruns, MD
 200 Lothrop Street, Room N713
 UPMC Montefiore
 Pittsburgh, PA 15213
 Tel: 412 692-4949 Fax: 412 692-4944
 Length: 1 Yr ACGME Approved/Offered Positions: 10
 Sponsoring Spec: IM, AN, EM, N, PTH, PD, DR
 Program ID: 999-41-00-115

UPMC/Presbyterian Shadyside Hospital Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 UPMC Presbyterian/Shadyside
Prgm Director: Gary H Tabas, MD
 5230 Centre Ave
 209 School of Nursing
 Pittsburgh, PA 15232
 Tel: 412 623-2395 Fax: 412 623-6621
 E-mail: ty@msx.upmc.edu
 Length: 1 Yr ACGME Approved/Offered Positions: 8
 Sponsoring Spec: IM, FP
 Program ID: 999-41-00-117

Western Pennsylvania Hospital/Temple University Program

Sponsor: The Western Pennsylvania Hospital
Prgm Director: Elliot Goldberg, MD
 4800 Friendship Avenue
 Pittsburgh, PA 15224
 Tel: 412 578-6929 Fax: 412 578-6804
 E-mail: intermedwph@yahoo.com
 Length: 1 Yr ACGME Approved/Offered Positions: 10
 Sponsoring Spec: IM, GS
 Program ID: 999-41-00-234

Upland**Crozer-Chester Medical Center Program**

Sponsor: Crozer-Chester Medical Center
Prgm Director: Dina F Capalongo, DO
 Dept of Medicine, 3 East
 One Medical Center Blvd
 Upland, PA 19013
 Tel: 610 874-6114 Fax: 610 447-6373
 E-mail: tyccmc@crozer.org
 Length: 1 Yr ACGME Approved/Offered Positions: 14
 Sponsoring Spec: IM, PD
 Program ID: 999-41-00-212

West Reading**Reading Hospital and Medical Center Program**

Sponsor: Reading Hospital and Medical Center
Prgm Director: Benjamin J Lloyd, MD*
 PO Box 16052
 Reading, PA 19612
 Tel: 610 988-8470 Fax: 610 988-9003
 Length: 1 Yr ACGME Approved/Offered Positions: 5
 Sponsoring Spec: IM, FP, OBG
 Program ID: 999-41-00-119

York**York Hospital Program**

Sponsor: York Hospital
Prgm Director: Kevin R Muzzio, MD
 Department of Medicine
 1001 South George Street
 York, PA 17405
 Tel: 717 851-3160 Fax: 717 851-2843
 Length: 1 Yr ACGME Approved/Offered Positions: 5
 Sponsoring Spec: IM, EM
 Program ID: 999-41-00-120

Puerto Rico**Bayamon****Universidad Central del Caribe Program**

Sponsor: Universidad Central del Caribe School of Medicine
 Hospital Universitario Dr Ramon Ruiz Arnau
Prgm Director: Carmen M Suarez, MD
 Call Box 60-327
 Bayamon, PR 00960
 Tel: 787 798-3010 Fax: 787 740-4343
 Length: 1 Yr ACGME Approved/Offered Positions: 10
 Sponsoring Spec: FP, IM, PD
 Program ID: 999-42-00-121

Caguas**Caguas Regional Hospital Program**

Sponsor: San Juan Bautista Medical Center/Caguas Regional Hospital
 University Hospital
Prgm Director: Lawrence C Olsen Maristany, MD
 Call Box 4964
 Caguas, PR 00726
 Tel: 787 744-3141
 Length: 1 Yr ACGME Approved/Offered Positions: 8
 Sponsoring Spec: PD, IM
 Program ID: 999-42-00-122

Ponce**Hospital Episcopal San Lucas/Ponce School of Medicine Program**

Sponsor: Hospital Episcopal San Lucas
Prgm Director: Olga Rodriguez, MD
 917 Tito Castro Ave
 PO Box 336810
 Ponce, PR 00733
 Tel: 787 843-3031 Fax: 787 841-7165
 E-mail: orodriguez@centennialpr.com
 Length: 1 Yr ACGME Approved/Offered Positions: 12
 Sponsoring Spec: IM, OBG
 Program ID: 999-42-00-125

San Juan**San Juan City Hospital Program**

Sponsor: San Juan City Hospital
Prgm Director: Ana L Bermudez, MD
 PMB# 79
 PO Box 70344
 San Juan, PR 00936
 Tel: 787 766-0205 Fax: 787 767-7011
 Length: 1 Yr ACGME Approved/Offered Positions: 10
 Sponsoring Spec: IM, OBG, PD
 Program ID: 999-42-00-213

South Carolina

Spartanburg

Spartanburg Regional Healthcare System Program

Sponsor: Spartanburg Regional Healthcare System
Prgm Director: Joseph Walton, MD
 101 E Wood Street
 Spartanburg, SC 29303
Tel: 864 560-6929 *Fax:* 864 560-7015
E-mail: bstowell@srhs.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Sponsoring Spec: GS, FP
Program ID: 999-45-00-182

South Dakota

Sioux Falls

University of South Dakota Program

Sponsor: University of South Dakota School of Medicine
 Avera McKennan Hospital and University Health Center
 Sioux Valley Hospital and University of SD Medical Center
Prgm Director: Robert R Raszkowski, MD, PhD*
 Office of the Dean
 1400 West 22nd Street
 Sioux Falls, SD 57105
Tel: 605 357-1306 *Fax:* 605 357-1311
E-mail: msutter@usd.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Sponsoring Spec: IM, FP
Program ID: 999-46-00-230

Tennessee

Chattanooga

University of Tennessee College of Medicine at Chattanooga Program

Sponsor: University of Tennessee College of Medicine-Chattanooga
 Erlanger Medical Center
Prgm Director: Mukta Panda, MD
 Medicine Clinic, Erlanger Med Cntr
 975 E Third St
 Chattanooga, TN 37403
Tel: 423 778-6670 *Fax:* 423 778-2611
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Sponsoring Spec: IM, OBG, OPH, PD, GS
Program ID: 999-47-00-129

Knoxville

University of Tennessee Medical Center at Knoxville Program

Sponsor: University of Tennessee Graduate School of Medicine
 University of Tennessee Memorial Hospital
Prgm Director: Magnus O Meyer, DO
 1924 Alcoa Highway
 Knoxville, TN 37920
Tel: 865 544-0340 *Fax:* 865 544-6849
Length: 1 Yr *ACGME Approved/Offered Positions:* 9
Sponsoring Spec: IM, FP
Program ID: 999-47-00-130

Memphis

University of Tennessee/Methodist Healthcare-Memphis Hospitals Program

Sponsor: University of Tennessee College of Medicine
 Methodist Healthcare-Memphis Hospitals
Prgm Director: Christopher W Sands, MD
 1265 Union Avenue
 Memphis, TN 38104
Tel: 901 726-8255 *Fax:* 901 726-8254
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Sponsoring Spec: IM, GS
Program ID: 999-47-00-131

Texas

Austin

Austin Medical Education Programs of Seton Healthcare Network Program

Sponsor: Austin Medical Education Program of Seton Healthcare Network
 Brackenridge Hospital
 Children's Hospital of Austin
Prgm Director: Patrick R Garcia, MD
 Transitional Residency Program
 601 E 15th Street
 Austin, TX 78701
Tel: 512 324-8630 *Fax:* 512 324-7971
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Sponsoring Spec: IM, PD
Program ID: 999-48-00-133

El Paso

Texas Tech University (El Paso) Program

Sponsor: Texas Tech University Health Sciences Center at El Paso
 R E Thomason General Hospital
Prgm Director: Manuel Schydlower, MD
 Regional Academic Center at El Paso
 4800 Alberta Avenue
 El Paso, TX 79905
Tel: 915 545-6520 *Fax:* 915 532-5468
E-mail: rebecca.aranda@ttuhsc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Sponsoring Spec: IM, EM, OBG, GS
Program ID: 999-48-00-221

William Beaumont Army Medical Center Program

Sponsor: William Beaumont Army Medical Center
Prgm Director: Todd C Bennett, DO*
 Office of Graduate Medical Education
 El Paso, TX 79920
Tel: 915 569-2521 *Fax:* 915 569-2653
E-mail: todd.bennett@amedd.army.mil
Length: 1 Yr *ACGME Approved/Offered Positions:* 14
Sponsoring Spec: IM, GS
Program ID: 999-48-00-137
 US Armed Services Program

Fort Sam Houston

San Antonio Uniformed Services Health Education Consortium (BAMC) Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
 Brooke Army Medical Center
Prgm Director: Kenneth R Kemp, MD
 3851 Roger Brooke Drive
 Fort Sam Houston, TX 78234
Tel: 210 916-0328 *Fax:* 210 916-0709
Length: 1 Yr *ACGME Approved/Offered Positions:* 15
Sponsoring Spec: IM, GS
Program ID: 999-48-00-138
 US Armed Services Program

Fort Worth

John Peter Smith Hospital (Tarrant County Hospital District) Program

Sponsor: John Peter Smith Hospital (Tarrant County Hospital District)
Prgm Director: Donald K Nelms, MD
 1500 South Main Street
 Fort Worth, TX 76104
Tel: 817 927-1255 *Fax:* 817 927-1405
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Sponsoring Spec: FP, OBG, ORS
Program ID: 999-48-00-168

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
 Harris County Hospital District-Ben Taub General Hospital
 Methodist Hospital
 Michael E DeBakey VA Medical Center - Houston
 St Luke's Episcopal Hospital
Prgm Director: Thomas A Vargo, MD
 Office of Graduate Medical Education
 One Baylor Plaza, Room 022D
 Houston, TX 77030
Tel: 713 798-1136
E-mail: karstena@bcm.tmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 18
Sponsoring Spec: IM, DR
Program ID: 999-48-00-139

Christus St Joseph Hospital Program

Sponsor: Christus St Joseph Hospital
Prgm Director: Ethan A Natelson, MD
 1401 St Joseph Parkway, GWS#9
 Houston, TX 77002
Tel: 713 757-7529 *Fax:* 713 657-7208
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Sponsoring Spec: FP, GS
Program ID: 999-48-00-140

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
 Lyndon B Johnson General Hospital
 Memorial Hermann Hospital System
Prgm Director: Michael W Bungo, MD
 Lyndon B. Johnson General Hospital
 5656 Kelley Street
 Houston, TX 77026
Tel: 713 566-4646 *Fax:* 713 566-4655
Length: 1 Yr *ACGME Approved/Offered Positions:* 13
Sponsoring Spec: IM, OBG, PD, GS
Program ID: 999-48-00-219

Lackland AFB

San Antonio Uniformed Services Health Education Consortium (WHMC) Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
 Wilford Hall Medical Center (AETC)
Prgm Director: Lt Col David W Ririe, MD
 2200 Bergquist Drive, Suite 1
 Lackland AFB, TX 78236
Tel: 210 292-7844
Length: 1 Yr *ACGME Approved/Offered Positions:* 9
Sponsoring Spec: IM, EM, PD
Program ID: 999-48-00-192
 US Armed Services Program

Utah**Salt Lake City****LDS Hospital Program**

Sponsor: LDS Hospital
Prgm Director: Scott M Stevens, MD
 8th Avenue & C Street
 Salt Lake City, UT 84143
Tel: 801 408-1077 *Fax:* 801 408-2361
E-mail: ldsmalle@ihc.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Sponsoring Spec: IM, GS
Program ID: 999-49-00-142

Virginia**Falls Church****Georgetown University Hospital Program**

Sponsor: Georgetown University Hospital
 Inova Fairfax Hospital
Prgm Director: Madeline Erario, MD
 Department of Medicine
 3300 Gallows Rd
 Falls Church, VA 22042
Tel: 703 776-2386 *Fax:* 703 776-3020
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Sponsoring Spec: IM, PD
Program ID: 999-51-00-205

Newport News**Riverside Regional Medical Center Program**

Sponsor: Riverside Regional Medical Center
Prgm Director: Jewell M Barnett, MD*
 500 J Clyde Morris Boulevard
 Newport News, VA 23601
Tel: 757 594-2041 *Fax:* 757 594-3245
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Sponsoring Spec: FP, OBG
Program ID: 999-51-00-170

Portsmouth**Naval Medical Center (Portsmouth) Program**

Sponsor: Naval Medical Center (Portsmouth)
Prgm Director: Margaret P Oberman, MD, MPH
 620 John Paul Jones Circle
 Portsmouth, VA 23708
Tel: 757 953-5109 *Fax:* 757 953-5116
E-mail: mpoberman@mar.med.navy.mil
Length: 1 Yr *ACGME Approved/Offered Positions:* 25
Sponsoring Spec: IM, OBG, GS
Program ID: 999-51-00-193
 US Armed Services Program

Roanoke**Carilion Health System Program**

Sponsor: Carilion Health System
 Carilion Medical Center-Roanoke Community Hospital
 Carilion Medical Center-Roanoke Memorial Hospital
Prgm Director: William S Erwin, MD
 Carilion Health Systems
 PO Box 13367
 Roanoke, VA 24038
Tel: 703 981-7776
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Sponsoring Spec: IM, GS
Program ID: 999-51-00-143

Washington**Seattle****Virginia Mason Medical Center Program**

Sponsor: Virginia Mason Medical Center
Prgm Director: Larry K Dipboye, MD, MA
 925 Seneca Street
 HS-GME
 Seattle, WA 98101
Tel: 206 583-6079 *Fax:* 206 583-2307
E-mail: reshms@vmc.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Sponsoring Spec: IM, GS
Program ID: 999-54-00-144

Spokane**Deaconess Medical Center Program**

Sponsor: Deaconess Medical Center
Prgm Director: Darryl Potyk, MD
 800 W 5th Ave
 PO Box 248
 Spokane, WA 99210
Tel: 509 473-7159 *Fax:* 509 473-7797
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Sponsoring Spec: IM, FP
Program ID: 999-54-00-169

Spokane Medical Centers Program

Sponsor: Inland Empire Hospital Services Association
 Sacred Heart Medical Center
Prgm Director: Lawrence G Schrock, MD
 101 W 8th Avenue
 PO Box 2555
 Spokane, WA 99220
Tel: 509 474-3020 *Fax:* 509 474-5316
Length: 1 Yr *ACGME Approved/Offered Positions:* 10
Sponsoring Spec: IM, FP
Program ID: 999-54-00-145

Tacoma**Madigan Army Medical Center Program**

Sponsor: Madigan Army Medical Center
Prgm Director: Jennifer E Jorgensen, MD
 Graduate Medical Education Office
 Attn: MCHJ-EDME
 Tacoma, WA 98431
Tel: 253 968-1511 *Fax:* 253 968-5926
E-mail: Jennifer.Jorgensen@nw.amedd.army.mil
Length: 1 Yr *ACGME Approved/Offered Positions:* 22
Sponsoring Spec: IM, EM, OBG
Program ID: 999-54-00-146
 US Armed Services Program

Wisconsin**La Crosse****Gundersen Lutheran Medical Foundation Program**

Sponsor: Gundersen Lutheran Medical Foundation
 Gundersen Clinic
 Lutheran Hospital-La Crosse
Prgm Director: Gregory P Thompson, MD
 1836 South Avenue, C01-005
 La Crosse, WI 54601
Tel: 608 775-6650 *Fax:* 608 775-4457
E-mail: gpthomps@gundluth.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 10
Sponsoring Spec: IM, GS
Program ID: 999-56-00-147

Marshfield**Marshfield Clinic-St Joseph's Hospital Program**

Sponsor: Marshfield Clinic-St Joseph's Hospital
Prgm Director: John L Olson, MD
 Medical Education Dept - 1R6
 1000 North Oak Avenue
 Marshfield, WI 54449
Tel: 715 389-3881 *Fax:* 715 387-5163
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Sponsoring Spec: IM, PD, GS
Program ID: 999-56-00-183

Milwaukee**Aurora Health Care Program**

Sponsor: Aurora Health Care
 St Luke's Medical Center
Prgm Director: Richard J Battiola, MD
 2801 W Kinnickinnie River Parkway
 Physician Office Building, Suite 730
 Milwaukee, WI 53215
Tel: 414 649-3323 *Fax:* 414 649-5158
E-mail: richard.battiola@aurora.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 17
Sponsoring Spec: FP, IM
Program ID: 999-56-00-148

St Joseph Regional Medical Center/Medical College of Wisconsin Program

Sponsor: St Joseph Regional Medical Center
Prgm Director: Kesavan Kutty, MD
 5000 West Chambers Street
 Milwaukee, WI 53210
Tel: 414 447-2245
Length: 1 Yr *ACGME Approved/Offered Positions:* 12
Sponsoring Spec: IM, DR
Program ID: 999-56-00-184

Undersea and Hyperbaric Medicine (Emergency Medicine)

Pennsylvania

Philadelphia

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: Stephen R Thom, MD, PhD
Room 1, John Morgan Building
3620 Hamilton Walk
Philadelphia, PA 19104
Tel: 215 898-9102 *Fax:* 215 573-7037
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 119-41-21-001

Undersea and Hyperbaric Medicine (Preventive Medicine)

North Carolina

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Prgm Director: Bryant W Stolp, MD, PhD
DUMC 3823
Durham, NC 27710
Tel: 919 684-6726
E-mail: stolp002@mc.duke.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 398-36-12-001

Urology

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Children's Hospital of Alabama
St Vincent's Hospital
Veterans Affairs Medical Center (Birmingham)
Prgm Director: Peter N Kolettis, MD*
FOT 1105
1530 3rd Avenue South
Birmingham, AL 35294
Tel: 205 934-1461 *Fax:* 205 934-1470
E-mail: sevans@uab.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-01-11-014

Arizona

Scottsdale

Mayo School of Graduate Medical Education (Scottsdale) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Scottsdale)
Mayo Clinic Hospital
Phoenix Children's Hospital
Prgm Director: Scott K Swanson, MD
13400 East Shea Boulevard
Scottsdale, AZ 85259
Tel: 480 301-8251 *Fax:* 480 301-8596
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-03-12-182

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
Southern Arizona VA Health Care Center (Tucson)
Tucson Medical Center
University Medical Center
Prgm Director: Craig V Comiter, MD
1501 North Campbell Avenue
PO Box 245077
Tucson, AZ 85724
Tel: 520 626-6895 *Fax:* 520 626-4933
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 480-03-21-015

Arkansas

Little Rock

University of Arkansas for Medical Sciences Program

Sponsor: University of Arkansas College of Medicine
Arkansas Children's Hospital
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Alex E Finkbeiner, MD
4301 W Markham Street, Slot 540
Little Rock, AR 72205
Tel: 501 686-5241 *Fax:* 501 686-5277
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 480-04-21-016

California

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Arrowhead Regional Medical Center
Jerry L Pettis Memorial Veterans Hospital
Riverside County Regional Medical Center
Prgm Director: Herbert C Ruckle, MD
111234 Anderson Street
Room A560
Loma Linda, CA 92354
Tel: 909 558-4196 *Fax:* 909 558-4806
E-mail: bstrong@ahs.llumc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-05-21-019

Los Angeles

Kaiser Permanente Southern California (Los Angeles) Program

Sponsor: Kaiser Permanente Southern California
Kaiser Foundation Hospital (Los Angeles)
Kaiser Foundation Hospital (Bellflower)
Prgm Director: Gary C Bellman, MD
4900 Sunset Boulevard
Los Angeles, CA 90027
Tel: 323 783-5851 *Fax:* 323 783-7272
E-mail: Gary.C.Bellman@kp.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-05-12-020

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Los Angeles County Harbor-UCLA Medical Center
Olive View/UCLA Medical Center
UCLA Medical Center
VA Greater Los Angeles Healthcare System
Prgm Director: Robert B Smith, MD
Room 66-124 C H S
Box 951738
Los Angeles, CA 90095
Tel: 310 206-8177 *Fax:* 310 206-5343
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-05-21-022

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
Childrens Hospital Los Angeles
Kenneth Norris Jr Cancer Hospital and Research Institute
LAC+USC Medical Center
Prgm Director: Eila C Skinner, MD
USC/Norris Cancer Center
1441 Eastlake Avenue, Suite 7416
Los Angeles, CA 90089
Tel: 323 865-3705 *Fax:* 323 225-8064
E-mail: skinner@hsc.usc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 480-05-21-021

Orange

University of California (Irvine) Program

Sponsor: University of California (Irvine) Medical Center
Kaiser Foundation Hospitals (Anaheim)
VA Long Beach Healthcare System
Prgm Director: Regina M Hovey, MD
101 The City Drive South
Building 26, Rte 81
Orange, CA 92868
Tel: 714 456-7128 *Fax:* 714 456-7189
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-05-21-018

Sacramento

University of California (Davis) Health System Program

Sponsor: UC Davis Health System
Kaiser Foundation Hospital (Sacramento)
Kaiser Foundation Hospital (South Sacramento)
University of California (Davis) Medical Center
VA Northern California Health Care System
Prgm Director: Roger K Low, MD
4860 Y Street, Suite 3500
Sacramento, CA 95817
Tel: 916 734-2893 *Fax:* 916 734-8094
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-05-21-017

San Diego

Naval Medical Center (San Diego) Program

Sponsor: Naval Medical Center (San Diego)
San Francisco General Hospital Medical Center
Prgm Director: Christopher L Amuling, MD
34730 Bob Wilson Drive Ste 200
San Diego, CA 92134
Tel: 619 532-7202 *Fax:* 619 532-7234
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Subspecialties: UP
Program ID: 480-05-11-009
US Armed Services Program

University of California (San Diego) Program

Sponsor: University of California (San Diego) Medical Center
Children's Hospital and Health Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Joseph D Schmidt, MD
200 West Arbor Drive
San Diego, CA 92103
Tel: 619 543-5904 *Fax:* 619 543-6573
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-05-21-024

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)
Prgm Director: Jack W McAninch, MD
1001 Potrero Avenue
Room 3A20
San Francisco, CA 94110
Tel: 415 476-3372 *Fax:* 415 206-5153
E-mail: jmcaininch@urol.ucsf.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: UP
Program ID: 480-05-21-025

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Lucile Salter Packard Children's Hospital at Stanford
Santa Clara Valley Medical Center
Veterans Affairs Palo Alto Health Care System
Prgm Director: Linda D Shortliffe, MD
Department of Urology, S-287 MC-5118
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 498-5042 *Fax:* 650 723-4055
E-mail: urology@med.stanford.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 480-05-31-026

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Children's Hospital (The)
Denver Health Medical Center
Exempla Saint Joseph Hospital
Veterans Affairs Medical Center (Denver)
Prgm Director: Randall B Meacham, MD
Box C-319
4200 East Ninth Avenue
Denver, CO 80262
Tel: 303 315-5939 *Fax:* 303 315-7611
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-07-21-027

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Connecticut Children's Medical Center
Hartford Hospital
St Francis Hospital and Medical Center
Univ of Connecticut Health Center/John Dempsey Hospital
Prgm Director: Peter C Albertsen, MD
263 Farmington Avenue
MC 3955
Farmington, CT 06030
Tel: 860 679-3467 *Fax:* 860 679-1318
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 480-08-21-028

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Waterbury Hospital Health Center
Prgm Director: Robert M Weiss, MD
PO Box 208041
800 Howard Avenue
New Haven, CT 06520
Tel: 203 785-2815 *Fax:* 203 785-4043
Length: 3 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 480-08-11-029

District of Columbia

Washington

George Washington University Program

Sponsor: George Washington University School of Medicine
Children's National Medical Center
George Washington University Hospital (UHS)
Inova Fairfax Hospital
Prgm Director: Michael J Manyak, MD
2150 Pennsylvania Avenue, NW
3-417
Washington, DC 20037
Tel: 202 741-3100 *Fax:* 202 741-3113
E-mail: fgonzalez@mfa.gwu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-10-21-031

Accredited Programs in Urology

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Children's National Medical Center
Sibley Memorial Hospital
Veterans Affairs Medical Center (Washington DC)
Prgm Director: John H Lynch, MD
Department of Urology
3800 Reservoir Road, NW (7PHC)
Washington, DC 20007
Tel: 202 444-4688 *Fax:* 202 444-7573
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-10-21-030

Washington Hospital Center Program

Sponsor: Washington Hospital Center
Prgm Director: Arnold M Kwart, MD
110 Irving Street, NW
#3B-19
Washington, DC 20010
Tel: 202 877-7011 *Fax:* 202 877-7012
E-mail: arnold.m.kwart@medstar.net
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 480-10-12-033

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: Marc S Cohen, MD
1600 SW Archer Road, Rm N2-13
Gainesville, FL 32610
Tel: 352 392-5348 *Fax:* 352 846-3530
E-mail: cohenms@surgery.ufl.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-11-21-034

Jacksonville

Mayo School of Graduate Medical Education (Jacksonville) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Jacksonville)
St Luke's Hospital
Prgm Director: Gregory A Broderick, MD
4500 San Pablo Road
Jacksonville, FL 32224
Tel: 904 953-0110 *Fax:* 904 953-0430
E-mail: ja-urologyresidency@mayo.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 480-11-21-179

Miami

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Cedars Medical Center
Veterans Affairs Medical Center (Miami)
Prgm Director: Angelo E Gousse, MD
Department of Urology (D-1)
PO Box 016960 (M814)
Miami, FL 33101
Tel: 305 243-3670 *Fax:* 305 243-2919
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 480-11-21-036

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
H Lee Moffitt Cancer Center
James A Haley Veterans Hospital
Nemours Children's Clinic
Tampa General Hospital
Prgm Director: Jorge L Lockhart, MD
4 Columbia Drive
Tampa, FL 33606
Tel: 813 259-0862 *Fax:* 813 259-0968
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-11-21-169

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Veterans Affairs Medical Center (Atlanta)
Prgm Director: Chad W Ritenour, MD
1365 Clifton Road, NE
Building B
Atlanta, GA 30322
Tel: 404 778-4615 *Fax:* 404 778-4231
E-mail: Jenny_Alf@emoryhealthcare.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: UP
Program ID: 480-12-21-039

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Prgm Director: Martha K Terris, MD
Section of Urology
Room BA8408
Augusta, GA 30912
Tel: 706 721-2519 *Fax:* 706 721-2548
E-mail: mtterris@mcg.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-12-21-040

Hawaii

Honolulu

Tripler Army Medical Center Program

Sponsor: Tripler Army Medical Center
Kaiser Foundation Hospital (Moanalua)
Prgm Director: Ronald S Sutherland, MD
Urology Service (MCHK-DSU)
1 Jarrett White Road
Honolulu, HI 96859
Tel: 808 433-2972 *Fax:* 808 433-7194
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 480-14-32-005
US Armed Services Program

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Prgm Director: J Quentin Clemens, MD, MSc
Northwestern University
303 East Chicago Avenue, Tarry 16-703
Chicago, IL 60611
Tel: 312 695-6124 *Fax:* 312 695-7030
E-mail: r-paarberg@northwestern.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: UP
Program ID: 480-16-21-045

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Charles F McKiel, MD
1653 W Congress Parkway
Chicago, IL 60612
Tel: 312 942-6447 *Fax:* 312 942-4005
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 480-16-31-046

University of Chicago Program

Sponsor: University of Chicago Hospitals
Louis A Weiss Memorial Hospital
Prgm Director: Charles B Brendler, MD
5841 South Maryland Avenue, MC 6038
Chicago, IL 60637
Tel: 773 702-6105 *Fax:* 773 702-1001
E-mail: talberti@surgery.bsd.uchicago.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-16-21-047

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
Advocate Christ Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center
Prgm Director: Craig Niederberger, MD
840 S Wood Street
MC/955
Chicago, IL 60612
Tel: 312 996-9390 *Fax:* 312 413-0495
E-mail: cseydel@uic.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-16-21-174

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Robert C Flanigan, MD
2160 South First Avenue
A-353100
Maywood, IL 60153
Tel: 708 216-5100 *Fax:* 708 216-8472
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 480-16-21-166

Springfield

Southern Illinois University Program

Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Prgm Director: Patrick H McKenna, MD
301 North 8th Street - Room 4B143C
PO Box 19665
Springfield, IL 62794
Tel: 217 545-8860 *Fax:* 217 545-7305
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 480-16-21-050

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
 Clarian Indiana University Hospital
 Clarian Methodist Hospital of Indiana
 Clarian Riley Hospital for Children
 Richard L. Roudebush Veterans Affairs Medical Center
 William N. Wishard Memorial Hospital
Prgm Director: Michael O. Koch, MD
 Department of Urology
 535 North Barnhill Drive, Suite 420
 Indianapolis, IN 46202
Tel: 317 274-7338 *Fax:* 317 274-0174
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: UP
Program ID: 480-17-21-051

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
 Veterans Affairs Medical Center (Iowa City)
Prgm Director: Bernard Fallon, MD
 200 Hawkins Drive
 Iowa City, IA 52242
Tel: 319 356-2905 *Fax:* 319 353-8564
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 480-18-21-052

Kansas**Kansas City****University of Kansas Medical Center Program**

Sponsor: University of Kansas School of Medicine
 University of Kansas Medical Center
 Veterans Affairs Medical Center (Kansas City)
Prgm Director: James B. Thrasher, MD
 3901 Rainbow Blvd
 Kansas City, KS 66160
Tel: 913 588-6146 *Fax:* 913 588-7625
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 480-19-21-053

Kentucky**Lexington****University of Kentucky College of Medicine Program**

Sponsor: University of Kentucky College of Medicine
 Central Baptist Hospital
 St. Joseph Hospital
 Veterans Affairs Medical Center (Lexington)
Prgm Director: Randall G. Rowland, MD, PhD
 800 Rose Street MS-283
 Lexington, KY 40536
Tel: 859 323-6677 *Fax:* 859 323-1944
E-mail: sgsext2@uky.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-20-21-054

Louisiana**New Orleans****Ochsner Clinic Foundation/Louisiana State University Program**

Sponsor: Ochsner Clinic Foundation
 Children's Hospital
 Medical Center of Louisiana at New Orleans
Prgm Director: Harold A. Fuselier, MD
 1514 Jefferson Highway
 AT-4W
 New Orleans, LA 70121
Tel: 504 842-5263 *Fax:* 504 842-2009
E-mail: dguidroz@ochsner.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-21-21-176

Tulane University Program

Sponsor: Tulane University School of Medicine
 Children's Hospital
 Medical Center of Louisiana at New Orleans
 Tulane University Hospital and Clinics
 Veterans Affairs Medical Center (New Orleans)
Prgm Director: Raju Thomas, MD
 1430 Tulane Avenue
 Box SL-42
 New Orleans, LA 70112
Tel: 504 584-2794 *Fax:* 504 588-5059
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-21-21-058

Shreveport**Louisiana State University (Shreveport) Program**

Sponsor: LSU Health Sciences Center-University
 Hospital
 Christus Schumpert Health System
 Overton Brooks Veterans Affairs Medical Center
Prgm Director: Dennis D. Venable, MD
 1501 Kings Highway
 PO Box 33932
 Shreveport, LA 71130
Tel: 318 675-5600 *Fax:* 318 675-5665
E-mail: dvenablemd@aol.com
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-21-21-059

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
 Johns Hopkins Bayview Medical Center
 Johns Hopkins Hospital
Prgm Director: Patrick C. Walsh, MD
 Johns Hopkins Hospital
 600 N Wolfe St Marburg Bldg Rm 134
 Baltimore, MD 21287
Tel: 410 614-3377 *Fax:* 410 955-0833
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Subspecialties: UP
Program ID: 480-23-21-060

University of Maryland Program

Sponsor: University of Maryland Medical System
 Johns Hopkins Hospital
 Sinai Hospital of Baltimore
 Veterans Affairs Medical Center (Baltimore)
Prgm Director: Geoffrey N. Sklar, MD
 Department of Surgery, Rm S8D18
 22 S Greene Street
 Baltimore, MD 21201
Tel: 410 328-5544 *Fax:* 410 328-0595
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-23-21-062

Bethesda**National Capital Consortium (Walter Reed) Program**

Sponsor: National Capital Consortium
 Walter Reed Army Medical Center
Prgm Director: Col David G. McLeod, MD, JD
 Department of Surgery
 Washington, DC 20307
Tel: 202 782-6408 *Fax:* 202 782-4118
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-10-21-004
US Armed Services Program

Massachusetts**Boston****Boston University Medical Center Program**

Sponsor: Boston Medical Center
 Children's Hospital
 Veterans Affairs Medical Center (Boston)
Prgm Director: Robert D. Oates, MD*
 720 Harrison Avenue, Suite 606
 Boston, MA 02118
Tel: 617 638-8485 *Fax:* 617 638-8487
E-mail: robert.oates@bmc.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-24-21-063

Brigham and Women's Hospital/Harvard Medical School Program

Sponsor: Brigham and Women's Hospital
 Beth Israel Deaconess Medical Center
 Boston VA Healthcare System (Brookton-West Roxbury)
 Children's Hospital
Prgm Director: Jerome P. Richie, MD
 45 Francis Street, ASB2-3
 Boston, MA 02115
Tel: 617 732-6327 *Fax:* 617 566-3475
E-mail: surgeryeducation@partners.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: UP
Program ID: 480-24-21-064

Massachusetts General Hospital/Harvard Medical School Program

Sponsor: Massachusetts General Hospital
 Children's Hospital
Prgm Director: W. Scott McDougal, MD
 55 Fruit Street
 GRB 1102
 Boston, MA 02114
Tel: 617 726-3010 *Fax:* 617 726-6131
E-mail: cmurphy3@partners.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-24-11-161

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
 Caritas St. Elizabeth's Medical Center of Boston
Prgm Director: George T. Klauber, MD
 750 Washington Street
 Box 142
 Boston, MA 02111
Tel: 617 636-7956 *Fax:* 617 636-5349
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 480-24-21-162

Burlington

Lahey Clinic Program

Sponsor: Lahey Clinic
Children's Hospital
Maine Medical Center
Prgm Director: John A Libertino, MD
41 Mall Road
Burlington, MA 01805
Tel: 781 744-2511 *Fax:* 781 744-5635
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 480-24-22-065

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
Department of Veterans Affairs
St Vincent Hospital
UMass Memorial Health Care (Memorial Campus)
UMass Memorial Health Care (University Campus)
Prgm Director: Pamela I Ellsworth, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 856-6504 *Fax:* 508 856-3137
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-24-21-167

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Gary J Faerber, MD
1500 East Medical Center Drive
TC 3875 Box 0330
Ann Arbor, MI 48109
Tel: 734 936-5801 *Fax:* 734 936-9127
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 480-25-21-066

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital
Prgm Director: James O Peabody, MD
Vattikuti Urology Institute, K-9
2799 West Grand Boulevard
Detroit, MI 48202
Tel: 313 916-2064 *Fax:* 313 916-1462
E-mail: nlessnal@hfhs.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-25-11-067

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Harper-Hutzel Hospital
Veterans Affairs Medical Center (Detroit)
Prgm Director: Isaac J Powell, MD*
Harper Professional Office Building
4160 John R, Suite 1017
Detroit, MI 48201
Tel: 313 745-7382 *Fax:* 313 745-0464
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Specialties: UP
Program ID: 480-25-31-069

Royal Oak

William Beaumont Hospital Program

Sponsor: William Beaumont Hospital
Prgm Director: Ananias C Diokno, MD
3601 W 13 Mile Road
Royal Oak, MI 48072
Tel: 248 551-5012 *Fax:* 248 551-8107
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-25-12-071

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: University of Minnesota Medical School
Children's Hospitals & Clinics - St Paul
Fairview-University Medical Center
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Jon L Pryor, MD
Box 394 Mayo Memorial Building
420 Delaware Street, SE
Minneapolis, MN 55455
Tel: 612 625-0662 *Fax:* 612 626-0428
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-26-21-072

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prgm Director: Michael L Blute, MD
Gonda 7
200 First Street SW
Rochester, MN 55905
Tel: 507 284-1330 *Fax:* 507 284-4951
E-mail: wagnerjean@mayo.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 20
Specialties: U
Program ID: 480-26-21-073

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University of Mississippi School of Medicine
University Hospitals and Clinics
Veterans Affairs Medical Center (Jackson)
Prgm Director: John S Wiener, MD
2500 N State Street
Jackson, MS 39216
Tel: 601 984-5185 *Fax:* 601 984-5190
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-27-21-075

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine
Harry S Truman Memorial Veterans Hospital
University Hospitals and Clinics
Prgm Director: Durwood E Neal, MD
Division of Urology - M562-DC080.00
One Hospital Drive
Columbia, MO 65212
Tel: 537 882-1151 *Fax:* 537 884-7453
E-mail: HoskinsT@health.missouri.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 480-28-21-076

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St John's Mercy Medical Center
St Louis ConnectCare
St Louis University Hospital
Prgm Director: James M Cummings, MD
3635 Vista Avenue at Grand Blvd
PO Box 15250
St Louis, MO 63110
Tel: 314 577-8790 *Fax:* 314 268-5183
E-mail: cummings@slu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 480-28-21-078

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
St Louis Children's Hospital
Veterans Affairs Medical Center (St Louis)
Prgm Director: Gerald L Andriole, MD
4960 Children's Place
Campus Box 8242
St Louis, MO 63110
Tel: 314 362-8213 *Fax:* 314 361-2203
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 480-28-21-079

Nebraska

Omaha

University of Nebraska Medical Center College of Medicine Program

Sponsor: University of Nebraska Medical Center College of Medicine
Nebraska Methodist Hospital
The Nebraska Medical Center
Veterans Affairs Medical Center (Omaha)
Prgm Director: George P Hemstreet, MD, PhD
Department of Surgery, Section of Urologic Surgery
982360 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-4627 *Fax:* 402 559-6529
E-mail: cabboud@unmc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-30-21-081

New Hampshire**Lebanon****Dartmouth-Hitchcock Medical Center Program**

Sponsor: Mary Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Prgm Director: E Ann Gormley, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-6033 *Fax:* 603 650-4985
E-mail: Ann.Gormley@Hitchcock.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 480-32-21-082

New Jersey**New Brunswick****UMDNJ-Robert Wood Johnson Medical School Program**

Sponsor: UMDNJ-Robert Wood Johnson Medical School
Cooper Hospital-University Medical Center
Medical Center at Princeton
Robert Wood Johnson University Hospital
Prgm Director: Kenneth B Cummings, MD
One Robert Wood Johnson Place, CN19
New Brunswick, NJ 08903
Tel: 732 235-7718 *Fax:* 732 235-6042
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-33-21-173

Newark**UMDNJ-New Jersey Medical School Program**

Sponsor: UMDNJ-New Jersey Medical School
St Barnabas Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Mark L Jordan, MD
185 South Orange Avenue, MSB / G-536
University Heights
Newark, NJ 07103
Tel: 973 972-4488 *Fax:* 973 972-3892
E-mail: jordanml@umdnj.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-33-21-083

New Mexico**Albuquerque****University of New Mexico Program**

Sponsor: University of New Mexico School of Medicine
Lovelace Sandia Health
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Thomas A Borden, MD
Dept of Surgery/Urology - MSC10 5610
1 University of New Mexico
Albuquerque, NM 87131
Tel: 505 272-5505 *Fax:* 505 272-3699
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-34-21-084

New York**Albany****Albany Medical Center Program**

Sponsor: Albany Medical Center
St Peter's Hospital
Veterans Affairs Medical Center (Albany)
Prgm Director: Barry A Kogan, MD
South Clinical Campus-Division of Urology
23 Hackett Boulevard, Mail Code 208
Albany, NY 12208
Tel: 518 262-3206 *Fax:* 518 262-6050
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-35-21-085

Bronx**Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Jacobi Medical Center
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Prgm Director: Arnold Melman, MD
111 E 210th Street
Bronx, NY 10467
Tel: 718 920-5402 *Fax:* 718 547-2902
E-mail: amelman@montefiore.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-35-21-089

Brooklyn**Brookdale University Hospital and Medical Center Program**

Sponsor: Brookdale University Hospital and Medical Center
Prgm Director: Hong Kim, MD
Linden Blvd and Brookdale Plaza
Brooklyn, NY 11212
Tel: 718 240-5323 *Fax:* 718 240-6605
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 480-35-31-091

Maimonides Medical Center Program

Sponsor: Maimonides Medical Center
Coney Island Hospital
Prgm Director: Gilbert J Wise, MD
4802 10th Avenue
Brooklyn, NY 11219
Tel: 718 283-7741 *Fax:* 718 635-7093
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 480-35-21-099

SUNY Health Science Center at Brooklyn Program

Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Long Island College Hospital
Veterans Affairs Medical Center (Brooklyn)
Prgm Director: Richard J Macchia, MD
Department of Urology, Box 79
445 Lenox Road
Brooklyn, NY 11203
Tel: 718 270-2554 *Fax:* 718 270-3848
E-mail: guoda.burr@downstate.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 480-35-21-107

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Millard Fillmore Hospital)
Kaleida Health System (Women and Children's Hosp of Buffalo)
Veterans Affairs Western New York Healthcare System
Prgm Director: Gerald Sufrin, MD
100 High Street
Suite A-115
Buffalo, NY 14203
Tel: 716 859-2212 *Fax:* 716 859-1888
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 480-35-21-087

New Hyde Park**Albert Einstein College of Medicine at Long Island Jewish Medical Center Program**

Sponsor: Long Island Jewish Medical Center
Winthrop-University Hospital
Prgm Director: Gopal H Badlani, MD
270-05 76th Avenue
New Hyde Park, NY 11040
Tel: 718 470-7918 *Fax:* 718 343-6254
E-mail: gbadlani@lij.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Subspecialties: UP
Program ID: 480-35-21-098

New York**Albert Einstein College of Medicine at Beth Israel Medical Center Program**

Sponsor: Beth Israel Medical Center
Prgm Director: Harris M Nagler, MD
Phillips Ambulatory Care Center
10 Union Square East, Suite 3A
New York, NY 10003
Tel: 212 844-8920 *Fax:* 212 844-8921
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 480-35-11-090

Lenox Hill Hospital Program

Sponsor: Lenox Hill Hospital
Memorial Sloan-Kettering Cancer Center
Prgm Director: John A Fracchia, MD
100 East 77th Street
New York, NY 10021
Tel: 212 434-2190 *Fax:* 212 434-3495
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 480-35-11-096

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Mount Sinai Medical Center
Veterans Affairs Medical Center (Bronx)
Prgm Director: Michael J Droller, MD
One Gustave L Levy Place
Box 1272
New York, NY 10029
Tel: 212 241-8711 *Fax:* 212 876-3246
E-mail: emma.charles@mountsinai.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-35-21-102

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
St Luke's-Roosevelt Hospital Center
Prgm Director: Steven A Kaplan, BS, MD
Department of Urology, HIP 11
161 Fort Washington Avenue
New York, NY 10032
Tel: 212 305-0140 *Fax:* 212 305-0113
E-mail: sk46@columbia.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 480-35-21-092

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
North Shore University Hospital
Prgm Director: Peter Schlegel, MD
525 East 68th Street, Box 94
New York, NY 10021
Tel: 212 746-5491 *Fax:* 212 746-8425
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 480-35-21-093

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
Prgm Director: Victor W Nitti, MD
Department of Urology
150 East 32nd Street
New York, NY 10016
Tel: 646 825-6343 *Fax:* 646 825-6397
E-mail: kerry.apicella@nyumc.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 480-35-21-104

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
Park Ridge Hospital (Unity Health System)
Rochester General Hospital
Prgm Director: William C Hulbert, MD
601 Elmwood Avenue, Box 656
Rochester, NY 14642
Tel: 585 275-1315 *Fax:* 585 273-1068
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-35-21-108

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)
Prgm Director: Wayne C Waltzer, MD
HSC-T9-040
Stony Brook, NY 11794
Tel: 631 444-1916 *Fax:* 631 444-7620
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 480-35-21-175

Syracuse

SUNY Upstate Medical University Program

Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Prgm Director: Gabriel P Haas, MD
Department of Urology
750 East Adams
Syracuse, NY 13210
Tel: 315 464-6106 *Fax:* 315 464-6117
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-35-21-109

Valhalla

New York Medical College at Westchester Medical Center Program

Sponsor: New York Medical College
Metropolitan Hospital Center
St Vincent Catholic Medical Centers (Manhattan)
Westchester Medical Center
Prgm Director: Muhammad S Choudhury, MD
Munger Pavilion, Room 460
Valhalla, NY 10595
Tel: 914 594-4300 *Fax:* 914 594-4394
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-35-21-103

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Carolinas Medical Center
Wake Medical Center
Prgm Director: Culley C Carson, MD
2140 Bioinformatics Bldg CB 7235
Chapel Hill, NC 27599
Tel: 919 966-2574 *Fax:* 919 966-0098
E-mail: lmwest@med.unc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-36-21-110

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Asheville)
Veterans Affairs Medical Center (Durham)
Prgm Director: Glenn M Preminger, MD
PO Box 3167
Durham, NC 27710
Tel: 919 681-5505 *Fax:* 919 681-5507
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 480-36-21-112

Winston-Salem

Wake Forest University School of Medicine Program

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: M Craig Hall, MD
Bowman Gray Campus
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-5702 *Fax:* 336 716-5711
E-mail: slucas@wfubmc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-36-21-113

Ohio

Akron

Northeastern Ohio Universities College of Medicine Program

Sponsor: Akron General Medical Center
Akron City Hospital (Summa Health System)
Children's Hospital Medical Center of Akron
Northeastern Ohio Universities College of Medicine
Prgm Director: Phillip F Nasrallah, MD
300 Locust Street Suite 260
Akron, OH 44302
Tel: 330 543-8212 *Fax:* 330 543-8621
E-mail: mdague@chmca.org
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-38-21-164

Cincinnati

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
Christ Hospital
Cincinnati Children's Hospital Medical Center
TriHealth-Good Samaritan Hospital
Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Thomas E Bell, MD
231 Albert Sabin Way
Mail Location 0589
Cincinnati, OH 45267
Tel: 513 558-0983 *Fax:* 513 558-3575
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Subspecialties: UP
Program ID: 480-38-21-117

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
MetroHealth Medical Center
Veterans Affairs Medical Center (Cleveland)
Prgm Director: Martin I Resnick, MD
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3011 *Fax:* 216 844-1900
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 480-38-21-118

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Drogo K Montague, MD
9500 Euclid Avenue, A100
Cleveland, OH 44195
Tel: 216 444-5590 *Fax:* 216 445-2267
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Program ID: 480-38-22-119

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Children's Hospital (Columbus)
Riverside Methodist Hospitals (OhioHealth)
Prgm Director: Robert R Bahnsen, MD
4980 UHC
456 West 10th Avenue
Columbus, OH 43210
Tel: 614 293-4889 *Fax:* 614 293-5363
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-38-21-120

Toledo

Medical College of Ohio Program

Sponsor: Medical College of Ohio
Medical College of Ohio Hospital
St Vincent Mercy Medical Center
Prgm Director: Steven H Selman, MD
3065 Arlington Avenue
Dowling Hall, Room 2168
Toledo, OH 43614
Tel: 419 383-3505 *Fax:* 419 381-3785
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-38-21-122

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
OU Medical Center
OU Medical Center-Children's Hospital
Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Daniel J Culkun, MD
920 Stanton L Young Blvd, WP3150
PO Box 26901
Oklahoma City, OK 73190
Tel: 405 271-6900 *Fax:* 405 271-3118
E-mail: beverly-shipman@ouhsc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 480-39-21-123

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Kaiser Foundation Hospitals-Northwest Region
Veterans Affairs Medical Center (Portland)
Prgm Director: Michael J Conlin, MD
3181 SW Sam Jackson Park Rd
Portland, OR 97239
Tel: 503 494-8470 *Fax:* 503 494-8671
E-mail: taylorme@ohsu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-40-21-124

Pennsylvania

Danville

Geisinger Health System Program

Sponsor: Geisinger Health System
Prgm Director: Joseph J Mowad, MD
100 North Academy Avenue
Danville, PA 17822
Tel: 570 271-6376 *Fax:* 570 271-6955
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 480-41-11-125

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
Lancaster General Hospital
Lehigh Valley Hospital
Prgm Director: Ross M Decter, MD
Division of Urology - MCH055
500 University Drive
Hershey, PA 17033
Tel: 717 531-8848 *Fax:* 717 531-4475
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-41-21-127

Philadelphia

Temple University Hospital Program

Sponsor: Temple University Hospital
Abington Memorial Hospital
Fox Chase Cancer Center
St Christopher's Hospital for Children (Tenet Health System)
Prgm Director: Jack H Mydlo, MD
3401 North Broad Street
Suite 350 Parkinson Pavilion
Philadelphia, PA 19140
Tel: 215 707-2333 *Fax:* 215 707-4758
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-41-21-132

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Alfred I duPont Hospital for Children
Bryn Mawr Hospital
Veterans Affairs Medical Center (Wilmington)
Prgm Director: Patrick J Shenot, MD
1025 Walnut St, Ste 1112
Philadelphia, PA 19107
Tel: 215 955-6061 *Fax:* 215 923-1884
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Subspecialties: UP
Program ID: 480-41-21-133

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Pennsylvania Hospital (UPHS)
Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Alan J Wein, MD
3400 Spruce Street
9 Penn Tower
Philadelphia, PA 19104
Tel: 215 662-6755 *Fax:* 215 662-3955
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: UP
Program ID: 480-41-21-134

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
UPMC Presbyterian/Shadyside
Veterans Affairs Medical Center (Pittsburgh)
Prgm Director: Joel B Nelson, MD
Kaufmann Building, Suite 700
3471 Fifth Avenue
Pittsburgh, PA 15218
Tel: 412 605-3013 *Fax:* 412 605-3030
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Subspecialties: UP
Program ID: 480-41-21-135

Puerto Rico

San Juan

University of Puerto Rico Program

Sponsor: University of Puerto Rico School of Medicine
Hospital Pavia
University Hospital
University Pediatric Hospital
Veterans Affairs Medical Center (San Juan)
Prgm Director: Antonio Puras-Baez, MD
Department of Surgery
Medical Sciences Campus, Box 365067
San Juan, PR 00936
Tel: 787 767-7072
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-42-31-138

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
Memorial Hospital of Rhode Island
Miriam Hospital-Lifespan
Veterans Affairs Medical Center (Providence)
Prgm Director: Anthony A Caldamone, MD
Department of Urology
2 Dudley Street, Suite 174
Providence, RI 02905
Tel: 401 444-5795 *Fax:* 401 444-6947
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-43-31-139

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Harry S Clarke, MD, PhD
96 Jonathan Lucas Street, Suite 644 CSB
Charleston, SC 29425
Tel: 843 792-1389 *Fax:* 843 792-8523
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-45-21-140

Tennessee

Knoxville

University of Tennessee Medical Center at Knoxville Program

Sponsor: University of Tennessee Graduate School of Medicine
Methodist Medical Center of Oak Ridge
Prgm Director: Frederick A Klein, MD
1924 Alcoa Highway, Box U-11
Knoxville, TN 37920
Tel: 865 544-9254 *Fax:* 865 544-9706
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 480-47-11-181

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
LeBonheur Children's Medical Center
Methodist Healthcare-Memphis Hospitals
University of Tennessee Medical Center
Prgm Director: Robert W Wake, MD
956 Court Avenue
Room H 220
Memphis, TN 38163
Tel: 901 448-1026 *Fax:* 901 448-1122
E-mail: pphelan@utm.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-47-21-141

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Baptist Hospital
Metropolitan Nashville General Hospital
Veterans Affairs Medical Center (Nashville)
Prgm Director: Joseph A Smith, MD
A-1302 Medical Center North
21st & Garland Streets
Nashville, TN 37232
Tel: 615 343-5604 *Fax:* 615 322-8990
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: UP
Program ID: 480-47-21-142

Texas

Dallas

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
 Baylor University Medical Center
 Children's Medical Center of Dallas
 Dallas County Hospital District-Parkland Memorial Hospital
 Veterans Affairs Medical Center (Dallas)
 Zale-Lipshy University Hospital
Prgm Director: Gary Lemack, MD*
 5323 Harry Hines Blvd, J8-148
 Dallas, TX 75390
Tel: 214 648-2277 *Fax:* 214 648-4789
Length: 4 Yrs *ACGME Approved/Offered Positions:* 16
Subspecialties: UP
Program ID: 480-48-21-143

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Michael M Warren, MD
 Division of Urology / Route 0540
 301 University Boulevard
 Galveston, TX 77555
Tel: 409 772-2091 *Fax:* 409 772-5144
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 480-48-11-144

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
 Harris County Hospital District-Ben Taub General Hospital
 Methodist Hospital
 Michael E DeBakey VA Medical Center - Houston
 St Luke's Episcopal Hospital
 Texas Children's Hospital
Prgm Director: Michael Coburn, MD
 6560 Fannin, Suite 2100
 Houston, TX 77030
Tel: 713 798-3498 *Fax:* 713 798-5553
E-mail: colleenk@bcm.tmc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Subspecialties: UP
Program ID: 480-48-21-145

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
 Memorial Hermann Hospital System
 University of Texas M D Anderson Cancer Center
Prgm Director: Michael L Ritchey, MD
 6431 Fannin St, Suite 6018
 Houston, TX 77030
Tel: 713 500-7337 *Fax:* 713 500-0751
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 480-48-21-146

Lackland AFB

San Antonio Uniformed Services Health Education Consortium Program

Sponsor: San Antonio Uniformed Services Health Education Consortium
 Brooke Army Medical Center
 Wilford Hall Medical Center (AETC)
Prgm Director: Steven C Lynch, MD
 Department of Urology MCSU
 2200 Bergquist Dr, Ste 1
 Lackland AFB, TX 78236
Tel: 210 292-7558 *Fax:* 210 292-7199
E-mail: Steven.Lynch@lackland.af.mil
Length: 4 Yrs *ACGME Approved/Offered Positions:* 12
Program ID: 480-48-21-170
 US Armed Services Program

San Antonio

University of Texas Health Science Center at San Antonio Program

Sponsor: University of Texas Medical School at San Antonio
 Audie L Murphy Memorial Veterans Hospital (San Antonio)
 Christus Santa Rosa Health Care Corporation
 Methodist Healthcare System
 University Health System
Prgm Director: Ian M Thompson, MD
 4502 Medical Drive
 San Antonio, TX 78229
Tel: 210 567-5640 *Fax:* 210 567-6868
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-48-21-147

Temple

Texas A&M College of Medicine-Scott and White Program

Sponsor: Scott and White Memorial Hospital
 Central Texas Veterans Affairs Healthcare System
Prgm Director: K Scott Coffield, MD
 Scott & White Clinic
 2401 South 31st Street
 Temple, TX 76508
Tel: 254 724-2111 *Fax:* 254 724-5245
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 480-48-21-148

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
 LDS Hospital
 Primary Children's Medical Center
 Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Patrick C Cartwright, MD*
 30 North 1900 East
 Salt Lake City, UT 84132
Tel: 801 581-4703 *Fax:* 801 585-2891
E-mail: elizabeth.lignell@hsc.utah.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-49-21-149

Virginia

Charlottesville

University of Virginia Program

Sponsor: University of Virginia Medical Center
 Augusta Health Care Inc
Prgm Director: Alan D Jenkins, MD
 PO Box 800422
 Charlottesville, VA 22908
Tel: 434 924-5677 *Fax:* 434 243-9544
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-51-21-151

Norfolk

Eastern Virginia Medical School Program

Sponsor: Eastern Virginia Medical School
 Children's Hospital of the King's Daughters
 Naval Medical Center (Portsmouth)
 Sentara Leigh Hospital
 Sentara Norfolk General Hospital
Prgm Director: Donald F Lynch, MD
 Building 16
 Norfolk, VA 23502
Tel: 757 457-5181 *Fax:* 757 962-8020
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-51-21-153

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System
 Hunter Holmes McGuire VA Medical Center (Richmond)
 Medical College of Virginia Hospitals
Prgm Director: Harry P Koo, MD
 MCV Station, Box 980118
 Richmond, VA 23298
Tel: 804 828-5318 *Fax:* 804 828-2157
E-mail: kgbryant@vcu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-51-21-154

Washington

Seattle

University of Washington Program

Sponsor: University of Washington School of Medicine
 Children's Hospital and Regional Medical Center
 University of Washington Medical Center
 VA Puget Sound Health Care System
 Virginia Mason Medical Center
Prgm Director: Michael E Mayo, MD
 1959 NE Pacific Street, Room BB 1104
 Box 356510
 Seattle, WA 98195
Tel: 206 543-4886 *Fax:* 206 543-3272
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Subspecialties: UP
Program ID: 480-54-21-155

Tacoma

Madigan Army Medical Center Program

Sponsor: Madigan Army Medical Center
 University of Washington/Harborview Medical Centers
Prgm Director: Keith J O'Reilly, MD*
 Attn: MCHJ-SU
 Urology Service
 Tacoma, WA 98431
Tel: 253 968-2300 *Fax:* 253 968-2444
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 480-54-11-007
 US Armed Services Program

West Virginia

Morgantown

West Virginia University Program

Sponsor: West Virginia University School of Medicine
 Charleston Area Medical Center/West Virginia University
 Louis A Johnson Veterans Affairs Medical Center
 West Virginia University Hospitals
Prgm Director: Stanley J Kandzari, MD
 PO Box 9251
 Morgantown, WV 26506
Tel: 304 293-2706 *Fax:* 304 293-2807
E-mail: jahunt@hsc.wvu.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 480-55-21-157

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
St Mary's Hospital Medical Center
William S Middleton Veterans Hospital
Prgm Director: Stephen Y Nakada, MD
600 Highland Ave, Rm G5/339 CSC
Madison, WI 53792
Tel: 608 263-1359 *Fax:* 608 262-6453
E-mail: hawkins@surgery.wisc.edu
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-56-21-158

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Children's Hospital of Wisconsin
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Prgm Director: William A See, MD
Department of Urology
9200 W Wisconsin Avenue
Milwaukee, WI 53226
Tel: 414 456-7058 *Fax:* 414 456-6217
Length: 4 Yrs *ACGME Approved/Offered Positions:* 8
Program ID: 480-56-21-159

Vascular and Interventional Radiology (Radiology-Diagnostic)**Alabama****Birmingham****University of Alabama Medical Center Program**

Sponsor: University of Alabama Hospital
Prgm Director: Souheil Saddekni, MD
Room N312
619 South 19th Street
Birmingham, AL 35233
Tel: 205 975-4850 *Fax:* 205 975-5257
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 427-01-21-054

Arizona**Tucson****University of Arizona Program**

Sponsor: University of Arizona College of Medicine
Kino Community Hospital
Southern Arizona VA Health Care Center (Tucson)
Prgm Director: Stephen H Smyth, MD
1501 North Campbell Avenue
PO Box 245067
Tucson, AZ 85724
Tel: 520 626-6691 *Fax:* 520 626-4884
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-03-21-074

Arkansas**Little Rock****University of Arkansas for Medical Sciences Program**

Sponsor: University of Arkansas College of Medicine
Central Arkansas Veterans Health Center
University Hospital of Arkansas
Prgm Director: Timothy C McCowan, MD, BS
Department of Radiology, Slot #556
4301 West Markham Street
Little Rock, AR 72205
Tel: 501 686-6912 *Fax:* 501 686-6900
E-mail: mccowan.timothy@uams.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-04-21-007

California**Loma Linda****Loma Linda University Program**

Sponsor: Loma Linda University Medical Center
Prgm Director: Douglas C Smith, MD
11234 Anderson Street
Loma Linda, CA 92354
Tel: 909 558-4370 *Fax:* 909 558-0202
E-mail: pthomas@ahs.llumc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-05-21-026

Los Angeles**UCLA Medical Center Program**

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
UCLA Medical Center
Prgm Director: Thomas McNamara, MD*
Room BL-423 CHS/172115
10833 Le Conte Avenue
Los Angeles, CA 90095
Tel: 310 825-6817 *Fax:* 310 206-2701
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 427-05-21-063

University of Southern California/LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
Kenneth Norris Jr Cancer Hospital and Research Institute
LAC+USC Medical Center
USC University Hospital
Prgm Director: Michael D Katz, MD
1200 N State Street, Room 3740D
Los Angeles, CA 90033
Tel: 323 226-4218 *Fax:* 323 224-7830
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 427-05-21-013

Orange**University of California (Irvine) Program**

Sponsor: University of California (Irvine) Medical Center
Prgm Director: Thong H Nguyen, MD
101 The City Drive
Rte 140
Orange, CA 92668
Tel: 714 456-6595 *Fax:* 714 456-6832
E-mail: tnguye39@uci.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-05-11-089

Sacramento**University of California (Davis) Health System Program**

Sponsor: UC Davis Health System
Kaiser Foundation Hospital (Sacramento)
University of California (Davis) Medical Center
Prgm Director: Daniel P Link, MD
Lawrence Ellison Bld
4860 Y Street ; STE 3100
Sacramento, CA 95817
Tel: 916 703-2177 *Fax:* 916 734-6548
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-05-31-082

San Diego**University of California (San Diego) Program**

Sponsor: University of California (San Diego) Medical Center
Veterans Affairs Medical Center (San Diego)
Prgm Director: Anne C Roberts, MD
Department of Radiology, #7756
9300 Campus Point Drive
La Jolla, CA 92037
Tel: 858 657-6650 *Fax:* 858 657-6690
E-mail: prosario@ucsd.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-05-21-058

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Prgm Director: Jeanne M LaBerge, MD
Room M-361, Box 0628
505 Parnassus Avenue
San Francisco, CA 94143
Tel: 415 353-1300 *Fax:* 415 353-8570
E-mail: scox@radiology.ucsf.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-05-21-009

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Prgm Director: Mahmood Razavi, MD
Room H3651
300 Pasteur Drive
Stanford, CA 94305
Tel: 650 725-5202 *Fax:* 650 725-0533
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-05-21-081

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
Prgm Director: Irwin Walot, MSA, MD
1000 W Carson Street
Torrance, CA 90509
Tel: 310 222-2808 *Fax:* 310 222-5688
E-mail: drwalot@cox.net
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-05-13-105

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine
Denver Health Medical Center
Prgm Director: Stephen P Johnson, MD
Department of Radiology A030
4200 East 9th Avenue
Denver, CO 80262
Tel: 303 372-6141 *Fax:* 303 372-6234
E-mail: Joanne.Conklin@uchsc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-07-21-049

Connecticut

New Haven

Hospital of St Raphael Program

Sponsor: Hospital of St Raphael
Prgm Director: Lee H Greenwood, MD
1450 Chapel Street
New Haven, CT 06511
Tel: 203 789-3125 *Fax:* 203 789-5161
E-mail: LHGreenw@aol.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-08-12-101

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Veterans Affairs Medical Center (West Haven)
Prgm Director: Jeffrey S Pollak, MD
20 York Street, SP 2-213
New Haven, CT 06510
Tel: 203 785-7026 *Fax:* 203 737-1077
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 427-08-21-032

Delaware

Wilmington

Christiana Care Health Services Program

Sponsor: Christiana Care Health Services Inc
Prgm Director: Mark J Garcia, MD
4755 Ogleton-Stanton Road
PO Box 6001
Newark, DE 19718
Tel: 302 733-5582 *Fax:* 302 733-5589
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-09-21-096

District of Columbia

Washington

George Washington University Program A

Sponsor: George Washington University School of Medicine
George Washington University Hospital (UHS)
Prgm Director: Anthony C Venbrux, MD
900 23rd Street, NW
Washington, DC 20037
Tel: 202 994-5190 *Fax:* 202 994-5210
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-10-21-070

Georgetown University Hospital Program

Sponsor: Georgetown University Hospital
Washington Hospital Center
Prgm Director: Albert M Ammann, MD
3800 Reservoir Road, NW
IR, CCC Building; RM CG 201
Washington, DC 20007
Tel: 202 784-5478 *Fax:* 202 784-4899
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-10-31-069

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: James G Caridi, MD
Box 100374, JHMHC
Gainesville, FL 32610
Tel: 352 265-0116 *Fax:* 352 265-0967
E-mail: evascl@radiology.ufl.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 427-11-21-033

Jacksonville

University of Florida Health Science Center/Jacksonville Program

Sponsor: University of Florida College of Medicine at Jacksonville
Shands Jacksonville Medical Center
Prgm Director: Daniel Siragusa, MD
Radiology Dept
655 West Eighth Street
Jacksonville, FL 32209
Tel: 904 244-4885 *Fax:* 904 244-3382
E-mail: vascinterventionalrad.gme@jax.ufl.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-11-21-086

Miami

Jackson Memorial Hospital/Jackson Health System (Baptist) Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Baptist Hospital of Miami
Prgm Director: James F Benenati, MD
8900 N Kendall Drive
Miami, FL 33176
Tel: 786 596-5990 *Fax:* 786 596-2999
E-mail: JamesB@baptisthealth.net
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 427-11-21-025

Jackson Memorial Hospital/Jackson Health System Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
Prgm Director: Jose M Yrizarry, MD
Department of Radiology - West Wing #279
1611 NW 12 Avenue
Miami, FL 33136
Tel: 305 585-6894 *Fax:* 305 585-2689
E-mail: jyrizar@med.miami.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 427-11-31-028

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
Tampa General Hospital
Prgm Director: Bruce T Kudryk, MD
MDC Box 17
Tampa, FL 33612
Tel: 813 844-4570 *Fax:* 813 844-4032
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-11-21-092

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Prgm Director: Abbas A Chamsuddin, MD*
1364 Clifton Rd NE
Atlanta, GA 30322
Tel: 404 712-7033 *Fax:* 404 712-7070
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 427-12-21-022

Illinois**Chicago****McGaw Medical Center of Northwestern University Program**

Sponsor: McGaw Medical Center of Northwestern University
Children's Memorial Hospital
Evanston Hospital
Northwestern Memorial Hospital
Prgm Director: Robert L. Vogelzang, MD*
Department of Radiology - Feinberg
251 East Huron
Chicago, IL 60611
Tel: 312 926-5113 *Fax:* 312 926-0826
Length: 1 Yr *ACGME Approved/Offered Positions:* 7
Program ID: 427-16-21-034

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Hector Ferral, MD*
1653 W Congress Parkway
Chicago, IL 60612
Tel: 312 942-3265 *Fax:* 312 942-7244
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-16-21-023

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Jonathan Lorenz, MD
MC 2026
5841 S Maryland Avenue
Chicago, IL 60637
Tel: 773 702-3550 *Fax:* 773 702-1161
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-16-21-059

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago
Prgm Director: Charles A Owens, MD*
1740 W Taylor Street
Department of Radiology (MC 931)
Chicago, IL 60612
Tel: 312 996-0242 *Fax:* 312 996-0233
E-mail: cowens@uic.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-16-31-099

Peoria**University of Illinois College of Medicine at Peoria Program**

Sponsor: University of Illinois College of Medicine at Peoria
OSF St Francis Medical Center
Prgm Director: Syed M Hassan, MD
530 NE Glen Oak Avenue
Peoria, IL 61637
Tel: 309 655-7125 *Fax:* 309 655-7365
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-16-21-094

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
Clarian Riley Hospital for Children
Richard L. Roudebush Veterans Affairs Medical Center
Prgm Director: David M Agarwal, MD
Department of Radiology, IUH 0279
550 North University Boulevard
Indianapolis, IN 46202
Tel: 317 278-7785 *Fax:* 317 278-7793
E-mail: dagarwal@iupui.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 427-17-21-010

Indiana University School of Medicine/Methodist Hospital Program

Sponsor: Indiana University School of Medicine
Clarian Methodist Hospital of Indiana
Prgm Director: Scott J Savader, MD
1701 N Senate Blvd
Department of Radiology
Indianapolis, IN 46202
Tel: 317 962-8250 *Fax:* 317 962-6083
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-17-21-037

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: Jafar Golzarian, MD
200 Hawkins Drive
3957 JPP
Iowa City, IA 52242
Tel: 319 356-4316 *Fax:* 319 356-2220
E-mail: jafar.golzarian@uiowa.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-18-21-065

Kansas**Kansas City****University of Kansas Medical Center Program**

Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Prgm Director: Philip L Johnson, MD
3901 Rainbow Boulevard
Kansas City, KS 66160
Tel: 913 588-6880 *Fax:* 913 588-7899
E-mail: pjohson@kumc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-19-13-103

Louisiana**New Orleans****Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Wilfrido R Castaneda, MD, MSc
1542 Tulane Avenue, Room 311
New Orleans, LA 70112
Tel: 504 568-4647 *Fax:* 504 568-8955
E-mail: cstuck@lsuhsc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-21-21-079

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Hyun S Kim, MD
Interventional Radiology
600 N Wolfe St - Bialock 544
Baltimore, MD 21287
Tel: 410 614-1622 *Fax:* 410 955-0233
Length: 1 Yr *ACGME Approved/Offered Positions:* 7
Program ID: 427-23-21-011

University of Maryland Program

Sponsor: University of Maryland Medical System
Veterans Affairs Medical Center (Baltimore)
Prgm Director: Patrick C Malloy, MD
22 S Greene Street
Baltimore, MD 21201
Tel: 410 328-3476 *Fax:* 410 328-3168
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-23-21-053

Massachusetts**Boston****Beth Israel Deaconess Medical Center Program**

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Elvira V Lang, MD
330 Brookline Avenue
WCC-308
Boston, MA 02215
Tel: 617 754-2523 *Fax:* 617 754-2651
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 427-24-31-042

Boston University Medical Center Program

Sponsor: Boston Medical Center
Prgm Director: Scott K Reid, MD
East Newton Campus
One Boston Medical Center Place
Boston, MA 02118
Tel: 617 638-6595 *Fax:* 617 638-6616
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-24-21-050

Brigham and Women's Hospital/Harvard Medical School Program

Sponsor: Brigham and Women's Hospital
Prgm Director: Richard A Baum, MD
Department of Radiology
75 Francis St
Boston, MA 02115
Tel: 617 732-7257 *Fax:* 617 277-8331
E-mail: afeen@partners.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-24-21-005

Massachusetts General Hospital/Harvard Medical School Program

Sponsor: Massachusetts General Hospital
Prgm Director: Chieh-Min Fan, MD*
55 Fruit Street
Division of Vascular Radiology, GRB 290
Boston, MA 02114
Tel: 617 726-8314 *Fax:* 617 726-8476
Length: 1 Yr *ACGME Approved/Offered Positions:* 7
Program ID: 427-24-21-041

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: Neil J Halin, DO
750 Washington Street, Box 253
Boston, MA 02111
Tel: 617 636-5947 *Fax:* 617 636-1449
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-24-21-104

Worcester

University of Massachusetts Program
Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (Memorial Campus)
UMass Memorial Health Care (University Campus)
Prgm Director: David A Phillips, MD
55 Lake Avenue North
Worcester, MA 01655
Tel: 508 834-8114 *Fax:* 508 856-1860
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-24-31-052

Michigan

Ann Arbor

University of Michigan Program
Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: Kyung J Cho, MD
Department of Radiology, Room #UH-B1-D530
1500 East Medical Center Drive
Ann Arbor, MI 48109
Tel: 734 936-4466 *Fax:* 734 615-1276
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 427-25-21-035

Detroit

Henry Ford Hospital Program
Sponsor: Henry Ford Hospital
Prgm Director: Daniel L Croteau, MD
2799 West Grand Boulevard
Detroit, MI 48202
Tel: 313 916-2814 *Fax:* 313 916-9475
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-25-21-055

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Harper-Hutzel Hospital
Prgm Director: Monte L Harvill, MD
Harper University Hospital-Department of Radiology
3990 John R Street
Detroit, MI 48201
Tel: 313 745-8408 *Fax:* 313 966-2742
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-25-31-083

Royal Oak

William Beaumont Hospital Program
Sponsor: William Beaumont Hospital
Prgm Director: Matthias J Kirsch, MD
3601 W 13 Mile Road
Royal Oak, MI 48073
Tel: 248 898-6063 *Fax:* 248 898-2418
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-25-21-080

Minnesota

Minneapolis

University of Minnesota Program
Sponsor: University of Minnesota Medical School
Fairview-University Medical Center
Hennepin County Medical Center
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: David W Hunter, MD
CVI Radiology, MMC 292
420 Delaware St SE
Minneapolis, MN 55455
Tel: 612 626-5570 *Fax:* 612 626-5580
E-mail: danie059@umn.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 427-26-21-008

Rochester

Mayo School of Graduate Medical Education (Rochester) Program
Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
St Mary's Hospital of Rochester
Prgm Director: Enrique A Sabater, MD
200 First Street, NW
Rochester, MN 55905
Tel: 507 284-0440 *Fax:* 507 266-4735
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-26-21-064

Mississippi

Jackson

University of Mississippi Medical Center Program
Sponsor: University of Mississippi School of Medicine
St Dominic-Jackson Memorial Hospital
University Hospitals and Clinics
Prgm Director: Douglas M Coldwell, PhD, MD*
2500 North State Street
Jackson, MS 39216
Tel: 601 984-2695 *Fax:* 601 984-2683
E-mail: bedmonds@radiology.umsmed.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-27-21-077

Missouri

St Louis

St Louis University School of Medicine Program
Sponsor: St Louis University School of Medicine
St Louis University Hospital
Prgm Director: Michael Wolverson, MD
3635 Vista Avenue
St Louis, MO 63110
Tel: 314 268-5781 *Fax:* 314 268-5116
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-28-21-071

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
St Louis Children's Hospital
Washington University School of Medicine
Prgm Director: Jennifer E Gould, MD*
510 S Kingshighway Blvd
St Louis, MO 63110
Tel: 314 362-2900 *Fax:* 314 362-2276
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 427-28-21-001

Nebraska

Omaha

University of Nebraska Medical Center College of Medicine Program
Sponsor: University of Nebraska Medical Center College of Medicine
Prgm Director: Anthony Adelson, MD
981045 Nebraska Medical Center
Omaha, NE 68198
Tel: 402 559-1027 *Fax:* 402 559-1011
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-30-21-014

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program
Sponsor: Mary Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Prgm Director: Andrew R Forauer, MD*
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-5846 *Fax:* 603 650-5455
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-32-21-067

New Jersey

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program
Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
St Peter's University Hospital
Prgm Director: John L Noshier, MD
Department of Radiology, MEB #404
One Robert Wood Johnson Place, PO Box 19
New Brunswick, NJ 08903
Tel: 732 235-7721 *Fax:* 732 235-6889
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-33-21-087

New Mexico

Albuquerque

University of New Mexico Program
Sponsor: University of New Mexico School of Medicine
University of New Mexico Health Sciences
Veterans Affairs Medical Center (Albuquerque)
Prgm Director: Carlos Rio, MD*
Department of Radiology
MSC10 5530, 1 University of New Mexico
Albuquerque, NM 87131
Tel: 505 272-0932 *Fax:* 505 272-5821
E-mail: mromero@salud.unm.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-34-21-091

New York**Albany****Albany Medical Center Program**

Sponsor: Albany Medical Center
Veterans Affairs Medical Center (Albany)
Prgm Director: Gary P Siskin, MD
Department of Radiology, MC-113
43 New Scotland Avenue
Albany, NY 12208
Tel: 518 262-5149 *Fax:* 518 262-4210
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-35-31-073

Bronx**Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
Montefiore Medical Center-Henry and Lucy Moses Division
Montefiore Medical Center-Weiler Hospital
Prgm Director: Jacob Cynamon, MD
Dept of Radiology
111 East 210th Street
Bronx, NY 10467
Tel: 718 920-5506 *Fax:* 718 920-4854
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-35-32-027

New Hyde Park**Albert Einstein College of Medicine at Long Island Jewish Medical Center Program**

Sponsor: Long Island Jewish Medical Center
Prgm Director: David N Siegel, MD
270-05 76 Avenue
New Hyde Park, NY 11042
Tel: 718 470-7175 *Fax:* 718 343-7463
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-35-31-024

New York**Albert Einstein College of Medicine at Beth Israel Medical Center Program**

Sponsor: Beth Israel Medical Center
Prgm Director: Joseph N Shams, MD
Department of Radiology
1st Avenue at 16th Street
New York, NY 10003
Tel: 212 870-9880 *Fax:* 212 870-9848
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-35-31-095

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Prgm Director: Harold A Mitty, MD
One Gustave L Levy Place
New York, NY 10029
Tel: 212 241-7417 *Fax:* 212 241-4234
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-35-21-048

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: Ziv J Haskal, MD, BA
177 Fort Washington Ave, MHB 4-100
Interventional Radiology
New York, NY 10032
Tel: 212 305-8070 *Fax:* 212 305-6184
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-35-21-021

New York Presbyterian Hospital (Cornell Campus) Program

Sponsor: New York Presbyterian Hospital
Memorial Sloan-Kettering Cancer Center
New York Presbyterian Hospital (Cornell Campus)
Prgm Director: David W Trost, MD
525 East 68th Street
New York, NY 10021
Tel: 212 746-2603 *Fax:* 212 746-8463
E-mail: cornell@med.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 427-35-21-039

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System
Prgm Director: Robert J Rosen, MD
560 First Avenue
New York, NY 10016
Tel: 212 263-5898 *Fax:* 212 263-7914
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-35-21-090

St Luke's-Roosevelt Hospital Center Program

Sponsor: St Luke's-Roosevelt Hospital Center
St Luke's-Roosevelt Hospital Center-Roosevelt Division
St Luke's-Roosevelt Hospital Center-St Luke's Division
Prgm Director: James E Silberzweig, MD
Department of Radiology, 4th Floor
1000 Tenth Avenue
New York, NY 10019
Tel: 212 523-7063 *Fax:* 212 523-6019
E-mail: azitaleqx@aol.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-35-21-072

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: David E Lee, MD
601 Elmwood Avenue
Box 648
Rochester, NY 14642
Tel: 585 275-1128 *Fax:* 585 273-3549
E-mail: Iona_Mackey@urmc.rochester.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-35-21-051

Stony Brook**SUNY at Stony Brook Program**

Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: John A Ferretti, MD
HSC - Dept of Radiology
Level 4, Room 120
Stony Brook, NY 11794
Tel: 631 444-2480 *Fax:* 631 444-7538
E-mail: SBUH_Radiol@notes.cc.sunysb.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-35-21-084

Syracuse**SUNY Upstate Medical University Program**

Sponsor: SUNY Upstate Medical University
Veterans Affairs Medical Center (Syracuse)
Prgm Director: David Feiglin, MD*
750 E Adams Street
Syracuse, NY 13210
Tel: 315 464-7439 *Fax:* 315 464-8789
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-35-31-085

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
Prgm Director: Susan M Weeks, MD*
Division of Radiology #CB 7510
Chapel Hill, NC 27589
Tel: 919 966-6646 *Fax:* 919 843-8740
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-36-21-030

Durham**Duke University Hospital Program**

Sponsor: Duke University Hospital
Veterans Affairs Medical Center (Durham)
Prgm Director: Paul V Suhocki, MD
Box 3808, Room 1502
Durham, NC 27710
Tel: 919 684-7284 *Fax:* 919 684-7148
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-36-21-088

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: John D Regan, MD, MBA
Medical Center Boulevard
Winston-Salem, NC 27157
Tel: 336 716-2463 *Fax:* 336 716-2029
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-36-21-015

Ohio**Cleveland****Case Western Reserve University (MetroHealth) Program**

Sponsor: MetroHealth Medical Center
Prgm Director: David Rosenblum, DO
2500 MetroHealth Drive
Cleveland, OH 44109
Tel: 216 778-4020 *Fax:* 216 778-4072
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-38-21-093

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: James W Spain, MD*
11100 Euclid Avenue
Cleveland, OH 44106
Tel: 216 844-3061 *Fax:* 216 844-3905
E-mail: spain@uhrad.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-38-21-012

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Abraham Levitin, MD*
Department of Radiology, Desk HB6
9500 Euclid Avenue
Cleveland, OH 44195
Tel: 216 444-2244 *Fax:* 216 445-1492
E-mail: abelevitin@aol.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-38-21-002

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Prgm Director: Pablo Gamboa, MD
630 Means Hall
1654 Upham Drive
Columbus, OH 43210
Tel: 614 293-8315 *Fax:* 614 293-6935
E-mail: gamboa-1@medctr.osu.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-38-21-100

Oklahoma

Oklahoma City

University of Oklahoma Health Sciences Center Program

Sponsor: University of Oklahoma College of Medicine
OU Medical Center-Presbyterian Tower
Veterans Affairs Medical Center (Oklahoma City)
Prgm Director: Feroz Maqbool, MD
PO Box 26307
Oklahoma City, OK 73126
Tel: 405 271-5125 *Fax:* 405 271-3375
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-39-21-036

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Veterans Affairs Medical Center (Portland)
Prgm Director: John A Kaufman, MD
3181 SW Sam Jackson Park Rd
Portland, OR 97239
Tel: 503 494-7660 *Fax:* 503 494-7664
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-40-21-097

Pennsylvania

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
Prgm Director: Harjit Singh, MD
Department of Radiology
PO Box 850
Hershey, PA 17033
Tel: 717 531-5416 *Fax:* 717 531-4445
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-41-21-004

Philadelphia

Temple University Hospital Program

Sponsor: Temple University Hospital
Prgm Director: Gary S Cohen, MD
3401 Broad Street
Philadelphia, PA 19140
Tel: 215 707-7002 *Fax:* 215 707-2428
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-41-21-076

Thomas Jefferson University Program

Sponsor: Thomas Jefferson University Hospital
Prgm Director: Joseph Bonn, MD
111 South 11th Street
Suite 4200 Gibbon
Philadelphia, PA 19107
Tel: 215 955-6609 *Fax:* 215 923-6754
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 427-41-21-040

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Presbyterian Medical Center (UPHS)
Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Michael C Soulen, MD*
1 Silverstein
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 662-6839 *Fax:* 215 615-3545
E-mail: michael.soulen@uphs.upenn.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 8
Program ID: 427-41-21-016

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Prgm Director: Albert B Zajko, MD
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 647-3545 *Fax:* 412 647-4703
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 427-41-21-061

Western Pennsylvania Hospital/Temple University Program

Sponsor: The Western Pennsylvania Hospital
Prgm Director: Gordon K McLean, MD
4800 Friendship Avenue
Pittsburgh, PA 15224
Tel: 412 578-1787 *Fax:* 412 578-4064
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-41-31-044

Rhode Island

Providence

Brown University Program

Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: Timothy P Murphy, MD
593 Eddy Street
Providence, RI 02903
Tel: 401 444-5184 *Fax:* 401 444-5017
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-43-21-066

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine
MUSC Medical Center
Prgm Director: Renan Uffacker, MD
169 Ashley Avenue
Box 250322
Charleston, SC 29425
Tel: 843 792-6160 *Fax:* 843 792-9319
E-mail: rapstint@musc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-45-21-056

Tennessee

Memphis

Baptist Memorial Hospital Program

Sponsor: Baptist Memorial Hospital
Prgm Director: Barry G Blank, MD
Department of Interventional Radiology
6019 Walnut Grove Road
Memphis, TN 38120
Tel: 901 747-1000 *Fax:* 901 747-1001
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-47-31-102

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
Regional Medical Center at Memphis
Veterans Affairs Medical Center (Memphis)
Prgm Director: Arshad A Khan, MD
Room F150C Chandler
800 Madison Avenue
Memphis, TN 38163
Tel: 910 577-7260 *Fax:* 910 577-7644
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-47-21-019

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Prgm Director: Steven G Meranze, MD
21st and Garland Avenue
R1318 MCN
Nashville, TN 37232
Tel: 615 322-3780 *Fax:* 615 322-3764
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-47-21-060

Texas

Dallas

Baylor University Medical Center Program

Sponsor: Baylor University Medical Center
Prgm Director: Gregory A Jones, MD
3500 Gaston Avenue
Dallas, TX 75246
Tel: 214 820-3251 *Fax:* 214 820-4626
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-48-21-043

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Zale-Lipsky University Hospital
Prgm Director: Bart L Dolmatch, MD
Dept of Radiology
5323 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-8012 *Fax:* 214 648-0261
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-48-21-003

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Eric Walsler, MD
301 University Boulevard
Galveston, TX 77555
Tel: 409 747-2849 *Fax:* 409 772-7120
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-48-21-098

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Prgm Director: Cliff J Whigham, DO
Department of Radiology
One Baylor Plaza - BCM 360
Houston, TX 77030
Tel: 713 873-2405 *Fax:* 713 798-8359
E-mail: cliffw@bcm.tmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-48-12-107

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Memorial Hermann Hospital System
St Luke's Episcopal Hospital
University of Texas M D Anderson Cancer Center
Prgm Director: Marshall E Hicks, MD*
1515 Holcombe Boulevard, Unit 325
Houston, TX 77030
Tel: 713 563-5199 *Fax:* 713 792-4098
Length: 1 Yr *ACGME Approved/Offered Positions:* 4
Program ID: 427-48-21-078

Lackland AFB**San Antonio Uniformed Services Health Education Consortium (WHMC) Program**

Sponsor: San Antonio Uniformed Services Health Education Consortium
Wilford Hall Medical Center (AETC)
University of Texas Health Science Center
Prgm Director: (Maj) George W Leon, MD*
759 MDTS/MTRD
2200 Bergquist Drive, Suite 1
Lackland AFB, TX 78236
Tel: 210 292-7705 *Fax:* 210 292-3946
E-mail: gleon@satx.rr.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-48-31-006
US Armed Services Program

San Antonio**University of Texas Health Science Center at San Antonio Program**

Sponsor: University of Texas Medical School at San Antonio
Audie L Murphy Memorial Veterans Hospital (San Antonio)
Prgm Director: Darren W Postoak, MD*
7703 Floyd Curl Drive, Mail Stop 7800
San Antonio, TX 78229
Tel: 512 587-5564 *Fax:* 512 567-5541
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-48-21-031

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: James G Carlisle, MD*
50 North Medical Drive
Salt Lake City, UT 84132
Tel: 801 581-8188 *Fax:* 801 581-2414
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-49-21-045

Vermont**Burlington****University of Vermont Program**

Sponsor: Fletcher Allen Health Care
Prgm Director: Christopher S Morris, MD, MS
Patrick One
111 Colchester Avenue
Burlington, VT 05401
Tel: 802 847-3592 *Fax:* 802 847-4822
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 427-50-21-062

Virginia**Alexandria****George Washington University Program**

Sponsor: George Washington University School of Medicine
Alexandria Hospital
Prgm Director: James M Cooper, MD*
4320 Seminary Road
Alexandria, VA 22304
Tel: 703 504-7950 *Fax:* 703 504-3287
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-51-21-020

Charlottesville**University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: John F Angle, MD
PO Box 800170
UVA Health Science Center
Charlottesville, VA 22908
Tel: 434 982-1576 *Fax:* 434 982-1618
Length: 1 Yr *ACGME Approved/Offered Positions:* 5
Program ID: 427-51-21-057

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
University of Washington/Harborview Medical Centers
VA Puget Sound Health Care System
Prgm Director: R Torrance Andrews, MD*
Dept of Radiology Box 357115
1959 NE Pacific St, RR215
Seattle, WA 98195
Tel: 206 543-3320 *Fax:* 206 543-6317
E-mail: angio@u.washington.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-54-21-047

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital
Prgm Director: John C McDermott, MD
E3/3 Clinical Science Center
600 Highland Avenue
Madison, WI 53792
Tel: 608 263-8328 *Fax:* 608 262-6214
E-mail: ha.jackson@hosp.wisc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 427-56-21-017

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital
Prgm Director: William S Rilling, MD
9200 West Wisconsin Avenue
Suite 2803
Milwaukee, WI 53226
Tel: 414 805-3125 *Fax:* 414 476-7603
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 427-56-31-018

Vascular Neurology (Neurology)

Alabama

Birmingham

University of Alabama Medical Center Program

Sponsor: University of Alabama Hospital
Prgm Director: Rodney D Soto, MD
1813 6th Avenue South
RWUH M226
Birmingham, AL 35249
Tel: 205 975-8569 *Fax:* 205 975-6785
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 188-01-23-015

California

Los Angeles

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Prgm Director: Jeffrey L Saver, MD
710 Westwood Plaza
Los Angeles, CA 90095
Tel: 310 794-6379 *Fax:* 310 287-2063
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 188-05-12-007

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Prgm Director: Gregory W Albers, MD
701 Welch Road, Suite B325
Palo Alto, CA 94304
Tel: 650 723-4448 *Fax:* 650 723-4451
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 188-05-33-006

Georgia

Atlanta

Emory University Program

Sponsor: Emory University School of Medicine
Emory University Hospital
Grady Health System
Prgm Director: Marc I Chimowitz, MB, ChB
Department of Neurology
1365 Clifton Road
Atlanta, GA 30322
Tel: 404 778-2923 *Fax:* 404 778-4184
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 188-12-31-023

Augusta

Medical College of Georgia Program

Sponsor: Medical College of Georgia
Veterans Affairs Medical Center (Augusta)
Prgm Director: Fenwick T Nichols, MD
1120 - 15th Street
Department of Neurology/HF-1107
Augusta, GA 30912
Tel: 706 721-6166 *Fax:* 706 721-1701
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 188-12-21-011

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
Clarian Indiana University Hospital
William N Wishard Memorial Hospital
Prgm Director: Askiel Bruno, MD
Neurology Department
541 Clinical Drive, Room 292
Indianapolis, IN 46202
Tel: 317 278-0270 *Fax:* 317 274-3619
E-mail: abrunc@iupui.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 188-17-12-013

Maryland

Baltimore

Johns Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Prgm Director: Robert J Wityk, MD
Meyer 5-181
600 North Wolfe Street
Baltimore, MD 21287
Tel: 410 955-2228 *Fax:* 410 614-9807
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 188-23-12-024

Massachusetts

Boston

Boston University Medical Center Program

Sponsor: Boston Medical Center
Prgm Director: Viken L Babikian, MD
715 Albany Street, C-329
Boston, MA 02118
Tel: 617 638-8456 *Fax:* 617 638-5354
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 188-24-31-010

Massachusetts General Hospital/ Brigham and Women's Hospital/Harvard Medical School Program

Sponsor: Massachusetts General Hospital
Brigham and Women's Hospital
Prgm Director: Jonathan Rosand, MD, MS
15 Parkman Street
ACC-836 Neurology Clinical Trails Unit
Boston, MA 02114
Tel: 617 724-2698 *Fax:* 617 726-5346
E-mail: mntab@partners.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 6
Program ID: 188-24-21-018

Michigan

Detroit

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Harper-Hutzel Hospital
Rehabilitation Institute
Veterans Affairs Medical Center (Detroit)
Prgm Director: Seemant Chaturvedi, MD
4201 St Antoine 8C-UHC
Detroit, MI 48201
Tel: 313 745-1540 *Fax:* 313 577-4641
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 188-25-21-003

Missouri

St Louis

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Barnes-Jewish Hospital
Rehabilitation Institute of St Louis
Prgm Director: William J Powers, MD
660 S Euclid Avenue, Box 8111
St Louis, MO 63110
Tel: 314 362-2957 *Fax:* 314 362-4521
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 188-28-12-020

New Jersey

Newark

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
UMDNJ-University Hospital
Prgm Director: Adnan I Qureshi, MD
90 Bergen Street
DOC - 8100
Newark, NJ 07103
Tel: 973 972-7852 *Fax:* 973 972-9960
E-mail: aiqureshi@hotmail.com
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 188-33-13-005

New York

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine
Prgm Director: Stanley Tuhirim, MD
1 Gustave L Levy Place
Box 1137
New York, NY 10029
Tel: 212 241-9443 *Fax:* 212 241-4561
E-mail: stanley.tuhirim@msnyuhealth.org
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 188-35-21-001

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
Prgm Director: J P Mohr, MD, MS
710 West 168th Street
New York, NY 10032
Tel: 212 305-8033
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 188-35-31-012

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: W Scott Burgin, MD
 601 Elmwood Avenue
 Box 681
 Rochester, NY 14642
Tel: 585 275-2530 *Fax:* 585 273-1026
E-mail: scott_burgin@urmc.rochester.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 188-35-12-016

Stony Brook**SUNY at Stony Brook Program**

Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: Candice J Perkins, MD
 Department of Neurology
 Health Sciences Center, Tower 12, Room 020
 Stony Brook, NY 11794
Tel: 631 444-7878 *Fax:* 631 444-1474
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 188-35-21-026

Ohio**Cincinnati****University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc
 Veterans Affairs Medical Center (Cincinnati)
Prgm Director: Joseph Broderick, MD
 231 Albert Sabin Way, ML 0525
 Cincinnati, OH 45267
Tel: 513 558-5429 *Fax:* 513 558-4305
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 188-38-13-019

Cleveland**Cleveland Clinic Foundation Program**

Sponsor: Cleveland Clinic Foundation
Prgm Director: Anthony J Furlan, MD
 Desk S91
 9500 Euclid Avenue
 Cleveland, OH 44195
Tel: 216 444-5535 *Fax:* 216 444-0232
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 188-38-12-009

Pennsylvania**Pittsburgh****University of Pittsburgh Medical Center Medical Education Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
 UPMC Presbyterian/Shadyside
Prgm Director: Tudor Jovin, MD*
 200 Lothrop Street PUH C-400
 Pittsburgh, PA 15218
Tel: 412 647-4997 *Fax:* 412 647-8445
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 188-41-11-002

Texas**Dallas****University of Texas Southwestern Medical School Program**

Sponsor: University of Texas Southwestern Medical School
 Dallas County Hospital District-Parkland Memorial Hospital
 Zale-Lipshy University Hospital
Prgm Director: D Hal Unwin, MD
 5323 Harry Hines Boulevard
 Mail Code 8897
 Dallas, TX 75390
Tel: 214 648-3256 *Fax:* 214 648-9458
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 188-48-31-008

Houston**University of Texas at Houston Program**

Sponsor: University of Texas Medical School at Houston
 Memorial Hermann Hospital System
Prgm Director: James C Grotta, MD
 6431 Fannin Street
 Houston, TX 77030
Tel: 713 500-7088 *Fax:* 713 500-0660
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 188-48-31-014

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: E Clarke Haley, MD
 McKim Hall, UVA
 PO Box 800394
 Charlottesville, VA 22908
Tel: 434 924-8041 *Fax:* 434 982-1726
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 188-51-31-017

Vascular Surgery (General Surgery)**Alabama****Birmingham****University of Alabama Hospital Program**

Sponsor: University of Alabama Hospital
 Veterans Affairs Medical Center (Birmingham)
Prgm Director: William D Jordan, MD
 1922 7th Avenue South, KB 430
 Birmingham, AL 35294
Tel: 205 934-2003 *Fax:* 205 934-0053
E-mail: wdjordan@uab.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-01-21-105

Arizona**Tucson****University of Arizona Program**

Sponsor: University of Arizona College of Medicine
 University Medical Center
Prgm Director: Joseph L Mills, MD
 1501 North Campbell, Room 4404
 PO Box 245072
 Tucson, AZ 85724
Tel: 520 626-6670 *Fax:* 520 626-4008
E-mail: dejonghe@email.arizona.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-03-21-032

Arkansas**Little Rock****University of Arkansas for Medical Sciences Program**

Sponsor: University of Arkansas College of Medicine
 Central Arkansas Veterans Health Center
 University Hospital of Arkansas
Prgm Director: John F Eidt, MD
 Department of Surgery, Slot 520-2
 4301 West Markham Street
 Little Rock, AR 72205
Tel: 501 686-6176 *Fax:* 501 686-5328
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-04-21-055

California**La Jolla****Scripps Clinic/UCSD Program**

Sponsor: Scripps Clinic
Prgm Director: Giacomo A DeLaria, MD
 10666 N Torrey Pines Road
 La Jolla, CA 92037
Tel: 858 554-8122 *Fax:* 858 554-3232
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-05-21-091

Loma Linda

Loma Linda University Program

Sponsor: Loma Linda University Medical Center
Prgm Director: Ahmed M Abou-Zamzam, MD*
11175 Campus Street, CP 21123
Loma Linda, CA 92354
Tel: 909 558-8396 *Fax:* 909 558-0337
E-mail: aabouzamzam@ahs.llumc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-05-21-010

Los Angeles

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine
Prgm Director: Peter F Lawrence, MD*
Gonda (Goldschmied) Vascular Center
200 Medical Plaza, Suite 510-6
Los Angeles, CA 90095
Tel: 310 267-0182 *Fax:* 310 267-0189
E-mail: pflawrence@mednet.ucla.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-05-21-011

University of Southern California/ LAC+USC Medical Center Program

Sponsor: University of Southern California/LAC+USC Medical Center
Huntington Memorial Hospital
USC University Hospital
Prgm Director: Fred A Weaver, MD
1510 San Pablo Street, #514
Los Angeles, CA 90033
Tel: 323 442-5907 *Fax:* 323 442-5735
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-05-21-094

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine
University of California (San Francisco) Medical Center
Prgm Director: Louis M Messina, MD
Box 0222, A-581
400 Parnassus Avenue
San Francisco, CA 94143
Tel: 415 353-4366 *Fax:* 415 353-4370
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-05-21-033

Stanford

Stanford University Program

Sponsor: Stanford University Hospital
Prgm Director: Christopher K Zarins, MD
Division of Vascular Surgery
300 Pasteur Drive, Suite H3600
Stanford, CA 94305
Tel: 650 723-2169 *Fax:* 650 498-6044
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-05-21-021

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center
St Mary Medical Center
Prgm Director: Rodney A White, MD
1000 West Carson Street, Box 11
Torrance, CA 90509
Tel: 310 222-2704
E-mail: rawhite@ucla.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-05-21-067

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Hartford Hospital
Prgm Director: A David Drezner, MD, PhD
85 Seymour St, Suite 911
Hartford, CT 06106
Tel: 860 522-4158 *Fax:* 860 524-2600
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-08-21-070

New Haven

Yale-New Haven Medical Center Program

Sponsor: Yale-New Haven Hospital
Prgm Director: Bauer E Sumpio, MD, PhD
Farnam Memorial Building 137
333 Cedar Street
New Haven, CT 06510
Tel: 203 785-2561 *Fax:* 203 785-7556
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-08-21-084

District of Columbia

Washington

Georgetown University Hospital/ Washington Hospital Center Program

Sponsor: Washington Hospital Center
Georgetown University Hospital
Veterans Affairs Medical Center (Washington DC)
Prgm Director: Anton N Sidawy, MD, MPH
110 Irving Street, NW
Washington, DC 20010
Tel: 202 745-8295 *Fax:* 202 745-8293
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-10-13-099

Florida

Gainesville

University of Florida Program

Sponsor: University of Florida College of Medicine
North Florida/South Georgia Veterans Health System
Shands Hospital at the University of Florida
Prgm Director: James M Seeger, MD
1600 SW Archer Road, Room 6165
Division of Vascular Surgery, Box 100286
Gainesville, FL 32610
Tel: 352 265-0605 *Fax:* 352 338-9818
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-11-21-044

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
Tampa General Hospital
Prgm Director: Murray L Shames, MD*
Harbourside Medical Tower #650
4 Columbia Drive
Tampa, FL 33606
Tel: 813 259-0921 *Fax:* 813 259-0606
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-11-21-031

Georgia

Atlanta

Atlanta Medical Center Program

Sponsor: Atlanta Medical Center
Prgm Director: Eric D Wellons, MD
315 Boulevard NE, Suite 412
Atlanta, GA 30312
Tel: 404 524-0095 *Fax:* 404 658-9558
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-12-21-079

Emory University Program

Sponsor: Emory University School of Medicine
Emory University Hospital
Veterans Affairs Medical Center (Atlanta)
Prgm Director: Elliot L Chaikof, MD, PhD
Vascular Surgery Section
101 Woodruff Circle, Room 5105
Atlanta, GA 30322
Tel: 404 727-8413 *Fax:* 404 727-3396
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 450-12-21-012

Illinois

Chicago

McGaw Medical Center of Northwestern University Program

Sponsor: McGaw Medical Center of Northwestern University
Northwestern Memorial Hospital
Veterans Affairs Chicago Health Care System
Prgm Director: William H Pearce, MD
201 East Huron Street
Suite 10-105
Chicago, IL 60611
Tel: 312 926-7775 *Fax:* 312 695-4955
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 450-16-21-001

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Walter J McCarthy, MD
1653 West Congress Parkway
714 Jelke South Center
Chicago, IL 60612
Tel: 312 942-8272 *Fax:* 312 942-6052
E-mail: walter_mccarthy@rush.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-16-21-057

University of Chicago Program

Sponsor: University of Chicago Hospitals
Prgm Director: Bruce L Gewertz, MD
5841 S Maryland Avenue, MC 5028
Room J-555
Chicago, IL 60637
Tel: 773 702-0881
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-16-11-023

Maywood

Loyola University Program

Sponsor: Loyola University Medical Center
Edward Hines Jr Veterans Affairs Hospital
Prgm Director: Fred Littooy, MD
Foster G McGaw Hospital
2160 S First Avenue
Maywood, IL 60153
Tel: 708 327-2686 *Fax:* 708 327-3492
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-16-21-002

Springfield**Southern Illinois University Program**

Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Prgm Director: Kim J Hodgson, MD
PO Box 19638
800 N Rutledge, Suite D 346
Springfield, IL 62794
Tel: 217 545-8856 *Fax:* 217 545-2563
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-16-21-034

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine
Clarian Methodist Hospital of Indiana
Prgm Director: Michael C Dalsing, MD
1120 South Dr
224 Fesler Hall
Indianapolis, IN 46202
Tel: 317 962-0283 *Fax:* 317 962-0280
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-17-31-095

Iowa**Iowa City****University of Iowa Hospitals and Clinics Program**

Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: Jamal J Hoballah, MD, MBA
Department of Surgery
200 Hawkins Drive
Iowa City, IA 52242
Tel: 319 356-3305 *Fax:* 319 384-6306
E-mail: jamal-hoballah@uiowa.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-18-21-048

Kansas**Kansas City****University of Kansas Medical Center Program**

Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Prgm Director: James H Thomas, MD
3901 Rainbow Blvd
5046 Sudler Bldg
Kansas City, KS 66160
Tel: 913 588-6124 *Fax:* 913 588-6195
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-19-21-060

Kentucky**Lexington****University of Kentucky College of Medicine Program**

Sponsor: University of Kentucky College of Medicine
Veterans Affairs Medical Center (Lexington)
Prgm Director: David J Minion, MD
Vascular Surgery
800 Rose Street, C218
Lexington, KY 40536
Tel: 859 323-6346 *Fax:* 859 323-6840
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-20-21-062

Louisiana**New Orleans****Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Veterans Affairs Medical Center (New Orleans)
Prgm Director: Robert C Batson, MD
Department of Surgery
1542 Tulane Avenue
New Orleans, LA 70112
Tel: 504 568-4941 *Fax:* 504 568-4633
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-21-21-058

Ochsner Clinic Foundation Program

Sponsor: Ochsner Clinic Foundation
Prgm Director: W Charles Sternbergh, MD
1514 Jefferson Highway
New Orleans, LA 70121
Tel: 504 842-4053 *Fax:* 504 842-5017
E-mail: gme@ochsner.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-21-22-024

Maryland**Baltimore****Johns Hopkins University Program**

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital
Prgm Director: Bruce A Perler, MD, MBA
600 North Wolfe Street/Harvey 611
Baltimore, MD 21287
Tel: 410 955-2618 *Fax:* 410 614-2079
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-23-31-086

University of Maryland Program

Sponsor: University of Maryland Medical System
Mercy Medical Center
Veterans Affairs Medical Center (Baltimore)
Prgm Director: William R Flinn, MD
22 South Greene Street
Room N4W66
Baltimore, MD 21201
Tel: 410 328-5840 *Fax:* 410 328-0717
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 450-23-21-080

Bethesda**National Capital Consortium (Walter Reed) Program**

Sponsor: National Capital Consortium
Walter Reed Army Medical Center
Prgm Director: Col Sean D O'Donnell, MD
Vascular Surgery Service, Wd 64, Bldg 2
6900 Georgia Avenue NW
Washington, DC 20307
Tel: 202 782-9184 *Fax:* 202 782-3198
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-10-11-022
US Armed Services Program

Massachusetts**Boston****Beth Israel Deaconess Medical Center Program**

Sponsor: Beth Israel Deaconess Medical Center
Prgm Director: Frank W LoGerfo, MD
110 Francis Street
Suite 5B
Boston, MA 02215
Tel: 617 632-9955 *Fax:* 617 632-7356
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-24-21-040

Boston University Medical Center Program

Sponsor: Boston Medical Center
Prgm Director: James Menzoian, MD
88 East Newton Street
Room D506
Boston, MA 02118
Tel: 617 638-8488 *Fax:* 617 638-8469
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-24-21-026

Brigham and Women's Hospital Program

Sponsor: Brigham and Women's Hospital
Boston VA Healthcare System (Brockton-West Roxbury)
Prgm Director: Michael Belkin, MD
75 Francis St
Department of Surgery
Boston, MA 02115
Tel: 617 732-6816 *Fax:* 617 730-2876
E-mail: surgereducation@partners.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-24-21-003

Massachusetts General Hospital Program

Sponsor: Massachusetts General Hospital
Prgm Director: Richard P Cambria, MD
15 Parkman St
WAC 458
Boston, MA 02114
Tel: 617 726-8278 *Fax:* 617 726-8700
E-mail: rcambria@partners.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 450-24-21-004

Tufts-New England Medical Center Program

Sponsor: Tufts-New England Medical Center
Prgm Director: William C Mackey, MD
NEMC # 1035
750 Washington Street
Boston, MA 02111
Tel: 617 636-5927 *Fax:* 617 636-9095
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-24-21-005

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
UMass Memorial Health Care (University Campus)
Prgm Director: Bruce Cutler, MD
55 Lake Avenue North
Department of Surgery
Worcester, MA 01655
Tel: 508 856-2219 *Fax:* 508 856-8329
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-24-21-013

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: James C Stanley, MD
1500 E Medical Center Dr
2210 Taubman Center
Ann Arbor, MI 48109
Tel: 734 936-5786 *Fax:* 734 647-9867
E-mail: jstanley@umich.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-25-21-035

Detroit

Henry Ford Hospital Program

Sponsor: Henry Ford Hospital
Prgm Director: Daniel J Reddy, MD
2799 W Grand Boulevard
Detroit, MI 48202
Tel: 313 916-3156 *Fax:* 313 916-3023
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-25-12-014

Wayne State University/Detroit Medical Center Program

Sponsor: Wayne State University/Detroit Medical Center
Harper-Hutzel Hospital
Prgm Director: Charles J Shanley, MD*
Harper Hospital
3990 John R Street
Detroit, MI 48201
Tel: 313 745-8637 *Fax:* 313 993-0244
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 450-25-21-066

Grand Rapids

Grand Rapids Medical Education and Research Center/Michigan State University Program

Sponsor: Grand Rapids Medical Education and Research Center
Saint Mary's Mercy Medical Center (Grand Rapids)
Spectrum Health-Blodgett Campus
Spectrum Health-Butterworth Campus
Prgm Director: M Ashraf Mansour, MD
221 Michigan NE, Suite 200A
Grand Rapids, MI 49503
Tel: 616 459-8700 *Fax:* 616 391-8611
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-25-31-109

Minnesota

Rochester

Mayo School of Graduate Medical Education (Rochester) Program

Sponsor: Mayo School of Grad Med Ed-Mayo Clinic
College of Medicine
Mayo Clinic (Rochester)
Rochester Methodist Hospital
St Mary's Hospital of Rochester
Prgm Director: Thomas C Bower, MD
200 First Street, SW
Rochester, MN 55905
Tel: 507 255-7069 *Fax:* 507 255-7378
Length: 2 Yrs *ACGME Approved/Offered Positions:* 6
Program ID: 450-26-21-042

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine
University Hospitals and Clinics
Prgm Director: Walter K Nichols, MD*
N510 University Medical Center
Columbia, MO 65212
Tel: 573 884-1975 *Fax:* 573 884-4585
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-28-21-049

St Louis

St Louis University School of Medicine Program

Sponsor: St Louis University School of Medicine
St John's Mercy Medical Center
St Louis University Hospital
Prgm Director: Donald L Jacobs, MD
3635 Vista Avenue at Grand Blvd
PO Box 15250
St Louis, MO 63110
Tel: 314 577-8310 *Fax:* 314 577-8635
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-28-21-027

Washington University/B-JH/SLCH Consortium Program

Sponsor: Washington University/B-JH/SLCH Consortium
Prgm Director: Gregorio A Sicard, MD
One Barnes-Jewish Hospital Plaza
Suite 5103
St Louis, MO 63110
Tel: 314 362-7841 *Fax:* 314 454-3923
E-mail: swapd@wustl.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 450-28-21-050

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital
Prgm Director: Jack L Cronenwett, MD
One Medical Center Drive
Lebanon, NH 03756
Tel: 603 650-8669 *Fax:* 603 650-4973
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-32-21-059

New Jersey

Englewood

Mount Sinai School of Medicine (Englewood) Program

Sponsor: Mount Sinai School of Medicine
Englewood Hospital and Medical Center
Prgm Director: Herbert Dardik, MD
350 Engle Street
Englewood, NJ 07631
Tel: 201 894-3141 *Fax:* 201 541-2965
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-35-21-089

New Brunswick

UMDNJ-Robert Wood Johnson Medical School Program

Sponsor: UMDNJ-Robert Wood Johnson Medical School
Robert Wood Johnson University Hospital
Prgm Director: Alan M Graham, MD
One Robert Wood Johnson Pl, MEB-541
New Brunswick, NJ 08903
Tel: 732 235-7816 *Fax:* 732 235-8538
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-33-21-037

Newark

Newark Beth Israel Medical Center Program

Sponsor: Newark Beth Israel Medical Center
Prgm Director: Bruce J Brener, MD
201 Lyons Avenue
Department of Surgery L3
Newark, NJ 07112
Tel: 973 926-7330 *Fax:* 973 923-8757
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-33-21-087

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
St Michael's Medical Center (Cathedral Health Services Inc)
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System
Prgm Director: Robert W Hobson, MD*
UMDNJ-New Jersey Medical School
150 Bergen Street, Room E-401
Newark, NJ 07101
Tel: 973 972-6633 *Fax:* 973 972-5924
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-33-21-036

New York

Albany

Albany Medical Center Program

Sponsor: Albany Medical Center
Prgm Director: Paul B Kreienberg, MD
Vascular Institute (MC157)
43 New Scotland Avenue
Albany, NY 12208
Tel: 518 262-5640 *Fax:* 518 262-6720
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 450-35-21-061

Bronx**Albert Einstein College of Medicine Program**

Sponsor: Albert Einstein College of Medicine of Yeshiva University
 Montefiore Medical Center-Henry and Lucy Moses Division
Prgm Director: William Suggs, MD
 Montefiore Medical Center
 111 E 210 Street
 Bronx, NY 10467
 Tel: 718 920-6338 Fax: 718 231-9811
 Length: 2 Yrs ACGME Approved/Offered Positions: 2
 Program ID: 450-35-21-015

Brooklyn**Maimonides Medical Center Program**

Sponsor: Maimonides Medical Center
Prgm Director: Enrico Ascher, MD
 4802 Tenth Avenue
 Brooklyn, NY 11219
 Tel: 718 283-7957
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 450-35-21-076

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
 Kaleida Health System (Buffalo General Hospital)
 Kaleida Health System (Millard Fillmore Hospital)
 Veterans Affairs Western New York Healthcare System
Prgm Director: Linda M Harris, MD
 3 Gates Circle
 Department of Surgery
 Buffalo, NY 14209
 Tel: 716 887-4907 Fax: 716 887-4220
 Length: 2 Yrs ACGME Approved/Offered Positions: 2
 Program ID: 450-35-21-069

Great Neck**North Shore-Long Island Jewish Health System Program**

Sponsor: North Shore-Long Island Jewish Health System
 North Shore University Hospital
Prgm Director: Kambhampaty V Krishnasastri, MD*
 300 Community Drive
 Manhasset, NY 11030
 Tel: 516 562-2183 Fax: 516 562-1160
 Length: 2 Yrs ACGME Approved/Offered Positions: 4
 Program ID: 450-35-31-082

New York**Mount Sinai School of Medicine Program**

Sponsor: Mount Sinai School of Medicine
 Mount Sinai Medical Center
Prgm Director: Victoria J Teodorescu, MD
 One Gustave L Levy Place, Box 1259
 New York, NY 10029
 Tel: 212 241-5871 Fax: 212 987-9310
 E-mail: leslie.sotomayor@mountsinai.org
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 450-35-21-038

New York Presbyterian Hospital (Cornell and Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
 New York Presbyterian Hospital (Cornell Campus)
 New York Hospital Medical Center of Queens
 New York Presbyterian Hospital (Columbia Campus)
Prgm Director: K Craig Kent, MD
 525 East 68th Street
 F 172
 New York, NY 10021
 Tel: 212 746-5192 Fax: 212 746-5812
 Length: 2 Yrs ACGME Approved/Offered Positions: 4
 Program ID: 450-35-21-092

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Prgm Director: Patrick J Lamparello, MD
 530 First Avenue
 Suite 6F
 New York, NY 10016
 Tel: 212 263-7311 Fax: 212 263-7722
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 450-35-21-045

Rochester**University of Rochester Program**

Sponsor: Strong Memorial Hospital of the University of Rochester
Prgm Director: Karl A Illig, MD*
 601 Elmwood Ave
 Rochester, NY 14642
 Tel: 585 275-6772 Fax: 585 273-1077
 E-mail: Karl_Illig@urmc.rochester.edu
 Length: 2 Yrs ACGME Approved/Offered Positions: 2
 Program ID: 450-35-21-006

Staten Island**Staten Island University Hospital Program**

Sponsor: Staten Island University Hospital
Prgm Director: Thomas Panetta, MD
 475 Seaview Avenue
 Staten Island, NY 10305
 Tel: 718 226-8008 Fax: 718 226-8365
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 450-35-13-107

Stony Brook**SUNY at Stony Brook Program**

Sponsor: University Hospital-SUNY at Stony Brook
 Veterans Affairs Medical Center (Northport)
Prgm Director: Enrique Criado, MD
 Dept of Surgery, HSC 18-040
 Stony Brook, NY 11794
 Tel: 631 444-1279 Fax: 631 444-8824
 Length: 2 Yrs ACGME Approved/Offered Positions: 2
 Program ID: 450-35-21-051

North Carolina**Chapel Hill****University of North Carolina Hospitals Program**

Sponsor: University of North Carolina Hospitals
Prgm Director: Blair A Keagy, MD
 Campus Box 7212
 130 Mason Farm Road
 Chapel Hill, NC 27599
 Tel: 919 966-3391 Fax: 919 966-2898
 Length: 2 Yrs ACGME Approved/Offered Positions: 2
 Program ID: 450-36-21-007

Charlotte**Carolinas Medical Center Program**

Sponsor: Carolinas Medical Center
Prgm Director: Timothy S Roush, MD*
 1001 Blythe Boulevard, Suite 300
 PO Box 32861
 Charlotte, NC 28232
 Tel: 704 355-9431 Fax: 704 355-6227
 E-mail: mary.mcconnell@carolinashalthcare.org
 Length: 2 Yrs ACGME Approved/Offered Positions: 2
 Program ID: 450-36-21-008

Durham**Duke University Hospital Program**

Sponsor: Duke University Hospital
 Veterans Affairs Medical Center (Asheville)
 Veterans Affairs Medical Center (Durham)
Prgm Director: Richard L McCann, MD
 Box 2990
 Durham, NC 27710
 Tel: 919 684-2620 Fax: 919 681-8679
 E-mail: mccan002@mc.duke.edu
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 450-36-12-097

Winston-Salem**Wake Forest University School of Medicine Program**

Sponsor: Wake Forest University Baptist Medical Center
Prgm Director: Kimberley J Hansen, MD
 Wake Forest University School of Medicine
 Medical Center Boulevard
 Winston-Salem, NC 27157
 Tel: 336 713-5256 Fax: 336 716-9758
 E-mail: kjhansen@wfubmc.edu
 Length: 1 Yr ACGME Approved/Offered Positions: 2
 Program ID: 450-36-21-073

Ohio**Cincinnati****TriHealth (Good Samaritan Hospital) Program**

Sponsor: TriHealth
 TriHealth-Good Samaritan Hospital
Prgm Director: Richard E Welling, MD
 375 Dixmyth Avenue
 3rd Floor/Tower
 Cincinnati, OH 45220
 Tel: 513 872-3220 Fax: 513 221-5865
 Length: 2 Yrs ACGME Approved/Offered Positions: 2
 Program ID: 450-38-31-043

University Hospital/University of Cincinnati College of Medicine Program

Sponsor: University Hospital Inc
 Christ Hospital
Prgm Director: Amy B Reed, MD
 PO Box 670558
 231 Albert Sabin Way
 Cincinnati, OH 45267
 Tel: 513 558-5367 Fax: 513 558-2967
 Length: 2 Yrs ACGME Approved/Offered Positions: 2
 Program ID: 450-38-31-078

Cleveland**Case Western Reserve University/University Hospitals of Cleveland Program**

Sponsor: University Hospitals of Cleveland
 MetroHealth Medical Center
Prgm Director: Jerry Goldstone, MD
 University Hospitals of Cleveland
 11100 Euclid Avenue
 Cleveland, OH 44106
 Tel: 216 844-1313 Fax: 216 844-7716
 Length: 1 Yr ACGME Approved/Offered Positions: 1
 Program ID: 450-38-21-071

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation
Prgm Director: Daniel Clair, MD*
 Dept of Vascular Surgery
 9500 Euclid Ave - Desk #540
 Cleveland, OH 44195
 Tel: 216 444-4766 Fax: 216 444-9324
 Length: 2 Yrs ACGME Approved/Offered Positions: 6
 Program ID: 450-38-22-046

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
Prgm Director: William L Smead, MD
410 West Tenth Avenue
Room 708 Doan Hall
Columbus, OH 43210
Tel: 614 293-8536 *Fax:* 614 293-8902
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-38-21-056

Toledo

Toledo Hospital (Jobst Vascular Center) Program

Sponsor: Toledo Hospital
Prgm Director: Anthony J Comerota, MD
2109 Hughes Drive, Suite 400
Toledo, OH 43606
Tel: 419 291-2088 *Fax:* 419 479-6980
E-mail: acomerota@jvc.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-38-21-100

Oregon

Portland

Oregon Health & Science University Program

Sponsor: Oregon Health & Science University Hospital
Prgm Director: Gregory L Moneta, MD*
3181 SW Sam Jackson Park Rd
OP11
Portland, OR 97239
Tel: 503 494-7509 *Fax:* 503 494-4324
E-mail: taylorl@oshu.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-40-21-009

Pennsylvania

Danville

Geisinger Health System Program

Sponsor: Geisinger Health System
Prgm Director: James R Elmore, MD
Vascular Surgery
100 North Academy Avenue
Danville, PA 17822
Tel: 570 271-6369 *Fax:* 570 271-5840
E-mail: jelmore@geisinger.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-41-21-072

Hershey

Penn State University/Milton S Hershey Medical Center Program

Sponsor: Milton S Hershey Medical Center
Prgm Director: David C Han, MD
PO Box 850
500 University Drive
Hershey, PA 17033
Tel: 717 531-8888 *Fax:* 717 531-4151
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-41-21-065

Philadelphia

Pennsylvania Hospital of the University of Pennsylvania Health System Program

Sponsor: Pennsylvania Hospital (UPHS)
Prgm Director: Keith D Calligaro, MD
800 Spruce Street
Philadelphia, PA 19107
Tel: 215 829-5000 *Fax:* 215 627-3199
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-41-31-074

Temple University Hospital Program

Sponsor: Temple University Hospital
Prgm Director: John Blebea, MD*
3401 North Broad Street
Philadelphia, PA 19140
Tel: 215 707-3622 *Fax:* 215 707-5901
E-mail: blebeaj@tuhs.temple.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-41-21-054

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Prgm Director: Michael A Golden, MD
3400 Spruce Street
Philadelphia, PA 19104
Tel: 215 662-6156 *Fax:* 215 662-7983
E-mail: nicole.orourke@uphs.upenn.edu
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-41-21-052

Pittsburgh

University of Pittsburgh Medical Center Medical Education Program

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
UPMC Presbyterian/Shadyside
Prgm Director: Michel S Makaroun, MD
A1011 PUH
200 Lothrop Street
Pittsburgh, PA 15213
Tel: 412 802-3037
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 450-41-21-088

Sayre

Guthrie/Robert Packer Hospital Program

Sponsor: Robert Packer Hospital
Prgm Director: Sushil K Gupta, MD
One Guthrie Square
Sayre, PA 18840
Tel: 570 882-3585 *Fax:* 570 882-3599
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-41-13-101

South Carolina

Greenville

Greenville Hospital System Program

Sponsor: Greenville Hospital System
Prgm Director: Eugene M Langan, MD
Academic Department of Surgery
701 Grove Road
Greenville, SC 29605
Tel: 864 455-7886 *Fax:* 864 455-1320
E-mail: elangan@ghs.org
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-45-12-093

Tennessee

Knoxville

University of Tennessee Medical Center at Knoxville Program

Sponsor: University of Tennessee Graduate School of Medicine
University of Tennessee Memorial Hospital
Prgm Director: Michael B Freeman, MD
1924 Alcoa Highway, Box U-11
Department of Surgery
Knoxville, TN 37920
Tel: 865 544-9230 *Fax:* 865 544-8894
E-mail: gmiya@mc.utmkc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-47-21-075

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine Baptist Memorial Hospital
Veterans Affairs Medical Center (Memphis)
Prgm Director: H Edward Garrett, MD
Health Science Center
956 Court Avenue, Suite G228
Memphis, TN 38163
Tel: 901 448-5914 *Fax:* 901 448-7689
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 450-47-21-041

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
St Thomas Hospital
Prgm Director: Thomas C Naslund, MD
Department of Vascular Surgery
1161 22nd Avenue, South
Nashville, TN 37232
Tel: 615 322-2343 *Fax:* 615 343-4251
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-47-21-047

Texas

Dallas

Baylor University Medical Center Program

Sponsor: Baylor University Medical Center
Prgm Director: Gregory J Pearl, MD
Department of Vascular Surgery
3500 Gaston Avenue
Dallas, TX 75246
Tel: 214 820-4543 *Fax:* 214 820-4538
Length: 1 Yr *ACGME Approved/Offered Positions:* 2
Program ID: 450-48-21-028

University of Texas Southwestern Medical School Program

Sponsor: University of Texas Southwestern Medical School
Dallas County Hospital District-Parkland Memorial Hospital
Veterans Affairs Medical Center (Dallas)
Zale-Lipshy University Hospital
Prgm Director: G Patrick Clagett, MD
5323 Harry Hines Blvd
Dallas, TX 75390
Tel: 214 648-3516 *Fax:* 214 648-2790
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-48-21-029

Houston**Baylor College of Medicine Program**

Sponsor: Baylor College of Medicine
 Methodist Hospital
Prgm Director: Alan B Lumsden, MD
 One Baylor Plaza, #404D
 Houston, TX 77030
Tel: 713 798-8629 *Fax:* 713 798-8333
E-mail: alumsden@bcm.tmc.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 3
Program ID: 450-48-21-016

University of Texas Health Sciences Center at Houston Medical School Program

Sponsor: University of Texas Medical School at Houston
Prgm Director: Hazim J Safi, MD
 Cardiothoracic and Vascular Surgery
 6431 Fannin, Suite 1.214
 Houston, TX 77030
Tel: 713 500-5304
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-48-13-104

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
Prgm Director: Larry W Kraiss, MD
 30 North 1900 East
 Rm 3C344
 Salt Lake City, UT 84132
Tel: 801 581-8301 *Fax:* 801 581-3433
E-mail: larry.kraiss@hsc.utah.edu
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-49-21-085

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: John A Kern, MD
 Department of Surgery, Room 2753 UH
 PO Box 800679 Lane Road
 Charlottesville, VA 22908
Tel: 434 982-4301 *Fax:* 434 982-3885
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-51-21-083

Norfolk**Eastern Virginia Medical School Program**

Sponsor: Eastern Virginia Medical School
 Sentara Norfolk General Hospital
Prgm Director: George H Meier, MD
 250 W Brambleton Avenue
 Suite 101 Brambleton Medical Center
 Norfolk, VA 23510
Tel: 757 622-2649 *Fax:* 757 625-0433
E-mail: bmarkham@vascularandtransplant.com
Length: 2 Yrs *ACGME Approved/Offered Positions:* 4
Program ID: 450-51-21-018

Richmond**Virginia Commonwealth University Health System Program**

Sponsor: Virginia Commonwealth University Health System
 Hunter Holmes McGuire VA Medical Center (Richmond)
 Medical College of Virginia Hospitals
Prgm Director: Mark M Levy, MD
 1200 E Broad St
 PO Box 980108
 Richmond, VA 23298
Tel: 804 828-3211 *Fax:* 804 828-2744
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-51-21-039

Washington**Seattle****University of Washington Program**

Sponsor: University of Washington School of Medicine
 VA Puget Sound Health Care System
Prgm Director: Alexander W Clowes, MD
 BB442 HSB
 Box 356410
 Seattle, WA 98195
Tel: 206 543-9890 *Fax:* 206 616-7495
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-54-21-019

Wisconsin**Madison****University of Wisconsin Program**

Sponsor: University of Wisconsin Hospital and Clinics
 William S Middleton Veterans Hospital
Prgm Director: John R Hoch, MD
 600 Highland Avenue, G5/325
 Madison, WI 53792
Tel: 608 265-4420 *Fax:* 608 265-1148
Length: 1 Yr *ACGME Approved/Offered Positions:* 1
Program ID: 450-56-22-106

Milwaukee**Medical College of Wisconsin Affiliated Hospitals Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
 Froedtert Memorial Lutheran Hospital
Prgm Director: Jonathan B Towne, MD
 9200 W Wisconsin Avenue
 Milwaukee, WI 53226
Tel: 414 456-6970
Length: 2 Yrs *ACGME Approved/Offered Positions:* 2
Program ID: 450-56-21-020

Section IV

New and Withdrawn Programs

New Programs

The following programs were accredited by the Accreditation Council for Graduate Medical Education with an effective date between January 1 and December 31, 2004.

Abdominal Radiology (Radiology-Diagnostic)

Brigham and Women's Hospital/Harvard Medical School Program

Boston, MA
Program ID: 421-24-31-010

SUNY at Stony Brook Program

Stony Brook, NY
Program ID: 421-35-21-009

Thomas Jefferson University Program

Philadelphia, PA
Program ID: 421-41-12-011

University of Pennsylvania Program

Philadelphia, PA
Program ID: 421-41-13-008

Addiction Psychiatry (Psychiatry)

Wayne State University/Detroit Medical Center Program

Detroit, MI
Program ID: 401-25-21-038

Creighton University/University of Nebraska Program

Omaha, NE
Program ID: 401-30-31-055

Adult Reconstructive Orthopaedics (Orthopaedic Surgery)

Virginia Commonwealth University Health System Program

Richmond, VA
Program ID: 261-51-21-030

Allergy and Immunology

University of Mississippi Medical Center Program

Jackson, MS
Program ID: 020-27-12-124

Anesthesiology

UMDNJ-Robert Wood Johnson Medical School (Camden) Program

Camden, NJ
Program ID: 040-33-11-195

Blood Banking/Transfusion Medicine (Pathology)

University of Arkansas for Medical Sciences Program

Little Rock, AR
Program ID: 305-04-12-084

Cardiothoracic Radiology (Radiology-Diagnostic)

University of Pennsylvania Program

Philadelphia, PA
Program ID: 429-41-21-001

Cardiovascular Disease (Internal Medicine)

Cleveland Clinic Hospital (Florida) Program

Weston, FL
Program ID: 141-11-31-270

Child and Adolescent Psychiatry (Psychiatry)

New York Presbyterian Hospital Program

New York, NY
Program ID: 405-35-21-182

Child Neurology (Neurology)

Mayo School of Graduate Medical Education (Jacksonville) Program

Jacksonville, FL
Program ID: 185-11-13-100

University of Kentucky College of Medicine Program

Lexington, KY
Program ID: 185-20-21-099

Clinical Cardiac Electrophysiology (Internal Medicine)

UCLA Medical Center Program

Los Angeles, CA
Program ID: 154-05-31-103

Ohio State University Hospital Program

Columbus, OH
Program ID: 154-38-31-101

Medical University of South Carolina College of Medicine Program

Charleston, SC
Program ID: 154-45-31-099

Clinical Neurophysiology (Neurology)

University of Southern California/ LAC+USC Medical Center Program

Los Angeles, CA
Program ID: 187-05-21-059

George Washington University Program

Washington, DC
Program ID: 187-10-12-113

Dartmouth-Hitchcock Medical Center Program

Lebanon, NH
Program ID: 187-32-31-112

Colon and Rectal Surgery

Western Pennsylvania/Allegheny General Combined Program

Pittsburgh, PA
Program ID: 060-41-21-056

New Programs

University of Pennsylvania Program
Philadelphia, PA
Program ID: 060-41-33-054

Critical Care Medicine (Anesthesiology)

University of Washington Program
Seattle, WA
Program ID: 045-54-22-072

Cytopathology (Pathology)

University of California (Irvine) Program
Orange, CA
Program ID: 307-05-31-098

Cleveland Clinic Foundation Program
Cleveland, OH
Program ID: 307-38-21-097

Dermatopathology (Dermatology)

University of South Florida Program
Tampa, FL
Program ID: 100-11-12-077

SUNY Health Science Center at Brooklyn Program
Brooklyn, NY
Program ID: 100-35-31-074

Geisinger Health System Program
Danville, PA
Program ID: 100-41-31-076

University of Vermont Program
Burlington, VT
Program ID: 100-50-13-078

Developmental-Behavioral Pediatrics (Pediatrics)

University of Chicago Program
Chicago, IL
Program ID: 336-16-21-028

University of Kansas Medical Center Program
Kansas City, KS
Program ID: 336-19-31-027

University of Washington Program
Seattle, WA
Program ID: 336-54-12-026

Emergency Medicine

UMDNJ-New Jersey Medical School Program
Newark, NJ
Program ID: 110-33-31-177

Endocrinology, Diabetes, and Metabolism (Internal Medicine)

**Albert Einstein College of Medicine at
Long Island Jewish Medical Center Program**
New Hyde Park, NY
Program ID: 143-35-31-178

Endovascular Surgical Neuroradiology (Radiology)

Johns Hopkins University Program
Baltimore, MD
Program ID: 422-23-31-006

Family Medicine

**University of Illinois College of Medicine
(Rockford) Rural Program**
Rockford, IL
Program ID: 120-16-11-675

Oakwood Annapolis Hospital Program
Wayne, MI
Program ID: 120-25-31-678

Forensic Psychiatry (Psychiatry)

University of Iowa Hospitals and Clinics Program
Iowa City, IA
Program ID: 406-18-31-049

University of Louisville Program
Louisville, KY
Program ID: 406-20-12-047

University of Missouri-Columbia Program
Columbia, MO
Program ID: 406-28-21-041

**University of Texas Health Science
Center at San Antonio Program**
San Antonio, TX
Program ID: 406-48-12-050

Gastroenterology (Internal Medicine)

**Cleveland Clinic Hospital (Florida)
Program**
Weston, FL
Program ID: 144-11-13-228

**Louisiana State University (Shreveport)
Program**
Shreveport, LA
Program ID: 144-21-13-226

**Pitt County Memorial Hospital/East
Carolina University Program**
Greenville, NC
Program ID: 144-36-21-227

Geriatric Medicine (Family Medicine)

**Sparrow Hospital/Michigan State
University Program**
Lansing, MI
Program ID: 125-25-12-055

**United Health Services Hospitals
Program**
Johnson City, NY
Program ID: 125-35-31-054

Geriatric Medicine (Internal Medicine)

**Cleveland Clinic Hospital (Florida)
Program**
Weston, FL
Program ID: 151-11-21-144

Maine Medical Center Program
Portland, ME
Program ID: 151-22-21-146

Geriatric Psychiatry (Psychiatry)

**Mayo School of Graduate Medical
Education (Rochester) Program**
Rochester, MN
Program ID: 407-26-12-067

Hand Surgery (Plastic Surgery)

**Yale-New Haven Medical Center
Program**
New Haven, CT
Program ID: 363-08-31-027

Hematology (Pathology)

University of Massachusetts Program
Worcester, MA
Program ID: 311-24-21-099

**Wake Forest University School of
Medicine Program**
Winston-Salem, NC
Program ID: 311-36-31-100

Hematology and Oncology (Internal Medicine)

Georgetown University Hospital Program
Washington, DC
Program ID: 155-10-12-148

Baylor College of Medicine Program
Houston, TX
Program ID: 155-48-21-146

Infectious Disease (Internal Medicine)

University of Chicago Program
Chicago, IL
Program ID: 146-16-21-202

Internal Medicine

St Mary's Hospital (Waterbury) Program
Waterbury, CT
Program ID: 140-08-13-530

Hospital de la Concepcion Program
San German, PR
Program ID: 140-42-21-488

Interventional Cardiology (Internal Medicine)

University of California (Irvine) Program
Orange, CA
Program ID: 152-05-13-136

Cedars-Sinai Medical Center Program
Los Angeles, CA
Program ID: 152-05-21-137

**Mount Sinai Medical Center of Florida
Program**
Miami Beach, FL
Program ID: 152-11-12-133

Creighton University Program
Omaha, NE
Program ID: 152-30-31-141

Winthrop University Hospital Program
Mineola, NY
Program ID: 152-35-31-138

**Case Western Reserve University/
University Hospitals of Cleveland
Program**
Cleveland, OH
Program ID: 152-38-31-134

Medical Genetics

University of Florida Program
Gainesville, FL
Program ID: 130-11-31-071

**Children's Hospital/Ohio State University
Program**
Columbus, OH
Program ID: 130-38-12-072

Medical Microbiology (Pathology)

University of Utah Program
Salt Lake City, UT
Program ID: 314-49-12-016

Medical Toxicology (Emergency Medicine)

**University of Pittsburgh Medical Center
Medical Education Program**
Pittsburgh, PA
Program ID: 118-41-21-025

Medical Toxicology (Preventive Medicine)

**HealthPartners Institute for Medical
Education/Regions Hospital Program**
Minneapolis, MN
Program ID: 399-26-12-004

Musculoskeletal Radiology (Radiology-Diagnostic)

**University of Oklahoma Health Sciences
Center Program**
Oklahoma City, OK
Program ID: 426-39-12-010

University of Pennsylvania Program
Philadelphia, PA
Program ID: 426-41-13-009

Nephrology (Internal Medicine)

**Cleveland Clinic Hospital (Florida)
Program**
Weston, FL
Program ID: 148-11-31-181

**Texas A&M College of Medicine - Scott
& White Program**
Temple, TX
Program ID: 148-48-12-180

Neurodevelopmental Disabilities (Neurology)

George Washington University Program
Washington, DC
Program ID: 186-10-12-008

Neurology

**University of Florida Health Science
Center/Jacksonville Program**
Jacksonville, FL
Program ID: 180-11-12-154

**Louisiana State University (Shreveport)
Program**
Shreveport, LA
Program ID: 180-21-31-153

Neuroradiology (Radiology-Diagnostic)

University of Vermont Program
Burlington, VT
Program ID: 423-50-31-101

Neurotology (Otolaryngology)

Johns Hopkins University Program
Baltimore, MD
Program ID: 286-23-21-012

Nuclear Radiology (Radiology-Diagnostic)

**Baylor University Medical Center
Program**
Dallas, TX
Program ID: 425-48-22-066

Obstetrics and Gynecology

St Peter's University Hospital Program
New Brunswick, NJ
Program ID: 220-33-12-362

Meharry Medical College Program
Nashville, TN
Program ID: 220-47-23-361

Orthopaedic Sports Medicine (Orthopaedic Surgery)

**Hughston Sports Medicine Foundation
Program**
Columbus, GA
Program ID: 268-12-21-046

**Minneapolis Sports Medicine Center
Program**
Minneapolis, MN
Program ID: 268-26-21-048

**Taos Orthopaedic Institute and Research
Foundation Program**
Taos, NM
Program ID: 268-34-21-095

Pain Medicine (Neurology)

Cleveland Clinic Foundation Program
Cleveland, OH
Program ID: 181-38-12-003

Pain Medicine (Physical Medicine and Rehabilitation)

**Georgetown University Hospital/National
Rehabilitation Hospital Program**
Washington, DC
Program ID: 341-10-31-009

Pain Medicine (Psychiatry)

Cleveland Clinic Foundation Program
Cleveland, OH
Program ID: 402-38-12-001

Pediatric Anesthesiology (Anesthesiology)

**Mayo School of Graduate Medical
Education (Rochester) Program**
Rochester, MN
Program ID: 042-26-12-054

Pediatric Critical Care Medicine (Pediatrics)

University of Texas at Houston Program
Houston, TX
Program ID: 323-48-13-079

Pediatric Emergency Medicine (Emergency Medicine)

**Baystate Medical Center/Tufts University
School of Medicine Program**
Springfield, MA
Program ID: 114-24-31-013

University of Michigan Program
Ann Arbor, MI
Program ID: 114-25-13-011

**SUNY Upstate Medical University
Program**
Syracuse, NY
Program ID: 114-35-12-012

**Drexel University College of Medicine/
Hahnemann University Hospital Program**
Philadelphia, PA
Program ID: 114-41-21-003

Pediatric Emergency Medicine (Pediatrics)

Miami Children's Hospital Program
Miami, FL
Program ID: 324-11-31-006

Pediatric Endocrinology (Pediatrics)

University of Louisville Program
Louisville, KY
Program ID: 326-20-21-079

**University of Texas Health Science
Center at San Antonio Program**
San Antonio, TX
Program ID: 326-48-12-082

University of Washington Program
Seattle, WA
Program ID: 326-54-31-081

**Medical College of Wisconsin Affiliated
Hospitals Program**
Milwaukee, WI
Program ID: 326-56-12-080

**Pediatric Gastroenterology
(Pediatrics)**

**Jackson Memorial Hospital/Jackson
Health System Program**
Miami, FL
Program ID: 332-11-21-067

**Pediatric Hematology/Oncology
(Pediatrics)**

Cleveland Clinic Foundation Program
Cleveland, OH
Program ID: 327-38-31-078

**Pediatric Infectious Diseases
(Pediatrics)**

**Children's Hospital/Ohio State University
Program**
Columbus, OH
Program ID: 335-38-12-071

University of Utah Program
Salt Lake City, UT
Program ID: 335-49-31-070

Pediatric Pathology (Pathology)

University of Tennessee Program
Memphis, TN
Program ID: 316-47-31-033

**Pediatric Pulmonology
(Pediatrics)**

**University of Arkansas for Medical
Sciences Program**
Little Rock, AR
Program ID: 330-04-31-057

**Pediatric Radiology
(Radiology-Diagnostic)**

Louisiana State University Program
New Orleans, LA
Program ID: 424-21-12-056

**Children's Hospital/Ohio State University
Program**
Columbus, OH
Program ID: 424-38-12-053

**University of Oklahoma Health Sciences
Center Program**
Oklahoma City, OK
Program ID: 424-39-31-054

**Pediatric Rehabilitation Medicine
(Physical Medicine and
Rehabilitation)**

University of Colorado Program
Denver, CO
Program ID: 346-07-21-001

**Virginia Commonwealth University
Health System Program**
Richmond, VA
Program ID: 346-51-31-002

**Pediatric Rheumatology
(Pediatrics)**

UCLA Medical Center Program
Los Angeles, CA
Program ID: 331-05-31-030

**Indiana University School of Medicine
Program**
Indianapolis, IN
Program ID: 331-17-21-029

**Pediatric Surgery
(General Surgery)**

**North Shore - Long Island Jewish Health
System/Schneider Children's Hospital
Program**
Great Neck, NY
Program ID: 445-35-12-039

Pediatric Urology (Urology)

**Children's Hospital/Ohio State University
Hospital Program**
Columbus, OH
Program ID: 485-38-12-022

Thomas Jefferson University Program
Philadelphia, PA
Program ID: 485-41-31-023

**Children's Medical Center of
Dallas/University of Texas Southwestern
Medical School Program**
Dallas, TX
Program ID: 485-48-31-021

Pediatrics

St Peter's University Hospital Program
New Brunswick, NJ
Program ID: 320-33-31-419

**Physical Medicine and
Rehabilitation**

Jackson Memorial Hospital Program
Miami, FL
Program ID: 340-11-21-107

Plastic Surgery

**Cleveland Clinic Hospital (Florida)
Program**
Weston, FL
Program ID: 360-11-31-139

Tulane University Program
New Orleans, LA
Program ID: 360-21-31-137

**Procedural Dermatology
(Dermatology)**

**Dermatology Associates (Birmingham)
Program**
Birmingham, AL
Program ID: 081-01-21-011

**University of California (San Francisco)
Program**
San Francisco, CA
Program ID: 081-05-21-007

Scripps Clinic Program
La Jolla, CA
Program ID: 081-05-31-008

St Vincent Hospital Program
Indianapolis, IN
Program ID: 081-17-31-006

**Boston University Medical Center
Program**
Boston, MA
Program ID: 081-24-12-009

**Mayo School of Graduate Medical
Education (Rochester) Program**
Rochester, MN
Program ID: 081-26-21-003

Deaconess Medical Center Program
Billings, MT
Program ID: 081-29-31-010

**SUNY Health Science Center at Brooklyn
Program**
Brooklyn, NY
Program ID: 081-35-12-005

**Skin Surgery Center (Winston-Salem)
Program**
Winston-Salem, NC
Program ID: 081-36-31-014

Geisinger Health System Program
Danville, PA
Program ID: 081-41-31-002

**Dermatologic Surgicenter (Philadelphia)
Program**
Philadelphia, PA
Program ID: 081-41-31-012

**Medical University of South Carolina
Program**
Charleston, SC
Program ID: 081-45-12-001

**Psychosomatic Medicine
(Psychiatry)**

**University of California (Davis) Health
System Program**
Sacramento, CA
Program ID: 409-05-31-008

**Institute of Living/Hartford Hospital
Program**
Hartford, CT
Program ID: 409-08-12-003

Georgetown University Hospital Program
Washington, DC
Program ID: 409-10-31-002

University of Maryland Program
Baltimore, MD
Program ID: 409-23-31-010

**Boston University Medical Center
Program**
Boston, MA
Program ID: 409-24-21-007

**Mayo School of Graduate Medical
Education (Rochester) Program**
Rochester, MN
Program ID: 409-26-21-013

**Albert Einstein College of Medicine at
Beth Israel Medical Center Program**
New York, NY
Program ID: 409-35-31-005

The Cleveland Clinic Foundation Program
Cleveland, OH
Program ID: 409-38-13-014

**Virginia Commonwealth University
Health System Program**
Richmond, VA
Program ID: 409-51-12-009

University of Washington Program
Seattle, WA
Program ID: 409-54-21-011

**Pulmonary Disease and Critical
Care Medicine
(Internal Medicine)**

**Newark Beth Israel Medical Center
Program**
Newark, NJ
Program ID: 156-33-21-132

Radiation Oncology

**University of California (Davis) Health
System Program**
Sacramento, CA
Program ID: 430-05-22-132

**Rheumatology
(Internal Medicine)**

**University of California (Davis) Health
System Program**
Sacramento, CA
Program ID: 150-05-21-153

**Case Western Reserve University (Metro
Health) Program**
Cleveland, OH
Program ID: 150-38-31-152

Selective Pathology (Pathology)

**Yale-New Haven Medical Center
Program**
New Haven, CT
Program ID: 301-08-21-037

**Spinal Cord Injury Medicine
(Physical Medicine and
Rehabilitation)**

Sinai Hospital Program
Baltimore, MD
Program ID: 345-23-12-025

University of Michigan Program
Ann Arbor, MI
Program ID: 345-25-32-023

**Sports Medicine
(Family Medicine)**

University of Arizona Program
Tucson, AZ
Program ID: 127-03-12-088

**University of California (Davis) Health
System Program**
Sacramento, CA
Program ID: 127-05-31-082

**Southern Illinois University (Carbondale)
Program**
Carbondale, IL
Program ID: 127-16-21-085

**University of Kansas (Wichita)/Via Christi
Regional Medical Center Program**
Wichita, KS
Program ID: 127-19-31-086

University of Maryland Program
Baltimore, MD
Program ID: 127-23-21-051

University at Buffalo Program
Buffalo, NY
Program ID: 127-35-31-084

Texas Tech University (Lubbock) Program
Lubbock, TX
Program ID: 127-48-12-081

**Surgical Critical Care
(General Surgery)**

University of South Florida
Tampa, FL
Program ID: 442-11-21-104

Loyola University Program
Maywood, IL
Program ID: 442-16-21-102

**Pitt County Memorial Hospital/East
Carolina University Program**
Greenville, NC
Program ID: 442-36-13-105

**University of Pittsburgh Medical Center
Medical Education Program**
Pittsburgh, PA
Program ID: 442-41-13-103

Thoracic Surgery

**University Hospital/University of
Cincinnati College of Medicine Program**
Cincinnati, OH
Program ID: 460-38-22-119

Transitional Year

Newton-Wellesley Hospital Program
Newton, MA
Program ID: 999-24-00-246

**Undersea and Hyperbaric
Medicine (Emergency Medicine)**

University of Pennsylvania Program
Philadelphia, PA
Program ID: 119-41-21-001

Vascular Neurology (Neurology)

**University of Alabama Medical Center
Program**
Birmingham, AL
Program ID: 188-01-23-015

Emory University Program
Atlanta, GA
Program ID: 188-12-31-023

Johns Hopkins University Program
Baltimore, MD
Program ID: 188-23-12-024

**Massachusetts General Hospital/
Brigham and Women's Hospital/Harvard
Medical School Program**
Boston, MA
Program ID: 188-24-21-018

**Washington University/B-JH/SLCH
Consortium Program**
St Louis, MO
Program ID: 188-28-12-020

SUNY at Stony Brook Program
Stony Brook, NY
Program ID: 188-35-21-026

**New York Presbyterian Hospital
(Columbia Campus) Program**
New York, NY
Program ID: 188-35-31-012

Withdrawn Programs

The accreditation of the following programs was withdrawn or voluntarily withdrawn with an effective date between January 1 and December 31, 2004.

Addiction Psychiatry (Psychiatry)

University of Missouri at Kansas City Program

Kansas City, MO
Program ID: 401-28-21-045

Thomas Jefferson University Program

Philadelphia, PA
Program ID: 401-41-12-044

Anesthesiology

Howard University Program

Washington, DC
Program ID: 040-10-11-034

Cardiovascular Disease (Internal Medicine)

Brigham and Women's Hospital Program A

Boston, MA
Program ID: 141-24-21-008

Graduate Hospital Program

Philadelphia, PA
Program ID: 141-41-11-174

Brown University Program A

Providence, RI
Program ID: 141-43-21-260

Clinical Neurophysiology (Neurology)

New York Medical College at St Vincent's Hospital and Medical Center of New York Program

New York, NY
Program ID: 187-35-31-013

Drexel University College of Medicine/Hahnemann University Hospital Program

Philadelphia, PA
Program ID: 187-41-31-089

Critical Care Medicine (Anesthesiology)

University of Michigan Program

Ann Arbor, MI
Program ID: 045-25-21-060

Cytopathology (Pathology)

University of Illinois College of Medicine at Chicago Program

Chicago, IL
Program ID: 307-16-21-050

University of Missouri-Columbia Program

Columbia, MO
Program ID: 307-28-22-094

Summa Health System/NEOUCOM Program

Akron, OH
Program ID: 307-38-21-045

Dermatopathology (Dermatology and Pathology)

St Luke's-Roosevelt Hospital Center Program

New York, NY
Program ID: 100-35-31-063

Emergency Medicine

Howard University Program

Washington, DC
Program ID: 110-10-12-010

Family Medicine

University of Arkansas for Medical Sciences AHEC (Northeast) Rural Program

Little Rock, AR
Program ID: 120-04-13-669

St Mary's Hospital and Medical Center Rural Program

Cortez, CO
Program ID: 120-07-21-597

Oakwood Hospital Program

Dearborn, MI
Program ID: 120-25-21-161

Montana Family Medicine Residency Rural Program

Billings, MT
Program ID: 120-29-31-591

Dartmouth-Hitchcock Medical Center Program

Lebanon, NH
Program ID: 120-32-21-551

Hamot Medical Center Program

Erie, PA
Program ID: 120-41-11-263

Meadville Medical Center Program

Meadville, PA
Program ID: 120-41-21-645

Virginia Commonwealth University Health System Program

Richmond, VA
Program ID: 120-51-21-485

University of Wisconsin (Menomonie) Rural Program

Menomonie, WI
Program ID: 120-56-21-615

University of Wisconsin (Antigo) Rural Program

Antigo, WI
Program ID: 120-56-21-635

Forensic Pathology (Pathology)

Sacramento County Coroner's Office Program

Sacramento, CA
Program ID: 310-05-12-089

Forensic Psychiatry (Psychiatry)

Rush University Medical Center Program

Chicago, IL
Program ID: 406-16-21-009

University of Missouri at Kansas City Program

Kansas City, MO
Program ID: 406-28-21-030

Wright State University Program

Dayton, OH
Program ID: 406-38-13-034

Gastroenterology (Internal Medicine)

Southern Illinois University Program

Springfield, IL
Program ID: 144-16-21-208

Geriatric Medicine (Family Medicine)

Sparrow Hospital/Michigan State University Program

Lansing, MI
Program ID: 125-25-31-021

Hand Surgery (General Surgery)

Union Memorial Hospital Program

Baltimore, MD
Program ID: 443-23-21-001

Hematology (Internal Medicine)

Georgetown University Hospital Program

Washington, DC
Program ID: 145-10-21-078

Coney Island Hospital Program

Brooklyn, NY
Program ID: 145-35-11-149

Internal Medicine

Caguas Regional Hospital Program

Caguas, PR
Program ID: 140-42-21-393

Medical Genetics

Maimonides Medical Center Program

Brooklyn, NY
Program ID: 130-35-21-016

Medical Toxicology (Emergency Medicine)

Vanderbilt University Program

Nashville, TN
Program ID: 118-47-21-018

Musculoskeletal Radiology (Radiology-Diagnostic)

University of Wisconsin Program

Madison, WI
Program ID: 426-56-21-008

Neurology

VA Greater Los Angeles Healthcare System Program
Los Angeles, CA
Program ID: 180-05-31-013

Neuropathology (Pathology)

University of Rochester Program
Rochester, NY
Program ID: 315-35-11-087

Neuroradiology (Radiology-Diagnostic)

New York Medical College at Westchester Medical Center Program
Valhalla, NY
Program ID: 423-35-21-035

Nuclear Medicine

McGaw Medical Center of Northwestern University Program
Chicago, IL
Program ID: 200-16-31-026

Christ Hospital Program
Cincinnati, OH
Program ID: 200-38-21-112

Nuclear Radiology (Radiology-Diagnostic)

McGaw Medical Center of Northwestern University Program
Chicago, IL
Program ID: 425-16-21-052

Obstetrics and Gynecology

Glendale Adventist Medical Center Program
Glendale, CA
Program ID: 220-05-31-030

Maryland General Hospital Program
Baltimore, MD
Program ID: 220-23-11-115

University of Texas Southwestern Medical School/St Paul Medical Center Program
Dallas, TX
Program ID: 220-48-31-283

Oncology (Internal Medicine)

Georgetown University Hospital Program
Washington, DC
Program ID: 147-10-21-078

Ophthalmology

Georgetown University Hospital Program
Washington, DC
Program ID: 240-10-21-038

Interfaith Medical Center Program
Brooklyn, NY
Program ID: 240-35-11-190

Orthopaedic Surgery of the Spine (Orthopaedic Surgery)

University of Rochester Program
Rochester, NY
Program ID: 267-35-31-025

Pathology-Anatomic and Clinical

University of Illinois College of Medicine at Chicago/Metropolitan Group Hospitals Program
Chicago, IL
Program ID: 300-16-21-409

Pediatric Anesthesiology (Anesthesiology)

UMDNJ-New Jersey Medical School Program
Newark, NJ
Program ID: 042-33-21-046

Pediatric Gastroenterology (Pediatrics)

Children's Hospital-Oakland Program
Oakland, CA
Program ID: 332-05-13-063

Pediatric Hematology/Oncology (Pediatrics)

SUNY Upstate Medical University Program
Syracuse, NY
Program ID: 327-35-21-028

Pediatric Nephrology (Pediatrics)

University of Alabama Medical Center Program
Birmingham, AL
Program ID: 328-01-21-057

University of Colorado Program
Denver, CO
Program ID: 328-07-21-003

Duke University Hospital Program
Durham, NC
Program ID: 328-36-21-044

Pediatric Orthopaedics (Orthopaedic Surgery)

Brown University Program
Providence, RI
Program ID: 265-43-12-042

Pediatric Pathology (Pathology)

Johns Hopkins University Program
Baltimore, MD
Program ID: 316-23-21-025

Pediatric Pulmonology (Pediatrics)

University of Chicago Program
Chicago, IL
Program ID: 330-16-21-048

Pediatric Radiology (Radiology-Diagnostic)

Jackson Memorial Hospital/Jackson Health System Program
Miami, FL
Program ID: 424-11-21-006

Pediatric Urology (Urology)

University of Tennessee Program
Memphis, TN
Program ID: 485-47-21-007

Physical Medicine and Rehabilitation

Medical University of South Carolina Program
Charleston, SC
Program ID: 340-45-21-092

Preventive Medicine

University of Alabama Medical Center Program
Birmingham, AL
Program ID: 380-01-77-054

UCLA Medical Center Program
Los Angeles, CA
Program ID: 380-05-21-010

George Washington University Program
Washington, DC
Program ID: 380-10-77-063

University of Michigan School of Public Health Program
Ann Arbor, MI
Program ID: 380-25-77-077

Medical College of Wisconsin Affiliated Hospitals Program
Milwaukee, WI
Program ID: 380-56-77-095

Psychiatry

Austin State Hospital Program
Austin, TX
Program ID: 400-48-12-209

Pulmonary Disease and Critical Care Medicine (Internal Medicine)

Mount Sinai School of Medicine (Elmhurst Hospital) Program
New York, NY
Program ID: 156-35-21-123

Radiology-Diagnostic

Charles R Drew University Program
Los Angeles, CA
Program ID: 420-05-12-022

University of Illinois College of Medicine at Chicago/Michael Reese Hospital Program
Chicago, IL
Program ID: 420-16-12-057

University of Tennessee Program
Memphis, TN
Program ID: 420-47-21-188

**Spinal Cord Injury Medicine
(Physical Medicine and
Rehabilitation)**

**University of Texas Health Science
Center at San Antonio Program**
San Antonio, TX
Program ID: 345-48-21-022

**Sports Medicine
(Family Medicine)**

**Memorial Hermann Hospital System
Program**
Houston, TX
Program ID: 127-48-12-060

**Surgical Critical Care
(General Surgery)**

**Baylor College of Medicine/Ben Taub
General Hospital Program**
Houston, TX
Program ID: 442-48-12-078

Thoracic Surgery

**Newark Beth Israel Medical Center
Program**
Newark, NJ
Program ID: 460-33-11-054

Temple University Hospital Program
Philadelphia, PA
Program ID: 460-41-13-116

**San Antonio Uniformed Services Health
Education Consortium Program**
Fort Sam Houston, TX
Program ID: 460-48-12-004

Transitional Year

Charles R Drew Medical Center Program
Los Angeles, CA
Program ID: 999-05-00-242

**Advocate Illinois Masonic Medical
Center Program**
Chicago, IL
Program ID: 999-16-00-034

Urology

Howard University Program
Washington, DC
Program ID: 480-10-21-032

**National Capital Consortium (Bethesda)
Program**
Bethesda, MD
Program ID: 480-23-21-010

**Vascular and Interventional
Radiology (Radiology-Diagnostic)**

Howard University Program
Washington, DC
Program ID: 427-10-21-068

Eastern Virginia Medical School Program
Norfolk, VA
Program ID: 427-51-12-106

Section V

Graduate Medical Education Teaching Institutions

Section V lists hospitals and organizations that sponsor graduate medical education (GME) programs or participate in GME. *Sponsoring institutions* assume final responsibility for a GME program. Most GME programs are sponsored by specific clinical departments within a hospital, another health care institution such as a medical school, or an educational consortium. *Major participating institutions* include hospitals or other sites recognized by at least one residency review committee as providing a major portion of required GME. Hospitals and other institutions that provide rotations of less than one-sixth of the program length or less than a total of 6 months are not listed in the *Directory*.

All institutions that sponsor GME programs or participate in GME are listed in alphabetical order by state and city. Each listing includes the institution name, address, and identification code. Also provided are codes of medical schools affiliated with each institution (where applicable) and abbreviations for the specialty and subspecialty programs affiliated with each institution. (A key for specialty and subspecialty abbreviation codes is provided on the inside back cover of this *Directory*).

Candidates seeking a residency should refer to the list of programs in Section III. Applications for a residency position should be addressed to the program director rather than to an institution.

Relationships Between Hospitals and Medical Schools (Medical School Affiliation)

Hospitals that sponsor an accredited program are not required to have a formal relationship with a medical school. Where such a relationship exists, the affiliation is identified by the dean of the medical school as M (major), G (graduate only), or L (limited). The medical school associated with the code number in this listing is identified in Appendix D.

Major affiliation (M) signifies that an institution is an important part of the teaching program of the medical school and is a major unit in the clinical clerkship program. Major teaching institutions provide clerkship experience in two or more of the major specialties: internal medicine, surgery, pediatrics, and obstetrics-gynecology. An institution responsible for most of the teaching in a single specialty, such as psychiatry or pediatrics, may also be considered a major affiliation. In a major teaching institution, medical students serve clinical clerkships regularly on inpatient services, under the direct supervision of medical school faculty. A major teaching institution may or may not be used for medical school residencies.

Graduate affiliation (G) indicates that the institution is affiliated with the medical school only for its graduate programs and that one or more of the following arrangements is in effect:

1. House staff of the GME programs are selected by officials of a medical school department or by a joint committee of the institution teaching staff and medical school faculty.
2. Medical school faculty (other than the institution's attending staff) are regularly scheduled to participate in the teaching programs of the institution. No graduate affiliation is indicated if medical school faculty participation at the institution is limited to an occasional lecture or consultation visit, or if the institution's residents attend medical school teaching conferences only as visitors.
3. A contractual arrangement (with or without financial commitment) specifies the medical school participation in the organization and supervision of the GME program in the institution.
4. There is some degree of exchange of residents between this institution and the principal teaching institution of the medical school.

Limited affiliation (L) signifies that the institution is affiliated with the medical school's teaching program only for brief and/or unique rotations of students or residents.

Alabama

Anniston

Northeast Alabama Regional Medical Center

400 E Tenth St
PO Box 2208
Anniston, AL 36202-2208
Programs sponsored in: FP
Institution ID: 01-0517

Birmingham

American Red Cross Blood Services-Alabama Region

2225 Third Ave, North
Birmingham, AL 35203-0605
Med Sch Affil: G-00102
Major participating institution for programs in: BBK
Institution ID: 01-8004

American Sports Medicine Institute

1313 13th St South
Birmingham, AL 35205
Med Sch Affil: G-00102
Programs sponsored in: OFA, OSM
Institution ID: 01-8009

Baptist Health System Inc

Buchanan Building Suite 9-B
800 Montclair Rd
Birmingham, AL 35213
Med Sch Affil: G-00102
Programs sponsored in: DR, GS, IM, PTH, TY
Institution ID: 01-0519

Baptist Medical Center-Montclair

840 Montclair Rd
Birmingham, AL 35213
Med Sch Affil: G-00102
Major participating institution for programs in: DR, GS, IM, PTH, TY
Institution ID: 01-0307

Baptist Medical Center-Princeton

701 Princeton Ave, S W
Birmingham, AL 35211
Med Sch Affil: G-00102
Major participating institution for programs in: DR, GS, PTH, TY
Institution ID: 01-0187

Carraway Methodist Medical Center

Dept of Academic Affairs
1600 Carraway Blvd
Birmingham, AL 35234
Med Sch Affil: M-00102
Programs sponsored in: FP, FSM, GS, IM, TY
Institution ID: 01-0132

Children's Hospital of Alabama

1600 Seventh Ave, South
Birmingham, AL 35233-0010
Med Sch Affil: M-00102
Major participating institution for programs in: ADL, AI, CCP, CCS, CHN, CHP, EM, HSO, MG, MGP, NPM, NS, ORS, OTO, PAN, PD, PDE, PDI, PDP, PDS, PEM, PG, PHO, PS, SCI, U
Institution ID: 01-0497

Cooper Green Hospital

1515 Sixth Ave, South
Birmingham, AL 35233-9990
Med Sch Affil: M-00102
Major participating institution for programs in: GS, HSO, IM, NEP, OBG, OPH, ORS, OTO
Institution ID: 01-0511

Dermatology Associates

2100 16th Ave South, Suite 202
Birmingham, AL 35205
Programs sponsored in: PRD
Institution ID: 01-8015

Eye Foundation Hospital

1720 University Blvd
Birmingham, AL 35233-6805
Med Sch Affil: M-00102
Major participating institution for programs in: OPH
Institution ID: 01-0502

HealthSouth Medical Center

1201 11th Ave South
Birmingham, AL 35205-0605
Major participating institution for programs in: FSM, OFA
Institution ID: 01-7003

Jefferson County Coroner/Medical Examiner's Office

1515 Sixth Ave, S
Birmingham, AL 35233-0605
Med Sch Affil: G-00102
Major participating institution for programs in: FOP
Institution ID: 01-0531

Medical Center East

50 Medical Park Dr
Birmingham, AL 35235-9990
Med Sch Affil: L-00102
Programs sponsored in: FP
Institution ID: 01-0515

St Vincent's Hospital

810 St Vincent's Drive
PO Box 12407
Birmingham, AL 35202-2407
Med Sch Affil: G-00102
Major participating institution for programs in: U
Institution ID: 01-0196

University of Alabama Hospital

619 S 19th St
Birmingham, AL 35249-6505
Med Sch Affil: M-00102
Programs sponsored in: ADL, AI, AN, APM, BBK, CCA, CCP, CCS, CD, CHN, CHP, CN, D, DMP, DR, EM, END, FOP, FP, FSM, GE, GS, HMP, HO, HSO, IC, ICE, ID, IM, IMG, MG, MGP, MPD, N, NEP, NM, NE, NPM, NS, OBG, OPH, ORS, OTO, P, PAN, PCC, PCP, PD, PDE, PDI, PDP, PDS, PEM, FFP, PG, PHO, PM, PS, PTH, PYG, RHU, RNR, RO, SCI, TS, U, VIR, VN, VS
Major participating institution for programs in: IM
Institution ID: 01-0498

University of Alabama School of Medicine

306 Medical Education Bldg
1813 Sixth Ave, S
Birmingham, AL 35294-0605
Med Sch Affil: M-00102, L-02803
Major participating institution for programs in: MG
Institution ID: 01-0527

Veterans Affairs Medical Center (Birmingham)

700 S 19th St
Birmingham, AL 35233-6805
Med Sch Affil: M-00102
Major participating institution for programs in: AI, CD, CN, D, DMP, END, GS, HSO, ICE, IM, IMG, MGP, N, NEP, NM, NE, NS, OPH, ORS, OTO, PCP, PS, PTH, RO, TS, U, VS
Institution ID: 01-0500

Huntsville

Huntsville Hospital

101 Sivley Road
Huntsville, AL 35801-9990
Med Sch Affil: M-00102
Major participating institution for programs in: FP, PSM
Institution ID: 01-0507

Mobile

Mobile Infirmary Medical Center

PO Box 2226
Mobile, AL 36652-2144
Major participating institution for programs in: P
Institution ID: 01-0508

University of South Alabama Hospitals

2451 Fillingim St
Mobile, AL 36617-2293
Med Sch Affil: M-00106
Programs sponsored in: CD, DR, FP, GE, GS, ID, IM, MPD, N, OBG, ORS, P, PD, PTH, PUD
Institution ID: 01-0406

University of South Alabama Medical Center

2451 Fillingim St
Mobile, AL 36617-2293
Major participating institution for programs in: CD, DR, FP, ID, IM, N, ORS, P, PTH, PUD
Institution ID: 01-8013

USA Children's and Women's Hospital

1700 Center St
Mobile, AL 36604-3391
Med Sch Affil: M-00106
Major participating institution for programs in: FP, GS, ID, OBG, ORS, P, PD
Institution ID: 01-8011

USA Knollwood Park Hospital

5600 Girby Road
Mobile, AL 36693-3398
Med Sch Affil: M-00106
Major participating institution for programs in: DR, GE, GS, ID, N, ORS, P, PUD
Institution ID: 01-8010

Montgomery

Baptist Medical Center South

2105 East South Boulevard
PO Box 11010
Montgomery, AL 36111-0010
Med Sch Affil: M-00102
Major participating institution for programs in: FP, IM
Institution ID: 01-0309

Baptist Outreach Services

301 Brown Springs Road
PO Box 244001
Montgomery, AL 36124-0124
Programs sponsored in: FP
Institution ID: 01-8012

Selma

Vaughan Regional Medical Center

P O Box 328
W Dallas Ave
Selma, AL 36701
Major participating institution for programs in: FP
Institution ID: 01-0512

Tuscaloosa**DCH Regional Medical Center**

809 University Blvd, E
Tuscaloosa, AL 35403-9990
Med Sch Affil: M-00102
Major participating institution for programs in: FP, GS
Institution ID: 01-0510

Taylor Hardin Secure Medical Facility

Jack Warner Parkway
Tuscaloosa, AL 35404
Major participating institution for programs in: PFP
Institution ID: 01-8014

Tuskegee**Central Alabama Veterans Healthcare System**

2400 Hospital Road
Tuskegee, AL 36083-2407
Med Sch Affil: G-01221
Major participating institution for programs in: P
Institution ID: 01-0306

Alaska**Anchorage****Providence Hospital**

3200 Providence Dr
PO Box 196604
Anchorage, AK 99519-6604
Med Sch Affil: L-05404
Programs sponsored in: FP
Institution ID: 02-8001

Arizona**Davis-Monthan AFB****US Air Force Hospital**

4175 S Alamo Ave
Davis-Monthan AFB, AZ 85707-4405
Major participating institution for programs in: OBG
Institution ID: 03-0503

Phoenix**Banner Good Samaritan Medical Center**

1111 E Mc Dowell Rd
Phoenix, AZ 85006
Med Sch Affil: M-00301
Programs sponsored in: CD, END, ETX, FP, GE, GS, IC, IM, IMG, MPD, OBG, P, PCC, TY
Institution ID: 03-0345

Biltmore Advanced Imaging Center

2141 East Camelback Road
Phoenix, AZ 85016
Major participating institution for programs in: RNR
Institution ID: 03-8032

Carl T Hayden Veterans Affairs Medical Center (Phoenix)

650 East Indian School Rd
Phoenix, AZ 85012
Med Sch Affil: L-00301
Major participating institution for programs in: CD, END, GE, GS, IM, IMG, ORS, PCC
Institution ID: 03-0504

Children's Rehabilitative Services - St Joseph's Hospital

124 W Thomas Road
Phoenix, AZ 85013-6604
Major participating institution for programs in: ORS
Institution ID: 03-0495

Maricopa Medical Center

2601 East Roosevelt St
Phoenix, AZ 85008
Med Sch Affil: M-00301, G-02608
Programs sponsored in: CHP, EM, GS, IM, MPD, OBG, ORS, P
Major participating institution for programs in: D, MPD, PD
Institution ID: 03-0253

Mayo Clinic Hospital

5777 E Mayo Boulevard
Phoenix, AZ 85054
Med Sch Affil: M-02608
Major participating institution for programs in: CD, D, FP, GE, GS, IM, N, TY, U
Institution ID: 03-8029

Phoenix Baptist Hospital and Med Ctr/Vanguard Health System

2000 W Bethany Home Road
Phoenix, AZ 85015
Med Sch Affil: L-00301
Programs sponsored in: FP
Institution ID: 03-0517

Phoenix Children's Hospital

1919 E Thomas Rd
Phoenix, AZ 85016-7710
Med Sch Affil: L-00301
Programs sponsored in: PD, PDE, PEM
Major participating institution for programs in: D, ETX, MPD, NS, U
Institution ID: 03-8015

St Joseph's Hospital and Medical Center

350 West Thomas Road
Phoenix, AZ 85013-6604
Med Sch Affil: M-00301, G-04815
Programs sponsored in: CHN, CN, DR, FP, FPG, IM, N, NS, PD, PTH, RNR
Major participating institution for programs in: CHP, IC, OBG, ORS
Institution ID: 03-0136

Scottsdale**Mayo Clinic (Scottsdale)**

13400 E Shea Boulevard
Scottsdale, AZ 85259-2184
Med Sch Affil: M-02608, L-00301
Major participating institution for programs in: APM, CD, D, GE, GS, IM, N, TY, U
Institution ID: 03-8019

Scottsdale Healthcare

9003 East Shea Boulevard
Scottsdale, AZ 85260-8771
Major participating institution for programs in: FP
Institution ID: 03-8024

Scottsdale Healthcare-Osborn

7400 E Osborn Road
Scottsdale, AZ 85251-6403
Med Sch Affil: M-00301
Programs sponsored in: FP
Institution ID: 03-0512

Sun City**Walter O Boswell Memorial Hospital**

10401 W Thunderbird Blvd
PO Box 1690
Sun City, AZ 85372-6771
Major participating institution for programs in: FPG
Institution ID: 03-8026

Sun City West**Del E Webb Memorial Hospital**

14502 W Meeker Blvd
PO Box 5169
Sun City West, AZ 85357-6771
Major participating institution for programs in: FPG
Institution ID: 03-8027

Tucson**Desert Dialysis Center**

2022 E Prince Rd
Tucson, AZ 85719
Major participating institution for programs in: NEP
Institution ID: 03-8034

Kino Community Hospital

PO Box 42195
Tucson, AZ 85733-6604
Med Sch Affil: M-00301
Major participating institution for programs in: GE, OPH, VIR
Institution ID: 03-0246

Northwest Medical Center

6200 North La Cholla Boulevard
Tucson, AZ 87541-3599
Major participating institution for programs in: NS
Institution ID: 03-8035

Southern Arizona VA Health Care Center (Tucson)

3601 South Sixth Ave
Tucson, AZ 85723-6604
Med Sch Affil: M-00301
Major participating institution for programs in: AN, CD, D, DR, GE, GS, ID, IM, IMG, MGP, MN, N, NEP, NS, OPH, P, PCC, PTH, PYN, TY, U, VIR
Institution ID: 03-0501

Tucson Hospitals Medical Education Program Inc

5301 E Grant Road
Box 42195
Tucson, AZ 85733-6604
Programs sponsored in: TY
Institution ID: 03-0497

Tucson Medical Center

5301 East Grant Road
Tucson, AZ 85712-6604
Med Sch Affil: M-00301
Major participating institution for programs in: GS, IM, PDP, TY, U
Institution ID: 03-0235

University Medical Center

1501 North Campbell Ave
PO Box 245128
Tucson, AZ 85724-4405
Med Sch Affil: M-00301
Major participating institution for programs in: AN, APM, CCA, CD, CHP, D, DR, EM, EMP, FP, FSM, GE, GS, HMP, HO, IC, ICE, ID, IM, IMG, MGP, MN, N, NEP, NS, OBG, OPH, ORS, OSM, P, PCC, PD, PDP, PTH, PYN, RHU, RNR, RO, TS, TY, U, VS
Institution ID: 03-0506

University of Arizona College of Medicine

1501 North Campbell Ave
PO Box 245085
Tucson, AZ 85724-5085
Programs sponsored in: AN, APM, CCA, CD, CHP, D, DR, EM, EMP, ETX, FP, FSM, GE, GS, HMP, HO, IC, ICE, ID, IM, IMG, MGP, MN, N, NEP, NS, OBG, OPH, ORS, OSM, P, PCC, PD, PDP, PTH, PYN, RHU, RNR, RO, TS, U, VIR, VS
Institution ID: 03-0509

Arkansas

El Dorado

Medical Center of South Arkansas (Union Medical Center)

700 W Grove St
El Dorado, AR 71730-3591
Major participating institution for programs in: FP
Institution ID: 04-0476

Fayetteville

Washington Regional Medical Center

1125 N College
Fayetteville, AR 72703-3591
Major participating institution for programs in: FP
Institution ID: 04-0473

Fort Smith

Sparks Regional Medical Center

1311 South I St
PO Box 17006
Fort Smith, AR 72917-3591
Major participating institution for programs in: FP
Institution ID: 04-0467

Jonesboro

St Bernards Regional Medical Center

224 E Matthews St
Jonesboro, AR 72401-3591
Major participating institution for programs in: FP
Institution ID: 04-0478

Little Rock

Arkansas Children's Hospital

800 Marshall St
Little Rock, AR 72202
Med Sch Affil: M-00401
Major participating institution for programs in: AN, BBK, CCP, CHN, CHP, DR, EM, GS, HSO, MPD, NPM, NS, OPH, ORS, OTO, P, PAN, PD, PDE, PDI, PDP, PDR, PDS, RNR, TS, U
Institution ID: 04-0284

Arkansas State Hospital (DMHS)

DMHS Research and Training
4313 W Markham, Administration Building
Little Rock, AR 72205-3591
Med Sch Affil: G-00401
Major participating institution for programs in: CHP, P, PPP
Institution ID: 04-0307

Baptist Health Rehabilitation Institute of Arkansas

9601 Interstate 630, Exit 7
Little Rock, AR 72205-7249
Med Sch Affil: L-00401
Major participating institution for programs in: PM
Institution ID: 04-8015

Baptist Medical Center

9601 Interstate 630, Exit #7
Little Rock, AR 72205-3591
Med Sch Affil: L-00401
Major participating institution for programs in: GS
Institution ID: 04-0350

Central Arkansas Veterans Health Center

4300 West 7th St
Little Rock, AR 72205
Med Sch Affil: M-00401
Major participating institution for programs in: AN, CD, CHN, D, DMP, DR, END, GE, GS, HMP, HO, HSO, IC, ID, IM, IMG, MPD, N, NEP, NM, NS, OFA, OPH, ORS, OTO, P, PCC, PCP, PM, PTH, RHU, RNR, TS, U, VIR, VS
Institution ID: 04-0349

UAMS-Area Health Education Centers

4301 W Markham St
Mail Slot 599
Little Rock, AR 72205-7199
Programs sponsored in: FP
Institution ID: 04-8018

University Hospital of Arkansas

4301 W Markham St
UAMS, Slot 719
Little Rock, AR 72205
Med Sch Affil: M-00401
Programs sponsored in: MPD
Major participating institution for programs in: AN, CD, CHN, D, DBP, DMP, DR, EM, END, FP, GE, GS, HMP, HO, IC, ID, IM, IMG, N, NEP, NM, NPM, NS, OBG, OFA, OPH, ORS, OTO, P, PCC, PDR, PTH, RHU, RNR, TS, U, VIR, VS
Institution ID: 04-0261

University of Arkansas College of Medicine

4301 West Markham St, Slot 550
Little Rock, AR 72205
Med Sch Affil: M-00401
Programs sponsored in: AN, BBK, CCP, CD, CHN, CHP, D, DBP, DMP, DR, EM, END, FP, GE, GS, HMP, HO, HSO, IC, ID, IM, IMG, N, NEP, NM, NPM, NS, OBG, OFA, OPH, ORS, OTO, P, PAN, PCC, PCP, PD, PDE, PDI, PDP, PDR, PDS, PFP, PM, PTH, RHU, RNR, TS, U, VIR, VS
Institution ID: 04-9501

Pine Bluff

Arkansas Department of Corrections Special Programs Unit

7500 Correction Circle
Pine Bluff, AR 71603-1437
Major participating institution for programs in: PFP
Institution ID: 04-8027

Jefferson Regional Medical Center

1515 W 42nd Ave
Pine Bluff, AR 71603-3591
Major participating institution for programs in: FP
Institution ID: 04-0465

Springdale

Northwest Medical Center

609 West Maple St
Springdale, AR 72403
Major participating institution for programs in: FP
Institution ID: 04-8023

Texarkana

Christus St Michael Health System

Sixth and Hazel Sts
Texarkana, AR 75502
Major participating institution for programs in: FP
Institution ID: 04-7012

California

Anaheim

Kaiser Foundation Hospitals (Anaheim)

Anaheim Medical Center
441 Lakeview Ave
Anaheim, CA 92807-4162
Med Sch Affil: G-00515
Major participating institution for programs in: FP, OTO, U
Institution ID: 05-8043

Atascadero

Atascadero State Hospital

10333 El Camino Real
PO Box 7001
Atascadero, CA 93423-7001
Major participating institution for programs in: P
Institution ID: 05-8097

Bakersfield

Bakersfield Memorial Hospital

420 34th St
Bakersfield, CA 93301
Major participating institution for programs in: IC
Institution ID: 05-8126

Kern Medical Center

1830 Flower St
Department of Medical Education
Bakersfield, CA 93305-4007
Med Sch Affil: L-00514, L-00518
Programs sponsored in: EM, FP, GS, IM, OBG, P, TY
Institution ID: 05-0120

Baldwin Park

Kaiser Foundation Hospital (Baldwin Park)

1011 Baldwin Park Boulevard
Baldwin Park, CA 91706
Major participating institution for programs in: HO
Institution ID: 05-8117

Bellflower

Kaiser Foundation Hospital (Bellflower)

9400 Rosecrans Ave
Bellflower, CA 90706-2246
Med Sch Affil: G-00515
Major participating institution for programs in: HO, OPH, U
Institution ID: 05-8046

Berkeley

Alta Bates Medical Center

2450 Ashby Ave
Berkeley, CA 94705
Major participating institution for programs in: OBG
Institution ID: 05-8123

University of California School of Public Health

19 Earl Warren Hall
Berkeley, CA 94720-7360
Med Sch Affil: L-00502
Major participating institution for programs in: GPM
Institution ID: 05-0376

Camp Pendleton

Naval Hospital (Camp Pendleton)

Box 555191
Camp Pendleton, CA 92055-5191
Med Sch Affil: L-00518, G-02312
Programs sponsored in: FP, FSM
Institution ID: 05-0320

Chula Vista

Scripps Memorial Hospital-Chula Vista

435 H St
PO Box 1537
Chula Vista, CA 91910-1537
Med Sch Affil: G-00518
Programs sponsored in: FP
Institution ID: 05-8098

Colton**Arrowhead Regional Medical Center**

400 North Pepper Ave
Colton, CA 92324-1819

Med Sch Affil: L-00514, L-00512, G-00515

Programs sponsored in: FP, FPG, TY

Major participating institution for programs in: GS, HSO, ORS, OTO, PS, U

Institution ID: 05-0207

Daly City**Seton Medical Center**

1900 Sullivan Ave
Daly City, CA 94015-1200

Med Sch Affil: L-00502

Major participating institution for programs in: RO

Institution ID: 05-0494

Davis**Sutter Davis Hospital**

Rd 99 at Covell Blvd
PO Box 1617

Davis, CA 95617

Major participating institution for programs in: FP

Institution ID: 05-0728

University of California (Davis) School of Medicine

100 Medical Science 1-C Bldg
Davis, CA 95616-8925

Med Sch Affil: M-00519

Major participating institution for programs in: END, GS

Institution ID: 05-9502

Downey**LAC-Rancho Los Amigos National Rehabilitation Center**

7601 E Imperial Highway
Downey, CA 90242

Med Sch Affil: M-00506, G-00515, G-01401

Major participating institution for programs in: FPG, GE, ORS, PM, RHU

Institution ID: 05-0504

Duarte**City of Hope National Medical Center**

Department of Pathology

1500 E Duarte Ave

Duarte, CA 91010-1495

Med Sch Affil: L-00506, L-01902, L-00518, G-00515

Programs sponsored in: HMP

Major participating institution for programs in: HO, RO

Institution ID: 05-0233

Fontana**Kaiser Foundation Hospital (Fontana)**

9961 Sierra Ave
Fontana, CA 92335-1084

Med Sch Affil: L-00512, L-00514

Major participating institution for programs in: FP, FSM, GPM, GS, OBG, PS

Institution ID: 05-0576

Fresno**Community Medical Centers-University Medical Center**

445 S Cedar Ave
Fresno, CA 93702

Med Sch Affil: M-00502

Major participating institution for programs in: CCS, EM, FP, GS, IM, OBG, P, PD

Institution ID: 05-0485

Fresno County Health Services

1221 Fulton
Fresno, CA 93725

Major participating institution for programs in: P

Institution ID: 05-8129

Kaiser Permanente Medical Center (Fresno)

7300 N Fresno St
Fresno, CA 93720

Major participating institution for programs in: P

Institution ID: 05-8131

UCSF-Fresno Medical Education Program

2615 East Clinton Ave
Fresno, CA 93703-8925

Programs sponsored in: CCS, EM, FP, GS, IFP, IM, OBG, P, PD

Institution ID: 05-9501

VA Central California Health Care System

2615 E Clinton Ave
Fresno, CA 93703-1084

Med Sch Affil: M-00502

Major participating institution for programs in: GS, IM, P

Institution ID: 05-0581

Glendale**Glendale Adventist Medical Center**

1509 Wilson Terrace
Medical Education - Ms Elaine Allen
Glendale, CA 91206-4007

Med Sch Affil: L-00514, L-00512

Programs sponsored in: FP

Institution ID: 05-0116

Harbor City**Kaiser Permanente Medical Center (Harbor City)**

25825 S Vermont Ave
Harbor City, CA 90710

Major participating institution for programs in: RO

Institution ID: 05-8145

Inglewood**Centinel Hospital Medical Center**

555 East Hardy St
Inglewood, CA 90301

Major participating institution for programs in: OSM

Institution ID: 05-0792

Irvine**University of California (Irvine) College of Medicine**

Irvine Hall Bldg
Irvine, CA 92717

Major participating institution for programs in: GPM

Institution ID: 05-0741

La Jolla**Scripps Clinic**

10666 N Torrey Pines Road, Rm 403 C
La Jolla, CA 92037

Med Sch Affil: L-00518

Programs sponsored in: AI, CD, END, GE, HMP, HO, IC, IM, PRD, RHU, VS

Major participating institution for programs in: OTO

Institution ID: 05-0225

Scripps Clinic/Scripps Green Hospital

10666 N Torrey Pines Road
La Jolla, CA 92037-2128

Major participating institution for programs in: AI,

CD, END, GE, HMP, HO, IC, IM, RHU

Institution ID: 05-8106

Loma Linda**Jerry L Pettis Memorial Veterans Hospital**

11201 Benton St
Loma Linda, CA 92357-6009

Med Sch Affil: M-00512

Major participating institution for programs in: CD, D, DR, FP, GE, GPM, GS, IM, MPD, OPH, ORS, OTO, P, PCC, PM, PS, PTH, RHU, U

Institution ID: 05-0748

Loma Linda University Medical Center

11234 Anderson St
House Staff Office CP 21005
Loma Linda, CA 92354

Med Sch Affil: M-00512, L-02312, G-00515

Programs sponsored in: AN, APM, GCP, CD, CHN, CN, D, DR, EM, FP, GE, GPM, GS, HSO, IM, MPD, N, NPM, NS, OBG, OPH, ORS, OTO, P, PAN, PCC, PD, PDR, PE, PM, PRD, PS, PTH, RHU, RNR, RO, TS, U, VIR, VS

Major participating institution for programs in: GE

Institution ID: 05-0238

Long Beach**Long Beach Memorial Medical Center**

2801 Atlantic Ave, PO Box 1428
Long Beach, CA 90801-1428

Med Sch Affil: M-00515, L-00514

Programs sponsored in: FP, OSM

Major participating institution for programs in: CD, DR, EM, IC, IM, NPM, OBG, PCC, PD, PDP, PM, PMG, PTH, RO, SCI

Institution ID: 05-0195

Miller Children's Hospital

2801 Atlantic Ave
Long Beach, CA 90801

Major participating institution for programs in: PDP

Institution ID: 05-0794

Southern California Center for Sports Medicine

2760 Atlantic Ave
Long Beach, CA 90806-1219

Major participating institution for programs in: OSM

Institution ID: 05-8062

St Mary Medical Center

1050 Linden Ave
Long Beach, CA 90813-1495

Med Sch Affil: L-00514

Programs sponsored in: IM

Major participating institution for programs in: CD, PCC, VS

Institution ID: 05-0267

VA Long Beach Healthcare System

5901 E Seventh St
Long Beach, CA 90822-5201

Med Sch Affil: M-00515

Major participating institution for programs in: AI, CCA, CD, D, DR, END, GE, GS, HO, ID, IM, IMG, N, NEP, OPH, ORS, PCC, PM, PTH, RHU, RO, SCI, U

Institution ID: 05-0186

Los Angeles**California Hospital Medical Center**

1401 S Grand Ave
Los Angeles, CA 90015

Med Sch Affil: G-00515, G-00506

Programs sponsored in: FP, FPG

Institution ID: 05-0281

Cedars-Sinai Medical Center

8700 Beverly Blvd
Los Angeles, CA 90048
Med Sch Affil: M-00514, G-04815, G-00515

Programs sponsored in: ADP, BBK, CCM, CCS, CD, CHP, CRS, DR, END, GS, HMP, IC, ICE, IM, MG, MPD, NEP, NM, NPM, OBG, P, PCC, PD, PDI, PMG, PN, PTH, RHU, RNR

Major participating institution for programs in: CN, GE, HO, ID, IM, PMG
Institution ID: 05-0545

Charles R Drew University of Medicine and Science

1731 East 120th St
Los Angeles, CA 90059-1084

Programs sponsored in: AN, D, EM, END, FF, GE, ID, IM, IMG, NPM, OBG, OPH, ORS, OTO, P, PD
Institution ID: 05-0590

Childrens Hospital Los Angeles

4650 Sunset Boulevard
PO Box 54700
Los Angeles, CA 90027-5693
Med Sch Affil: M-00506, G-00515

Programs sponsored in: ADL, CCP, CHN, PAN, PD, PDC, PDE, PDI, PDP, PDR, PDS, PEM, PG, PHO, PP, PPR
Major participating institution for programs in: AI, CHF, NPM, NS, ORS, PAN, RNR, TS, U
Institution ID: 05-0344

County of Los Angeles-Department of Coroner

1104 North Mission Road
Los Angeles, CA 90033-5700
Programs sponsored in: FOP
Institution ID: 05-0553

Hospital of the Good Samaritan

1225 Wilshire Boulevard
Los Angeles, CA 90017-2395
Med Sch Affil: L-00506
Major participating institution for programs in: IC, ICE
Institution ID: 05-0118

House Ear Clinic, Inc

2100 West Third St, Suite 111
Los Angeles, CA 90057
Programs sponsored in: NO
Institution ID: 05-8107

Kaiser Foundation Hospital (Los Angeles)

Los Angeles, CA 90027-1207
Med Sch Affil: M-00514
Major participating institution for programs in: AI, CD, DR, FF, FPG, FSM, GE, GS, IC, IM, N, NEP, OBG, PD, RO, U
Institution ID: 05-0285

Kaiser Permanente Southern California

Center for Medical Education
4733 Sunset Blvd, 3rd Fl
Los Angeles, CA 90027
Programs sponsored in: AI, CD, DR, FF, FPG, FSM, GE, GS, IC, IM, N, NEP, OBG, PD, RO, U
Institution ID: 05-8072

Kenneth Norris Jr Cancer Hospital and Research Institute

1441 Eastlake Ave
Los Angeles, CA 90033-4496
Med Sch Affil: M-00506
Major participating institution for programs in: APM, CRS, HEM, ON, OTO, RO, U, VIR
Institution ID: 05-0793

Kerlan-Jobe Orthopaedic Clinic

6801 Park Terrace Drive, Suite 125
Los Angeles, CA 90045-3000
Programs sponsored in: OSM
Institution ID: 05-8067

LAC USC Medical Center

1200 North State St
Room 1112
Los Angeles, CA 90033-1084
Med Sch Affil: M-00506, G-01401
Major participating institution for programs in: AI, AN, BBK, CCS, CD, CHN, CHP, CN, CRS, D, DR, EM, END, GE, GS, HEM, HMP, HSO, HSP, IC, ID, IM, IMG, MPD, N, NEP, NM, NO, NP, NPM, NS, OBG, ON, OPH, OTO, P, PCC, PCP, PD, PFP, PS, PTH, RHU, RNR, RO, TS, U, VIR
Institution ID: 05-0557

LAC-King/Drew Medical Center

12021 S Wilmington Ave
Los Angeles, CA 90059
Med Sch Affil: M-00514, L-00506
Major participating institution for programs in: AN, D, EM, END, FF, GE, ID, IM, IMG, NPM, OBG, OPH, ORS, OTO, P, PD
Institution ID: 05-0577

Orthopaedic Hospital

2400 South Flower St
Los Angeles, CA 90007
Med Sch Affil: M-00506
Programs sponsored in: OP
Major participating institution for programs in: ORS
Institution ID: 05-0347

Queen of Angels Hollywood Presbyterian Medical Center

1300 North Vermont Ave
Los Angeles, CA 90027
Major participating institution for programs in: NPM
Institution ID: 05-8157

Ronald L Moy Dermatology Clinic

100 UCLA Medical Plaza, Suite 590
Los Angeles, CA 90024
Programs sponsored in: PRD
Institution ID: 05-8187

Shriners Hospitals for Children (Los Angeles)

3160 Geneva St
Los Angeles, CA 90020-2481
Med Sch Affil: L-00514
Major participating institution for programs in: ORS
Institution ID: 05-0367

St Vincent Medical Center

2131 W 3rd St
Los Angeles, CA 90057-7360
Med Sch Affil: L-00506
Major participating institution for programs in: NEP, NO
Institution ID: 05-0382

UCLA Medical Center

10833 Le Conte Ave
Los Angeles, CA 90095
Med Sch Affil: M-00514, G-00515
Major participating institution for programs in: ADP, AI, BBK, CCP, CD, CHN, CN, D, DR, EM, END, FSM, GE, HMP, HO, HSO, IC, ICE, ID, IM, IMG, MG, MPD, N, NEP, NM, NP, NPM, OBG, ORS, OTO, PCC, PCP, PD, PDC, PDE, PDI, PDR, PG, PHO, PMG, PMP, PN, PPR, PS, PTH, RHU, RNR, RO, TS, U, VIR
Institution ID: 05-0555

UCLA Medical Center/UCLA David Geffen School of Medicine

10833 Le Conte Ave
Los Angeles, CA 90095-1722
Med Sch Affil: L-02312
Programs sponsored in: ADP, AI, AN, APM, BBK, CCP, CD, CHN, CHP, CN, D, DBP, DMP, DR, EM, END, FF, FSM, GE, GS, HMP, HO, HSO, IC, ICE, ID, IM, IMG, MPD, N, NEP, NM, NP, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PDC, PDE, PDI, PDR, PG, PHO, PMG, PN, PPR, PS, PTH, PYG, RHU, RNR, RO, TS, U, VIR, VN, VS
Institution ID: 05-9503

UCLA Neuropsychiatric Hospital

760 Westwood Plaza, Room B 8-248
Los Angeles, CA 90024-0231
Med Sch Affil: M-00514
Major participating institution for programs in: ADP, CHP, P, PYG
Institution ID: 05-0722

UCLA School of Public Health

16-035 CHS
Box 951772
Los Angeles, CA 90095-1772
Programs sponsored in: GPM
Major participating institution for programs in: GPM
Institution ID: 05-0514

University of Southern California School of Medicine

1975 Zonal Ave
Los Angeles, CA 90033
Med Sch Affil: M-00506
Programs sponsored in: FP
Institution ID: 05-0753

University of Southern California/LAC+USC Medical Center

1200 North State St
Room 1112
Los Angeles, CA 90033-1084
Med Sch Affil: M-00506
Programs sponsored in: AI, AN, APM, BBK, CCS, CD, CHP, CN, CRS, D, DR, EM, END, GE, GS, HEM, HMP, HSO, HSP, IC, ID, IM, IMG, MPD, N, NEP, NM, NP, NPM, NS, OBG, ON, OPH, ORS, OTO, P, PCC, PCP, PD, PFP, PS, PTH, RHU, RNR, RO, TS, U, VIR, VS
Major participating institution for programs in: PAN
Institution ID: 05-8116

USC University Hospital

1500 San Pablo St
Los Angeles, CA 90033-1219
Med Sch Affil: M-00506
Major participating institution for programs in: AN, APM, CCS, CRS, END, FPG, GPM, GS, HEM, IC, ID, IMG, NM, NS, ORS, OTO, PCC, RHU, RNR, TS, VIR, VS
Institution ID: 05-8065

VA Greater Los Angeles Healthcare System

11301 Wilshire Boulevard
Los Angeles, CA 90073-2128
Programs sponsored in: AI, CD, END, ICE, ID, IM, NM, P, PFP, PM, PMP
Major participating institution for programs in: CCM, D, DR, END, GE, GS, HO, IMG, N, NEP, NS, OPH, ORS, OTO, PCC, PRD, PS, PTH, PYG, RHU, RO, TS, U
Institution ID: 05-8105

White Memorial Medical Center

1720 Cesar E Chavez Ave
Department of Medical Education
Los Angeles, CA 90033-2481
Med Sch Affil: L-00512
Programs sponsored in: FP, IM, OBG, PD
Major participating institution for programs in: IMG
Institution ID: 05-0353

Madera**Children's Hospital Central California**

9300 Valley Children's Place
Madera, CA 93638-8761
Med Sch Affil: M-00502
Major participating institution for programs in: GS, PD
Institution ID: 05-7058

Martinez**Contra Costa Regional Medical Center**

2500 Alhambra Ave
Martinez, CA 94553-1495
Med Sch Affil: G-00519
Programs sponsored in: FP
Institution ID: 05-0271

Mather**VA Northern California Health Care System**

10535 Hospital Way
Mather, CA 95655
Major participating institution for programs in: ETX, FP, ID, IMG, OTO, PCC, U
Institution ID: 05-8118

Merced**Mercy Cancer Center (Merced)**

3850 G St
Merced, CA 95340
Major participating institution for programs in: RO
Institution ID: 05-8124

Mercy Medical Center Merced

301 East 13th St
Merced, CA 95340
Med Sch Affil: G-00519
Programs sponsored in: FP
Institution ID: 05-0715

Mission Viejo**Mission Hospital Regional Medical Center**

27700 Medical Center Drive
Mission Viejo, CA 92691
Major participating institution for programs in: ORS
Institution ID: 05-8188

Modesto**Doctors Medical Center**

1441 Florida Ave
PO Box 4138
Modesto, CA 95352-4138
Major participating institution for programs in: FP
Institution ID: 05-8099

Stanislaus County Health Services

830 Scenic Drive
Modesto, CA 95350-4138
Programs sponsored in: FP
Institution ID: 05-8102

Moreno Valley**Riverside County Regional Medical Center**

26520 Cactus Ave
Moreno Valley, CA 92555-1495
Med Sch Affil: M-00512, L-00514, G-00515
Programs sponsored in: FP
Major participating institution for programs in: D, EM, GS, IM, MPD, OPH, OTO, PS, U
Institution ID: 05-0260

Napa**Napa State Hospital**

2100 Napa-Vallejo Highway
Napa, CA 94558-6293
Major participating institution for programs in: PFP
Institution ID: 05-0205

Northridge**Northridge Hospital Medical Center**

18406 Roscoe Blvd
Northridge, CA 91325-0231
Med Sch Affil: L-00514
Programs sponsored in: FP
Institution ID: 05-0726

Norwalk**Metropolitan State Hospital**

11400 Norwalk Boulevard
Norwalk, CA 90650-5693
Major participating institution for programs in: CHP, PFP
Institution ID: 05-0299

Oakland**Alameda County Medical Center**

1411 East 31st St
Oakland, CA 94602-2180
Med Sch Affil: L-00502
Programs sponsored in: EM, IM, TY
Major participating institution for programs in: GS, OPH, ORS
Institution ID: 05-0413

Children's Hospital - Oakland

747 52nd St
Oakland, CA 94609-1809
Med Sch Affil: M-00502
Programs sponsored in: PD, PDI, PDP, PEM, PHO
Major participating institution for programs in: CCP, PAN, PDR
Institution ID: 05-0110

Kaiser Permanente Medical Center (Oakland)

280 West MacArthur Boulevard
Oakland, CA 94611-5693
Med Sch Affil: L-00502, G-00519
Major participating institution for programs in: IM, OBG, ORS, OTO, PD
Institution ID: 05-0296

Kaiser Permanente Medical Group (Northern California)

1800 Harrison St, 21st Floor
Oakland, CA 94612-2298
Programs sponsored in: IM, OBG, OTO, PD
Institution ID: 05-8090

Orange**Children's Hospital of Orange County**

455 S Main St
Academic Affairs Office
Orange, CA 92868
Med Sch Affil: G-00515
Programs sponsored in: PD, PHO
Major participating institution for programs in: CCP, END, NPM, ORS, OTO
Institution ID: 05-0547

University of California (Irvine) Medical Center

200 East Manchester St
Suite 100
Orange, CA 92868-1084
Med Sch Affil: M-00515
Programs sponsored in: AI, AN, APM, CCA, CCS, CD, CHN, CHP, CN, D, DMP, DR, EM, END, FP, GE, GPM, GS, HO, IC, ID, IM, IMG, MG, N, NEP, NPM, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PDP, PM, PMG, PS, PTH, RHU, RO, SCI, U, VIR
Institution ID: 05-0564

Palo Alto**Lucile Salter Packard Children's Hospital at Stanford**

725 Welch Road
Palo Alto, CA 94304-1084
Med Sch Affil: M-00511
Major participating institution for programs in: AI, CCP, CHP, CN, HSO, NPM, NS, OBG, ORS, P, PAN, PD, PDC, PDE, PDI, PDR, PG, PHO, PN, PPR, TS, U
Institution ID: 05-0572

Veterans Affairs Palo Alto Health Care System

3801 Miranda Ave
Palo Alto, CA 94304-1207
Med Sch Affil: M-00511
Major participating institution for programs in: AN, CCM, CD, CHN, D, DR, END, GE, GS, HSO, IM, IMG, N, NEP, NM, NP, NS, OPH, ORS, OTO, P, PCC, PM, PS, PTH, PYG, RHU, SCI, TS, U
Institution ID: 05-0273

Pasadena**Huntington Memorial Hospital**

100 W California Blvd
Pasadena, CA 91109-7013
Med Sch Affil: M-00506
Programs sponsored in: GS, IM
Major participating institution for programs in: TS, VS
Institution ID: 05-0474

Pasadena Rehabilitation Institute

1017 S Fair Oaks Ave
Pasadena, CA 91105-2623
Major participating institution for programs in: APM
Institution ID: 05-8171

Pomona**Pomona Valley Hospital Medical Center**

1798 North Garey Ave
Pomona, CA 91767-2298
Programs sponsored in: FP
Institution ID: 05-8094

Redding**Mercy Medical Center**

2175 Rosaline Ave
PO Box 496009
Redding, CA 96049-6009
Med Sch Affil: G-00519
Programs sponsored in: FP
Institution ID: 05-0745

Redwood City**Kaiser Permanente Medical Center (Redwood City)**

1150 Veterans Blvd
Redwood City, CA 94063-1994
Med Sch Affil: L-00511
Major participating institution for programs in: OTO
Institution ID: 05-8029

Riverside**Kaiser Foundation Hospital (Riverside)**

10800 Magnolia Ave
Riverside, CA 92505-3000
Med Sch Affil: G-00515
Major participating institution for programs in: FP
Institution ID: 05-8066

Sacramento**California Department of Health Services**

1501 Capitol Ave Bldg 171
PO Box 942732
Sacramento, CA 94234-7320
Programs sponsored in: GPM
Institution ID: 05-0202

Kaiser Foundation Hospital (Sacramento)

2025 Morse Ave
Sacramento, CA 95825-1084
Med Sch Affil: M-00519
Major participating institution for programs in: GS, IM, NS, OBG, U, VIR
Institution ID: 05-0578

Kaiser Foundation Hospital (South Sacramento)

6600 Bruceville Road
Sacramento, CA 95823-2246
Major participating institution for programs in: EM, U
Institution ID: 05-8048

Mercy General Hospital (Mercy Healthcare Sacramento)

4001 J St
Sacramento, CA 95819
Major participating institution for programs in: FP
Institution ID: 05-0489

Methodist Hospital of Sacramento

7500 Hospital Drive
Sacramento, CA 95823-0037
Programs sponsored in: FP
Institution ID: 05-8089

Shriners Hospitals for Children (Sacramento)

2425 Stockton Boulevard
Sacramento, CA 95817-1495
Med Sch Affil: M-00519
Major participating institution for programs in: HSO, ORS
Institution ID: 05-0239

Sutter General Hospital

2801 L St
Sacramento, CA 95816-1495
Med Sch Affil: M-00519
Major participating institution for programs in: FP
Institution ID: 05-0241

Sutter Health

2200 River Plaza Drive
Sacramento, CA 95833
Programs sponsored in: FP
Institution ID: 05-8085

Sutter Memorial Hospital

5151 F St
Sacramento, CA 95819-0037
Major participating institution for programs in: FP
Institution ID: 05-8084

UC Davis Health System

2315 Stockton Blvd
1011 Housestaff Building
Sacramento, CA 95817
Programs sponsored in: AI, AN, APM, CCS, CD, CHP, CN, D, DBP, DR, EM, END, ETX, FP, FPP, FSM, GE, GS, HMP, HO, HSO, ID, IM, IMG, N, NEP, NM, NPM, NS, OBG, OPH, ORS, OTO, P, PAN, PCC, PCP, PD, PFP, PM, PS, PTH, PYM, RHU, RNR, RO, TS, U, VIR
Institution ID: 05-8115

University of California (Davis) Medical Center

2315 Stockton Blvd
Sacramento, CA 95817
Med Sch Affil: M-00519, G-02312
Major participating institution for programs in: AI, AN, APM, CCS, CD, CHP, CN, D, DBP, DR, EM, END, ETX, FP, FPP, FSM, GE, GS, HMP, HO, HSO, ID, IM, IMG, N, NEP, NM, NPM, NS, OBG, OPH, ORS, OTO, P, PAN, PCC, PCP, PD, PFP, PM, PS, PTH, PYM, RHU, RNR, RO, TS, U, VIR
Institution ID: 05-0436

Salinas**Natividad Medical Center**

1441 Constitution Boulevard, Building 300
Salinas, CA 93906-4007
Med Sch Affil: M-00502
Programs sponsored in: FP
Institution ID: 05-0160

San Diego**California Poison Control System (CPSC)-San Diego**

135 Dickinson St
San Diego, CA 92103-8925
Major participating institution for programs in: PTX
Institution ID: 05-8110

Children's Hospital and Health Center

3020 Children's Way
San Diego, CA 92123-1772
Med Sch Affil: M-00518
Major participating institution for programs in: AI, AN, CCP, CHN, CHP, D, MG, NS, ORS, PD, PDC, PDE, PDI, PE, PG, PN, PS, TS, U, UP
Institution ID: 05-0533

Graduate School of Public Health

San Diego State University
5500 Campanile Drive
San Diego, CA 92182-4162
Med Sch Affil: G-00518
Major participating institution for programs in: GPM
Institution ID: 05-8030

Kaiser Foundation Hospital (San Diego)

4647 Zion Ave
San Diego, CA 92120-6009
Med Sch Affil: G-00518
Major participating institution for programs in: GE, NS, OBG, OTO
Institution ID: 05-0760

Naval Medical Center (San Diego)

34800 Bob Wilson Dr
San Diego, CA 92134-5000
Med Sch Affil: M-02312, M-00518, L-02012
Programs sponsored in: AN, CCP, CD, D, DR, EM, GE, GS, ID, IM, OBG, OPH, ORS, OTO, P, PCC, PD, PE, PTH, TY, U, UP
Major participating institution for programs in: FP, NEP
Institution ID: 05-0386

San Diego County Medical Examiner

5555 Overland Ave
Bldg 14
San Diego, CA 92123-1270
Programs sponsored in: FOP
Institution ID: 05-8061

Scripps Mercy Hospital

Department of Graduate Medical Education (MER35)
4077 Fifth Ave
San Diego, CA 92103-2180
Med Sch Affil: M-00518
Programs sponsored in: IM, TY
Major participating institution for programs in: GS, PE, PTX
Institution ID: 05-0397

University of California (San Diego) Medical Center

200 W Arbor Drive
San Diego, CA 92103
Med Sch Affil: M-00518, G-00515
Programs sponsored in: AI, AN, APM, CCS, CD, CHN, CHP, CN, D, DR, EM, END, FP, FPP, FSM, GE, GPM, GS, HO, HSO, IC, ICE, ID, IM, IMG, MG, MPD, N, NEP, NM, NP, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PD, PDC, PDE, PDI, PG, PN, PS, PTH, PTX, PYG, RHU, RNR, TS, U, VIR
Major participating institution for programs in: P, PCC, PE
Institution ID: 05-0434

Veterans Affairs Medical Center (San Diego)

3350 La Jolla Village Drive
San Diego, CA 92161-1084
Med Sch Affil: M-00518
Major participating institution for programs in: AI, AN, APM, CD, D, DR, END, GE, GS, HO, HSO, ID, IM, IMG, N, NEP, NM, NP, OPH, ORS, OTO, P, PCC, PS, PTH, PYG, RHU, TS, U, VIR
Institution ID: 05-0589

San Francisco**Blood Centers of the Pacific**

270 Masonic Ave
San Francisco, CA 94118-4496
Programs sponsored in: BBK
Institution ID: 05-0767

California Pacific Medical Center

PO Box 7999
San Francisco, CA 94120-2180
Med Sch Affil: L-00502
Programs sponsored in: CD, GE, IM, OPH, P, PUD, RO
Major participating institution for programs in: CN
Institution ID: 05-0432

California Pacific Medical Center (Davies Campus)

Castro and Duboce Sts
San Francisco, CA 94114
Med Sch Affil: L-00502
Programs sponsored in: HSP
Major participating institution for programs in: PS
Institution ID: 05-0469

Center for Occupational Psychiatry

690 Market St, Suite 706
San Francisco, CA 94104-2128
Major participating institution for programs in: PFP
Institution ID: 05-8109

Edgewood Center for Children & Families

1801 Vicente St
San Francisco, CA 94116
Major participating institution for programs in: CHP
Institution ID: 05-8186

Kaiser Permanente Medical Center (San Francisco)

2425 Geary Boulevard
San Francisco, CA 94115-1428
Med Sch Affil: L-00502
Major participating institution for programs in: GS, IM, OBG, OTO
Institution ID: 05-0204

Mount Zion Medical Center of the University of California

1600 Divisadero St
PO Box 7921
San Francisco, CA 94120-1207
Med Sch Affil: M-00502
Major participating institution for programs in: AN, APM, DMP, GS, ID, OBG, OTO, PS, RNR, RO, TS
Institution ID: 05-0289

San Francisco General Hospital Medical Center

1001 Potrero Ave
Suite 2A5
San Francisco, CA 94110-5693
Med Sch Affil: M-00502

Major participating institution for programs in: ADP, AN, CCA, CCS, CD, D, DR, EM, END, FP, GE, GPM, GS, HSO, ID, IM, N, NEP, NM, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PDI, PDM, PS, PTH, PTX, RHU, U
Institution ID: 05-0334

St Francis Memorial Hospital

900 Hyde St
San Francisco, CA 94109-4007

Major participating institution for programs in: RO
Institution ID: 05-0162

St Mary's Hospital and Medical Center

450 Staryan St
San Francisco, CA 94117-1079
Med Sch Affil: L-00502

Programs sponsored in: IM, ORS
Major participating institution for programs in: PM
Institution ID: 05-0163

UCSF Med Ctr/Langley Porter Psychiatric Hosp and Clinics

500 Parnassus Ave, Box 0296
San Francisco, CA 94143-0296
Med Sch Affil: M-00502

Major participating institution for programs in: ADP, P, PFP, PYG
Institution ID: 05-0122

University of California (San Francisco) Medical Center

500 Parnassus Ave, Box 0296
San Francisco, CA 94143-0296
Med Sch Affil: M-00502

Major participating institution for programs in: AI, AN, BBK, CCA, CCM, CCP, CD, CHN, CHP, CN, D, DR, EM, END, GE, GS, HMP, HO, ICE, ID, IM, IMG, MG, N, NEP, NM, NP, NPM, NS, OBG, OPH, ORS, OTO, P, PAN, PCC, PD, PDC, PDE, PDI, PDM, PDP, PDR, PG, PHO, PN, PPR, PS, PTH, RHU, RNR, RO, TS, U, UP, VIR, VS
Institution ID: 05-0554

University of California (San Francisco) School of Medicine

500 Parnassus Ave
MU 250 East
San Francisco, CA 94143-0474
Med Sch Affil: M-00502

Programs sponsored in: ADL, ADP, AN, APM, CCA, CCM, CCP, CCS, CD, CHN, CHP, CN, D, DMP, DR, END, FP, GE, GPM, GS, HMP, HO, HSO, IC, ICE, ID, IM, IMG, N, NEP, NM, NP, NPM, NS, OBG, OPH, ORS, OTO, P, PAN, PCC, PCP, PD, PDC, PDE, PDI, PDM, PDP, PDR, PFP, PG, PHO, PN, PPR, PRD, PS, PTH, PTX, PYG, RHU, RNR, RO, TS, U, UP, VIR, VS
Institution ID: 05-0737

Veterans Affairs Medical Center (San Francisco)

4150 Clement St
San Francisco, CA 94121
Med Sch Affil: M-00502

Major participating institution for programs in: ADP, APM, CD, D, DR, END, GE, GS, ID, IM, IMG, N, NEP, NM, NS, OPH, ORS, OTO, P, PDM, PTH, PYG, RHU, RNR, TS, U
Institution ID: 05-0113

San Gabriel**San Gabriel Valley Medical Center**

438 West Las Tunas Drive
San Gabriel, CA 91776-1507

Major participating institution for programs in: FP, FPG
Institution ID: 05-8122

San Jose**Regional Medical Center of San Jose**

225 N Jackson Ave
San Jose, CA 95116

Major participating institution for programs in: FP
Institution ID: 05-8154

San Jose Medical Center

25 N 14th St
Suite 1060
San Jose, CA 95112-0231

Med Sch Affil: L-00511
Programs sponsored in: FP, FSM
Institution ID: 05-0723

Santa Clara Valley Medical Center

751 S Bascom Ave
San Jose, CA 95128-2180
Med Sch Affil: M-00511

Programs sponsored in: DR, IM, OBG, TY
Major participating institution for programs in: CHN, D, END, GS, N, NEP, OPH, ORS, OTO, PD, PM, PS, RHU, U
Institution ID: 05-0438

San Mateo**San Mateo County Mental Health Services**

Psychiatry Residency Training Program
222 West 39th Ave
San Mateo, CA 94403-1084

Programs sponsored in: P
Institution ID: 05-0585

San Quentin**California Department of Corrections**

San Quentin, CA 94964

Major participating institution for programs in: PFP
Institution ID: 05-8108

Santa Ana**Western Medical Center**

1001 N Tustin Ave
Santa Ana, CA 92705-6009

Med Sch Affil: G-00515
Major participating institution for programs in: FP
Institution ID: 05-0747

Santa Barbara**Santa Barbara Cottage Hospital**

P O Box 689
Santa Barbara, CA 93102-7360

Med Sch Affil: L-00506
Programs sponsored in: DR, GS, IM
Institution ID: 05-0381

Santa Clara**Kaiser Permanente Medical Center (Santa Clara)**

900 Kiely Blvd
Santa Clara, CA 95051-1084

Med Sch Affil: L-00511
Major participating institution for programs in: CHP, EM, GS, IM, OBG, P, PS
Institution ID: 05-0571

Santa Monica**Santa Monica-UCLA Medical Center**

1250 16th St
Santa Monica, CA 90404-1200
Med Sch Affil: M-00514

Major participating institution for programs in: APM, FP, NS
Institution ID: 05-0439

Santa Rosa**Sutter Medical Center of Santa Rosa**

3325 Chanate Road
Santa Rosa, CA 95404-4007

Med Sch Affil: M-00502
Programs sponsored in: FP
Institution ID: 05-0152

Stanford**Stanford Hospital and Clinics**

Office of Graduate Medical Education, Room-HC435
300 Pasteur Dr
Stanford, CA 94305

Med Sch Affil: M-00511, L-00502
Programs sponsored in: ADL, AI, AN, APM, CCA, CCM, CCP, CD, CHN, CHP, CN, D, DMP, DR, EM, END, GE, GS, HEM, HMP, HSO, IC, ICE, ID, IM, IMG, MG, MGP, N, NEP, NM, NP, NPM, NS, OAR, OBG, ON, OPH, ORS, OTO, P, PAN, PCC, PCP, PD, PDC, PDE, PDI, PDR, PG, PHO, PM, PN, PPR, PS, PTH, PYG, RHU, RNR, RO, SCI, TS, U, VIR, VN, VS
Institution ID: 05-0129

Stockton**San Joaquin General Hospital**

Administration Office
500 W Hospital Rd
French Camp, CA 95231

Med Sch Affil: G-00519
Programs sponsored in: FP, GS, IM, TY
Institution ID: 05-0281

St Joseph's Medical Center

PO Box 213008
1800 North California St
Stockton, CA 95213-2000

Major participating institution for programs in: GS
Institution ID: 05-8112

Sylmar**Olive View/UCLA Medical Center**

14445 Olive View Drive
Sylmar, CA 91342

Programs sponsored in: HO, IM, MEM, NEP, RHU
Major participating institution for programs in: CD, DR, EM, FP, GE, GS, ID, MPD, OBG, OTO, P, PCC, PFP, PMG, PS, U
Institution ID: 05-0216

Torrance**Los Angeles County-Harbor-UCLA Medical Center**

1000 W Carson St
Torrance, CA 90509-7360

Med Sch Affil: M-00514, G-04815, G-00515
Programs sponsored in: AN, CCP, CD, CHN, CHP, CN, DR, EM, END, FP, FSM, GS, HO, IC, ICE, ID, IM, N, NEP, NPM, NR, OBG, ORS, P, PCC, PD, PDE, PDI, PEM, PMG, PTH, RNR, TY, VIR, VS
Major participating institution for programs in: D, GE, IM, MG, NS, OPH, OTO, PMG, PS, RHU, U
Institution ID: 05-0385

Travis AFB

David Grant Medical Center

60 MDG/SGT
101 Bodin Circle
Travis AFB, CA 94535-1800
Med Sch Affil: M-00519, G-02312
Programs sponsored in: DR, FP, GS, IM, OBG, PD, TY
Major participating institution for programs in: CN
Institution ID: 05-0499

Vallejo

Kaiser Foundation Hospital (Vallejo)

975 Sereno Drive
Vallejo, CA 94589
Major participating institution for programs in: GS
Institution ID: 05-0185

Van Nuys

Southern California Orthopedic Institute

6815 Noble Ave
Van Nuys, CA 91405-3730
Programs sponsored in: OSM
Major participating institution for programs in: HSP
Institution ID: 05-8070

Ventura

Ventura County Medical Center

3291 Loma Vista Rd
Ventura, CA 93003-5693
Programs sponsored in: P
Institution ID: 05-0324

Whittier

Presbyterian Intercommunity Hospital

12401 E Washington Blvd
Whittier, CA 90602-1099
Med Sch Affil: L-00514, G-00506
Programs sponsored in: FP
Institution ID: 05-0762

Woodland Hills

Kaiser Foundation Hospital (Woodland Hills)

5601 DeSoto Ave
Woodland Hills, CA 91365-3000
Med Sch Affil: G-00514
Major participating institution for programs in: FP
Institution ID: 05-8068

Colorado

Aspen

Aspen Foundation for Sports Medicine/Ortho Assoc of Aspen

100 East Main St
Suite 202
Aspen, CO 81611-3798
Programs sponsored in: OSM
Institution ID: 07-8013

Colorado Springs

Penrose-St Francis Healthcare System

Dept of Pathology
2215 North Cascade Ave
Colorado Springs, CO 80907
Programs sponsored in: PTH
Institution ID: 07-0327

Denver

Bonfils Blood Center

717 Yosemite St
Denver, CO 80230
Med Sch Affil: L-00702
Programs sponsored in: BBK
Institution ID: 07-8025

Children's Hospital (The)

1056 E 19th Ave
Denver, CO 80218-3798
Med Sch Affil: M-00702
Major participating institution for programs in: ADL, AI, APM, BBK, CCP, CHN, CHP, MG, NPM, NS, ORS, OTO, PAN, PD, PDC, PDE, PDI, PDP, PDR, PDS, PEM, PG, PHO, PP, PS, RNR, RPM, TS, U
Institution ID: 07-0378

Colorado Mental Health Institute at Fort Logan

3520 West Oxford Ave
Denver, CO 80236
Major participating institution for programs in: CHP
Institution ID: 07-0469

Denver Health Medical Center

777 Bannock St, MC 0224
Denver, CO 80204-4507
Med Sch Affil: M-00702, L-02312
Programs sponsored in: EM, ETX
Major participating institution for programs in: ADP, AN, CCS, CD, D, DMP, DR, END, FP, GPM, GS, HO, ID, IM, N, NEP, NS, OBG, OPH, ORS, OTO, P, PD, PM, PS, PTH, RHU, U, VIR
Institution ID: 07-0280

Exempla Saint Joseph Hospital

1835 Franklin St
Denver, CO 80218-3798
Programs sponsored in: FP, GS, IM, OBG
Major participating institution for programs in: BBK, U
Institution ID: 07-0451

HealthONE Presbyterian-St Luke's Medical Center

1719 East 19th Ave, 5 C-East
Denver, CO 80218-1281
Programs sponsored in: TY
Institution ID: 07-0277

HealthONE Rose Medical Center

4567 E Ninth Ave
Denver, CO 80220-3941
Med Sch Affil: G-00702
Major participating institution for programs in: FP, OBG
Institution ID: 07-0269

Kaiser Permanente Health Care Group (Denver)

19th Ave and Lafayette St
Denver, CO 80218
Major participating institution for programs in: GPM
Institution ID: 07-8027

National Jewish Medical and Research Center

1400 Jackson St
Denver, CO 80206-1281
Med Sch Affil: M-00702, G-02312
Major participating institution for programs in: AI, CCP, GPM, RHU
Institution ID: 07-0287

St Anthony Hospital Central

4231 West 16th Ave
Denver, CO 80204-4098
Med Sch Affil: G-00702
Programs sponsored in: FP
Institution ID: 07-0351

University of Colorado Hospital

4200 E Ninth Ave
Denver, CO 80262
Major participating institution for programs in: BBK, CCS, CD, CHP, EM, FP, FPM, GE, GS, IC, ID, IM, N, NM, NPM, OPH, ORS, OTO, P, PDE, RHU, RO, TS
Institution ID: 07-8022

University of Colorado School of Medicine

4200 E Ninth Ave, Box C-200
Research Bridge Room 1401
Denver, CO 80262-1281
Med Sch Affil: M-00702, L-02312
Programs sponsored in: ADL, ADP, AI, AN, APM, BBK, CCP, CCS, CD, CHN, CHP, D, DMP, DR, END, FP, FPM, GE, GPM, GS, HO, IC, ICE, ID, IM, IMG, MG, N, NEP, NM, NPM, NS, OBG, OPH, ORS, OTO, P, PAN, PCC, PD, PDC, PDE, PDI, PDP, PDR, PDS, PEM, PFP, PG, PHO, PM, PP, PPM, PS, PTH, RHU, RNR, RO, RPM, TS, U, VIR
Institution ID: 07-0313

Veterans Affairs Medical Center (Denver)

1055 Clermont St
Denver, CO 80220-1722
Med Sch Affil: M-00702 @LIST TEXT = Major participating institution for programs in: ADP, AN, APM, CD, D, DR, END, GE, GPM, GS, HO, ID, IM, IMG, N, NEP, NS, OPH, ORS, OTO, P, PM, PS, PTH, RHU, TS, U
Institution ID: 07-0157

Englewood

Columbia Swedish Medical Center

501 E Hampden Ave
Englewood, CO 80110-1420
Med Sch Affil: G-00702
Major participating institution for programs in: FP
Institution ID: 07-8020

Fort Collins

Poudre Valley Hospital

1024 Lemay Ave
Fort Collins, CO 80524-3798
Programs sponsored in: FP
Institution ID: 07-0705

Grand Junction

St Mary's Hospital and Medical Center

Seventh St and Patterson Rd
PO Box 1628
Grand Junction, CO 81502-3798
Programs sponsored in: FP
Institution ID: 07-0713

Greeley

North Colorado Medical Center

1801 16th St
Greeley, CO 80631-1281
Programs sponsored in: FP
Institution ID: 07-0348

Pueblo

Colorado Mental Health Institute at Pueblo

1600 W 24th St
Pueblo, CO 81003-1409
Major participating institution for programs in: PFP
Institution ID: 07-8024

St Mary-Corwin Medical Center

1008 Minnequa Ave
Pueblo, CO 81004-3798
Programs sponsored in: FP
Institution ID: 07-0360

Vail**Steadman Hawkins Clinic**

181 West Meadow Drive
Suite 1000
Vail, CO 81657

Programs sponsored in: OSM
Institution ID: 07-8018

Vail Valley Medical Center

181 W Meadow Dr
Vail, CO 81657-1420

Major participating institution for programs in: OSM
Institution ID: 07-8017

Westminster**St Anthony Hospital North**

2551 West 84th Ave
Westminster, CO 80030-1420

Major participating institution for programs in: FP
Institution ID: 07-8023

Wray**Wray Community District Hospital**

1017 West 7th St
Wray, CO 80758-1420

Major participating institution for programs in: FP
Institution ID: 07-8016

Connecticut**Bridgeport****Bridgeport Hospital**

267 Grant St, Box 5000
Bridgeport, CT 06610-0729

Med Sch Affil: M-00801

Programs sponsored in: CD, DR, GE, IC, IM, MPD, OBG, PUD

Major participating institution for programs in: CCS, EM, GS

Institution ID: 08-0359

St Vincent's Medical Center

2800 Main St
Bridgeport, CT 06606-0729

Med Sch Affil: M-00801, L-03509, G-03501

Programs sponsored in: DR, IM, TY

Major participating institution for programs in: GS, HO, PCC

Institution ID: 08-0341

Danbury**Danbury Hospital**

24 Hospital Ave
Danbury, CT 06810-0729

Med Sch Affil: M-03509, M-00801, G-00802

Programs sponsored in: IM, OBG, PTH

Major participating institution for programs in: CHP, GS, NM, P

Institution ID: 08-0363

Derby**Griffin Hospital**

130 Division St
Derby, CT 06418-1499

Med Sch Affil: M-00801

Programs sponsored in: GPM, IM, IPM, TY

Institution ID: 08-0172

Farmington**Connecticut Red Cross Blood Services**

209 Farmington Ave
Farmington, CT 06032

Med Sch Affil: G-00802

Major participating institution for programs in: BBK
Institution ID: 08-0723

Univ of Connecticut Health Center/John Dempsey Hospital

263 Farmington Ave
Farmington, CT 06030-2947

Med Sch Affil: M-00802

Major participating institution for programs in: AN, CCA, CD, DR, EM, END, GE, GPM, GS, HO, HSO, ID, IM, IMG, MG, MP, N, NEP, NM, NPM, OBG, ORS, OSM, OTO, P, PCC, PMG, RHU, U

Institution ID: 08-0501

University of Connecticut School of Medicine

263 Farmington Ave
Farmington, CT 06030-1925

Programs sponsored in: ADP, AN, CCA, CCS, CD, DR, EM, END, ETX, FP, FSM, GE, GPM, GS, HO, HSO, IC, ID, IM, IMG, MG, MP, MPD, N, NEP, NM, NPM, OBG, OP, ORS, OSM, OTO, P, PCC, PD, PDE, PDP, PE, PMG, RHU, U, VS

Institution ID: 08-0445

Greenwich**Greenwich Hospital**

5 Perryridge Road
Greenwich, CT 06830-2700

Med Sch Affil: M-00801

Programs sponsored in: IM

Institution ID: 08-0257

Hartford**Connecticut Children's Medical Center**

282 Washington St
Hartford, CT 06106-3316

Med Sch Affil: M-00802, G-03201

Major participating institution for programs in: CHP, MG, NPM, OP, ORS, OTO, P, PD, PDE, PDP, PE, PMG, U

Institution ID: 08-0407

Hartford Hospital

80 Seymour St
PO Box 5037

Hartford, CT 06102

Med Sch Affil: M-00802, L-03201

Programs sponsored in: BBK, CHP, DR, HMP, P, PCP, PP, PTH, PYM, SP

Major participating institution for programs in: AN, CCA, CCS, CD, EM, END, ETX, GE, GS, HO, HSO, IC, ID, IM, MP, N, NM, OBG, ORS, OTO, P, PE, U, VS

Institution ID: 08-0275

Institute of Living

400 Washington St
Hartford, CT 06106-3392

Med Sch Affil: M-00802

Major participating institution for programs in: ADP, CHP, P, PYM

Institution ID: 08-0400

St Francis Hospital and Medical Center

114 Woodland St
Hartford, CT 06105-9317

Med Sch Affil: M-00802

Programs sponsored in: CRS, OBG

Major participating institution for programs in: AN, CD, DR, EM, END, FP, FSM, GE, GS, HO, ID, IM, IMG, NM, ORS, OTO, PCC, PMG, U

Institution ID: 08-0490

Middletown**Middlesex Hospital**

28 Crescent St
Middletown, CT 06457-1499

Med Sch Affil: L-00802

Programs sponsored in: FP

Institution ID: 08-0135

Riverview Hospital for Children

River Rd
Box 621

Middletown, CT 06457-2742

Major participating institution for programs in: CHP, PFP

Institution ID: 08-8015

New Britain**New Britain General Hospital**

100 Grand St
New Britain, CT 06050-0729

Med Sch Affil: M-00802

Major participating institution for programs in: END, GE, GS, ID, IM, OBG, OTO, PCC

Institution ID: 08-0372

New Haven**Connecticut Mental Health Center**

34 Park St

New Haven, CT 06519

Med Sch Affil: M-00801

Major participating institution for programs in: ADP, P, PFP

Institution ID: 08-0715

Hospital of St Raphael

1450 Chapel St
New Haven, CT 06511-2700

Med Sch Affil: M-00801

Programs sponsored in: CD, DR, GS, IM, NEP, TY, VIR

Major participating institution for programs in: GE, ID, OBG, OTO, P, PS, TS

Institution ID: 08-0244

Yale University Health Service

Division of Mental Hygiene
17 Hillhouse Ave

New Haven, CT 06520-8034

Med Sch Affil: G-00801

Major participating institution for programs in: GE, P

Institution ID: 08-0716

Yale University School of Public Health

60 College St
PO Box 208034

New Haven, CT 06520-8034

Major participating institution for programs in: GPM, IPM

Institution ID: 08-0505

Yale-New Haven Hospital

20 York St
New Haven, CT 06504-3316

Med Sch Affil: M-00801

Programs sponsored in: ADP, AI, AN, APM, BBK, CCA, CCP, CCS, CD, CHP, CN, D, DBP, DMP, DR, EM, END, GE, GPM, GS, HEM, HMP, HSP, IC, ICE, ID, IM, IMG, MG, MM, MPD, N, NEP, NM, NPM, NR, NS, OBG, ON, OPH, ORS, OTO, P, PAN, PCC, PCP, PD, PDC, PDE, PDI, PDP, PDS, PEM, PFP, PG, PHO, PN, PS, PTH, PYG, RHU, RNR, RO, SP, TS, U, VIR, VS

Major participating institution for programs in: GE, PTH, PUD, TY

Institution ID: 08-0433

New London**Lawrence and Memorial Hospitals**

365 Montauk Ave

New London, CT 06320

Major participating institution for programs in: RO**Institution ID: 08-0442****Newington****VA Connecticut-Newington**

555 Willard Ave

Newington, CT 06111

Major participating institution for programs in: IMG**Institution ID: 08-0493****Norwalk****Norwalk Hospital**

34 Maple St

Norwalk, CT 06856-2700

Med Sch Affil: M-00801, L-01642*Programs sponsored in:* DR, GE, IM, PUD**Institution ID: 08-0206****Norwich****William W Backus Hospital**

326 Washington St

Norwich, CT 06360-2742

Major participating institution for programs in: RO**Institution ID: 08-7004****Stamford****Stamford Hospital**

Shelburne Rd at W Broad St

PO Box 9317

Stamford, CT 06904-9317

Med Sch Affil: M-03501*Programs sponsored in:* FP, GS, IM, OBG*Major participating institution for programs in:* P**Institution ID: 08-0456****Waterbury****St Mary's Hospital**

56 Franklin St

Waterbury, CT 06702-9317

Med Sch Affil: M-00801, M-00802*Programs sponsored in:* GS, IM*Major participating institution for programs in:* IM, TY**Institution ID: 08-0458****Waterbury Hospital Health Center**

64 Robbins St

Waterbury, CT 06721-1499

Med Sch Affil: M-00801*Programs sponsored in:* GS*Major participating institution for programs in:* IM, U**Institution ID: 08-0131****West Haven****Hebrew Home and Hospital**

1 Abrahms Boulevard

West Haven, CT 06117

Major participating institution for programs in: IMG**Institution ID: 08-8022****Veterans Affairs Medical Center (West Haven)**

950 Campbell Ave

West Haven, CT 06516-2700

Med Sch Affil: M-00801*Major participating institution for programs in:* ADP,

AN, CD, D, DR, END, GE, GPM, GS, HMP, IM, IMG, N,

NEP, NM, NS, ON, OPH, OTO, P, PCC, PS, PYG, RHU,

RNR, TS, U, VIR

Institution ID: 08-0199**Delaware****New Castle****Delaware Psychiatric Center**

1901 N Du Pont Highway

New Castle, DE 19720-1668

Programs sponsored in: P**Institution ID: 09-0297****Wilmington****Alfred I duPont Hospital for Children**

1600 Rockland Road

PO Box 269

Wilmington, DE 19899-0269

Med Sch Affil: M-04102, L-04113, L-04114*Programs sponsored in:* OP, PDR*Major participating institution for programs in:* AI,

CCP, CCS, MPD, ORS, OTO, PD, PEM, PG, PPM, PPR, U,

UP

Institution ID: 09-0340**Christiana Care Health Services Inc**

501 West 14th St

PO Box 1668

Wilmington, DE 19899-1668

Med Sch Affil: M-04102, L-04113*Programs sponsored in:* CCS, DR, EM, FP, GS, IM, MEM,

MPD, OBG, TY, VIR

Major participating institution for programs in: N,

NPM, OPH, P

Institution ID: 09-0247**St Francis Hospital**

7th and Clayton Sts, Suite 209

Wilmington, DE 19805-0269

Med Sch Affil: M-04113*Programs sponsored in:* FP**Institution ID: 09-0709****Veterans Affairs Medical Center (Wilmington)**

1601 Kirkwood Highway

Wilmington, DE 19805

Med Sch Affil: M-04102*Major participating institution for programs in:* D, GS,

IM, OPH, U

Institution ID: 09-0462**District of Columbia****Washington****Armed Forces Institute of Pathology**

6825 16th St, NW

Washington, DC 20306-6000

Med Sch Affil: L-01001, L-02307, L-01643, L-03843,

L-02803, G-03201, G-02301, G-01003, G-02012

Programs sponsored in: DMP, FOP, HMP, NP, SP*Major participating institution for programs in:* PTH**Institution ID: 10-0392****Children's National Medical Center**

111 Michigan Ave, NW

Washington, DC 20010-2970

Med Sch Affil: M-01001, L-01002, G-01003, G-02312,

G-02301

Programs sponsored in: ADL, CCP, CHN, CHP, NPM, PD,

PDC, PDI, PDP, PDR, PDS, PEM, PHO

Major participating institution for programs in: AN,

CN, D, NS, OPH, ORS, OTO, P, PAN, PMG, RNR, TS, U

Institution ID: 10-0441**George Washington University Hospital (UHS)**

900 23rd St NW

Washington, DC 20037

Med Sch Affil: M-01001, G-01002, G-02312*Major participating institution for programs in:* AN,

CCA, CCM, CD, CHN, D, DR, EM, END, GE, GS, HO, IC,

ICE, ID, IM, IMG, N, NEP, NPM, NS, OBG, OPH, ORS,

OTO, P, PCC, PCP, PTH, RHU, RNR, TS, U, VIR

Institution ID: 10-0249**George Washington University School of Medicine**

2300 Eye St, NW

Suite 707

Washington, DC 20037-4799

Programs sponsored in: AN, CCA, CCM, CD, CN, D, DR,

EM, END, GE, GS, HO, IC, ICE, ID, IM, IMG, N, NDN,

NEP, NS, OBG, OPH, ORS, OTO, P, PAN, PCC, PCP, PTH,

RHU, RNR, TS, U, VIR

Institution ID: 10-9501**Georgetown University Hospital**

3800 Reservoir Road, NW

Washington, DC 20007

Med Sch Affil: M-01002, G-01001, G-02312*Programs sponsored in:* AN, APM, BBK, CN, D, DR,

END, FPG, GE, GS, HMP, HO, ID, IM, MPD, N, NEP, NM,

NPM, NS, OBG, ORS, OTO, P, PCC, PD, PS, PTH, PYM,

RHU, RNR, RO, TY, U, VIR

Major participating institution for programs in: CD,

ICE, ON, PDE, VS

Institution ID: 10-0470**Greater Southeast Community Hospital**

1310 Southern Ave, SE

Washington, DC 20032

Med Sch Affil: G-01003*Major participating institution for programs in:* P**Institution ID: 10-0704****Howard University Hospital**

2041 Georgia Ave, NW

Washington, DC 20060-6000

Med Sch Affil: M-01003, G-01002*Programs sponsored in:* CD, D, DR, END, FP, GE, GS,

HEM, ID, IM, N, OBG, ON, OPH, ORS, P, PTH, PUD, RO

Major participating institution for programs in: PD**Institution ID: 10-0476****National Rehabilitation Hospital**

102 Irving St, NW, Room 2159

Washington, DC 20010-5100

Med Sch Affil: G-02312*Programs sponsored in:* PM, PMP**Institution ID: 10-0720****Providence Hospital**

1150 Varnum St, NE

Washington, DC 20017

Med Sch Affil: L-01001, G-01003, G-01002*Programs sponsored in:* FP, IM*Major participating institution for programs in:* FPG,

GS, OBG, ORS, P

Institution ID: 10-0412**Sibley Memorial Hospital**

5255 Loughboro Rd, NW

Washington, DC 20016

Med Sch Affil: L-01002, L-01001*Major participating institution for programs in:* ORS,

U

Institution ID: 10-0479**St Elizabeth's Hospital-DC Department of Mental Health Serv**

Barton Hall, 2nd Floor

2700 Martin Luther King Ave, SE

Washington, DC 20032-6000

Med Sch Affil: L-01001, L-01003*Programs sponsored in:* P**Institution ID: 10-0471**

**Veterans Affairs Medical Center
(Washington, DC)**

50 Irving St, NW
Washington, DC 20422-0269
Med Sch Affil: M-01001, M-01003, M-01002, G-02312
Major participating institution for programs in: CD, D, END, GE, GS, HO, ICE, ID, IM, IMG, N, NEP, OPH, ORS, P, PCC, PS, PTH, RHU, TS, U, VS
Institution ID: 10-0291

Walter Reed Army Medical Center

6825 16th St, NW
Headquarters Bldg 2, 2nd Fl, Rm 2A
Washington, DC 20307
Med Sch Affil: M-02312, M-01002, L-01001, L-01003
Major participating institution for programs in: AI, ALI, AN, APM, CCA, CCM, CD, CHN, CHP, CN, D, DMP, DR, END, FPP, GE, GS, HMP, HO, HSO, IM, N, NEP, NM, NS, OBG, ON, OPH, ORS, OTO, P, PCC, PD, PDE, PDI, PFP, PG, PHO, PM, PTH, PYG, RHU, RO, TS, TY, U, VS
Institution ID: 10-0242

Washington Hospital Center

110 Irving St NW
6A-126A
Washington, DC 20010
Med Sch Affil: M-01001, M-02312, G-01002, G-01003
Programs sponsored in: CCS, CD, CRS, D, GE, GS, HO, IC, ICE, ID, IM, NEP, OBG, OMO, OPH, PTH, RHU, U, VS
Major participating institution for programs in: AN, CCM, END, NS, ORS, OTO, P, PCC, PMP, PS, RO, VIR
Institution ID: 10-0377

Washington School of Psychiatry

5028 Wisconsin Ave, NW
Suite 400
Washington, DC 20016
Major participating institution for programs in: P
Institution ID: 10-0715

Florida**Bay Pines****Veterans Affairs Medical Center (Bay Pines)**

Bay Pines, FL 33504
Med Sch Affil: M-01104
Major participating institution for programs in: CCA, D, GS, IMG, NEP, PS
Institution ID: 11-0302

Clearwater**Morton Plant Hospital**

323 Jeffords St
Box 210
Clearwater, FL 34617-0210
Med Sch Affil: L-01104
Major participating institution for programs in: FP
Institution ID: 11-8101

Coral Gables**HealthSouth Doctors' Hospital**

5000 University Drive
Coral Gables, FL 33146
Med Sch Affil: L-01102
Programs sponsored in: OSM
Major participating institution for programs in: ORS, OSM
Institution ID: 11-7024

UHZ Sports Medicine Institute

1150 Campo Sano Ave
Coral Gables, FL 33146
Programs sponsored in: OSM
Institution ID: 11-8111

Daytona Beach**Halifax Medical Center**

303 N Clyde Morris Blvd
Daytona Beach, FL 32114
Med Sch Affil: L-01104
Programs sponsored in: FF, FSM
Institution ID: 11-0165

Eglin AFB**US Air Force Regional Hospital**

96th Medical Operations Group
307 Boatner Rd, Suite 114
Eglin AFB, FL 32542-1282
Med Sch Affil: L-02312
Programs sponsored in: FP
Institution ID: 11-0722

Fort Lauderdale**Broward County Medical Examiner's Office**

5301 SW 31st Ave
Fort Lauderdale, FL 33312
Programs sponsored in: FP
Institution ID: 11-0524

Gainesville**North Florida/South Georgia Veterans Health System**

1601 Archer Road
Gainesville, FL 32602
Med Sch Affil: M-01103
Major participating institution for programs in: ADP, AN, APM, CCA, CN, D, DR, END, GE, GS, HO, IC, ICE, ID, IM, IMG, N, NEP, NP, NS, OPH, ORS, OTO, P, PCC, PS, PTH, PYG, RHU, TS, U, VIR, VS
Institution ID: 11-0525

Shands at AGH

801 SW Second Ave
Gainesville, FL 32601
Med Sch Affil: M-01103
Major participating institution for programs in: FP, NS
Institution ID: 11-0523

Shands Hospital at the University of Florida

PO Box 100326
Gainesville, FL 32610-0326
Med Sch Affil: M-01103
Major participating institution for programs in: ADP, AN, APM, CCA, CCP, CD, CHP, CN, D, DMP, DR, END, GE, GS, HMP, HO, HSO, IC, ICE, ID, IM, IMG, N, NEP, NP, NPM, NS, OBG, OMO, OPH, ORS, OTO, P, PCC, PCP, PD, PDC, PDE, PDP, PFP, PG, PHO, PN, PS, PTH, PYG, RHU, RNR, RO, TS, U, VIR, VS
Institution ID: 11-0461

University of Florida College of Medicine

PO Box 100014
Gainesville, FL 32610
Med Sch Affil: M-01103, L-01104
Programs sponsored in: ADP, AN, APM, CCA, CCP, CD, CHP, CN, D, DMP, DR, END, FP, GE, GS, HMP, HO, HSO, IC, ICE, ID, IM, IMG, MG, N, NEP, NP, NPM, NS, OBG, OMO, OPH, ORS, OTO, P, PCC, PCP, PD, PDC, PDE, PDP, PFP, PG, PHO, PN, PS, PTH, PYG, RHU, RNR, RO, TS, U, VIR, VS
Institution ID: 11-9501

Hollywood**Joe DiMaggio Children's Hospital**

1150 N 35th Ave
Hollywood, FL 33021
Major participating institution for programs in: PS
Institution ID: 11-8108

Memorial Regional Hospital

3501 Johnson St
Hollywood, FL 33021
Med Sch Affil: L-01102
Major participating institution for programs in: GS
Institution ID: 11-0276

Jacksonville**Baptist Medical Center**

800 Prudential Drive
Jacksonville, FL 32207
Med Sch Affil: G-02608, G-01103
Major participating institution for programs in: ID, ON, PE
Institution ID: 11-0119

Mayo Clinic (Jacksonville)

4500 San Pablo Rd
Jacksonville, FL 32224
Med Sch Affil: M-02608, G-01103
Major participating institution for programs in: APM, CHN, CN, D, DR, END, FP, GE, GS, HO, IM, N, RO, TY, U
Institution ID: 11-8093

Naval Hospital (Jacksonville)

2080 Child St
Jacksonville, FL 32214-5227
Med Sch Affil: L-02312, L-01103
Programs sponsored in: FP
Institution ID: 11-0256

Nemours Children's Clinic

807 Childrens Way
PO Box 5720
Jacksonville, FL 32247-5720
Med Sch Affil: L-01103
Programs sponsored in: OP
Major participating institution for programs in: CHN, CN, FSM, OP, ORS, U
Institution ID: 11-0478

Shands Jacksonville Medical Center

655 West Eighth St
Jacksonville, FL 32209
Med Sch Affil: M-01103
Major participating institution for programs in: CD, DR, EM, FP, GE, GS, IC, ID, IM, N, OBG, ON, ORS, PCP, PD, PDI, PE, PTH, VIR
Institution ID: 11-0486

St Luke's Hospital

4201 Belfort Rd
Jacksonville, FL 32216
Med Sch Affil: M-02608
Major participating institution for programs in: AN, APM, CN, D, DR, FP, FSM, GE, HO, IM, N, PUD, TY, U
Institution ID: 11-0215

St Vincent's Medical Center

P O Box 2982
Jacksonville, FL 32203
Med Sch Affil: L-01104, G-01103
Programs sponsored in: FP
Institution ID: 11-0148

University of Florida College of Medicine at Jacksonville

653-1 West 8th St
Jacksonville, FL 32209
Med Sch Affil: L-02312
Programs sponsored in: CD, DR, EM, FP, GE, GS, IC, ID, IM, N, OBG, ON, ORS, PCP, PD, PDI, PE, PTH, VIR
Institution ID: 11-9502

Wolfson Children's Hospital

800 Prudential Drive
Jacksonville, FL 32207
Major participating institution for programs in: PAN, PD, PDI
Institution ID: 11-8106

Miami**Baptist Hospital of Miami**

8900 N Kendall Dr
Miami, FL 33176

Med Sch Affil: L-01102

Major participating institution for programs in: VIR
Institution ID: 11-0511

Bascom Palmer Eye Institute-Anne Bates Leach Eye Hospital

900 NW 17th St
Miami, FL 33136

Med Sch Affil: M-01102

Major participating institution for programs in: NO, OPH, OTO

Institution ID: 11-0701

Cedars Medical Center

1400 NW 12th Ave
Miami, FL 33136

Med Sch Affil: L-01102

Major participating institution for programs in: CD, ICE, OMO, ORS, PS, U

Institution ID: 11-0707

Jackson Memorial Hospital/Jackson Health System

1611 NW 12 Ave
Miami, FL 33136

Med Sch Affil: M-01102, L-02312

Programs sponsored in: ADP, AN, APM, CCA, CCM, CCP, CCS, CD, CHN, CHP, CRS, D, DMP, DR, END, FP, GE, GS, HMP, HO, HSO, IG, ICE, ID, IM, IMG, MG, MPD, N, NEP, NM, NO, NPM, NS, OBG, OMO, OPH, ORS, OSS, OTO, P, PAN, PCC, PCP, PD, PDC, PDE, PDI, PDP, PG, PM, PN, PP, PS, PTH, PYG, PYN, RHU, RNR, RO, SCI, TS, U, VIR
Institution ID: 11-0314

Miami Children's Hospital

3100 SW 62nd Ave
Miami, FL 33155

Med Sch Affil: L-01102, L-03508

Programs sponsored in: ADL, CCP, CFS, CN, PD, PDR, PEM

Major participating institution for programs in: AN, MG, NS, ORS, PAN

Institution ID: 11-0811

Miami Jewish Home and Hospital for the Aged

5200 NE Second Ave
Miami, FL 33137

Med Sch Affil: L-01102

Major participating institution for programs in: PYG
Institution ID: 11-8096

Miami-Dade County Office of Medical Examiner

Number 1 on Bob Hope Road
Miami, FL 33136-1133

Programs sponsored in: FOP

Institution ID: 11-0496

University of Miami Hospital and Clinics

1475 NW 12th Ave
Miami, FL 33136-1002

Med Sch Affil: M-01102

Major participating institution for programs in: CHP, GS, OTO, PCP

Institution ID: 11-0721

Veterans Affairs Medical Center (Miami)

1201 NW 16th St (128)
Miami, FL 33125

Med Sch Affil: M-01102

Major participating institution for programs in: AN, CCM, CD, D, END, GE, GS, HSO, IC, ID, IM, IMG, MPD, N, NS, ORS, OTO, P, PCC, PM, PS, PYG, PYN, RHU, SCI, TS, U

Institution ID: 11-0515

Miami Beach**Mount Sinai Medical Center of Florida, Inc**

4300 Alton Road
Miami Beach, FL 33140

Med Sch Affil: L-01104, L-01102

Programs sponsored in: CD, DR, GS, IC, IM, PTH

Major participating institution for programs in: AN, CCM, D, GE, ID, PCC, PM, PYG, TS

Institution ID: 11-0101

Naples**Cleveland Clinic (Naples)**

6101 Pine Ridge Road
Naples, FL 34119

Major participating institution for programs in: CRS
Institution ID: 11-8105

Orlando**Arnold Palmer Hospital for Children and Women**

Orlando, FL 32806

Major participating institution for programs in: OP, PD

Institution ID: 11-8095

Florida Hospital Medical Center

2501 North Orange Ave
Suite 414

Orlando, FL 32804

Med Sch Affil: L-01104, L-00512

Programs sponsored in: FP, FPG

Major participating institution for programs in: CRS
Institution ID: 11-0513

Orlando Regional Healthcare

1414 Kuhl Ave, MP 7
Orlando, FL 32806

Med Sch Affil: L-01103, G-02608

Programs sponsored in: CCS, CRS, EM, GS, IM, MPD, OBG, OP, ORS, PD, PTH

Major participating institution for programs in: GS
Institution ID: 11-8132

Orlando Regional Medical Center

1414 Kuhl Ave, MP 7
Orlando, FL 32806

Med Sch Affil: L-01103, G-02608

Major participating institution for programs in: CCS, CRS, EM, GS, IM, MPD, OBG, OP, ORS, PD, PTH

Institution ID: 11-0258

Pensacola**Naval Hospital (Pensacola)**

6000 W Highway 98
Pensacola, FL 32512-0003

Med Sch Affil: G-02312

Programs sponsored in: FP

Institution ID: 11-0159

Naval Operational Medicine Institute

220 Hovey Rd
Pensacola, FL 32508-1047

Programs sponsored in: GPM

Institution ID: 11-0108

Sacred Heart Hospital of Pensacola

5151 North Ninth Ave
PO Box 2700

Pensacola, FL 32513-2700

Med Sch Affil: G-01103

Major participating institution for programs in: OBG, PD

Institution ID: 11-0396

St Petersburg**All Children's Hospital**

801 6th St South
PO Box 31020

St Petersburg, FL 33731-8920

Med Sch Affil: M-01104

Major participating institution for programs in: AI, CHP, NPM, NS, OTO, PD, PP, PS

Institution ID: 11-0182

Bayfront Medical Center

701 6th St, S

St Petersburg, FL 33701-4891

Med Sch Affil: L-01104

Programs sponsored in: FP, FSM, OBG

Institution ID: 11-0440

Sunrise**Health South Sunrise Rehabilitation Hospital**

4399 NobHill Road

Sunrise, FL 33351-5899

Major participating institution for programs in: IMG

Institution ID: 11-8109

Tallahassee**Tallahassee Memorial HealthCare**

1300 Miccosukee Road
Tallahassee, FL 32308

Med Sch Affil: L-01104

Programs sponsored in: FP

Institution ID: 11-0522

Tampa**H Lee Moffitt Cancer Center**

12901 Magnolia Drive
Tampa, FL 33612

Med Sch Affil: M-01104

Major participating institution for programs in: AN, D, DMP, DR, GS, HO, ID, NEP, NS, OBG, OTO, PCC, PCP, PS, PTH, U

Institution ID: 11-8003

Hillsborough County Medical Examiner Department

401 S Morgan St
Tampa, FL 33602

Major participating institution for programs in: FOP

Institution ID: 11-8094

James A Haley Veterans Hospital

13000 Bruce B Downs Blvd
Tampa, FL 33612

Med Sch Affil: M-01104

Major participating institution for programs in: ADP, AI, APM, CD, D, DMP, DR, END, GE, GPM, GS, HO, ID, IM, IMG, N, NEP, NS, OPH, OTO, P, PCC, PM, PS, PTH, PYG, RHU, SCI, U

Institution ID: 11-0521

Shriners Hospitals for Children (Tampa)

12502 Pine Drive
Tampa, FL 33612-9411

Med Sch Affil: L-01104

Programs sponsored in: OP

Major participating institution for programs in: HSS, PM, SCI

Institution ID: 11-8002

Tampa General Hospital

PO Box 1289
Tampa, FL 33601

Major participating institution for programs in: AN, APM, CCA, CD, CHP, D, DR, EM, END, GE, GS, HO, HSS, ID, IM, IMG, MPD, N, NEP, NPM, NS, OBG, OPH, OTO, P, PCC, PD, PM, PP, PS, PTH, RHU, SCI, U, VIR, VS

Institution ID: 11-8104

The Children's Home, Inc

10909 Memorial Highway
Tampa, FL 33615

Major participating institution for programs in: CHP
Institution ID: 11-8110

University of South Florida College of Medicine

12901 N Bruce B Downs Blvd
Tampa, FL 33612

Med Sch Affil: M-01104

Programs sponsored in: ADP, AI, AN, APM, CCA, CCS, CD, CHP, D, DMP, DR, EM, END, FOP, FP, GE, GPM, GS, HO, HSS, ID, IM, IMG, MPD, N, NEP, NPM, NS, OBG, OPH, OTO, P, PCC, PCP, PD, PM, PP, PS, PTH, PYG, RHU, SCI, U, VIR, VS

Institution ID: 11-0184

University of South Florida College of Public Health

13201 Bruce B Downs Blvd
Tampa, FL 33612

Major participating institution for programs in: GPM
Institution ID: 11-8097

University Psychiatry Center

3515 E Fletcher Ave
Tampa, FL 33613

Major participating institution for programs in: CHP, P

Institution ID: 11-8016

West Palm Beach**Palm Beach County Public Health Department**

PO Box 29
826 Evernia St
West Palm Beach, FL 33402

Programs sponsored in: GPM

Institution ID: 11-0729

Weston**Cleveland Clinic Hospital**

2950 Cleveland Clinic Blvd
Weston, FL 33331

Major participating institution for programs in: CD, CRS, GE, IM, IMG, N, NEP, PS

Institution ID: 11-8091

Cleveland Clinic, Florida

2950 Cleveland Clinic Blvd
Weston, FL 33331

Med Sch Affil: L-01104

Programs sponsored in: CD, CRS, GE, IM, IMG, N, NEP, PS

Major participating institution for programs in: CN

Institution ID: 11-8092

Georgia**Albany****Phoebe Putney Memorial Hospital**

417 Third Ave
PO Box 1828
Albany, GA 31701

Med Sch Affil: L-01201, L-01222

Programs sponsored in: FP, FSM

Institution ID: 12-0315

Atlanta**Atlanta Medical Center**

303 Parkway Drive, NE
Box 423

Atlanta, GA 30312

Med Sch Affil: M-01201, L-01222

Programs sponsored in: FP, GS, IM, OBG, ORS, VS

Institution ID: 12-0198

Centers for Disease Control and Prevention

1600 Clifton Road, Mail Stop E-92
Atlanta, GA 30333

Med Sch Affil: L-01221, G-02312

Programs sponsored in: GPM

Major participating institution for programs in: ETX

Institution ID: 12-0491

Children's Healthcare of Atlanta

1001 Johnson Ferry Rd, NE
Atlanta, GA 30363

Med Sch Affil: L-02101, G-01221, G-01205

Programs sponsored in: OP

Major participating institution for programs in: ORS, PS, UP

Institution ID: 12-0111

Children's Healthcare of Atlanta at Egleston

1405 Clifton Road, NE
Atlanta, GA 30322

Med Sch Affil: M-01205, G-01221

Major participating institution for programs in: CCP, CHN, CN, MG, NS, ORS, OTO, PAN, PD, PDC, PDE, PDI, PDR, PDS, PEM, PG, PHO, TS, UP

Institution ID: 12-0481

Crawford Long Hospital of Emory University

550 Peachtree St, NE
Atlanta, GA 30365

Med Sch Affil: M-01205

Major participating institution for programs in: APM, CCA, CD, EM, IC, ICE, IM, NS, OTO, PCC, RO, TS

Institution ID: 12-0173

Emory Dunwoody Medical Center

4575 N Shallowford Road
Atlanta, GA 30338

Major participating institution for programs in: FP

Institution ID: 12-8042

Emory University Hospital

1364 Clifton Road, NE
Atlanta, GA 30322

Med Sch Affil: M-01205

Major participating institution for programs in: AN, APM, AR, CCG, CD, CN, D, DMP, DR, END, GE, GS, HMP, HO, IC, ICE, ID, IM, MGP, MM, N, NEP, NM, NP, NR, NS, OPH, ORS, OTO, P, PCC, PCP, PM, PS, PTH, PYG, RHU, TS, TY, U, VIR, VN, VS

Institution ID: 12-0139

Emory University School of Medicine

1440 Clifton Road, NE
Suite 111

Atlanta, GA 30322

Med Sch Affil: M-01205, L-04802

Programs sponsored in: ADP, AN, APM, AR, BBK, CCA, CCP, CCS, CD, CHN, CHP, CN, D, DMP, DR, EM, END, ETX, FOP, FP, GE, GPM, GS, HMP, HO, IC, ICE, ID, IM, IMG, MG, MGP, MM, N, NEP, NM, NP, NPM, NR, NS, OBG, OPH, ORS, OTO, P, PAN, PCC, PCP, PD, PDC, PDE, PDI, PDR, PDS, PEM, PFP, PG, PHO, PM, PMP, PS, PTH, PYG, RHU, RNR, RO, TS, TY, U, UP, VIR, VN, VS

Institution ID: 12-0490

Fulton County Medical Examiner's Office

430 Pryor St, SW
Atlanta, GA 30312

Med Sch Affil: L-01205

Major participating institution for programs in: FOP

Institution ID: 12-0496

Georgia Colon & Rectal Surgical Clinic

5555 Peachtree Dunwoody Road, Suite 206
Atlanta, GA 30342

Programs sponsored in: CRS

Institution ID: 12-8031

Georgia Dept of Human Resources-Division of Public Health

2 Peachtree St
7th Floor

Atlanta, GA 30303

Med Sch Affil: G-01221

Major participating institution for programs in: GPM

Institution ID: 12-8015

Georgia Poison Control Center-Grady Health System

80 Butler St
PO Box 26066

Atlanta, GA 30335-3801

Major participating institution for programs in: ETX

Institution ID: 12-8037

Grady Health System

80 Jesse Hill Jr Drive SW
PO Box 26189

Atlanta, GA 30303

Med Sch Affil: M-01221, M-01205

Major participating institution for programs in: ADP, AN, AR, CCA, CCS, CD, CHN, CHP, CN, D, DR, EM, END, ETX, FP, GE, GPM, GS, HO, ID, IM, MGP, MM, N, NEP, NM, NPM, NR, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PDE, PDI, PEM, PFP, PG, PHO, PM, PS, PTH, IHU, RNR, RO, TS, TY, U, VIR, VN

Institution ID: 12-0483

Morehouse School of Medicine

720 Westview Drive, SW
Atlanta, GA 30310-1495

Med Sch Affil: M-01221

Programs sponsored in: FP, GPM, GS, IM, OBG, P, PD

Institution ID: 12-0499

Northside Hospital

1000 Johnson Ferry Road, NE
Atlanta, GA 30342-1611

Major participating institution for programs in: CRS

Institution ID: 12-0497

Piedmont Hospital

1968 Peachtree Road, NW
Atlanta, GA 30309

Med Sch Affil: G-01205

Major participating institution for programs in: GS

Institution ID: 12-0317

Rollins School of Public Health of Emory University

1518 Clifton Road, NE
Atlanta, GA 30322

Programs sponsored in: GPM

Major participating institution for programs in: GPM

Institution ID: 12-8033

Saint Joseph's Hospital of Atlanta

5665 Peachtree Dunwoody Road, NE
Atlanta, GA 30342-1764

Major participating institution for programs in: CRS

Institution ID: 12-0254

Southwest Community Hospital and Medical Center

501 Fairburn Road, SW
Atlanta, GA 30331
Med Sch Affil: M-01221
Major participating institution for programs in: FP
Institution ID: 12-0500

Wesley Woods Geriatric Hospital

1812 Clifton Road, NE
Atlanta, GA 30329
Med Sch Affil: G-01205
Major participating institution for programs in: IMG, PMP, PYG
Institution ID: 12-7032

Augusta**Medical College of Georgia**

1120 Fifteenth St
(AE-3042)
Augusta, GA 30912-5000
Programs sponsored in: AI, AN, APM, BBK, CCP, CD, CHN, CHP, CN, D, DR, EM, END, FP, GE, GS, HQ, ID, IM, N, NEP, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PD, PDC, PMN, PS, PTH, RHU, RNR, TS, U, VN
Institution ID: 12-9503

Medical College of Georgia School of Medicine

1120 Fifteenth St
Augusta, GA 30912
Med Sch Affil: M-01201
Major participating institution for programs in: CHN, CN, NS
Institution ID: 12-0391

University Hospital

1350 Walton Way
Augusta, GA 30901-2629
Med Sch Affil: M-01201
Major participating institution for programs in: N, OBG
Institution ID: 12-0428

Veterans Affairs Medical Center (Augusta)

1 Freedom Way
Augusta, GA 30904-6285
Med Sch Affil: M-01201
Major participating institution for programs in: CD, D, DR, END, GE, GS, HO, ID, IM, N, NEP, NS, OPH, ORS, OTO, P, PCC, PS, PTH, TS, U, VN
Institution ID: 12-0272

Walton Rehabilitation Hospital

1355 Independence Drive
Augusta, GA 30901
Major participating institution for programs in: PMN
Institution ID: 12-8041

Columbus**Columbia Hughston Sports Medicine Hospital**

100 Frist Court
PO Box 7188
Columbus, GA 31908-7188
Med Sch Affil: G-02312
Major participating institution for programs in: OSM
Institution ID: 12-0501

Hughston Sports Medicine Foundation

6262 Veterans Parkway
PO Box 9517
Columbus, GA 31908-9517
Programs sponsored in: OSM
Institution ID: 12-8023

The Medical Center Inc

710 Center St
PO Box 951
Columbus, GA 31902
Med Sch Affil: L-01221, L-01222, L-01201
Programs sponsored in: FP, TY
Institution ID: 12-0209

Decatur**Dekalb Medical Center**

2701 North Decatur Road
Decatur, GA 30033-5905
Med Sch Affil: L-04802
Major participating institution for programs in: CRS
Institution ID: 12-8029

Georgia Regional Hospital at Atlanta

3073 Panthersville Rd
Decatur, GA 30037-0407
Med Sch Affil: M-01221
Major participating institution for programs in: P
Institution ID: 12-8017

Veterans Affairs Medical Center (Atlanta)

1670 Clairmont Road
Decatur, GA 30033
Med Sch Affil: M-01205
Major participating institution for programs in: ADP, CD, D, END, GE, GS, IM, IMG, NM, OPH, OTO, P, PCC, PM, RHU, RO, TS, TY, U, VS
Institution ID: 12-0293

East Point**Tenet-South Fulton Medical Center**

1170 Cleveland Ave
East Point, GA 30344
Major participating institution for programs in: OBG
Institution ID: 12-8039

Fort Benning**Martin Army Community Hospital**

Attn: MCXB-FRT
7950 Martin Loop
Fort Benning, GA 31905-5637
Med Sch Affil: L-02312
Programs sponsored in: FP
Institution ID: 12-0357

Fort Gordon**Dwight David Eisenhower Army Medical Center**

Building 300
Fort Gordon, GA 30905-5650
Med Sch Affil: M-02312, L-01201
Programs sponsored in: FP, GS, IM, ORS, TY
Institution ID: 12-0492

Lawrenceville**Gwinnett Medical Center**

1000 Medical Center Boulevard
Lawrenceville, GA 30245
Major participating institution for programs in: CRS
Institution ID: 12-8030

Macon**Medical Center of Central Georgia**

777 Hemlock
PO Box 6000
Macon, GA 31208
Med Sch Affil: M-01222
Programs sponsored in: FP, GS, IM, OBG, PD
Institution ID: 12-0266

Rome**Floyd Medical Center**

Turner Me Call Blvd
PO Box 233
Rome, GA 30161
Med Sch Affil: L-01201, L-01222
Programs sponsored in: FP
Institution ID: 12-0402

Savannah**Memorial Health-University Medical Center**

PO Box 23089
Savannah, GA 31404-3089
Med Sch Affil: M-01222, L-01201
Programs sponsored in: DR, FP, GS, IM, OBG, PD
Institution ID: 12-0362

Waycross**Satilla Regional Medical Center**

410 Darling Ave
PO Box 139
Waycross, GA 31502-0139
Major participating institution for programs in: FP
Institution ID: 12-8027

Hawaii**Ewa Beach****Kahi Mohala Hospital**

91-2301 Ft Weaver Road
Ewa Beach, HI 96706
Major participating institution for programs in: CHP
Institution ID: 14-8012

Honolulu**Kaiser Foundation Hospital (Moanalua)**

3288 Moanalua, N Frontage Rd
Honolulu, HI 96819
Med Sch Affil: M-01401, G-00502
Major participating institution for programs in: GS, IMG, PTH, U
Institution ID: 14-0431

Kapiolani Medical Center for Women and Children

1319 Punahou St
Honolulu, HI 96826
Med Sch Affil: M-01401
Major participating institution for programs in: CHP, CPP, MPD, NPM, OBG, PD, PTH
Institution ID: 14-0371

Kuakini Medical Center

347 N Kuakini St
Honolulu, HI 96817
Med Sch Affil: M-01401
Major participating institution for programs in: GS, IMG, MPD, TY
Institution ID: 14-0425

Queen's Medical Center

1301 Punchbowl St
Honolulu, HI 96813
Med Sch Affil: M-01401
Major participating institution for programs in: ADP, CCS, CHP, FSM, GS, IM, MPD, OBG, ORS, P, PTH, PYG, TY
Institution ID: 14-0429

**Shriners Hospitals for Children
(Honolulu)**

1310 Punahou St
Honolulu, HI 96826-1099
Med Sch Affil: L-01401
Programs sponsored in: OP
Major participating institution for programs in: ORS
Institution ID: 14-0300

St Francis Medical Center

2230 Liliha St
Honolulu, HI 96817
Med Sch Affil: M-01401
Major participating institution for programs in: GS, MPD, PTH
Institution ID: 14-0210

Straub Clinic & Hospital

888 S King St
Honolulu, HI 96813
Med Sch Affil: L-01401
Major participating institution for programs in: GS, TY
Institution ID: 14-0440

University of Hawaii John A Burns

School of Medicine
1356 Lusitana St, Suite 509
Honolulu, HI 96813
Med Sch Affil: M-01401
Programs sponsored in: ADP, CCS, CHP, CPP, FP, FSM, GS, IM, IMG, MPD, NPM, OBG, ORS, P, PD, PFP, PTH, PYG, TY
Institution ID: 14-0439

**VA Pacific Islands Health Care System
(Honolulu)**

P O Box 50188
Honolulu, HI 96850
Med Sch Affil: M-01401
Major participating institution for programs in: IMG, P, PYG
Institution ID: 14-0444

Kaneohe**Hawaii State Hospital**

45-710 Kealahala Road
Kaneohe, HI 96744
Med Sch Affil: M-01401
Major participating institution for programs in: ADP, P, PFP
Institution ID: 14-0268

Tripler AMC**Tripler Army Medical Center**

Attn: MCHK-HE-ME
1 Jarrett White Rd
Tripler AMC, HI 96850-5000
Med Sch Affil: M-02312, M-01401
Programs sponsored in: CHE, DR, FP, FPP, GS, IM, OBG, ORS, OTO, P, PD, TY, U
Major participating institution for programs in: ADP, NPM
Institution ID: 14-0426

Wahiawa**Wahiawa General Hospital**

128 Lehua St, Box 508
Wahiawa, HI 96786
Med Sch Affil: M-01401
Major participating institution for programs in: FP, FSM
Institution ID: 14-8014

Idaho**Boise****Family Practice Residency of Idaho**

777 N Raymond St
Boise, ID 83704
Med Sch Affil: L-05404
Programs sponsored in: FP, FSM
Institution ID: 15-0714

St Alphonsus Regional Medical Center

1055 N Curtis Road
Boise, ID 83706
Med Sch Affil: L-05404
Major participating institution for programs in: FP, FSM
Institution ID: 15-0713

St Luke's Regional Medical Center

190 E Bannock St
Boise, ID 83712
Med Sch Affil: L-05404
Major participating institution for programs in: FP
Institution ID: 15-0711

Treasure Valley Hospital

8800 West Emerald St
Boise, ID 83704
Major participating institution for programs in: FSM
Institution ID: 15-8004

Veterans Affairs Medical Center (Boise)

500 W Fort St
Boise, ID 83702
Med Sch Affil: M-05404
Major participating institution for programs in: IM
Institution ID: 15-0712

Caldwell**West Valley Medical Center**

1717 Arlington
Caldwell, ID 83605
Major participating institution for programs in: FP
Institution ID: 15-0710

Pocatello**Idaho State University**

Kasiska College of Health Professions
Campus Box 8090
Pocatello, ID 83209-8090
Programs sponsored in: FP
Institution ID: 15-8001

Portneuf Regional Medical Center

651 Memorial Drive
Pocatello, ID 83201
Major participating institution for programs in: FP
Institution ID: 15-8002

Illinois**Aurora****Rush-Copley Medical Center**

2000 Ogden Ave
Aurora, IL 60504-4206
Med Sch Affil: G-01601
Major participating institution for programs in: FP
Institution ID: 16-7005

Belleville**St Elizabeth's Hospital**

211 S Third St
Belleville, IL 62222
Med Sch Affil: M-02834
Major participating institution for programs in: FP
Institution ID: 16-0787

Berwyn**MacNeal Memorial Hospital**

3249 S Oak Park Ave
Berwyn, IL 60402
Med Sch Affil: L-01601, L-01602, G-01642, G-01611
Programs sponsored in: FP, FSM, TY
Major participating institution for programs in: GS, OBG, P
Institution ID: 16-0453

Carbondale**Memorial Hospital of Carbondale**

404 W Main St
Carbondale, IL 62901
Med Sch Affil: M-01645
Major participating institution for programs in: FP, FSM
Institution ID: 16-0508

Chester**Chester Mental Health Center**

1315 Lehmen Drive
Chester, IL 62233-0031
Med Sch Affil: G-01645
Major participating institution for programs in: PFP
Institution ID: 16-8039

Chicago**Advocate Illinois Masonic Medical Center**

836 West Wellington Ave
Chicago, IL 60657-5193
Med Sch Affil: M-01601, M-01642, M-01611
Programs sponsored in: AN, CD, DR, ICE, IM, OBG
Major participating institution for programs in: CCS, EM, FP, GS, P
Institution ID: 16-0411

Advocate Ravenswood Medical Center

4550 North Winchester Ave
Chicago, IL 60640
Med Sch Affil: M-01611
Major participating institution for programs in: ADP
Institution ID: 16-0115

Chicago-Read Mental Health Center

4200 N Oak Park Ave
Chicago, IL 60634
Major participating institution for programs in: P
Institution ID: 16-0789

Children's Memorial Hospital

2300 Children's Plaza
Room 105
Chicago, IL 60614
Med Sch Affil: M-01606, L-01643, G-01611
Major participating institution for programs in: AI, AN, CCP, CCS, CHN, CHP, CN, DMP, END, MG, NDN, NPM, NS, OP, OPH, ORS, P, PAN, PD, PDC, PDE, PDI, PDP, PDR, PDS, PEM, PG, PHO, PN, PP, PPR, PS, RNR, RO, TS, U, UP, VIR
Institution ID: 16-0264

HCA Chicago Lakeshore Hospital

4840 N Marine Dr
Chicago, IL 60640
Med Sch Affil: L-01602
Major participating institution for programs in: CHP
Institution ID: 16-8028

Jackson Park Hospital

7531 South Stony Island Ave
Chicago, IL 60649-3913
Programs sponsored in: FP
Institution ID: 16-0354

John H Stroger Hospital of Cook County

1901 West Harrison St
Chicago, IL 60612
Med Sch Affil: M-01611, M-01642, M-01601, L-01606, L-01602, G-01643
Programs sponsored in: AN, APM, CCS, CD, CRS, D, DR, EM, GE, GPM, HO, IM, IPM, MPD, NP, NPM, OBG, OPH, PCC, PD, PTH, PTX
Major participating institution for programs in: AI, CCM, END, FP, GS, ID, N, NEP, NS, ORS, OTO, PS, RHU, TS
Institution ID: 16-0164

LaRabida Children's Hospital and Research Center

East 65th St at Lake Michigan
Chicago, IL 60649-1395
Major participating institution for programs in: PPR
Institution ID: 16-0774

Louis A Weiss Memorial Hospital

4646 N Marine Dr
Chicago, IL 60640
Med Sch Affil: M-01602
Programs sponsored in: IM, TY
Major participating institution for programs in: GS, OAR, ORS, U
Institution ID: 16-0123

McGaw Medical Center of Northwestern University

Morton Building, 4-656
303 East Chicago Ave
Chicago, IL 60611
Med Sch Affil: M-01606
Programs sponsored in: ADP, AI, AN, APM, CGA, CCP, CCS, CD, CHN, CHP, CN, D, DMP, DR, EM, END, FP, GE, GS, HMP, HO, IC, ICE, ID, IM, IMG, MM, N, NDN, NEP, NO, NPM, NS, OBG, OP, OPH, ORS, OTO, P, PAN, PCC, PCP, PD, PDC, PDE, PDI, PDP, PDR, PDS, PEM, PG, PHO, PM, PN, PP, PPR, PS, PTH, PYG, RHU, RNR, RO, SCI, TS, TY, U, UP, VIR, VS
Major participating institution for programs in: MG
Institution ID: 16-9502

Mercy Hospital and Medical Center

2525 S Michigan Ave
Chicago, IL 60616-2477
Med Sch Affil: M-01643, M-01611, L-01606
Programs sponsored in: IM, OBG
Major participating institution for programs in: DR, EM, GS, MPD
Institution ID: 16-0329

Michael Reese Hospital and Medical Center

2929 S Ellis Ave
Chicago, IL 60616-3390
Med Sch Affil: M-01611, G-01602
Programs sponsored in: CD, IM
Major participating institution for programs in: AN, APM, END, MPD, OBG, OPH, PAN, PCC, RHU
Institution ID: 16-0112

Mount Sinai Hospital Medical Center of Chicago

California Ave at 15th St
Chicago, IL 60608-1797
Med Sch Affil: M-01642, L-01606, G-01602, G-01611
Programs sponsored in: FP, OBG, PD
Major participating institution for programs in: GS, ID, IM, P, PUD
Institution ID: 16-0339

Northwestern Memorial Hospital

251 East Huron, Suite 3-708
Chicago, IL 60611
Med Sch Affil: M-01606
Major participating institution for programs in: ADP, AI, AN, APM, CGA, CD, CHN, CN, D, DMP, DR, EM, END, GE, GS, HMP, HO, IC, ICE, ID, IM, IMG, MM, N, NEP, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PM, PP, PS, PTH, PYG, RHU, RNR, RO, SCI, TS, U, VIR, VS
Institution ID: 16-0286

Office of the Medical Examiner of Cook County

2121 West Harrison St
Chicago, IL 60612
Med Sch Affil: G-01643
Programs sponsored in: FOP
Institution ID: 16-0502

Provident Hospital of Cook County

500 E 51st St
Chicago, IL 60615
Major participating institution for programs in: FP
Institution ID: 16-0201

Rehabilitation Institute of Chicago

345 E Superior St
Chicago, IL 60611
Med Sch Affil: M-01606
Major participating institution for programs in: PM, PPR, SCI
Institution ID: 16-0491

Resurrection Medical Center

7435 W Talcott Ave
Chicago, IL 60631
Med Sch Affil: M-01643
Programs sponsored in: EM, FP, IM, TY
Major participating institution for programs in: DR, GS, OBG
Institution ID: 16-0121

Rush University Medical Center

1653 W Congress Pkwy
Chicago, IL 60612
Med Sch Affil: M-01601
Programs sponsored in: AI, AN, APM, CCM, CD, CHP, CN, D, DR, END, FP, GE, GS, HO, IC, ICE, ID, IM, IMG, MP, MPD, N, NEP, NM, NS, OBG, OPH, ORS, OSM, OSS, OTO, P, PCC, PD, PM, PS, PTH, RHU, RNR, RO, TS, U, VIR, VS
Major participating institution for programs in: HO, PTX
Institution ID: 16-0278

Saints Mary and Elizabeth Medical Center

St Mary of Nazareth Hospital Center
2233 W Division St
Chicago, IL 60622
Programs sponsored in: FP
Institution ID: 16-8043

Schwab Rehabilitation Hospital and Care Network

1401 S California Blvd
Chicago, IL 60608
Programs sponsored in: PM
Institution ID: 16-0480

Shriners Hospitals for Children (Chicago)

2211 N Oak Park Ave
Chicago, IL 60707-3392
Med Sch Affil: L-01606, G-01611, G-01643, G-01601
Major participating institution for programs in: ORS, OSS, PS
Institution ID: 16-0312

St Anthony Hospital

2875 W 10th St
Chicago, IL 60623
Major participating institution for programs in: OBG
Institution ID: 16-0370

St Elizabeth's Hospital

1431 N Claremont Ave
Chicago, IL 60622
Major participating institution for programs in: FP
Institution ID: 16-0143

St Joseph Hospital

2900 N Lake Shore Drive
Chicago, IL 60657
Med Sch Affil: L-01602, L-01606, G-01643, G-01611
Programs sponsored in: FP, GS, IM, OBG, TY
Major participating institution for programs in: OSM
Institution ID: 16-0310

St Mary of Nazareth Hospital Center

2233 W Division St
Chicago, IL 60622
Major participating institution for programs in: FP
Institution ID: 16-0133

Swedish Covenant Hospital

5145 N California Ave
Chicago, IL 60625-3642
Med Sch Affil: M-01642
Programs sponsored in: FP, TY
Major participating institution for programs in: END, GS
Institution ID: 16-0342

University of Chicago Children's Hospital

5841 S Maryland Ave
Chicago, IL 60637
Med Sch Affil: M-01602
Major participating institution for programs in: CCP, MPD, NPM, PD, PDE, PDI, PHO, PPR
Institution ID: 16-0763

University of Chicago Hospitals

5841 South Maryland Ave
M/C 1052
Chicago, IL 60637
Med Sch Affil: M-01602, G-01611
Programs sponsored in: AN, APM, AR, BBK, CGA, CCM, CCP, CD, CHN, CHP, CN, D, DBP, DMP, DR, EM, END, GE, GS, HMP, HO, HSO, IC, ICE, ID, IM, IMG, MG, MPD, N, NEP, NP, NPM, NS, OAR, OBG, OMO, OPH, ORS, OSM, OTO, P, PCC, PCP, PD, PDC, PDE, PDI, PG, PHO, PPR, PS, PTH, RHU, RNR, RO, U, VIR, VS
Major participating institution for programs in: ID
Institution ID: 16-0465

University of Illinois College of Medicine at Chicago

1853 W Polk St, M/C 784
Chicago, IL 60612
Programs sponsored in: ADP, AN, APM, BBK, CCS, CD, CHP, CN, D, DR, EM, END, FP, GE, GPM, GS, HMP, HO, IC, ID, IM, IMG, MEM, MG, MPD, N, NEP, NPM, NS, OBG, OPH, ORS, OSM, OTO, P, PAN, PCC, PD, PDE, PS, PTH, RHU, SP, TS, U, VIR
Institution ID: 16-0762

University of Illinois Hosp-Illinois Eye and Ear Infirmary

1855 W Taylor St
Chicago, IL 60612
Med Sch Affil: M-01611, L-01643
Major participating institution for programs in: OTO
Institution ID: 16-0337

University of Illinois Hospital and Clinics

1740 W Taylor St, Suite 1400
Chicago, IL 60612
Med Sch Affil: M-01611, L-01602
Major participating institution for programs in: ADP, AN, BBK, CD, D, DR, EM, END, FP, GE, GPM, GS, HMP, HO, ID, IM, IMG, MEM, MG, MPD, N, NEP, NPM, NS, OBG, ORS, OSM, P, PAN, PCC, PD, PDE, PS, PTH, PTX, RHU, RO, TS, U
Institution ID: 16-0447

University of Illinois School of Public Health

2121 W Taylor St
Chicago, IL 60612-7260

Major participating institution for programs in: GPM
Institution ID: 16-0769

Veterans Affairs Medical Center (Lakeside)

333 East Huron St
Chicago, IL 60611

Med Sch Affil: M-01606

Major participating institution for programs in: AN, CD, D, DMP, END, GE, GS, HO, IM, N, NEP, OPH, OTO, PCC, RHU, U, VS

Institution ID: 16-0243

Veterans Affairs West Side Medical Center

820 South Damen Ave
PO Box 8195

Chicago, IL 60612

Med Sch Affil: M-01611

Major participating institution for programs in: ADP, AN, CD, D, DR, END, GE, GS, HO, ID, IM, IMG, MPD, NEP, ORS, P, PCC, PTH, RHU, TS, U

Institution ID: 16-0220

Danville**Veterans Affairs Medical Center (Danville)**

1900 E Main St

Danville, IL 61832

Med Sch Affil: M-01611

Major participating institution for programs in: IM

Institution ID: 16-0766

Decatur**Decatur Memorial Hospital**

2300 N Edward St

Decatur, IL 62526

Med Sch Affil: G-01645

Major participating institution for programs in: FP

Institution ID: 16-0158

Dixon**Katherine Shaw Bethea Hospital**

403 East 1st St

Dixon, IL 61021

Major participating institution for programs in: FP

Institution ID: 16-8042

Elgin**Elgin Mental Health Center**

750 S State St

Elgin, IL 60123

Major participating institution for programs in: P

Institution ID: 16-7039

Evanston**Evanston Hospital**

2650 Ridge Ave

Evanston, IL 60201

Med Sch Affil: M-01606, G-01642

Programs sponsored in: MM

Major participating institution for programs in: AN, DR, EM, FP, GS, IM, N, NO, NPM, NS, OBG, OPH, ORS, P, PS, PTH, RO, TY, VIR

Institution ID: 16-0145

St Francis Hospital

355 Ridge Ave

Evanston, IL 60202

Med Sch Affil: M-01611, L-01602, G-01643

Programs sponsored in: DR, IM, OBG, TY

Major participating institution for programs in: EM, GS

Institution ID: 16-0168

Glenview**Glenbrook Hospital**

2100 Pfingsten Road

Glenview, IL 60025

Major participating institution for programs in: FP

Institution ID: 16-9024

Great Lakes**Great Lakes Naval Hospital**

3001A Sixth St

Great Lakes, IL 60088-5230

Major participating institution for programs in: P

Institution ID: 16-0332

Hines**Edward Hines, Jr Veterans Affairs Hospital**

Fifth Ave & Roosevelt Road

PO Box 5000

Hines, IL 60141

Med Sch Affil: M-01643, L-01642

Major participating institution for programs in: AN, CCS, CD, CN, D, END, GE, GS, HO, IC, ID, IM, IMG, N, NEP, NM, NS, OPH, ORS, OTO, P, PCC, PM, PS, PTH, RHU, RO, SCL, TS, U, VS

Institution ID: 16-0259

Hinsdale**Hinsdale Hospital**

120 North Oak St

Hinsdale, IL 60521

Med Sch Affil: L-01601, L-00512

Programs sponsored in: FP

Major participating institution for programs in: NO

Institution ID: 16-0369

LaGrange**La Grange Memorial Hospital**

5101 South Willow Springs Road

LaGrange, IL 60525

Med Sch Affil: L-01601, L-01602

Programs sponsored in: FP

Major participating institution for programs in: RO

Institution ID: 16-0175

Maywood**Loyola University Medical Center**

2160 S First Ave

Maywood, IL 60153-5585

Med Sch Affil: M-01643

Programs sponsored in: AN, APM, CCS, CD, CHN, CN, D, DR, END, FP, GE, GS, HMP, HO, IC, ICE, ID, IM, IMG, MPD, N, NEP, NM, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PM, PS, PTH, RHU, RO, SCL, TS, U, VS

Major participating institution for programs in: TY

Institution ID: 16-0498

Melrose Park**Westlake Community Hospital**

1225 Lake St

Melrose Park, IL 60160

Med Sch Affil: G-01643

Major participating institution for programs in: IM

Institution ID: 16-7049

North Chicago**Chicago Medical School/Rosalind Franklin Univ of Med & Sci**

3333 Green Bay Road

North Chicago, IL 60064

Med Sch Affil: M-01642

Programs sponsored in: CCM, END, GS, ID, IM, P, PUD

Institution ID: 16-0748

Veterans Affairs Medical Center (North Chicago)

North Chicago, IL 60064

Med Sch Affil: M-01642

Major participating institution for programs in: END, ID, IM, P, PUD

Institution ID: 16-0460

Oak Forest**Oak Forest Hospital of Cook County**

15900 S Cicero Ave

Oak Forest, IL 60452

Med Sch Affil: G-01601, G-01602

Major participating institution for programs in: PM

Institution ID: 16-0732

Oak Lawn**Advocate Christ Medical Center**

4440 W 95th St

Oak Lawn, IL 60453

Med Sch Affil: M-01611, M-01642

Programs sponsored in: CCP, EM, FP, PD, PDC

Major participating institution for programs in: CD, END, GS, IC, IM, N, OBG, PS, TS, U

Institution ID: 16-0303

Oak Park**West Suburban Medical Center**

3 Erie Court

Oak Park, IL 60302-2509

Programs sponsored in: FP, IM, TY

Institution ID: 16-0454

Park Ridge**Advocate Lutheran General Hospital**

1775 W Dempster St

Park Ridge, IL 60068-1174

Med Sch Affil: M-01611, M-01642, G-01643

Programs sponsored in: CCP, CD, FP, FSM, GE, IM, IMG, NPM, OBG, P, PD

Major participating institution for programs in: EM, GS, PS

Institution ID: 16-0484

Peoria**Methodist Medical Center of Illinois**

221 NE Glen Oak Ave

Peoria, IL 61636

Med Sch Affil: M-01611

Major participating institution for programs in: FP, FPG, N, NS

Institution ID: 16-0390

OSF St Francis Medical Center

530 NE Glen Oak Ave

Peoria, IL 61637

Med Sch Affil: M-01611

Major participating institution for programs in: DR, EM, GS, IM, MPD, N, NS, OBG, PD, RNR, VIR

Institution ID: 16-0398

University of Illinois College of Medicine at Peoria

One Illini Drive, Box 1649
Peoria, IL 61656
Programs sponsored in: DR, EM, FP, FPG, GS, IM, MPD, N, NS, OBG, PD, RNR, VIR
Institution ID: 16-0751

Quincy

Blessing Hospital

Broadway at 11th St
Quincy, IL 62301
Med Sch Affil: G-01645
Major participating institution for programs in: FP, FSM
Institution ID: 16-7127

Rockford

Swedish American Hospital

1400 Charles St
Rockford, IL 61104
Med Sch Affil: M-01611
Major participating institution for programs in: FP
Institution ID: 16-0446

University of Illinois College of Medicine at Rockford

1601 Parkview Ave
Rockford, IL 61107-1897
Programs sponsored in: FP
Institution ID: 16-0504

Scott AFB

Scott Medical Center

Scott AFB, IL 62225-5252
Med Sch Affil: G-02312
Major participating institution for programs in: FP
Institution ID: 16-0476

Springfield

Memorial Medical Center

800 N Rutledge St
Springfield, IL 62781
Med Sch Affil: M-01645
Major participating institution for programs in: CN, D, DR, END, FP, GS, HSP, ID, IM, MP, N, OBG, ORS, OSS, OTO, P, PS, PUD, U, VS
Institution ID: 16-0509

Southern Illinois University School of Medicine

801 N Rutledge
PO Box 19620
Springfield, IL 62794-9620
Med Sch Affil: M-01645
Programs sponsored in: CN, D, DR, END, FP, FSM, GS, HSP, ID, IM, MP, N, OBG, ORS, OSS, OTO, P, PD, PFP, PS, PUD, U, VS
Institution ID: 16-0512

St John's Hospital

800 E Carpenter St
Springfield, IL 62769
Med Sch Affil: M-01645
Major participating institution for programs in: CN, D, DR, END, FP, GS, HSP, ID, MP, N, OBG, ORS, OSS, OTO, P, PD, PS, PUD, U, VS
Institution ID: 16-0503

Urbana

Carle Foundation Hospital

611 West Park St
Urbana, IL 61801
Med Sch Affil: M-01611
Programs sponsored in: CRS, FP
Major participating institution for programs in: IM
Institution ID: 16-0146

Provena Covenant Medical Center

1400 W Park St
Urbana, IL 61801
Med Sch Affil: M-01611
Major participating institution for programs in: IM
Institution ID: 16-0768

University of Illinois College of Medicine at Urbana

611 W Park St
Urbana, IL 61801
Programs sponsored in: IM
Institution ID: 16-0752

Wheaton

Marianjoy Rehabilitation Hospital

26 West 171 Roosevelt Rd
Wheaton, IL 60187
Med Sch Affil: G-01601, G-01643
Programs sponsored in: PM
Major participating institution for programs in: PM
Institution ID: 16-8025

Indiana

Beech Grove

St Francis Hospital and Health Centers

1600 Albany St
Beech Grove, IN 46107
Med Sch Affil: L-01720
Programs sponsored in: FP
Institution ID: 17-0125

Evansville

Deaconess Hospital

600 Mary St
Evansville, IN 47747
Med Sch Affil: L-01720
Programs sponsored in: FP
Institution ID: 17-0708

St Mary's Medical Center

3700 Washington Ave
Evansville, IN 47750
Med Sch Affil: L-01720
Programs sponsored in: FP
Institution ID: 17-0424

Fort Wayne

Fort Wayne Medical Education Program

2448 Lake Ave
Fort Wayne, IN 46805
Programs sponsored in: FP, ORS
Institution ID: 17-0446

Lutheran Hospital of Indiana

7950 W Jefferson Boulevard
Fort Wayne, IN 46804
Med Sch Affil: L-01720
Major participating institution for programs in: FP, ORS
Institution ID: 17-0228

Parkview Memorial Hospital

2200 Randallia Dr
Fort Wayne, IN 46805
Med Sch Affil: L-01720
Major participating institution for programs in: FP, ORS
Institution ID: 17-0447

St Joseph Hospital

700 Broadway
Fort Wayne, IN 46802
Med Sch Affil: L-01720
Major participating institution for programs in: FP, ORS
Institution ID: 17-0422

Gary

Methodist Hospitals

600 Grant St
Gary, IN 46402
Med Sch Affil: L-01720
Programs sponsored in: FP
Institution ID: 17-0236

Indianapolis

Central Indiana Regional Blood Center

3450 N Meridian St
Indianapolis, IN 46208
Major participating institution for programs in: BBK
Institution ID: 17-8008

Clarian Indiana University Hospital

165 at 21st St
PO Box 1367
Indianapolis, IN 46206-1367
Med Sch Affil: M-01720
Major participating institution for programs in: AN, APM, BBK, CFS, CN, CPP, D, DMP, DR, END, FOF, GE, GS, HMP, HO, HSO, ID, IM, MG, MM, MN, MPD, N, NEP, NM, NP, NS, OBG, OPH, OTO, P, PCC, PCP, PM, PP, PS, PTH, PYN, RHU, RNR, RO, TS, U, VIR, VN
Institution ID: 17-0444

Clarian Methodist Hospital of Indiana

165 at 21st St
PO Box 1367
Indianapolis, IN 46206-1367
Med Sch Affil: M-01720
Major participating institution for programs in: CD, DR, EM, EMP, ETX, FP, FSM, GS, IC, ICE, IM, NP, NS, OBG, OSM, P, PCC, PTH, PYG, TS, TY, U, VIR, VS
Institution ID: 17-0217

Clarian Riley Hospital for Children

165 at 21st St
PO Box 1367
Indianapolis, IN 46206-1367
Med Sch Affil: M-01720
Major participating institution for programs in: ADL, AN, APM, CFS, CHN, CHP, CN, CPP, D, DMP, DR, GS, HMP, IM, MG, MM, N, NM, NPM, NS, OBG, OPH, ORS, OTO, P, PAN, PD, PDC, PDE, PDP, PDR, PDS, PG, PHO, PP, PPR, PS, PTH, RHU, RNR, TS, U, UP, VIR
Institution ID: 17-8005

Community Hospitals of Indianapolis

1500 N Ritter Ave
Indianapolis, IN 46219
Med Sch Affil: M-01720
Programs sponsored in: FP
Major participating institution for programs in: PM
Institution ID: 17-0710

Indiana Hand Center

8501 Harcourt Rd
Indianapolis, IN 46260
Major participating institution for programs in: HSO
Institution ID: 17-8007

Indiana University School of Medicine

Fesler Hall, Room 302
1120 South Drive
Indianapolis, IN 46202-5114

Med Sch Affil: M-01720

Programs sponsored in: ADL, ADP, AN, APM, BBK, CD, CFS, CHN, CHP, CN, CPP, D, DMP, DR, EM, EMP, END, ETX, FOP, FP, FSM, GE, GS, HMP, HO, HSO, IC, ICE, ID, IM, IMG, MG, MM, MN, MPD, N, NEP, NM, NP, NPM, NS, OBG, OPH, ORS, OSM, OTO, P, PAN, PCC, PCF, PD, PDC, PDE, PDP, PDR, PDS, PG, PHO, PM, PP, PPR, PS, PTH, PYG, PYN, RHU, RNR, RO, TS, TY, U, UP, VIR, VN, VS

Institution ID: 17-9501

Larue D Carter Memorial Hospital

2601 Cold Spring Road
Indianapolis, IN 46222

Med Sch Affil: M-01720

Major participating institution for programs in: CHP, P

Institution ID: 17-0189

Richard L Roudebush Veterans Affairs Medical Center

1481 W Tenth St
Indianapolis, IN 46202

Med Sch Affil: M-01720

Major participating institution for programs in: ADP, AN, APM, CD, D, DMP, DR, END, GE, GS, HO, IC, ICE, IM, IMG, MM, MN, MPD, N, NM, NS, OPH, OTO, P, PCC, PS, PTH, PYG, PYN, RHU, RNR, RO, TS, U, VIR

Institution ID: 17-0414

St Vincent Hospital and Health Care Center

2001 W 86th St
PO Box 40970
Indianapolis, IN 46240

Med Sch Affil: M-01720

Programs sponsored in: CD, FP, FPG, IC, ICE, IFP, IM, OBG, PRD, TY

Major participating institution for programs in: HSO

Institution ID: 17-0421

William N Wishard Memorial Hospital

Indiana University
1001 W Tenth St
Indianapolis, IN 46202

Med Sch Affil: M-01720

Major participating institution for programs in: ADP, AN, APM, CFS, D, DMP, DR, EM, END, ETX, GE, GS, HO, IM, IMG, MM, MN, MPD, N, NM, NS, OBG, OPH, OTO, P, PCC, PCF, PDS, PS, PTH, PYG, PYN, RHU, RNR, U, VN

Institution ID: 17-0141

Muncie**Ball Memorial Hospital**

Cardinal Health System
2401 University Ave
Muncie, IN 47303

Med Sch Affil: L-01720

Programs sponsored in: FP, IM, ISM, PTH, TY

Institution ID: 17-0150

South Bend**Memorial Hospital of South Bend**

615 N Michigan St
South Bend, IN 46601

Med Sch Affil: L-01720

Programs sponsored in: FP, FSM

Major participating institution for programs in: FSM

Institution ID: 17-0335

St Joseph's Regional Medical Center (South Bend)

801 E LaSalle St
PO Box 1935
South Bend, IN 46634-1935

Med Sch Affil: L-01720

Programs sponsored in: FP, FSM

Major participating institution for programs in: FSM

Institution ID: 17-0419

Terre Haute**Union Hospital, Inc**

1513 N 6 1/2 St
Terre Haute, IN 47807

Med Sch Affil: L-01720

Programs sponsored in: FP

Institution ID: 17-0709

Iowa**Cedar Rapids****Cedar Rapids Medical Education Foundation**

1026 A Avenue NE
Cedar Rapids, IA 52402

Programs sponsored in: FP

Institution ID: 18-8002

Mercy Medical Center

701 Tenth St, SE
Cedar Rapids, IA 52403

Med Sch Affil: L-01803

Major participating institution for programs in: FP

Institution ID: 18-0452

St Luke's Methodist Hospital

1026 A Avenue NE
PO Box 3026
Cedar Rapids, IA 52406-3026

Med Sch Affil: L-01803

Major participating institution for programs in: EM, FP

Institution ID: 18-0417

Davenport**Genesis Medical Center**

1227 E Rusholme
Davenport, IA 52803

Med Sch Affil: L-01803

Major participating institution for programs in: FP

Institution ID: 18-8001

Genesis Medical Education Foundation

1345 W Central Park
Davenport, IA 52804

Programs sponsored in: FP

Institution ID: 18-9501

Des Moines**Broadlawns Medical Center**

1801 Hickman Road
Des Moines, IA 50314-1597

Med Sch Affil: L-01803

Programs sponsored in: FP

Major participating institution for programs in: GS

Institution ID: 18-0240

Central Iowa Health System (Iowa Methodist/Iowa Lutheran)

1415 Woodland Ave, Suite 140
Des Moines, IA 50309-1453

Med Sch Affil: M-01803

Programs sponsored in: FP, GS, IM, PD, TY

Institution ID: 18-0130

Mercy Hospital Medical Center

400 University Ave
Des Moines, IA 50314

Med Sch Affil: G-02608

Major participating institution for programs in: FP

Institution ID: 18-0356

Veterans Affairs Central Iowa Health Care System

3600 30th St
Des Moines, IA 50310-5774

Med Sch Affil: L-01803

Major participating institution for programs in: GS, IM

Institution ID: 18-0226

Iowa City**University of Iowa Hospitals and Clinics**

200 Hawkins Drive
Iowa City, IA 52242-1009

Med Sch Affil: M-01803

Programs sponsored in: AI, AN, APM, BBK, CCA, CCP, CD, CHN, CHP, CN, D, DBF, DR, EM, END, FP, FPG, FPP, GE, GPM, GS, HMP, HO, HSO, IC, ICE, ID, IM, MP, N, NEP, NM, NO, NPM, NS, OBG, OPH, ORS, OSM, OTO, P, PCC, PCF, PD, PDC, PDE, PDO, PDP, PDR, PFP, PG, PHO, PTH, PYG, PYM, RHU, RNR, RO, TS, U, VIR, VS

Institution ID: 18-0415

Veterans Affairs Medical Center (Iowa City)

Highway 6 West
Iowa City, IA 52240

Med Sch Affil: M-01803

Major participating institution for programs in: AN, CD, DR, END, GE, GS, HO, IC, ICE, IM, MP, N, NM, NS, OPH, ORS, P, PCC, PCF, PFP, PTH, PYM, U, VIR, VS

Institution ID: 18-0319

Mason City**Mercy Medical Center-North Iowa**

1000 4th St, SW
Mason City, IA 50401

Med Sch Affil: L-01803

Programs sponsored in: FP

Institution ID: 18-0705

Oakdale**Iowa Medical and Classification Center**

Highway 965, Box A
Oakdale, IA 52319

Major participating institution for programs in: PFP

Institution ID: 18-8004

Pella**Pella Regional Health Center**

404 Jefferson St
Pella, IA 50219

Major participating institution for programs in: FP

Institution ID: 18-8003

Sioux City**Mercy Medical Center (Sioux City)**

801 Fifth St, Box 3168
Sioux City, IA 51101

Med Sch Affil: L-01803

Major participating institution for programs in: FP

Institution ID: 18-0709

Siouxland Medical Education Foundation

2501 Pierce St
Sioux City, IA 51104

Programs sponsored in: FP

Institution ID: 18-0708

St Luke's Regional Medical Center

2501 Pierce St
Sioux City, IA 51104
Med Sch Affil: L-01803
Major participating institution for programs in: FP
Institution ID: 18-0710

Waterloo**Alien Memorial Hospital**

1825 Logan Ave
Waterloo, IA 50703
Med Sch Affil: L-01803
Major participating institution for programs in: FP
Institution ID: 18-0713

Covenant Medical Center

3421 W Ninth St
Waterloo, IA 50702-5499
Med Sch Affil: L-01803
Major participating institution for programs in: FP
Institution ID: 18-0714

Northeast Iowa Medical Education Foundation

2065 Kimball Ave
Waterloo, IA 50702
Programs sponsored in: FP
Institution ID: 18-0712

Kansas**Junction City****Geary Community Hospital**

1102 St Mary's Rd
Box 490
Junction City, KS 66441
Med Sch Affil: G-01902
Major participating institution for programs in: FP
Institution ID: 18-8003

Kansas City**Bethany Medical Center**

51 N 12th St
Kansas City, KS 66102
Major participating institution for programs in: CHN
Institution ID: 19-0418

University of Kansas Medical Center

39th and Rainbow Blvd
Kansas City, KS 66103
Med Sch Affil: G-01902
Major participating institution for programs in: AI, AN, CD, CHP, D, DBP, DR, FP, GE, GS, ID, IM, IMG, MP, MPD, N, NEP, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PM, PS, PTH, RHU, RO, U, VIR, VS
Institution ID: 19-0488

University of Kansas School of Medicine

3901 Rainbow Blvd
Kansas City, KS 66160-7100
Med Sch Affil: G-01902
Programs sponsored in: ADP, AI, AN, CD, CHP, CN, D, DBP, DR, FP, GE, GS, HO, ID, IM, IMG, MP, MPD, N, NEP, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PM, PS, PTH, RHU, RO, U, VIR, VS
Institution ID: 19-9501

Leavenworth**Dwight D Eisenhower Veterans Affairs Medical Center**

4401 S Fourth St
Leavenworth, KS 66048
Med Sch Affil: M-01902
Major participating institution for programs in: ADP, GS
Institution ID: 19-0406

Salina**Salina Regional Health Center**

400 S Santa Fe Ave
PO Box 5080
Salina, KS 67402-5080
Major participating institution for programs in: FP
Institution ID: 19-0518

Wichita**Sedgwick County Regional Forensic Science Center**

1109 N Minneapolis
Wichita, KS 67214-3129
Programs sponsored in: FOP
Institution ID: 19-0187

University of Kansas School of Medicine (Wichita)

1010 N Kansas
Wichita, KS 67214-3199
Med Sch Affil: M-01902
Programs sponsored in: AN, DR, FP, FSM, GS, IM, MPD, OBG, ORS, P, PD, PYG
Institution ID: 19-0511

Veterans Affairs Medical Center (Wichita)

5500 E Kellogg
Wichita, KS 67218-1607
Med Sch Affil: M-01902
Major participating institution for programs in: IM, ORS, P
Institution ID: 19-0196

Via Christi Regional Medical Center - Good Shepherd

8901 E Orme
Wichita, KS 67207
Major participating institution for programs in: P
Institution ID: 19-8001

Via Christi Regional Medical Center-St Francis

929 N St Francis Ave
Wichita, KS 67214-3882
Med Sch Affil: M-01902
Major participating institution for programs in: AN, FP, FSM, GS, IM, ORS, P, PYG
Institution ID: 19-0132

Via Christi Regional Medical Center-St Joseph

3600 E Harry St
Wichita, KS 67218-3713
Med Sch Affil: M-01902
Major participating institution for programs in: FP, FSM, P, PYG
Institution ID: 19-0306

Wesley Medical Center

550 N Hillside
Wichita, KS 67214-4976
Med Sch Affil: M-01902
Major participating institution for programs in: AN, DR, FP, GS, IM, MPD, OBG, ORS, PD
Institution ID: 19-0500

Kentucky**Edgewood****St Elizabeth Medical Center**

One Medical Village Dr
Edgewood, KY 41017
Med Sch Affil: L-03841, G-02012
Programs sponsored in: FP
Institution ID: 20-0463

Glasgow**T J Samson Community Hospital**

1301 N Race St
Glasgow, KY 42141-3483
Med Sch Affil: G-02002
Major participating institution for programs in: FP
Institution ID: 20-7044

Hazard**ARH Regional Medical Center (Hazard)**

100 Medical Center Drive
Hazard, KY 41701
Med Sch Affil: G-02012
Major participating institution for programs in: FP
Institution ID: 20-7045

LaGrange**Kentucky Correctional Psychiatric Center**

1612 Dawkins Road
LaGrange, KY 40031
Major participating institution for programs in: PFP
Institution ID: 20-8024

Kentucky State Reformatory

3001 West Highway 146
LaGrange, KY 40032
Major participating institution for programs in: PFP
Institution ID: 20-8023

Lexington**Cardinal Hill Hospital**

2050 Versailles Road
Lexington, KY 40504
Med Sch Affil: G-02012
Major participating institution for programs in: PM
Institution ID: 20-0525

Central Baptist Hospital

1740 S Nicholasville Rd
Lexington, KY 40503
Major participating institution for programs in: OBG, U
Institution ID: 20-0248

Ridge Behavioral Health System

3050 Rio Dosa Dr
Lexington, KY 40509
Med Sch Affil: G-02012
Major participating institution for programs in: CPP
Institution ID: 20-8006

Samaritan Hospital

310 South Limestone
Lexington, KY 40508
Major participating institution for programs in: PCC
Institution ID: 20-0253

Shriners Hospitals for Children (Lexington)

1900 Richmond Rd
Lexington, KY 40502-1298
Med Sch Affil: L-03843, G-02012
Programs sponsored in: OP
Major participating institution for programs in: ORS
Institution ID: 20-0284

St Joseph Hospital

1 St Joseph Drive
Lexington, KY 40504
Med Sch Affil: L-02012
Major participating institution for programs in: U
Institution ID: 20-0261

University of Kentucky College of Medicine

800 Rose St
MN150 Chandler Medical Center
Lexington, KY 40536
Med Sch Affil: M-02012

Programs sponsored in: AN, APM, CCS, CD, CHN, CHP, CPP, DR, EM, FP, FSM, GE, GPM, GS, HO, IC, ID, IM, N, NEP, NPM, NS, OBG, OPH, ORS, OSM, OTO, P, PCC, PCP, PD, PM, PS, PTH, RO, TS, U, VS
Institution ID: 20-0513

University of Kentucky Hospital

800 Rose St
Lexington, KY 40536-0084
Med Sch Affil: M-02012

Programs sponsored in: MPD
Major participating institution for programs in: AN, APM, CCS, CD, CHN, CHP, CPP, DR, EM, FP, FSM, GE, GS, IC, IM, NEP, NPM, OP, OPH, ORS, OSM, P, PCP, PD, PS, PTH
Institution ID: 20-0505

Veterans Affairs Medical Center (Lexington)

1101 Veteran's Drive (Cooper Drive Division)
Lexington, KY 40502
Med Sch Affil: M-02012

Major participating institution for programs in: CD, GE, GPM, GS, HO, IC, ID, IM, MPD, N, NEP, NS, OPH, OTO, P, PCC, PM, PS, PTH, TS, U, VS
Institution ID: 20-0352

Louisville**American Red Cross Blood Services (Louisville Region)**

510 E Chestnut St
Louisville, KY 40202
Major participating institution for programs in: BBK
Institution ID: 20-8020

Central State Hospital

10510 LaGrange Road
Louisville, KY 40223
Major participating institution for programs in: ADP, PFP
Institution ID: 20-0495

Child Psychiatric Services (Bingham Child Guidance Clinic)

Univ of Louisville Sch of Med
200 E Chestnut St
Louisville, KY 40202
Med Sch Affil: L-02002
Major participating institution for programs in: CHP, P
Institution ID: 20-0500

Frazier Rehabilitation Institute

220 Abraham Flexner Way
Louisville, KY 40202-1887
Med Sch Affil: M-02002
Major participating institution for programs in: PM
Institution ID: 20-0515

James Graham Brown Medical Center

529 S Jackson St
Louisville, KY 40292
Major participating institution for programs in: HO
Institution ID: 20-8005

Jewish Hospital

217 East Chestnut St
Louisville, KY 40202
Med Sch Affil: M-02002
Major participating institution for programs in: CD, CRS, END, FP, FPG, GE, GS, HSS, IC, ICE, NEP, ORS, PS, TS
Institution ID: 20-0136

Kleinert Koutz and Associates-Louisville Hand Surgery Center

225 Abraham Flexner Way, Suite 800
Louisville, KY 40202
Med Sch Affil: L-03607
Major participating institution for programs in: PS
Institution ID: 20-8003

Kosair Children's Hospital (Norton Healthcare, Inc)

P O Box 35070
231 East Chestnut St
Louisville, KY 40232-5070
Med Sch Affil: M-02002
Major participating institution for programs in: AN, CCP, CHP, EM, GS, MPD, NPM, NS, OPH, ORS, OTO, PD, PDE, PDI, PEM, PG, PTH, TS
Institution ID: 20-0345

Norton Healthcare-Norton Hospital

200 East Chestnut St
Louisville, KY 40217
Med Sch Affil: M-02002
Major participating institution for programs in: CRS, END, FPG, GS, N, NEP, NS, OBG, OTO
Institution ID: 20-0235

Norton Medical Pavilion-Norton Healthcare, Inc

PO Box 35070
315 E Broadway
Louisville, KY 40232
Med Sch Affil: L-02012
Major participating institution for programs in: ORS
Institution ID: 20-8007

Office of Chief Medical Examiner

810 Barret Ave
Louisville, KY 40204
Major participating institution for programs in: FOP
Institution ID: 20-8008

Seven Counties Services (Louisville)

2105 Crums Lane
Louisville, KY 40216
Major participating institution for programs in: ADP
Institution ID: 20-8026

University of Louisville Hospital

530 South Jackson St
Louisville, KY 40202
Med Sch Affil: M-02002
Major participating institution for programs in: AN, BBK, CCS, CD, CRS, D, DR, EM, END, FOP, FP, FPG, GE, GS, HO, IC, ICE, ID, IM, MPD, N, NEP, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PFP, PS, PTH, RO, TS
Institution ID: 20-0283

University of Louisville School of Medicine

Abell Administration Center, #518
323 E Chestnut St
Louisville, KY 40202
Med Sch Affil: M-02002
Programs sponsored in: ADP, AN, APM, BBK, CCP, CCS, CD, CHP, CRS, D, DR, EM, END, FOP, FP, FPG, GE, GS, HO, HSS, IC, ICE, ID, IM, MPD, N, NEP, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PDE, PDI, PEM, PFP, PG, PM, PS, PTH, RO, TS
Institution ID: 20-0507

Veterans Affairs Medical Center (Louisville)

800 Zorn Ave
Louisville, KY 40206
Med Sch Affil: M-02002
Major participating institution for programs in: AN, CD, CRS, D, DR, END, FPG, GE, GS, HO, ICE, ID, IM, MPD, N, NEP, OPH, ORS, OTO, P, PCC, PTH, TS
Institution ID: 20-0179

Madisonville**Regional Medical Center of Hopkins County**

900 Hospital Dr
Madisonville, KY 42431
Med Sch Affil: L-02012, L-02002
Major participating institution for programs in: FP
Institution ID: 20-0520

Trover Clinic Foundation

200 Clinic Drive
Madisonville, KY 42431
Programs sponsored in: FP
Institution ID: 20-8021

Morehead**St Claire Medical Center**

222 Medical Circle
Morehead, KY 40351-1180
Med Sch Affil: M-02012
Major participating institution for programs in: FP
Institution ID: 20-8011

Louisiana**Alexandria****Rapides Regional Medical Center**

211 Fourth St
Box 30101
Alexandria, LA 71306
Med Sch Affil: G-02106
Major participating institution for programs in: FP
Institution ID: 21-8028

Baton Rouge**Baton Rouge General Medical Center**

3600 Florida Blvd
PO Box 2511
Baton Rouge, LA 70821
Med Sch Affil: G-02105
Programs sponsored in: FP
Major participating institution for programs in: EM, PS
Institution ID: 21-7005

Earl K Long Medical Center

5825 Airline Highway
Baton Rouge, LA 70805-2498
Med Sch Affil: M-02105
Programs sponsored in: EM, IM
Major participating institution for programs in: GS, OBG, ORS
Institution ID: 21-0491

Office of Mental Health (Baton Rouge)

1201 Capitol Access Rd
PO Box 4049
Baton Rouge, LA 70821
Major participating institution for programs in: PFP
Institution ID: 21-8051

Houma**Leonard J Chabert Medical Center**

1978 Industrial Blvd
Houma, LA 70363
Major participating institution for programs in: GS, IFF, OBG, ORS
Institution ID: 21-0735

Kenner**Kenner Regional Medical Center**

180 West Esplanade Ave
Kenner, LA 70065

Med Sch Affil: G-02105

Major participating institution for programs in: FP, ORS

Institution ID: 21-8030

Lafayette**University Medical Center (Lafayette)**

2390 W Congress, Box 69300
Lafayette, LA 70596-9300

Med Sch Affil: M-02105

Programs sponsored in: FP, IM

Major participating institution for programs in: GS, OBG, OTO

Institution ID: 21-0380

Lake Charles**Lake Charles Memorial Hospital**

1700 Oak Park Boulevard
Lake Charles, LA 70601

Med Sch Affil: G-02105, G-02106

Major participating institution for programs in: FP, OSM

Institution ID: 21-8019

Metairie**East Jefferson General Hospital**

4200 Houma Blvd
Metairie, LA 70006

Programs sponsored in: FP

Institution ID: 21-8021

Monroe**E A Conway Medical Center**

PO Box 1881
4864 Jackson St
Monroe, LA 71210-1881

Med Sch Affil: G-02106

Programs sponsored in: FP

Major participating institution for programs in: GS, N, OBG

Institution ID: 21-0344

New Orleans**Children's Hospital**

200 Henry Clay Ave
New Orleans, LA 70118

Med Sch Affil: M-02105, L-00106, G-02101

Major participating institution for programs in: AI, BBK, CHN, CHP, CN, MPD, NFM, OP, ORS, OTO, PD, PDE, PDR, PG, PHO, PP, PS, TS, U

Institution ID: 21-0731

DePaul/Tulane Behavioral Health Center

1040 Calhoun St
New Orleans, LA 70118

Major participating institution for programs in: CPP, P

Institution ID: 21-8031

Louisiana Rehabilitation Institute

L M Building
1532 Tulane Ave
New Orleans, LA 70140

Major participating institution for programs in: PM

Institution ID: 21-0734

Louisiana State University Eye Center

2020 Gravier St
New Orleans, LA 70112

Major participating institution for programs in: OPH

Institution ID: 21-8015

Louisiana State University School of Medicine

2020 Gravier St Suite 102
Campus Mail E1-2
New Orleans, LA 70112

Med Sch Affil: L-00106

Programs sponsored in: AJ, BBK, CCS, CD, CHN, CHP, CN, D, DR, EM, END, FOP, FF, GE, GS, HO, IC, ID, IM, IMD, MEM, MPD, N, NEP, NPM, NR, NS, OBG, OP, OPH, ORS, OSM, OTO, P, PCC, PCP, PD, PDE, PDR, PFP, PG, PHO, PM, PP, PS, PTH, PYG, RHU, RNR, TS, VIR, VS

Institution ID: 21-9502

Loyola Law Clinic

St Charles Ave
New Orleans, LA 70115

Major participating institution for programs in: PFP

Institution ID: 21-8052

Medical Center of Louisiana at New Orleans

2021 Perdido St
New Orleans, LA 70112-1396

Med Sch Affil: M-02105

Major participating institution for programs in: AI, AN, BBK, CCS, CD, CHN, CN, CPP, D, DMP, DR, EM, END, GE, GS, HMP, HO, IC, ID, IM, IMD, IMG, MG, MPD, N, NEP, NPM, NR, NS, OBG, OPH, ORS, OSM, OTO, P, PCC, PCP, PD, PDC, PDI, PFP, PM, PN, PS, PTH, RHU, RNR, TS, TY, U, VIR, VS

Institution ID: 21-0727

Memorial Medical Center

2700 Napoleon Ave
New Orleans, LA 70115-6996

Med Sch Affil: G-02105

Major participating institution for programs in: GE, HO, NEP, OTO, PCC

Institution ID: 21-0409

New Orleans Adolescent Hospital

210 State St
New Orleans, LA 70118

Major participating institution for programs in: CHP, P

Institution ID: 21-8017

New Orleans Health Care for the Homeless Clinic

914 Union St
New Orleans, LA 70112

Major participating institution for programs in: P

Institution ID: 21-8035

Ochsner Clinic Foundation

1514 Jefferson Highway
New Orleans, LA 70121

Med Sch Affil: M-02105, L-00106, G-02101

Programs sponsored in: AN, CD, CRS, DR, END, GE, GS, IC, ID, IFP, IM, OBG, ON, ORS, RHU, TS, U, VS

Major participating institution for programs in: CPP, IMG, NEP, NS, OPH, OTO, P, PCC, PD, PS, PYG

Institution ID: 21-0381

Parish of Orleans Coroner's Office

Criminal Court Building
2700 Tulane Ave
New Orleans, LA 70119

Major participating institution for programs in: FOP

Institution ID: 21-8032

Tulane Hospital for Children

1415 Tulane Ave
New Orleans, LA 70112

Major participating institution for programs in: CPP, PD, PDI, PDR, PN

Institution ID: 21-8027

Tulane Univ School of Public Health and Tropical Medicine

1440 Tulane Ave
New Orleans, LA 70112

Major participating institution for programs in: GPM, IPM

Institution ID: 21-0493

Tulane University Hospital and Clinics

Tulane University School of Medicine
1430 Tulane Ave SL-97

New Orleans, LA 70112

Med Sch Affil: M-02101

Programs sponsored in: PS

Major participating institution for programs in: AI, AN, CD, CHN, CHP, CN, CPP, D, DR, END, GE, GS, HMP, HO, ID, IM, IMG, MN, MP, N, NEP, NS, OBG, OPH, ORS, OSM, OTO, P, PCC, PDC, PDI, PFP, PTH, PYN, TY, U

Institution ID: 21-0485

Tulane University School of Medicine

Office of Graduate Medical Education (SL 97)
1430 Tulane Ave

New Orleans, LA 70112-2699

Med Sch Affil: M-02101, M-02105, L-02312

Programs sponsored in: AI, AN, CCS, CD, CHN, CHP, CN, CPP, D, DMP, DR, END, GE, GPM, GS, HMP, HO, ID, IM, IMG, IPM, MG, MN, MP, MD, N, NEP, NS, OBG, OPH, ORS, OSM, OTO, P, PCC, PCP, PD, PDC, PDI, PDP, PFP, PN, PTH, PYN, TY, U

Institution ID: 21-9501

Veterans Affairs Medical Center (New Orleans)

1601 Perdido St
New Orleans, LA 70146

Med Sch Affil: M-02105

Major participating institution for programs in: AI, CCS, CD, CN, CPP, D, DR, END, GE, GPM, GS, HO, IM, IMD, IMG, N, NEP, NS, OPH, ORS, OTO, P, PCC, PM, PS, PTH, TS, TY, U, VIR, VS

Institution ID: 21-0234

Pineville**Huey P Long Regional Medical Center**

352 Hospital Boulevard
Pineville, LA 71360

Med Sch Affil: M-02101, G-02105

Major participating institution for programs in: GS

Institution ID: 21-0430

Shreveport**Brentwood Behavioral Health Company**

1006 Highland Ave
Shreveport, LA 71101

Major participating institution for programs in: P

Institution ID: 21-8024

Christus Schumpert Health System

One Saint Mary Place
Shreveport, LA 71101

Med Sch Affil: L-02106

Major participating institution for programs in: CRS, FP, U

Institution ID: 21-0460

LSU Health Sciences Center-University Hospital

1501 Kings Highway
PO Box 33932

Shreveport, LA 71130-3932

Med Sch Affil: M-02106

Programs sponsored in: AI, AN, APM, CCM, CD, CRS, DR, EM, END, FP, GE, GS, HO, ID, IM, MPD, N, NEP, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PTH, RHU, U

Institution ID: 21-0722

Overton Brooks Veterans Affairs Medical Center

510 E Stoner Ave
Shreveport, LA 71101
Med Sch Affil: M-02106
Major participating institution for programs in: AN, CCM, CD, END, GE, GS, ID, IM, NS, OPH, ORS, OTO, P, PCC, RHU, U
Institution ID: 21-0497

Shriners Hospitals for Children (Shreveport)

3100 Samford Ave
Shreveport, LA 71103
Med Sch Affil: L-02106
Major participating institution for programs in: ORS
Institution ID: 21-0410

The Asthma Allergy Clinic (Shreveport)

850 Olive St
Shreveport, LA 71104
Major participating institution for programs in: AI
Institution ID: 21-8037

Willis-Knighton Medical Center

2600 Greenwood Road
PO Box 32600
Shreveport, LA 71103-2600
Med Sch Affil: L-02106
Major participating institution for programs in: NEP, NS
Institution ID: 21-0459

Vivian**North Caddo Medical Center**

1000 South Spruce St
Vivian, LA 71082-3232
Major participating institution for programs in: FP
Institution ID: 21-8034

Maine**Augusta****Department of Veterans Affairs**

VA Medical Center
1 VA Center
Augusta, ME 04330
Major participating institution for programs in: U
Institution ID: 22-0200

Maine General Medical Center

6 E Chestnut St
Augusta, ME 04330
Major participating institution for programs in: FP, FPG
Institution ID: 22-0100

Maine-Dartmouth Family Practice Residency

15 East Chestnut
Augusta, ME 04330
Programs sponsored in: FP, FPG
Institution ID: 22-0114

Bangor**Eastern Maine Medical Center**

Family Practice Residency Program
895 Union St - Suite 12
Bangor, ME 04401-3010
Med Sch Affil: M-02407
Programs sponsored in: FP
Institution ID: 22-0191

Lewiston**Central Maine Medical Center**

76 High St
Lewiston, ME 04240
Med Sch Affil: L-02405
Programs sponsored in: FP
Institution ID: 22-0116

Portland**Maine Medical Center**

22 Bramhall St
Portland, ME 04102
Med Sch Affil: M-05002
Programs sponsored in: AN, CD, CHP, DR, EM, FP, FSM, GS, ID, IM, IMG, MPD, NEP, OBG, P, PCC, PD
Major participating institution for programs in: PS, U
Institution ID: 22-0384

New England Rehabilitation Hospital

335 Brighton Medical
Portland, ME 04102
Major participating institution for programs in: IMG
Institution ID: 22-8002

South Portland**Spring Harbor Hospital**

175 Running Hill Rd
South Portland, ME 04106
Major participating institution for programs in: CHP
Institution ID: 22-8001

Maryland**Andrews AFB****Malcolm Grow Medical Center**

89th Medical Group/SGA
1050 West Perimeter Rd
Andrews AFB, MD 20762-6600
Med Sch Affil: M-02312
Major participating institution for programs in: FP, FPP, FSM, P, TY
Institution ID: 23-0216

Baltimore**Franklin Square Hospital Center**

9000 Franklin Square Dr
Baltimore, MD 21237
Med Sch Affil: M-02301, L-02307
Programs sponsored in: FP, IM, OBG
Major participating institution for programs in: GS
Institution ID: 23-0122

Good Samaritan Hospital of Maryland

5601 Loch Raven Blvd
Russell Morgan Building, Suite 502
Baltimore, MD 21239-2995
Med Sch Affil: M-02307
Programs sponsored in: IM
Major participating institution for programs in: ORS, PM
Institution ID: 23-0522

Greater Baltimore Medical Center

6701 North Charles St
Baltimore, MD 21204
Med Sch Affil: M-02307, L-02301
Programs sponsored in: CRS, IM
Major participating institution for programs in: OBG, OPH, OTO
Institution ID: 23-0507

Harbor Hospital Center

3001 S Hanover St
Baltimore, MD 21225-1250
Med Sch Affil: L-02307, L-02301
Programs sponsored in: IM, TY
Institution ID: 23-0459

Johns Hopkins Bayview Medical Center

4940 Eastern Ave
Baltimore, MD 21224
Med Sch Affil: M-02307, L-02301
Major participating institution for programs in: AI, CFS, D, EM, ESN, GE, GS, ICE, IM, IMG, N, NEP, NRN, NS, OBG, ORS, OTO, P, PCC, PS, PYG, U, VN
Institution ID: 23-0118

Johns Hopkins Bloomberg School of Public Health

615 N Wolfe St
Room WB602
Baltimore, MD 21205
Med Sch Affil: L-02307
Programs sponsored in: GPM
Major participating institution for programs in: GPM
Institution ID: 23-0503

Johns Hopkins Hospital

600 N Wolfe St, Billings 129
Baltimore, MD 21287-1629
Med Sch Affil: M-02307, L-01001, G-02312, G-02301
Major participating institution for programs in: ADL, AI, AN, APM, BBK, CCA, CCP, CCS, CD, CHN, CHP, CN, D, DMP, DR, EM, END, GE, GS, HEM, HMP, IC, ICE, ID, IM, IMG, MG, N, NEP, NM, NO, NP, NPM, NRN, NS, OBG, ON, OPH, ORS, OTO, P, PAN, PCC, PCP, PD, PDC, PDE, PDI, PDP, PDR, PDS, PEM, PG, PHO, PM, PMG, PN, PS, PTH, PYG, RHU, RNR, RO, SP, TS, U, UP, VIR, VN, VS
Institution ID: 23-0191

Johns Hopkins University School of Medicine

733 North Broadway
Suite 100
Baltimore, MD 21205-2196
Med Sch Affil: M-02307
Programs sponsored in: ADL, AI, AN, APM, BBK, CCA, CCP, CCS, CD, CFS, CHN, CHP, CN, D, DMP, DR, EM, END, ESN, GE, GS, HEM, HMP, IC, ICE, ID, IM, IMG, MG, MM, N, NDN, NEP, NM, NO, NP, NPM, NRN, NS, OBG, ON, OPH, ORS, OTO, P, PAN, PCC, PCP, PD, PDC, PDE, PDI, PDP, PDR, PDS, PEM, PG, PHO, PM, PMG, PN, PS, PTH, PYG, RHU, RNR, RO, SP, TS, U, UP, VIR, VN, VS
Institution ID: 23-0703

Kennedy Krieger Institute

707 North Broadway
Baltimore, MD 21205
Major participating institution for programs in: NDN, SCI
Institution ID: 23-8020

Maryland General Hospital

827 Linden Ave
Baltimore, MD 21201-4681
Med Sch Affil: L-02301
Programs sponsored in: IM, OPH, TY
Institution ID: 23-0147

Maryland State Department of Health and Mental Hygiene

201 West Preston St
Room 304
Baltimore, MD 21201
Med Sch Affil: G-02312, G-02301
Programs sponsored in: GPM
Institution ID: 23-0494

Maryland

Mercy Medical Center

301 St Paul Pl
Baltimore, MD 21202-2165
Med Sch Affil: M-02301
Programs sponsored in: OFA
Major participating institution for programs in: EM, EMP, GS, MEM, NPM, OBG, PTH, VS
Institution ID: 23-0195

Office of the Chief Medical Examiner

111 Penn St
Baltimore, MD 21201-1020
Med Sch Affil: L-02307, G-02301
Programs sponsored in: FOP
Major participating institution for programs in: FOP
Institution ID: 23-0499

Sinai Hospital of Baltimore

2401 W Belvedere Ave
Baltimore, MD 21215-5271
Med Sch Affil: M-02307, L-02301, G-02312
Programs sponsored in: OBG, PD, PM, PMP, SCI
Major participating institution for programs in: GS, IM, OPH, ORS, U
Institution ID: 23-0160

St Agnes Hospital

900 South Caton Ave
Baltimore, MD 21229-5299
Med Sch Affil: M-02307, L-02301
Programs sponsored in: GS, IM
Institution ID: 23-0320

Union Memorial Hospital

201 E University Parkway
Baltimore, MD 21218-2895
Med Sch Affil: M-02301, L-02307, L-02312, G-01001
Programs sponsored in: GS, HSO, IM, OFA, ORS, OSM
Major participating institution for programs in: FP, FSM, HSO, IMG, PS, TY
Institution ID: 23-0287

University of Maryland Medical System

22 South Greene St, Box 353
Baltimore, MD 21201-1595
Med Sch Affil: M-02301, G-02307
Programs sponsored in: ADP, AN, APM, CCA, CCP, CCS, CD, CHP, CN, D, DBP, DR, EM, EMP, END, FP, FSM, GE, GPM, GS, HO, IC, ICE, ID, IM, IMG, MEM, MPD, N, NEP, NM, NPM, NR, NS, OBG, OPH, ORS, OTO, OTR, P, PCC, PCP, PD, PDE, PDI, PFP, PG, PTH, PYG, PYM, RHU, RNR, RO, TS, U, VIR, VS
Major participating institution for programs in: PDS, PS, SCI
Institution ID: 23-0247

University of Maryland-Kernan Hospital

2200 Kernan Drive
Baltimore, MD 21207-6697
Med Sch Affil: L-02301
Major participating institution for programs in: PM, SCI
Institution ID: 23-0238

Veterans Affairs Medical Center (Baltimore)

10 N Greene St
Baltimore, MD 21201-1524
Med Sch Affil: M-02301, G-02307
Major participating institution for programs in: ADP, CD, D, END, GE, GS, HO, ICE, ID, IM, IMG, N, NS, ORS, OTO, P, PM, PTH, PYG, PYM, RHU, RNR, SCI, U, VIR, VS
Institution ID: 23-0265

Walter P Carter Mental Health Center

630 W Fayette St
Baltimore, MD 21201
Med Sch Affil: M-02301
Major participating institution for programs in: ADP, P
Institution ID: 23-0713

Bethesda

Clinical Center at the National Institutes of Health

Building 10, Rm 2C-146
10 Center Drive
Bethesda, MD 20892
Med Sch Affil: L-02312, L-01001, G-01002
Programs sponsored in: AI, BBK, CCM, D, END, HEM, HMP, ID, MG, ON, P, PCP, PDE, PMG, PTH, RHU
Major participating institution for programs in: ALI, CN, GE, HO, ORS, RNR
Institution ID: 23-0204

National Cancer Institute

Building 10, Rm B3-B69
9000 Rockville Pike
Bethesda, MD 20892
Med Sch Affil: G-02312, G-02307
Major participating institution for programs in: RO
Institution ID: 23-8012

National Capital Consortium

F Edward Hebert School of Medicine
4301 Jones Bridge Rd
Bethesda, MD 20814-4799
Programs sponsored in: AI, ALI, AN, APM, CCA, CCM, CD, CHN, CHP, CN, D, DR, END, FP, FPP, FSM, GE, GPM, GS, HO, HSO, ID, IM, MP, N, NEP, NM, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PD, PDE, PDI, PFP, PG, PHO, PM, PTH, PYG, RHU, RO, TS, TY, U, VS
Institution ID: 10-8020

National Naval Medical Center (Bethesda)

8901 Wisconsin Ave
Bethesda, MD 20889-5600
Med Sch Affil: M-02312, M-01002, L-01001, G-01003
Major participating institution for programs in: AN, APM, CD, CN, D, DR, END, GE, GS, HMP, HO, IM, N, NPM, NS, OBG, ON, OPH, ORS, OTO, P, PCC, PCP, PD, PDE, PHO, PTH, RO, TY
Institution ID: 23-0275

Suburban Hospital Health System

8600 Old Georgetown Rd
Bethesda, MD 20814
Med Sch Affil: L-01001, G-02312, G-01002
Major participating institution for programs in: PS
Institution ID: 23-0386

USUHS F Edward Hebert School of Medicine

4301 Jones Bridge Road
Bethesda, MD 20814-4799
Major participating institution for programs in: GPM
Institution ID: 23-0714

Catonsville

Spring Grove Hospital Center

Wade Ave
Catonsville, MD 21228
Med Sch Affil: L-02301
Major participating institution for programs in: P
Institution ID: 23-0289

Cheverly

Prince George's Hospital Center

3001 Hospital Drive
Cheverly, MD 20785
Med Sch Affil: L-02312, G-01001, G-01003
Programs sponsored in: IM
Major participating institution for programs in: OBG, P
Institution ID: 23-0142

Jessup

Clifton T Perkins Hospital Center

8450 Dorsey Run Road
PO Box 1000
Jessup, MD 20794-1000
Med Sch Affil: L-02301, G-02312
Major participating institution for programs in: PFP
Institution ID: 23-8015

Silver Spring

Holy Cross Hospital of Silver Spring

1500 Forest Glen Rd
Silver Spring, MD 20910-1484
Med Sch Affil: M-01001, G-02312
Major participating institution for programs in: GS, OBG, OTO
Institution ID: 23-0710

Walter Reed Army Institute of Research

Attn: MCMR-UWZ
503 Robert Grant Ave, Room 1W38
Silver Spring, MD 20910-7500
Med Sch Affil: G-02312
Programs sponsored in: GPM
Major participating institution for programs in: ID, MP
Institution ID: 10-0485

Towson

Sheppard Pratt Health System

6501 North Charles St
Towson, MD 21204
Med Sch Affil: M-02301
Major participating institution for programs in: CHP, P
Institution ID: 23-0397

Massachusetts

Bedford

Edith Nourse Rogers Memorial Veterans Hospital (Bedford)

Bedford, MA 01730
Med Sch Affil: L-02405
Major participating institution for programs in: GPM, IMG, P, PYG
Institution ID: 24-0443

Belmont

McLean Hospital

115 Mill St
Belmont, MA 02478-9106
Med Sch Affil: M-02401
Programs sponsored in: PYG
Major participating institution for programs in: ADP, CHP, P
Institution ID: 24-0230

Boston

Beth Israel Deaconess Medical Center

330 Brookline Ave
Boston, MA 02215
Med Sch Affil: M-02401
Programs sponsored in: AN, APM, AR, CCA, CCS, CD, DMP, DR, EM, END, GE, GS, HMP, HO, HSP, IC, ICE, ID, IM, IMG, N, NEP, NR, OBG, PCP, PTH, SP, TS, VIR, VS
Major participating institution for programs in: BBK, CHN, D, END, ETK, MG, MGP, NDN, NM, NS, OMO, ORS, OTO, P, PCC, PS, RHU, RNR, RO, U
Institution ID: 24-8076

Boston Medical Center

One Boston Medical Center Place
Boston, MA 02118-2393

Med Sch Affil: M-02405

Programs sponsored in: ADP, AI, AN, CCS, CD, D, DMP, DR, EM, END, FP, GE, GPM, GS, HO, IC, ICE, ID, IM, IMG, N, NEP, OBG, OPH, ORS, OSM, OTO, P, PCC, PCP, PM, PRD, PTH, PYG, PYM, RHU, RNR, TS, U, VIR, VN, VS
Major participating institution for programs in: DBP, PD, PDI, PEM, RO

Institution ID: 24-8077

Boston University School of Public Health

80 East Concord St
Boston, MA 02118

Major participating institution for programs in: GPM
Institution ID: 24-0449

Brigham and Women's Hospital

B-Building, 4th Floor, Room BB428
75 Francis St
Boston, MA 02115

Med Sch Affil: M-02401, G-03515

Programs sponsored in: AI, AN, APM, AR, BBK, CCA, CCS, CD, CTR, DR, EM, END, GE, GS, HMP, HO, HSO, IC, ICE, IM, MGP, MPD, NEP, NM, NE, OBG, P, PCP, PS, PTH, RHU, RNR, RO, SP, TS, U, VIR, VS

Major participating institution for programs in: ADP, APM, CCA, CHN, CN, DMP, ID, N, NS, ORS, OTO, PCC, PP, PPR, PS, SCI, VN
Institution ID: 24-0498

Caritas Carney Hospital

2100 Dorchester Ave
Boston, MA 02124

Med Sch Affil: M-02407, L-02405

Programs sponsored in: IM, TY

Major participating institution for programs in: P
Institution ID: 24-0239

Caritas St Elizabeth's Medical Center of Boston

736 Cambridge St
Boston, MA 02135

Med Sch Affil: M-02407, M-02416

Programs sponsored in: AN, APM, CD, GS, HO, IM, P, PCC

Major participating institution for programs in: GE, ID, N, NEP, OBG, OSM, RO, TS, U
Institution ID: 24-0211

Children's Hospital

300 Longwood Ave
Boston, MA 02115-5737

Med Sch Affil: M-02401, L-02312, L-03515, L-02416, G-02405, G-03201

Programs sponsored in: ADL, AI, CCF, CCS, CHN, CHP, CN, DBP, ETX, MG, NDN, NPM, NS, OP, PAN, PD, PDC, PDE, PDI, PDP, PDR, PDS, PEM, PG, PHO, PN, PP, PPR, PSM, UP

Major participating institution for programs in: APM, BBK, CCA, CN, EM, ETX, HSO, MGP, MPD, NM, NP, OMO, ORS, F, PS, RNR, TS, U
Institution ID: 24-0152

Dana-Farber Cancer Institute

44 Binney St
Boston, MA 02115

Med Sch Affil: M-02401

Major participating institution for programs in: HO, MGP, NM

Institution ID: 24-0726

Dr Solomon Carter Fuller Mental Health Center (DSCFMHC)

Boston, MA 02218

Med Sch Affil: G-02405

Major participating institution for programs in: P
Institution ID: 24-0755

Erich Lindemann Mental Health Center

25 Stanford St
Government Center
Boston, MA 02114

Major participating institution for programs in: P
Institution ID: 24-0757

Faulkner Hospital

1153 Centre St
Boston, MA 02130

Med Sch Affil: M-02407, L-02401, G-02405

Major participating institution for programs in: GS, HSO, IM

Institution ID: 24-0472

Harvard School of Public Health

677 Huntington Ave
Boston, MA 02115

Programs sponsored in: GPM

Institution ID: 24-0124

Hebrew Rehabilitation Center for Aged

1200 Centre St
Boston, MA 02131

Major participating institution for programs in: IMG
Institution ID: 24-8100

Massachusetts Eye and Ear Infirmary

243 Charles St
Boston, MA 02114-3096

Med Sch Affil: M-02401, G-02405

Programs sponsored in: NO, OPH, OTO

Institution ID: 24-0155

Massachusetts General Hospital

Bufinch 240
55 Fruit St
Boston, MA 02114

Med Sch Affil: M-02401, G-02405

Programs sponsored in: ADP, AI, AN, APM, CCA, CCP, CCS, CD, CHN, CHP, CN, D, DR, END, GE, GS, HMP, HSO, HSP, IC, ICE, ID, IM, N, NE, NS, OMO, ORS, OSM, P, PCC, PCP, PD, PDE, PDP, PDR, PFP, PN, PTH, RHU, RNR, TS, U, VIR, VN, VS

Major participating institution for programs in: BBK, CD, DMP, EM, HO, HSO, MGP, MPD, NEP, NM, OBG, PG, PMP, PS, RO

Institution ID: 24-0394

Massachusetts Mental Health Center

74 Fenwood Road
Boston, MA 02115

Med Sch Affil: M-02401

Major participating institution for programs in: P
Institution ID: 24-0255

New England Baptist Hospital

125 Parker Hill Ave
Department of Orthopedics
Boston, MA 02120

Med Sch Affil: L-02407, G-02405, G-02416

Programs sponsored in: OSM

Major participating institution for programs in: HSO, ORS

Institution ID: 24-0522

Spaulding Rehabilitation Hospital

125 Nashua St
Boston, MA 02114

Med Sch Affil: L-02407, G-02401

Programs sponsored in: PM, PMP, SCI

Major participating institution for programs in: RHU
Institution ID: 24-8036

Tufts-New England Medical Center

750 Washington St
Boston, MA 02111

Med Sch Affil: M-02407, G-02405

Programs sponsored in: AN, CD, CHN, CHP, CN, CPP, DR, END, GE, GS, HO, HSO, IC, ICE, ID, IM, MG, N, NEP, NPM, NS, OBG, OPH, ORS, OSM, OTO, P, PAN, PCC, PD, PG, PM, PPR, PTH, RHU, RNR, RO, TS, TY, U, VIR, VS
Major participating institution for programs in: D, DMP, FP

Institution ID: 24-0378

Veterans Affairs Medical Center (Boston)

Boston, MA 02130

Med Sch Affil: M-02405, L-02407

Major participating institution for programs in: ADP, AI, CD, D, DR, GE, GPM, GS, HO, ID, IM, N, OPH, ORS, OTO, P, PCC, PM, PYM, RHU, U

Institution ID: 24-0257

Bridgewater**Bridgewater State Hospital**

20 Administration Road
Bridgewater, MA 02324

Major participating institution for programs in: PFP
Institution ID: 24-7010

Brockton**Boston VA Healthcare System (Brockton-West Roxbury)**

940 Belmont St
Brockton, MA 02401-5596

Med Sch Affil: M-02401

Programs sponsored in: P

Major participating institution for programs in: GS, HSO, IC, ICE, IM, IMG, NM, PCC, SCI, U, VS

Institution ID: 24-0172

Brockton Hospital

680 Centre St
Brockton, MA 02402

Med Sch Affil: M-02405

Major participating institution for programs in: IM, TY

Institution ID: 24-0225

Good Samaritan Medical Center-Cushing Campus

235 N Pearl St
Brockton, MA 02401-1794

Med Sch Affil: L-02407

Major participating institution for programs in: GS

Institution ID: 24-8014

Burlington**Lahey Clinic**

41 Mall Road
Burlington, MA 01805

Med Sch Affil: M-02407, L-02401, G-02405

Programs sponsored in: CD, CRS, DR, END, GE, GS, IC, ICE, IM, PCC, PS, U

Major participating institution for programs in: CN, ID, N, NS, OPH, ORS, OSM, OTO, RO, TS, TY

Institution ID: 24-0163

Cambridge**Cambridge Hospital/Cambridge Health Alliance**

1493 Cambridge St
Cambridge, MA 02139

Med Sch Affil: M-02407, M-02401

Programs sponsored in: CHP, IM, F, FYG, PYM, TY

Major participating institution for programs in: ETX, HSP, IMG

Institution ID: 24-0367

Harvard University Health Services

Harvard University
75 Mt Auburn St
Cambridge, MA 02138
Major participating institution for programs in: P
Institution ID: 24-8081

Mount Auburn Hospital

330 Mount Auburn St
Cambridge, MA 02138
Med Sch Affil: M-02401
Programs sponsored in: DR, IM
Major participating institution for programs in: GS, P
Institution ID: 24-0375

Youville Hospital & Rehabilitation Center

1575 Cambridge St
Cambridge, MA 02138
Major participating institution for programs in: IMG
Institution ID: 24-8099

Fitchburg**Health Alliance Hospital-Leominster**

275 Nichols Road
Fitchburg, MA 01420-8209
Major participating institution for programs in: FP, FSM
Institution ID: 24-0366

Framingham**MetroWest Medical Center-Framingham Union Hospital**

115 Lincoln St
Dept of Med Ed - Helen Clark
Framingham, MA 01702
Med Sch Affil: M-02407, L-02405, L-02416, G-02401
Programs sponsored in: IM, TY
Institution ID: 24-0162

Jamaica Plain**Lemuel Shattuck Hospital**

170 Morton St
Jamaica Plain, MA 02130-3787
Med Sch Affil: M-02407
Major participating institution for programs in: ID, P, TY
Institution ID: 24-0401

Lawrence**Greater Lawrence Family Health Center Inc**

34 Haverhill St
Lawrence, MA 01841-2884
Med Sch Affil: L-02416
Programs sponsored in: FP
Institution ID: 24-8072

Lawrence General Hospital

One General St
Lawrence, MA 01841
Med Sch Affil: L-02407
Major participating institution for programs in: FP
Institution ID: 24-0330

Medford**Hallmark Health System**

Lawrence Memorial Hospital
c/o 170 Governors Ave
Medford, MA 02155
Programs sponsored in: FP
Institution ID: 24-8078

Tufts University Health Services

124 Professor's Row
Medford, MA 02155
Major participating institution for programs in: P
Institution ID: 24-8082

Newton**Newton-Wellesley Hospital**

2014 Washington St
Newton, MA 02462
Med Sch Affil: M-02407
Programs sponsored in: IM, TY
Major participating institution for programs in: HSO, ID, ORS
Institution ID: 24-0448

Pittsfield**Berkshire Medical Center**

725 North St
Pittsfield, MA 01201
Med Sch Affil: M-02416
Programs sponsored in: GS, IM, PTH
Institution ID: 24-0180

Salem**Salem Hospital**

81 Highland Ave
Salem, MA 01970
Med Sch Affil: L-02407, L-02405
Programs sponsored in: IM
Major participating institution for programs in: GS
Institution ID: 24-0287

Somerville**Somerville Hospital**

230 Highland Ave
Somerville, MA 02143
Med Sch Affil: L-02407
Major participating institution for programs in: PYG
Institution ID: 24-8074

Somerville Mental Health

63 College Ave
Somerville, MA 02144
Major participating institution for programs in: P, PYM
Institution ID: 24-8080

Springfield**Baystate Medical Center**

759 Chestnut St
Springfield, MA 01199
Med Sch Affil: M-02407, L-02416, G-02405
Programs sponsored in: AN, APM, BBK, CCA, CD, DR, EM, END, GS, HO, IC, ICE, ID, IM, IMG, MPD, OBG, PCP, PD, PE, PTH
Institution ID: 24-0309

Shriners Hospitals for Children (Springfield)

516 Carew St
Springfield, MA 01104-2396
Med Sch Affil: G-02405, G-03503
Major participating institution for programs in: ORS
Institution ID: 24-0388

Stockbridge**Austen Riggs Center**

25 Main St
PO Box 962
Stockbridge, MA 01262-0962
Programs sponsored in: P
Major participating institution for programs in: P
Institution ID: 24-0435

Stoughton**New England Sinai Hospital and Rehabilitation Center**

150 York St
Stoughton, MA 02072
Med Sch Affil: L-02407
Major participating institution for programs in: PM
Institution ID: 24-8035

Westboro**Westboro State Hospital**

288 Lyman St
Westboro, MA 01581
Major participating institution for programs in: CHP
Institution ID: 24-0442

Woburn**HealthSouth New England Rehabilitation Hospital**

Two Rehabilitation Way
Woburn, MA 01801-6098
Major participating institution for programs in: PM
Institution ID: 24-8079

Worcester**St Vincent Hospital**

Worcester Medical Center
20 Worcester Blvd
Worcester, MA 01608-1320
Med Sch Affil: M-02416
Programs sponsored in: CD, DR, IC, IM
Major participating institution for programs in: CCA, CCM, EM, GE, N, U
Institution ID: 24-0361

UMass Memorial Health Care (Hahnemann Campus)

291 Lincoln St
Worcester, MA 01605
Major participating institution for programs in: HSO, OSM
Institution ID: 24-8091

UMass Memorial Health Care (Memorial Campus)

119 Belmont St
J4
Worcester, MA 01605
Med Sch Affil: M-02416
Major participating institution for programs in: EM, FP, FSM, ID, IM, NPM, OBG, ORS, PCP, PTH, U, VIR
Institution ID: 24-0113

UMass Memorial Health Care (University Campus)

55 Lake Ave North
Worcester, MA 01605
Med Sch Affil: M-02416, G-02312
Major participating institution for programs in: AN, CCA, CCM, CCS, CD, CHP, CN, D, DR, EM, END, ETX, GE, GPM, HO, IC, ICE, ID, IM, N, NEP, ORS, P, PCP, PD, PFP, PS, PTH, PUD, RHU, RNR, TS, U, VIR, VS
Institution ID: 24-0724

University of Massachusetts Medical School

55 Lake Ave North
Worcester, MA 01655
Programs sponsored in: AN, CCA, CCM, CCS, CD, CHP, CN, D, DR, EM, END, ETX, FP, FSM, GE, GPM, GS, HMP, HO, HSO, IC, ICE, ID, IM, MPD, N, NEP, NPM, OBG, ORS, OSM, P, PCP, PD, PFP, PS, PTH, PUD, PYN, RHU, RNR, TS, U, VIR, VS
Institution ID: 24-9501

Worcester State Hospital

305 Belmont St
Worcester, MA 01604
Med Sch Affil: G-02416
Major participating institution for programs in: PFP
Institution ID: 24-0135

Michigan**Ann Arbor****Center for Forensic Psychiatry**

3501 Willis Road
PO Box 2060
Ann Arbor, MI 48106
Programs sponsored in: PFP
Institution ID: 25-8006

St Joseph Mercy Health System

5301 E Huron River Drive
PO Box 995
Ann Arbor, MI 48106-2172
Med Sch Affil: M-02501, L-02507
Programs sponsored in: GS, IM, OBG, TY
Major participating institution for programs in: EM, GE, PS
Institution ID: 25-0487

University of Michigan Hospitals and Health Centers

2500 Green Road
Suite 700
Ann Arbor, MI 48109-0748
Med Sch Affil: M-02501

Programs sponsored in: ADP, AI, AN, APM, BBK, CCP, CCS, CD, CHN, CHP, CN, D, DR, EM, END, FP, FSM, GE, GS, HMP, HO, IC, ICE, ID, IM, IMG, MG, MPD, N, NEP, NM, NO, NPM, NS, OBG, OPH, ORS, OSM, OTO, P, PAN, PCC, PCH, PCP, PD, PDC, PDE, PDI, PDP, PDR, PDS, PE, PG, PHO, PM, PMP, PN, PPR, PS, PTH, PYG, RHU, RNR, RO, SCI, TS, U, VIR, VS

Major participating institution for programs in: HO, OBG, PFP

Institution ID: 25-0256

University of Michigan School of Public Health

109 South Observatory St
Ann Arbor, MI 48109-2029
Programs sponsored in: GPM
Institution ID: 25-0526

Veterans Affairs Medical Center (Ann Arbor)

2215 Fuller Road
Ann Arbor, MI 48105
Med Sch Affil: M-02501, L-03843
Major participating institution for programs in: ADP, CD, DR, END, GE, GS, IC, ID, IM, IMG, MPD, N, NM, OPH, OTO, P, PMP, PS, PYG, RHU, TS, U, VIR, VS
Institution ID: 25-0498

Chelsea**Chelsea Community Hospital**

775 S Main St
Chelsea, MI 48118
Med Sch Affil: L-02501
Major participating institution for programs in: FP
Institution ID: 25-0555

Dearborn**Oakwood Hospital**

18101 Oakwood Blvd
Medical Education
Dearborn, MI 48124
Med Sch Affil: M-02507, L-02501
Programs sponsored in: DR, IM, IMG, OBG, TY
Major participating institution for programs in: FP, GS, ICE
Institution ID: 25-0366

Detroit**Children's Hospital of Michigan**

Detroit, MI 48201
Med Sch Affil: M-02507
Programs sponsored in: MPD
Major participating institution for programs in: AI, CCP, CCS, CHN, CN, D, DR, EM, MG, NPM, NS, OPH, ORS, OTO, PAN, PD, PDC, PDI, PDR, PDS, PEM, PG, PHO, PN, PP, PS, RNR, TS, TY, U, UP, VN
Institution ID: 25-0456

Detroit Receiving Hospital and University Health Center

Detroit, MI 48201
Med Sch Affil: M-02507
Major participating institution for programs in: AI, CD, CN, D, EM, END, GE, GPM, GS, HMP, ID, IM, IMG, MPD, N, NEP, NS, ORS, OTO, PCC, PS, PTH, RHU, TY, U, VN
Institution ID: 25-0131

Harper-Hutzel Hospital

Detroit, MI 48201
Med Sch Affil: M-02507
Major participating institution for programs in: CD, CHN, D, DR, END, GE, GS, HMP, HO, IC, ID, N, NEP, NP, NPM, NS, OPH, OTO, P, PCC, PCP, PS, PTH, RHU, RNR, RO, TS, TY, U, UP, VIR, VN, VS
Institution ID: 25-0151

Henry Ford Hospital

2799 West Grand Blvd
Department of Medical Education, CFP 046
Detroit, MI 48202-2689
Med Sch Affil: M-03806, M-02507, L-01642
Programs sponsored in: AI, AN, APM, CCS, CD, CN, CRS, D, DR, EM, END, FP, FSM, GE, GS, HO, IC, ICE, ID, IEC, IM, MEM, MG, MSR, N, NEP, NS, OBG, OPH, ORS, OSM, OTO, P, PCC, PCP, PTH, RNR, RO, TY, U, VIR, VS
Major participating institution for programs in: GPM
Institution ID: 25-0331

Rehabilitation Institute

261 Mack Boulevard
Detroit, MI 48201
Med Sch Affil: M-02507
Major participating institution for programs in: PM, VN
Institution ID: 25-0210

Sinai-Grace Hospital

6071 West Outer Drive
Detroit, MI 48235
Med Sch Affil: M-02507
Major participating institution for programs in: DR, EM, FP, GS, IM, MPD, ORS, P, PS, RO, TY
Institution ID: 25-0291

Sinai-Grace Hospital (Sinai Campus)

6767 West Outer Drive
Detroit, MI 48235
Major participating institution for programs in: OPH, ORS, PM
Institution ID: 25-0114

St John Hospital and Medical Center

22101 Moross Road
Detroit, MI 48236-2172
Med Sch Affil: M-02507
Programs sponsored in: CD, EM, FP, GS, IC, ID, IM, MPD, NEP, OBG, PD, PTH, TY
Major participating institution for programs in: ETX
Institution ID: 25-0486

Veterans Affairs Medical Center (Detroit)

Detroit, MI 48201
Med Sch Affil: M-02507
Major participating institution for programs in: ADP, CD, D, GE, GS, IMG, MPD, NEP, OTO, RHU, U, VN
Institution ID: 25-0108

Wayne County Medical Examiner's Office

600 Randolph Ave
Detroit, MI 48207
Programs sponsored in: FOP
Institution ID: 25-0620

Wayne State University/Detroit Medical Center

4201 St Antoine, Suite 2-B, UHC
Detroit, MI 48201-2403
Med Sch Affil: M-02507
Programs sponsored in: ADP, AI, AN, APM, CCP, CCS, CD, CHN, CHP, CN, D, DR, EM, END, ETX, FP, GE, GPM, GS, HMP, HO, IC, ID, IM, IMG, MG, N, NEP, NP, NPM, NS, OBG, OPH, ORS, OSM, OTO, P, PAN, PCC, PCP, PD, PDC, PDI, PDR, PDS, PEM, PG, PHO, PM, PN, PP, PS, PTH, PYG, RHU, RNR, RO, TS, TY, U, UP, VIR, VN, VS
Major participating institution for programs in: NO
Institution ID: 25-9501

East Lansing**Michigan State University Clinical Center**

Human Health Programs Suite
D 132 West Fee Hall
East Lansing, MI 48824
Med Sch Affil: M-02512
Major participating institution for programs in: FPG, N
Institution ID: 25-0532

Ferndale**Kingswood Hospital**

10300 W Eight Mile Road
Ferndale, MI 48220
Major participating institution for programs in: P
Institution ID: 25-8398

Flint**Hurley Medical Center**

One Hurley Plaza
Flint, MI 48503-5993
Med Sch Affil: M-02512, G-02501
Programs sponsored in: IM, IMG, MPD, OBG, PD, TY
Major participating institution for programs in: DR, EM, ORS, PE
Institution ID: 25-0304

McLaren Regional Medical Center

401 S Ballenger Highway
Flint, MI 48532
Med Sch Affil: M-02512
Programs sponsored in: FP, IM, ORS
Major participating institution for programs in: DR, GS
Institution ID: 25-0412

Michigan State University/Flint Area Medical Education

One Hurley Plaza
Flint, MI 48503-5902
Med Sch Affil: M-02512
Programs sponsored in: DR
Institution ID: 25-0562

Grand Blanc**Genesys Regional Medical Center**

One Genesys Parkway
Grand Blanc, MI 48439-8066
Med Sch Affil: G-02512
Programs sponsored in: FP
Institution ID: 25-8007

Genesys Regional Medical Center-Health Park

One Genesys Parkway
Grand Blanc, MI 48439
Major participating institution for programs in: DR
Institution ID: 25-0480

Grand Rapids**Grand Rapids Medical Education and Research Center**

1000 Monroe, NW
Grand Rapids, MI 49503
Med Sch Affil: M-02512
Programs sponsored in: CCS, CRS, DR, EM, FP, GS, IM, OBG, ORS, PD, PHO, PS, TY, VS
Institution ID: 25-0460

Saint Mary's Health Care (Grand Rapids)

200 Jefferson Ave, SE
Grand Rapids, MI 49503
Med Sch Affil: M-02512
Major participating institution for programs in: DR, FP, GS, OBG, ORS, P, TY, VS
Institution ID: 25-0473

Spectrum Health-Blodgett Campus

1840 Wealthy St, SE
Grand Rapids, MI 49506
Major participating institution for programs in: CRS, DR, GS, IM, OBG, ORS, PS, VS
Institution ID: 25-0395

Spectrum Health-Butterworth Campus

100 Michigan St, NE
Grand Rapids, MI 49503
Programs sponsored in: MPD
Major participating institution for programs in: CCS, CRS, DR, EM, GS, IM, OBG, ORS, PD, PHO, PS, TY, VS
Institution ID: 25-0341

Grosse Pointe**Bon Secours Cottage Health System**

468 Cadieux Road
Grosse Pointe, MI 48230
Med Sch Affil: M-02507
Programs sponsored in: FP
Institution ID: 25-0103

Kalamazoo**Borgess Medical Center**

1521 Gull Road
Kalamazoo, MI 49048
Med Sch Affil: M-02512
Major participating institution for programs in: EM, FP, FSM, GS, IC, IM, ORS, P, TY
Institution ID: 25-0490

Bronson Methodist Hospital

601 John St
Kalamazoo, MI 49007-5345
Med Sch Affil: M-02512
Major participating institution for programs in: EM, FP, FSM, GS, IM, MPD, ORS, PD, TY
Institution ID: 25-0458

Michigan State Univ/Kalamazoo Center for Medical Studies

1000 Oakland Drive
Kalamazoo, MI 49008
Med Sch Affil: M-02512
Programs sponsored in: EM, FP, FSM, GS, IM, MPD, ORS, P, PD, TY
Institution ID: 25-0538

Lansing**Ingham Regional Medical Center**

401 W Greenlawn
Lansing, MI 48909
Med Sch Affil: M-02512
Major participating institution for programs in: EM, GS, HO, IM, PM
Institution ID: 25-0183

Michigan State University College of Human Medicine

Suite 640 Sparrow Professional Building
1200 E Michigan Ave
Lansing, MI 48912-1316
Med Sch Affil: M-02512
Programs sponsored in: CD, GS, HO, IC, IM, NPM, P, PD, PM
Institution ID: 25-9502

Sparrow Hospital

1215 E Michigan Ave
PO Box 30480
Lansing, MI 48909-7980
Med Sch Affil: M-02512
Programs sponsored in: EM, FP, FPG, FSM, N, OBG
Major participating institution for programs in: CD, GS, HO, IM, NPM, P, PD
Institution ID: 25-0290

Madison Heights**Michigan Orthopaedic Specialty Hospital, The**

30671 Stephenson Highway
Madison Heights, MI 48071
Med Sch Affil: M-02507
Major participating institution for programs in: MPD, OBG, ORS, OSM, PCP, TY
Institution ID: 25-0105

Marquette**Marquette General Hospital**

420 W Magnetic St
Marquette, MI 49855-2794
Med Sch Affil: M-02512
Programs sponsored in: FP
Major participating institution for programs in: P
Institution ID: 25-0549

Midland**MidMichigan Medical Center-Midland**

4005 Orchard Drive
Midland, MI 48670
Med Sch Affil: G-02512
Programs sponsored in: FP
Institution ID: 25-0322

Northville**Hawthorn Center Hospital**

18471 Haggerty Rd
Northville, MI 48167
Med Sch Affil: G-02507
Major participating institution for programs in: CHP
Institution ID: 25-0247

Pontiac**North Oakland Medical Centers**

461 W Huron
Pontiac, MI 48341-1651
Med Sch Affil: M-02507
Programs sponsored in: FP, GS, OBG
Institution ID: 25-0222

St Joseph Mercy-Oakland

44405 Woodward Ave
Pontiac, MI 48341-2985
Med Sch Affil: M-02507
Programs sponsored in: DR, GS, IM, TY
Institution ID: 25-0478

Royal Oak**William Beaumont Hospital**

Medical Administration
3601 West Thirteen Mile Rd
Royal Oak, MI 48073
Med Sch Affil: M-02507, L-02501
Programs sponsored in: BBK, CD, CRS, DR, EM, FP, GE, GS, HMP, IC, ID, IM, IMG, MPD, NM, OBG, ON, OPH, ORS, OSS, PCH, PCP, PD, PM, PTH, RNR, RO, TY, U, VIR
Major participating institution for programs in: ETX, NO, ORS
Institution ID: 25-0396

Saginaw**Covenant HealthCare System-Cooper Campus**

700 Cooper St
Saginaw, MI 48602
Major participating institution for programs in: EM, FP, GS, IM
Institution ID: 25-0314

Covenant HealthCare System-Harrison Campus

1447 N Harrison St
Saginaw, MI 48602
Major participating institution for programs in: GS, IM, OBG
Institution ID: 25-0200

St Mary's Medical Center

800 S Washington Ave
Saginaw, MI 48601
Med Sch Affil: M-02512
Major participating institution for programs in: EM, GS, IM
Institution ID: 25-0276

Synergy Medical Education Alliance

1000 Houghton Ave
Saginaw, MI 48602
Med Sch Affil: M-02512
Programs sponsored in: EM, FP, GS, IM, OBG
Institution ID: 25-0525

Southfield**Providence Hospital and Medical Centers**

16001 West 9 Mile Rd
Fourth Floor Fisher Center
Southfield, MI 48075
Med Sch Affil: M-02507, G-02501
Programs sponsored in: CD, DR, FP, FSM, GE, GS, HO, IC, IM, NO, OBG, PS, TY
Major participating institution for programs in: GS, ORS, RO
Institution ID: 25-0197

Traverse City**Munson Medical Center**

1105 Sixth St
Traverse City, MI 49684
Med Sch Affil: G-02512
Programs sponsored in: FP
Institution ID: 25-0251

Troy**William Beaumont Hospital - Troy**

44201 Dequindre Road
Troy, MI 48085-1117
Major participating institution for programs in: EM, FP
Institution ID: 25-0551

Warren**Bi-County Community Hospital**

13955 E Ten Mile Road
Warren, MI 48089
Major participating institution for programs in: TY
Institution ID: 25-9011

Wayne**Oakwood Annapolis Hospital**

33155 Annapolis Ave
Wayne, MI 48184-2493
Programs sponsored in: FP
Institution ID: 25-8399

Westland**Walter P Reuther Psychiatric Hospital**

30901 Palmer Road
Westland, MI 48185
Major participating institution for programs in: PYG
Institution ID: 25-8005

Minnesota**Duluth****St Luke's Hospital**

915 East First St
Duluth, MN 55805
Med Sch Affil: M-02607
Programs sponsored in: FP
Institution ID: 26-0209

St Mary's Medical Center

407 E Third St
Duluth, MN 55805
Med Sch Affil: M-02607
Major participating institution for programs in: FP
Institution ID: 26-0346

Eden Prairie**Park Nicollet Clinic-Alexander Center**

Suite 300, 11455 Viking Drive
Eden Prairie, MN 55344
Major participating institution for programs in: DBP
Institution ID: 26-8037

The Orthopaedic Center

7905 Golden Triangle Drive
Suite 100
Eden Prairie, MN 55344
Programs sponsored in: OSM
Institution ID: 26-8036

Fergus Falls**Lakeland Mental Health Center**

126 East Alcott
Fergus Falls, MN 56537
Med Sch Affil: G-03701
Major participating institution for programs in: P
Institution ID: 26-8023

Mankato**Immanuel-St Joseph's Hospital**

1025 Marsh St
PO Box 8673
Mankato, MN 56002-8673
Med Sch Affil: L-02604
Major participating institution for programs in: FP
Institution ID: 26-8030

Minneapolis**Abbott-Northwestern Hospital/Allina Health System**

800 E 28th St-11195
Minneapolis, MN 55407
Med Sch Affil: L-02604
Programs sponsored in: IM
Major participating institution for programs in: CD, CRS, IC, OSM, PCP, PTH
Institution ID: 26-0343

Allina Hospitals & Clinics

710 East 24th St
Minneapolis, MN 55404
Programs sponsored in: FP
Institution ID: 26-8031

Children's Hospitals & Clinics - Minneapolis

2525 Chicago Ave, S
Minneapolis, MN 55404
Med Sch Affil: L-02604, L-04601
Major participating institution for programs in: MPD, PEM
Institution ID: 26-0740

Fairview-University Medical Center

500 Harvard St SE
Minneapolis, MN 55455
Programs sponsored in: MPD
Major participating institution for programs in: ADL, ADP, AI, AN, BBK, CCA, CCP, CCS, CD, CHN, CHP, CN, CRS, D, DBP, DR, END, FP, GE, GS, HMP, HO, HSO, IC, ICE, ID, IM, IMG, N, NEP, NPM, NS, OBG, OPH, ORS, OSM, OTO, P, PCP, PD, PDC, PDE, PDI, PDP, PG, PHO, PM, PN, PS, PTH, RHU, RNR, RO, TS, U, VIR
Institution ID: 26-0254

HealthPartners Institute for Medical Education

Attention: Carl Patow, MD, MPH
8100 34th Ave South - Mail Stop 21110X
Minneapolis, MN 55440-1309
Programs sponsored in: EM, FP, GPM, PTX
Institution ID: 26-8034

Hennepin County Medical Center

701 Park Ave S
Office of the Medical Director MC #07
Minneapolis, MN 55415-1829
Med Sch Affil: M-02604
Programs sponsored in: CCM, EM, FP, FSM, GS, IM, IMG, P, PCP, TY
Major participating institution for programs in: AN, CN, D, DBP, DR, END, GE, MPD, N, NEP, NS, OBG, OPH, OTO, PM, PTH, PTX, RNR, VIR
Institution ID: 26-0402

Hennepin County Medical Examiner

530 Chicago Ave
Minneapolis, MN 55415
Programs sponsored in: FOP
Institution ID: 26-0733

Twin Cities Spine Center

913 East 26th St
Suite 600
Minneapolis, MN 55404-4515
Programs sponsored in: OSS
Institution ID: 26-8032

Minnesota Sports Medicine

701 25th Ave S, #150
Minneapolis, MN 55454
Programs sponsored in: OSM
Institution ID: 26-8024

University of Minnesota Medical School MMC 293

420 Delaware St, SE
Minneapolis, MN 55455
Med Sch Affil: M-02604
Programs sponsored in: ADL, ADP, AI, AN, BBK, CCA, CCP, CCS, CD, CHN, CHP, CN, CRS, D, DBP, DR, END, FP, GE, GS, HMP, HO, HSO, IC, ICE, ID, IM, IMG, N, NEP, NPM, NS, OAR, OBG, OPH, ORS, OTO, P, PCC, PD, PDC, PDE, PDI, PDP, PEM, PG, PHO, PM, PN, PS, PTH, PYG, RHU, RNR, RO, TS, U, VIR
Institution ID: 26-9501

University of Minnesota School of Public Health

Box 197, Mayo Bldg, Rm A-304
420 Delaware St, SE
Minneapolis, MN 55455-0381
Med Sch Affil: G-02608
Major participating institution for programs in: GPM
Institution ID: 26-0495

Veterans Affairs Medical Center (Minneapolis)

One Veterans Drive
Minneapolis, MN 55417
Med Sch Affil: M-02604
Major participating institution for programs in: ADP, CCA, CCS, CD, CN, CRS, D, DR, END, GE, GS, IC, ICE, ID, IM, MPD, N, NS, OAR, OPH, ORS, OTO, P, PM, PS, PTH, PYG, RHU, RNR, RO, TS, U, VIR
Institution ID: 26-0119

Robbinsdale**North Memorial Health Care**

3300 Oakdale Ave, N
Robbinsdale, MN 55422-2900
Med Sch Affil: G-02604
Major participating institution for programs in: FP, PS
Institution ID: 26-0498

Rochester**Mayo Clinic (Rochester)**

200 First St, SW
Rochester, MN 55905
Major participating institution for programs in: AI, AN, APM, AR, BBK, CCA, CCM, CCS, CD, CHN, CHP, CN, CRS, D, DMP, DR, END, FP, GE, GPM, GS, HMP, HO, HSO, ID, IM, IMG, MG, MM, N, NEP, NP, NR, NS, OAR, OMO, OPH, ORS, OTO, P, PCC, PD, PDC, PDE, PDI, PG, PHO, PM, PRD, PS, PTH, PYG, PYM, RHU, RNR, RO, TS, VS
Institution ID: 26-0737

Mayo School of Grad Med Ed-Mayo Clinic College of Medicine

200 First St, SW
Rochester, MN 55905
Med Sch Affil: M-02608, L-02012, L-04802

Programs sponsored in: ADP, AI, AN, APM, AR, BBK, CCA, CCM, CCS, CD, CHN, CHP, CN, CRS, D, DMP, DR, EM, END, FP, FSM, GE, GPM, GS, HMP, HO, HSO, IC, ICE, ID, IM, IMG, MG, MGP, MM, N, NEP, NP, NR, NS, OAR, OBG, OMO, OPH, ORS, OTO, P, PAN, PCC, PD, PDC, PDE, PDI, PG, PHO, PM, PRD, PS, PTH, PUD, PYG, PYM, RHU, RNR, RO, TS, TY, U, VIR, VS
Institution ID: 26-0173

Rochester Methodist Hospital

201 W Center St
Rochester, MN 55902-3084
Med Sch Affil: M-02608

Major participating institution for programs in: AN, APM, AR, CCM, CD, CHN, CHP, CN, CRS, END, FP, GS, HO, HSO, ID, IMG, MG, NEP, OAR, OBG, OMO, OPH, ORS, OTO, PDI, PS, PTH, PYM, RNR, U, VS
Institution ID: 26-0483

St Mary's Hospital of Rochester

1216 Second St, SW
Rochester, MN 55902-1970
Med Sch Affil: M-02608

Major participating institution for programs in: ADP, AN, APM, AR, CCM, CCS, CD, CHN, CHP, CN, CRS, EM, END, GE, GS, HO, HSO, IC, ICE, ID, IM, IMG, MG, N, NEP, NS, OMO, OPH, ORS, OTO, P, PAN, PCC, PD, PDC, PG, PHO, PS, PTH, PYM, RNR, TS, U, VIR, VS
Institution ID: 26-0317

St Cloud

St Cloud Hospital

1406 Sixth Ave, N
St Cloud, MN 56303
Med Sch Affil: G-02608
Major participating institution for programs in: FP
Institution ID: 26-7010

St Louis Park

Methodist Hospital

6500 Excelsior Blvd
PO Box 650
St Louis Park, MN 55440
Med Sch Affil: G-02604

Major participating institution for programs in: CCM, FP, GS, HSO, OSM
Institution ID: 26-0135

Park Nicollet Heart Center

6490 Excelsior Blvd
Ste W200
St Louis Park, MN 55426

Major participating institution for programs in: D
Institution ID: 26-8043

St Paul

American Red Cross Blood Services-St Paul Region

100 S Robert St
St Paul, MN 55107
Med Sch Affil: G-02604

Major participating institution for programs in: BBK
Institution ID: 26-0736

Children's Hospitals & Clinics - St Paul

345 N Smith Ave
St Paul, MN 55102
Med Sch Affil: L-02604

Major participating institution for programs in: CCP, FP, MPD, NPM, PD, PDC, PEM, U
Institution ID: 26-0497

Gillette Childrens Hospital

200 East University Ave
St Paul, MN 55101

Major participating institution for programs in: ORS
Institution ID: 26-0492

HealthEast St John's Hospital

559 Capitol Boulevard
St Paul, MN 55103

Med Sch Affil: G-02604

Major participating institution for programs in: FP
Institution ID: 26-0130

HealthEast St Joseph's Hospital

559 Capitol Boulevard
St Paul, MN 55103

Med Sch Affil: G-02604

Major participating institution for programs in: FP
Institution ID: 26-0357

Regions Hospital

640 Jackson St
St Paul, MN 55101-2595

Med Sch Affil: M-02604

Major participating institution for programs in: CCA, CCS, EM, FP, GPM, GS, IM, IMG, MPD, OBG, OPH, OTO, P, PS, TS

Institution ID: 26-0184

United Hospital

333 N Smith Ave
St Paul, MN 55102

Med Sch Affil: L-02604

Major participating institution for programs in: CRS, FP
Institution ID: 26-0311

Mississippi

Biloxi

Veterans Affairs Medical Center (Biloxi)

400 Veterans Ave
Biloxi, MS 39531-2410
Med Sch Affil: L-00106, G-02101

Major participating institution for programs in: GS, OTO, P
Institution ID: 27-0425

Jackson

Mississippi Baptist Medical Center

1225 N State St
Jackson, MS 39202
Med Sch Affil: G-02701

Major participating institution for programs in: FP
Institution ID: 27-0374

Mississippi Methodist Hospital and Rehabilitation Center

1350 Woodrow Wilson Dr
Jackson, MS 39216
Med Sch Affil: G-02701

Major participating institution for programs in: ORS
Institution ID: 27-3002

Mississippi Sports Medicine & Orthopaedic Center

1325 East Fortification St
Jackson, MS 39202

Programs sponsored in: OSM
Institution ID: 27-3001

St Dominic-Jackson Memorial Hospital

969 Lakeland Drive
Jackson, MS 39216

Med Sch Affil: L-02701

Major participating institution for programs in: VIR
Institution ID: 27-0433

University Hospitals and Clinics

2500 North State St
Jackson, MS 39216-4505
Med Sch Affil: M-02701

Programs sponsored in: MPD

Major participating institution for programs in: AI, AN, APM, CD, CHN, CHP, CN, DR, EM, END, FP, GE, GS, HO, HSO, ID, IM, N, NEP, NS, OBG, OPH, ORS, OTO, P, PCP, PD, PHO, PS, PTH, RHU, RNR, TS, U, VIR
Institution ID: 27-0427

University of Mississippi School of Medicine

2500 North State St
Jackson, MS 39216-4505

Programs sponsored in: AI, AN, APM, CD, CHN, CHP, CN, DR, EM, END, FP, GE, GS, HO, HSO, ID, IM, N, NEP, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PHO, PS, PTH, RHU, RNR, TS, U, VIR
Institution ID: 27-9501

Veterans Affairs Medical Center (Jackson)

1500 East Woodrow Wilson Drive
Jackson, MS 39216

Med Sch Affil: M-02701

Major participating institution for programs in: AI, CD, END, GE, GS, HO, HSO, ID, IM, N, NS, OPH, ORS, OTO, P, PCC, PCP, PS, RHU, TS, U
Institution ID: 27-0430

Keesler AFB

Keesler Medical Center

31st Medical Group/SG
301 Fisher St, Suite 107
Keesler AFB, MS 39534-2576

Med Sch Affil: M-02312

Programs sponsored in: GS, IM, OBG, PD
Institution ID: 27-0371

Tupelo

North Mississippi Medical Center

830 S Gloster St
Tupelo, MS 38801-4934

Med Sch Affil: G-02701

Programs sponsored in: FP
Major participating institution for programs in: GS
Institution ID: 27-7005

Missouri

Berkeley

St Louis County Medical Examiner's Office

6039 Helen Ave
Berkeley, MO 63134

Major participating institution for programs in: FOP
Institution ID: 28-8174

Bridgeton

DePaul Hospital

12303 DePaul Drive
Bridgeton, MO 63044

Major participating institution for programs in: OBG
Institution ID: 28-0431

Chesterfield

St Luke's Hospital

232 S Woods Mill Rd
Chesterfield, MO 63017

Med Sch Affil: M-02803

Programs sponsored in: IM
Institution ID: 28-0203

Columbia**Boone Hospital Center**

1600 E Broadway
Columbia, MO 65201
Med Sch Affil: L-02803
Major participating institution for programs in: NS
Institution ID: 28-7035

Columbia Regional Hospital

404 Keene St
Columbia, MO 65201-6698
Major participating institution for programs in: NPM, OBG, PD
Institution ID: 28-9020

Ellis Fischel Cancer Center

115 Business Loop 70 West
Columbia, MO 65203-3299
Med Sch Affil: M-02803
Major participating institution for programs in: HO, PTH, TS
Institution ID: 28-0169

Harry S Truman Memorial Veterans Hospital

800 Hospital Drive
Columbia, MO 65201
Med Sch Affil: M-02803
Major participating institution for programs in: CD, D, DR, END, FPG, GE, GS, HO, ID, IM, N, NEP, OPH, ORS, OTO, P, PCC, PM, PS, PTH, RHU, TS, U
Institution ID: 28-0178

Mid-Missouri Mental Health Center

3 Hospital Dr
Columbia, MO 65201
Med Sch Affil: M-02803
Major participating institution for programs in: CHP, P
Institution ID: 28-8013

University Hospitals and Clinics

One Hospital Drive, DC031
Columbia, MO 65212
Med Sch Affil: M-02803
Major participating institution for programs in: AN, CCS, CD, CHP, D, DR, END, FP, FPG, FSM, GE, GS, HO, ID, IM, MPD, N, NEP, NM, NS, OBG, OPH, ORS, OTO, P, PCC, PD, PFP, PM, PS, PTH, RHU, TS, U, VS
Institution ID: 28-0176

University of Missouri-Columbia School of Medicine

MA 204 Medical Sciences Building
One Hospital Drive, DC01800
Columbia, MO 65212
Programs sponsored in: AN, CCS, CD, CHP, D, DR, END, FP, FPG, FSM, GE, GS, HO, ID, IM, MG, MPD, N, NEP, NM, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PD, PFP, PM, PS, PTH, PYG, RHU, TS, U, VS
Institution ID: 28-0709

Kansas City**Baptist-Lutheran Medical Center**

6601 Rockhill Road
Kansas City, MO 64131
Med Sch Affil: M-02846, L-01902
Programs sponsored in: FP
Major participating institution for programs in: OSM
Institution ID: 28-0451

Children's Mercy Hospital

2401 Gillham Road
Kansas City, MO 64108
Med Sch Affil: M-02846, L-01902, L-02803, G-03006
Programs sponsored in: CHN, MPD, PP
Major participating institution for programs in: AI, CCS, DBP, NPM, NS, OPH, ORS, OTO, PD, PDE, PDI, PDS, PEM, PG, PHO, PN, PTH
Institution ID: 28-0426

Office of the Jackson County Medical Examiner

660 East 24th St
Kansas City, MO 64108
Programs sponsored in: FOP
Institution ID: 28-8178

Research Medical Center

2316 East Meyer Boulevard
Kansas City, MO 64132-1199
Med Sch Affil: M-02846, L-01902
Major participating institution for programs in: ID
Institution ID: 28-0175

St Luke's Hospital

4401 Wornall Road
Kansas City, MO 64111
Med Sch Affil: M-02846, G-01902
Major participating institution for programs in: AN, CD, DR, GE, GS, HO, IC, ICE, ID, IM, MPD, OBG, ORS, OSM, PCC, PTH, TS
Institution ID: 28-0337

Truman Medical Center

2301 Holmes St
Kansas City, MO 64108
Med Sch Affil: M-02846
Major participating institution for programs in: AI, AN, CD, DR, EM, GE, GS, HO, ID, IM, NPM, OBG, OPH, ORS, OSM, PCC, PTH
Institution ID: 28-0263

Truman Medical Center-Lakewood

7900 Lee's Summit Road
Kansas City, MO 64139-1241
Med Sch Affil: M-02846
Major participating institution for programs in: FP, FPG, MPD, OPH
Institution ID: 28-8012

University of Missouri-Kansas City School of Medicine

2411 Holmes
Kansas City, MO 64108-2792
Programs sponsored in: AI, AN, CCS, CD, DR, EM, FP, FPG, GE, GS, HO, IC, ICE, ID, IM, NPM, OBG, OPH, ORS, OSM, P, PCC, PD, PDE, PDI, PDS, PEM, PG, PHO, PN, PTH, TS
Institution ID: 28-0453

Veterans Affairs Medical Center (Kansas City)

4801 Linwood Boulevard
Kansas City, MO 64128
Major participating institution for programs in: CD, CN, GE, GS, HO, ID, IM, MP, N, NEP, NS, OPH, ORS, OTO, P, PCC, PS, PTH, U
Institution ID: 28-0218

Western Missouri Mental Health Center

600 E 22nd St
Kansas City, MO 64108
Med Sch Affil: M-02846
Major participating institution for programs in: P
Institution ID: 28-0433

Springfield**Cox Medical Center North**

1423 North Jefferson Ave
Springfield, MO 65802
Programs sponsored in: FP
Institution ID: 28-8168

Cox Medical Center South

3801 S National Ave
Springfield, MO 65802
Major participating institution for programs in: FP
Institution ID: 28-8169

St Louis**Anheuser-Busch Eye Institute**

1755 S Grand Boulevard
St Louis, MO 63104
Major participating institution for programs in: OPH
Institution ID: 28-7025

Barnes-Jewish Hospital

One Barnes-Jewish Hospital Plaza
St Louis, MO 63110
Med Sch Affil: M-02802, L-02803
Major participating institution for programs in: AN, APM, BBK, CCA, CCS, CD, CHN, CHP, CN, CRS, D, DMP, DR, EM, END, ESN, GE, GS, HMP, HO, HSO, HSP, IC, ICE, ID, IM, IMG, N, NEP, NM, NP, NR, NS, OBG, ORS, OSM, OSS, OTO, P, PCC, PCR, PDR, PEM, PM, PP, PS, PTH, RHU, RNR, RO, SCI, TS, U, VIR, VN
Institution ID: 28-0146

Barnes-Jewish West County Hospital

12634 Olive St Road
St Louis, MO 63141-6354
Med Sch Affil: G-02802
Major participating institution for programs in: OSM
Institution ID: 28-8173

Cardinal Glennon Children's Hospital

1465 South Grand Boulevard
St Louis, MO 63104
Med Sch Affil: M-02834
Major participating institution for programs in: AI, AN, CHN, CN, DR, GS, MPD, NPM, NS, ORS, OTO, PD, PDS, PEM, PP, PPR, PS, PTH, RHU, RNR, TS, U
Institution ID: 28-0444

Forest Park Hospital

6150 Oakland Ave
St Louis, MO 63139
Med Sch Affil: L-02834
Programs sponsored in: FP, IM, TY
Major participating institution for programs in: N
Institution ID: 28-0245

Metropolitan St Louis Psychiatric Center

5351 Delmar
St Louis, MO 63116
Med Sch Affil: M-02802
Major participating institution for programs in: P
Institution ID: 28-0214

Shriners Hospitals for Children (St Louis)

2001 S Lindberg Blvd
St Louis, MO 63131
Med Sch Affil: L-02803, G-02802
Major participating institution for programs in: MG, OP, ORS, OSS
Institution ID: 28-0164

St John's Mercy Medical Center

615 South New Ballas Road/GME
St Louis, MO 63141
Med Sch Affil: M-02834, L-02803
Programs sponsored in: FP, IM, OBG, TY
Major participating institution for programs in: CCM, CCS, GS, OTO, PCC, U, VS
Institution ID: 28-0231

St Louis Children's Hospital

One Children's Place
St Louis, MO 63110-1077
Med Sch Affil: M-02802
Major participating institution for programs in: AI, CCP, CHN, CHP, CN, EM, ESN, MG, NM, NPM, NR, NS, OP, OSS, OTO, PCP, PD, PDC, PDE, PDI, PDP, PDR, PDS, PEM, PG, PHO, PN, PPR, TS, U, VIR
Institution ID: 28-0145

St Louis ConnectCare

5535 Delmar Boulevard
St Louis, MO 63112-3095
Med Sch Affil: L-02802

Major participating institution for programs in: IM, N, U

Institution ID: 28-0250

St Louis University Hospital

3635 Vista Ave at Grand Blvd
PO Box 15250
St Louis, MO 63110-0250

Med Sch Affil: M-02834

Major participating institution for programs in: AI, AN, CCM, CCS, CD, CHN, CN, D, DR, END, GE, GPM, GS, HMP, HO, IC, ID, IM, IMG, MPD, N, NEP, NM, NS, OBG, ORS, OTO, P, PCC, PCP, PDS, PTH, PYG, RHU, RNR, TS, TY, U, VS

Institution ID: 28-0167

St Louis University School of Medicine

1402 South Grand Boulevard
St Louis, MO 63104

Med Sch Affil: M-02803

Programs sponsored in: AI, AN, CCM, CCS, CD, CHN, CN, D, DR, END, FOP, FP, GE, GPM, GS, HMP, HO, IC, ID, IM, IMG, MPD, N, NEP, NM, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PDS, PEM, PP, PPR, PS, PTH, PYG, RHU, RNR, TS, TY, U, VS

Institution ID: 28-9501

St Louis University School of Public Health

3663 Lindell Blvd
St Louis, MO 63108-3342

Major participating institution for programs in: GPM

Institution ID: 28-8175

St Mary's Health Center

6420 Clayton Road
St Louis, MO 63117

Med Sch Affil: M-02834

Programs sponsored in: IM

Major participating institution for programs in: GE, MPD, NPM, OBG, PS, PTH

Institution ID: 28-0442

The Rehabilitation Institute of St Louis

4455 Duncan Ave
St Louis, MO 63110

Major participating institution for programs in: IMG, SCL, VN

Institution ID: 28-8179

Veterans Affairs Medical Center (St Louis)

915 North Grand Ave
St Louis, MO 63125

Med Sch Affil: M-02834, M-02802

Major participating institution for programs in: CD, CN, DR, END, GE, GS, IC, IM, IMG, MPD, N, NEP, OPH, OSM, OTO, P, PS, PTH, U

Institution ID: 28-0354

Washington University School of Medicine

660 S Euclid
St Louis, MO 63110

Med Sch Affil: M-02803, M-02802

Major participating institution for programs in: PCC, VIR

Institution ID: 28-0440

Washington University/B-JH/SLCH Consortium

Washington University School of Medicine
660 S Euclid Ave, Campus Box 8033
St Louis, MO 63110-1039

Programs sponsored in: AI, AN, APM, BBK, CCA, CCP, CCS, CD, CHN, CHP, CN, CRS, D, DMP, DR, EM, END, ESN, GE, GS, HMP, HO, HSO, HSP, IC, ICE, ID, IM, IMG, MG, N, NEP, NM, NP, NPM, NR, NS, OBG, OP, OPH, ORS, OSM, OSS, OTO, P, PAN, PCC, PCP, PD, PDC, PDE, PDI, PDP, PDR, PDS, PEM, PG, PHO, FM, FN, PP, PPR, PS, PTH, RHU, RNR, RO, SCI, SP, TS, U, VIR, VN, VS

Institution ID: 28-9502

Windsor**Royal Oaks Hospital**

307 N Main
Windsor, MO 65360

Med Sch Affil: L-02803

Major participating institution for programs in: CHP

Institution ID: 28-8177

Montana**Billings****Deaconess Medical Center**

2800 Tenth Ave, N
PO Box 37000
Billings, MT 59107-7000

Med Sch Affil: L-05404

Programs sponsored in: PRD

Major participating institution for programs in: FP

Institution ID: 29-8002

Montana Family Medicine Residency

123 S 27th St
Suite B
Billings, MT 59101

Programs sponsored in: FP, FSM

Institution ID: 29-8001

St Vincent Hospital and Health Center

PO Box 35200
Billings, MT 59107

Med Sch Affil: L-05404

Major participating institution for programs in: FP, FSM

Institution ID: 29-7001

Nebraska**Grand Island****St Francis Medical Center (Grand Island)**

2620 W Faidley Ave
Box 9804
Grand Island, NE 68802

Med Sch Affil: G-03005

Major participating institution for programs in: FP

Institution ID: 30-7009

Kearney**Good Samaritan Hospital (Kearney)**

31st St and Central Ave
PO Box 1990
Kearney, NE 68848

Med Sch Affil: G-03005

Major participating institution for programs in: FP

Institution ID: 30-7004

Lincoln**BryanLGH Medical Center East**

1600 S 48th St
Lincoln, NE 68506

Med Sch Affil: L-03005

Major participating institution for programs in: FP

Institution ID: 30-0329

BryanLGH Medical Center West

2300 S 16th St
Lincoln, NE 68502

Med Sch Affil: L-03005

Major participating institution for programs in: FP

Institution ID: 30-0332

Lincoln Medical Education Foundation

4600 Valley Road
Suite 210

Lincoln, NE 68510-4891

Programs sponsored in: FP

Institution ID: 30-0706

St Elizabeth Regional Medical Center

555 South 70th St
Lincoln, NE 68510

Med Sch Affil: L-03005, G-03006

Major participating institution for programs in: FP

Institution ID: 30-0278

Norfolk**Faith Regional Health Services**

PO Box 869
2700 Norfolk Ave

Norfolk, NE 68702-0869

Major participating institution for programs in: FP

Institution ID: 30-8006

North Platte**Great Plains Regional Medical Center**

601 W Leota St
Box 1167

North Platte, NE 69103

Med Sch Affil: G-03005

Major participating institution for programs in: FP

Institution ID: 30-8004

Offutt AFB**Ehrling Bergquist Hospital**

55 MDG/SGA
2501 Capehart Rd
Offutt AFB, NE 68113-2160

Med Sch Affil: M-03005, L-03006

Major participating institution for programs in: AI, FP

Institution ID: 30-0708

Omaha**Alegent Health Bergan Mercy Health System**

7500 Mercy Rd
Omaha, NE 68124

Med Sch Affil: M-03006, G-03005

Major participating institution for programs in: OBG, PCC

Institution ID: 30-0452

Alegent Health Immanuel Medical Center

6901 N 72nd St
Omaha, NE 68122

Major participating institution for programs in: P, PYG

Institution ID: 30-0365

Boys Town National Research Hospital

555 North 30th St
Omaha, NE 68131

Major participating institution for programs in: OTO

Institution ID: 30-8003

Children's Hospital

8301 Dodge St
Omaha, NE 68114
Med Sch Affil: M-03005, M-03006

Major participating institution for programs in: GS, MPD, NS, ORS, PD, PDI, PDR, PG, PS
Institution ID: 30-0390

Creighton University Medical Center (Tenet - SJH)

601 North 30th St
Omaha, NE 68131-2197
Med Sch Affil: M-03006, M-03005

Programs sponsored in: MPD
Major participating institution for programs in: AI, AN, CD, CHP, CRS, DR, END, FP, GS, IC, ID, IM, N, OBG, ORS, P, PCC, PDI, PS, PTH
Institution ID: 30-0709

Creighton University School of Medicine

2500 California Plaza
Omaha, NE 68178
Programs sponsored in: ADP, AI, CD, CHP, CRS, DR, FP, GS, IC, ID, IM, OBG, P, PCC, PTH, PYG
Institution ID: 30-9502

Nebraska Methodist Hospital

8303 Dodge St
Omaha, NE 68114-4199
Med Sch Affil: M-03005

Major participating institution for programs in: GS, NS, OTO, U
Institution ID: 30-0294

Richard Young Center

515 S 26th St
Omaha, NE 68105
Major participating institution for programs in: P, PYG
Institution ID: 30-8007

The Nebraska Medical Center

987400 Nebraska Medical Center
Omaha, NE 68198-7400
Programs sponsored in: FP
Major participating institution for programs in: ADP, AN, APM, CHP, EM, END, GS, HMP, ICE, ID, IMG, MPD, N, NS, ORS, OTO, P, PD, PG, PS, PTH, PYG, U
Institution ID: 30-0453

University of Nebraska Medical Center College of Medicine

984285 Nebraska Medical Center
Omaha, NE 68198-4285
Med Sch Affil: M-03006, M-03005
Programs sponsored in: AN, APM, CD, DR, EM, END, FP, GE, GS, HMP, HO, IC, ICE, IM, IMG, MPD, N, NM, NS, OBG, OPH, ORS, OTO, PCC, PD, PDI, PDR, PG, PS, PTH, U, VIR
Institution ID: 30-0710

Veterans Affairs Medical Center (Omaha)

4101 Woolworth Ave
Omaha, NE 68105
Med Sch Affil: M-03006, M-03005
Major participating institution for programs in: ADP, CD, DR, END, GE, GS, HO, IC, ICE, ID, IM, MPD, NM, OPH, ORS, OTO, P, PCC, PS, PTH, U
Institution ID: 30-0447

Scottsbluff**Regional West Medical Center**

4021 Avenue B
Scottsbluff, NE 69361-4695
Med Sch Affil: M-03005
Major participating institution for programs in: EM, FP
Institution ID: 30-8005

Nevada**Las Vegas****Sunrise Hospital and Medical Center**

3186 Maryland Parkway
PO Box 98530
Las Vegas, NV 89193-8530
Med Sch Affil: M-03101
Major participating institution for programs in: PD
Institution ID: 31-8014

University Medical Center of Southern Nevada

1800 West Charleston Boulevard
Las Vegas, NV 89102
Med Sch Affil: M-03101
Major participating institution for programs in: FP, GS, IM, OBG, P, PD
Institution ID: 31-0100

VA Southern Nevada Healthcare System

1700 Vegas Drive
Las Vegas, NV 89106
Major participating institution for programs in: GS, P, PS
Institution ID: 31-8016

Valley View Surgery Center

1330 S Valley View
Las Vegas, NV 89102
Major participating institution for programs in: PS
Institution ID: 31-8017

Reno**Ioannis A Lougaris Veterans Affairs Medical Center**

1000 Locust St
Reno, NV 89520
Med Sch Affil: M-03101
Major participating institution for programs in: FP, IM, P
Institution ID: 31-0110

University of Nevada School of Medicine

1664 N Virginia St, Mail Stop 332
Pennington Building
Reno, NV 89557-0046
Med Sch Affil: G-00515
Programs sponsored in: FP, GS, IM, OBG, P, PD, PS
Institution ID: 31-0111

Washoe Medical Center

77 Pringle Way
Reno, NV 89520
Med Sch Affil: M-03101
Major participating institution for programs in: FP, IM, P
Institution ID: 31-7004

West Hills Hospital

1240 E Ninth St
Reno, NV 89512
Major participating institution for programs in: P
Institution ID: 31-8013

Sparks**Northern Nevada Adult Mental Health Services**

Sparks, NV 89431
Med Sch Affil: G-03101
Major participating institution for programs in: P
Institution ID: 31-7002

New Hampshire**Concord****Concord Hospital**

250 Pleasant St
Concord, NH 03301
Med Sch Affil: M-03201
Programs sponsored in: FP
Major participating institution for programs in: GPM
Institution ID: 32-8002

New Hampshire Hospital

36 Clinton St
Concord, NH 03301-2828
Med Sch Affil: G-03201
Programs sponsored in: PFP
Major participating institution for programs in: CHP, GPM, P, PYG
Institution ID: 32-0338

Lebanon**Mary Hitchcock Memorial Hospital**

One Medical Center Drive
Lebanon, NH 03756-0001
Programs sponsored in: ADP, AN, APM, CCA, CCM, CD, CHP, CN, D, DR, GE, GPM, GS, HO, IC, ICE, ID, IM, MP, N, NPM, NS, OBG, ORS, P, PCC, PD, PS, PTH, PYG, RHU, RNR, U, VIR, VS
Major participating institution for programs in: OTO
Institution ID: 32-8001

New Jersey**Atlantic City****Atlantic City Medical Center**

1925 Pacific Ave
Department of Medical Education
Atlantic City, NJ 08401
Med Sch Affil: G-04115
Programs sponsored in: IM
Major participating institution for programs in: P
Institution ID: 33-0168

Browns Mills**Deborah Heart and Lung Center**

Trenton Road
Browns Mills, NJ 08015
Med Sch Affil: G-04101, G-03306, G-03305
Major participating institution for programs in: CD, PCC
Institution ID: 33-0513

Camden**Cooper Hospital-University Medical Center**

One Cooper Plaza
Camden, NJ 08103
Med Sch Affil: M-03306, L-04113
Programs sponsored in: AN, CCM, CCP, CCS, CD, D, DR, EM, GE, GS, HO, IC, ICE, ID, IM, NEP, OBG, P, PCC, PD, PE, PRD, PS, RHU
Major participating institution for programs in: OSM, PTH, U
Institution ID: 33-0465

Our Lady of Lourdes Medical Center

1600 Haddon Ave
Camden, NJ 08103
Major participating institution for programs in: P
Institution ID: 33-0166

West Jersey Health System (Camden)

Mt Ephraim and Atlantic Aves
Camden, NJ 08104
Med Sch Affil: M-04102
Major participating institution for programs in: OBG
Institution ID: 33-0719

East Orange

Veterans Affairs New Jersey Health Care System

385 Tremont Ave
East Orange, NJ 07018-1095
Med Sch Affil: M-03306, M-03305
Major participating institution for programs in: ADP, AI, CD, CHN, D, DR, END, GE, GS, ID, IM, MPD, N, NEP, OPH, ORS, OTO, P, PCC, PM, PTH, U, VS
Institution ID: 33-0187

Edison

JFK Johnson Rehabilitation Institute

65 James St
Edison, NJ 08818
Major participating institution for programs in: PM
Institution ID: 33-8017

JFK Medical Center

65 James St
Edison, NJ 08818-3059
Med Sch Affil: G-03306
Programs sponsored in: FP, PM
Major participating institution for programs in: CCM, CN, CRS, N
Institution ID: 33-0714

Elizabeth

Trinitas Hospital-Williamson Street Campus

225 Williamson St
Elizabeth, NJ 07207
Major participating institution for programs in: IM
Institution ID: 33-0417

Englewood

Englewood Hospital and Medical Center

350 Engle St
Englewood, NJ 07631
Med Sch Affil: M-03547, M-04101
Major participating institution for programs in: CCA, CCM, IM, MPD, VS
Institution ID: 33-0259

Flemington

Hunterdon Medical Center

2100 Wescott Dr
Flemington, NJ 08822
Med Sch Affil: L-03306
Programs sponsored in: FP
Institution ID: 33-0444

Florham Park

Atlantic Health System

325 Columbia Turnpike
Florham Park, NJ 07932
Programs sponsored in: DR, EM, FP, GS, IM, MPD, PD, TY
Institution ID: 33-8020

Freehold

CentraState Medical Center

901 West Main St
Freehold, NJ 07728
Major participating institution for programs in: FP
Institution ID: 33-8024

Hackensack

Hackensack University Medical Center

30 Prospect Ave
Hackensack, NJ 07601
Med Sch Affil: M-03305
Programs sponsored in: DR
Major participating institution for programs in: AN, CD, GS, ID, IM, IMG, NEP, NS, OBG, OTO, P, PCC, PD, PS, PTH, TS
Institution ID: 33-0219

Skin Laser and Surgery Specialists of New York/New Jersey

20 Prospect Ave, Suite 702
Hackensack, NJ 07601
Programs sponsored in: PRD
Institution ID: 33-8037

Hoboken

St Mary Hospital

308 Willow Ave
Hoboken, NJ 07030-3889
Med Sch Affil: G-03305
Major participating institution for programs in: FP
Institution ID: 33-0226

Jersey City

Jersey City Medical Center

50 Baldwin Ave
Jersey City, NJ 07304
Med Sch Affil: M-03547, G-03305
Major participating institution for programs in: GS, IM, OBG, OPH, PD
Institution ID: 33-0189

Livingston

St Barnabas Medical Center

94 Old Short Hills Rd
Livingston, NJ 07039
Med Sch Affil: M-03547
Programs sponsored in: AN, DR, GS, IM, OBG, PTH, TY
Major participating institution for programs in: MPD, PCC, PD, U
Institution ID: 33-0416

Long Branch

Monmouth Medical Center

300 Second Ave
Long Branch, NJ 07740
Med Sch Affil: M-04115, G-04101
Programs sponsored in: DR, GS, IM, OBG, ORS, PD
Major participating institution for programs in: PTH
Institution ID: 33-0335

Lyons

Veterans New Jersey Health Care System (Lyons)

Lyons, NJ 07939
Med Sch Affil: M-03306, G-03305
Major participating institution for programs in: GE, PCC, PYG
Institution ID: 33-0132

Marlton

West Jersey Health System

94 Brick Road, Suite 200
Marlton, NJ 08053
Programs sponsored in: FP
Institution ID: 33-8021

Montclair

Mountainside Hospital

Atlantic Health System
Bay and Highland Aves
Montclair, NJ 07042-4898
Med Sch Affil: L-03306, G-03305
Major participating institution for programs in: FP, IM
Institution ID: 33-0217

Morristown

Morristown Memorial Hospital

Atlantic Health System
100 Madison Ave
Morristown, NJ 07962-1956
Med Sch Affil: M-03305
Major participating institution for programs in: DR, EM, GS, IM, OBG, ORS, PD, TY
Institution ID: 33-0236

Mount Holly

Virtua-Memorial Hospital Burlington County

175 Madison Ave
Mount Holly, NJ 08060-2099
Med Sch Affil: L-03306
Major participating institution for programs in: FP, GS, OTO, PE
Institution ID: 33-0171

Neptune

Jersey Shore University Medical Center

1945 Corlies Ave
Neptune, NJ 07753
Med Sch Affil: M-03306
Programs sponsored in: IM, IMG, OBG, PD, PSM
Major participating institution for programs in: GS, ID, NPM
Institution ID: 33-0220

New Brunswick

Robert Wood Johnson University Hospital

One Robert Wood Johnson Pl
New Brunswick, NJ 08901
Med Sch Affil: M-03306, L-04113, G-03305
Major participating institution for programs in: ADP, AN, APM, CD, CHP, D, DR, END, FP, GE, GPM, GS, HMP, HO, ID, IM, N, NEP, NPM, OBG, ORS, P, PCC, PD, PTH, RHU, TS, U, VIR, VS
Institution ID: 33-0141

St Peter's University Hospital

254 Easton Ave
New Brunswick, NJ 08903
Med Sch Affil: M-03306
Programs sponsored in: IM, OBG, PD
Major participating institution for programs in: DR, FP, FPG, FSM, GE, GS, IM, OBG, ORS, PCC, PD, VIR
Institution ID: 33-0107

UMDNJ-Robert Wood Johnson Medical School

125 Paterson St
Clinical Academic Bldg, Ste 1400
New Brunswick, NJ 08901-1977
Med Sch Affil: M-03306
Programs sponsored in: ADP, AN, APM, CD, CHP, CRS, D, DR, END, FP, FPG, FSM, GE, GPM, GS, HMP, HO, ID, IM, NEP, NPM, OBG, ORS, P, PCC, PD, PTH, PYG, RHU, TS, U, VIR, VS
Major participating institution for programs in: MG
Institution ID: 33-0522

Newark**Newark Beth Israel Medical Center**

201 Lyons Ave
Newark, NJ 07112
Med Sch Affil: M-03547, L-03305
Programs sponsored in: CD, DR, EM, HO, IM, MPD, NEP, OBG, PCC, PD, VS
Major participating institution for programs in: GS, MPD
Institution ID: 33-0424

Newark Regional Medical Examiner Office

325 Norfolk St
Newark, NJ 07103
Programs sponsored in: FOP
Institution ID: 33-8023

St Michael's Medical Center (Cathedral Health Services, Inc)

268 Dr Martin Luther King Jr Blvd
Newark, NJ 07102
Med Sch Affil: G-03305
Major participating institution for programs in: CCM, CD, GE, HO, IC, ID, IM, VS
Institution ID: 33-0418

UMDNJ-New Jersey Medical School

30 Bergen St ADMC 1107
PO Box 1709
Newark, NJ 07101-1709
Med Sch Affil: M-03305, G-02312
Programs sponsored in: AI, AN, CCS, CD, CHN, CHE, D, DME, DR, EM, END, FP, GE, GS, ID, IM, IMG, MG, MPD, N, NEP, NS, OBG, OMO, OPH, ORS, OTO, P, PCC, PD, PDI, PM, PS, PTH, SCI, TS, U, VN, VS
Major participating institution for programs in: MPD
Institution ID: 33-9502

UMDNJ-University Behavioral Health Care

New Jersey Medical School
100 Bergen St
Newark, NJ 07103
Med Sch Affil: G-03305
Major participating institution for programs in: CHP
Institution ID: 33-8015

UMDNJ-University Hospital

150 Bergen St, D 217
Newark, NJ 07103-2406
Med Sch Affil: M-03305
Major participating institution for programs in: AI, AN, CCS, CD, CHN, CHE, D, DME, DR, EM, END, GE, GS, ID, IM, MPD, N, NEP, NS, OBG, OPH, ORS, OTO, P, PCC, PD, PM, PS, PTH, SCI, TS, U, VN, VS
Institution ID: 33-0274

Paramus**Bergen Regional Medical Center**

230 East Ridgewood Ave
Paramus, NJ 07652-4131
Med Sch Affil: G-03305
Programs sponsored in: P
Major participating institution for programs in: CHP
Institution ID: 33-0109

Paterson**St Joseph's Regional Medical Center**

703 Main St
Paterson, NJ 07609-2681
Med Sch Affil: M-03547, L-03306, G-03305
Major participating institution for programs in: AN, CD, GE, GS, HO, IC, IM, OBG, ORS, PD, PUD
Institution ID: 33-0319

Perth Amboy**Raritan Bay Medical Center-Perth Amboy Division**

530 New Brunswick Ave
Perth Amboy, NJ 08861
Programs sponsored in: IM
Institution ID: 33-0144

Phillipsburg**Warren Hospital**

185 Roseberry St
Phillipsburg, NJ 08865
Med Sch Affil: L-03306
Programs sponsored in: FP
Institution ID: 33-0138

Piscataway**UMDNJ-University Behavioral HealthCare**

671 Hoes Lane
Piscataway, NJ 08854
Med Sch Affil: M-03306
Major participating institution for programs in: ADP, CHP, P, PYG
Institution ID: 33-0717

Plainfield**Muhlenberg Regional Medical Center**

Park Ave & Randolph Road
Plainfield, NJ 07061
Med Sch Affil: M-03306
Programs sponsored in: IM
Major participating institution for programs in: CRS
Institution ID: 33-0137

Princeton**University Medical Center at Princeton**

253 Witherspoon St
Princeton, NJ 08542
Med Sch Affil: M-03306
Major participating institution for programs in: GS, IM, PYG, U
Institution ID: 33-0452

Somerville**Somerset Medical Center**

110 Rehill Ave
Somerville, NJ 08876
Med Sch Affil: L-03306
Programs sponsored in: FP
Institution ID: 33-0356

South Orange**Seton Hall University School of Graduate Medical Education**

School of Graduate Medical Education, McQuaid Hall
400 South Orange Ave
South Orange, NJ 07079-2689
Programs sponsored in: CCM, CD, CN, GE, GS, HO, IC, ID, IM, N, ORS, PUD
Institution ID: 33-9501

Stratford**Kennedy Memorial Hospitals-University Med Ctr-Cherry Hill**

c/O UMDNJ-School of Osteopathic Medicine
One Medical Center Drive, Office of GME, Suite 214
Stratford, NJ 08043
Major participating institution for programs in: P
Institution ID: 33-9003

Kennedy Memorial Hospitals-University Medical Ctr-Stratford

18 East Laurel Road
Stratford, NJ 08084
Major participating institution for programs in: P
Institution ID: 33-9015

UMDNJ-School of Osteopathic Medicine

42 E Laurel Road
Office of Graduate Medical Education, Suite 3900
Stratford, NJ 08084
Programs sponsored in: P
Institution ID: 33-9004

Summit**Overlook Hospital**

Atlantic Health System
99 Beauvoir Ave at Sylvan Rd
Summit, NJ 07902
Med Sch Affil: L-03501, G-03305
Major participating institution for programs in: DR, FP, GS, IM, MPD, PD, TY
Institution ID: 33-0240

Trenton**Capital Health System-Fuld Campus**

750 Brunswick Ave
Trenton, NJ 08638
Med Sch Affil: G-03306
Programs sponsored in: IM
Major participating institution for programs in: FP
Institution ID: 33-0150

St Francis Medical Center

601 Hamilton Ave
Trenton, NJ 08629
Major participating institution for programs in: GS, IM
Institution ID: 33-0415

State of New Jersey Department of Health and Senior Services

PO Box 363
50 E State St
Trenton, NJ 08625-0363
Programs sponsored in: GPM
Institution ID: 33-0520

Union**Union Hospital**

1000 Galloping Hill Road
Union, NJ 07083-1652
Major participating institution for programs in: EM
Institution ID: 33-9001

Voorhees**Virtua-West Jersey Hospital Voorhees**

101 Carnie Blvd
Voorhees, NJ 08043
Med Sch Affil: L-04113
Major participating institution for programs in: FP
Institution ID: 33-8018

West Orange**Kessler Institute for Rehabilitation**

1199 Pleasant Valley Way
West Orange, NJ 07052-1419
Med Sch Affil: M-03305
Major participating institution for programs in: PM, SCI
Institution ID: 33-0726

Woodbury**Underwood-Memorial Hospital**

509 N Broad St
Woodbury, NJ 08096
Med Sch Affil: L-04113
Programs sponsored in: FP
Institution ID: 33-7079

New Mexico**Albuquerque****Carrie Tingley Hospital**

1127 University Blvd, NE
Albuquerque, NM 87102
Med Sch Affil: G-03401
Major participating institution for programs in: ORS
Institution ID: 34-0500

Lovelace Sandia Health

5400 Gibson Boulevard, SE
Albuquerque, NM 87108
Med Sch Affil: G-03401
Major participating institution for programs in: CD, NS, U
Institution ID: 34-0196

Office of the Medical Investigator

University of New Mexico
School of Medicine
Albuquerque, NM 87131
Med Sch Affil: G-03401
Major participating institution for programs in: FOP
Institution ID: 34-0508

Presbyterian Healthcare Services

5901 Harper Drive, NE
PO Box 26666
Albuquerque, NM 87125-6666
Major participating institution for programs in: PCP
Institution ID: 34-0507

University of New Mexico Hospital

University Hospital
2211 Lomas Blvd, NE
Albuquerque, NM 87106
Med Sch Affil: M-03401
Major participating institution for programs in: AN, APM, BBK, CCM, CD, CHP, D, DR, EM, END, FP, GE, HMP, HO, HSO, ID, IM, IMG, N, NEP, NPM, NS, OBG, ORS, OTO, OTR, P, PAN, PCC, PD, PDP, PHO, PTH, PYG, RHU, RNR, TS, U, VIR
Institution ID: 34-0498

University of New Mexico School of Medicine

MSC08 4770
1 University of New Mexico
Albuquerque, NM 87131-0001
Med Sch Affil: M-03401
Programs sponsored in: ADP, AN, APM, BBK, CCM, CD, CHP, CN, D, DR, EM, END, FOP, FP, GE, GS, HMP, HO, HSO, ID, IM, IMG, N, NEP, NPM, NS, OBG, ORS, OSM, OTO, OTR, P, PAN, PCC, PCP, PD, PDP, PHO, PTH, PYG, RHU, RNR, TS, U, VIR
Institution ID: 34-0510

Veterans Affairs Medical Center (Albuquerque)

2100 Ridgecrest Drive, SE
Albuquerque, NM 87108
Med Sch Affil: M-03401
Major participating institution for programs in: ADP, CCM, CD, CN, D, DR, END, GE, ID, IM, IMG, N, NEP, NS, ORS, OTO, P, PCC, PTH, PYG, RHU, RNR, TS, U, VIR
Institution ID: 34-0499

Las Cruces**Memorial Medical Center**

2450 South Telsor Boulevard
Las Cruces, NM 88011
Med Sch Affil: M-03401
Programs sponsored in: FP
Institution ID: 34-8014

Roswell**Eastern New Mexico Medical Center**

405 W Country Club Road
Roswell, NM 88201
Med Sch Affil: G-03401
Major participating institution for programs in: FP
Institution ID: 34-8016

Santa Fe**St Vincent Hospital**

455 St Michael's Dr
PO Box 2107
Santa Fe, NM 87505
Med Sch Affil: G-03401
Major participating institution for programs in: FP
Institution ID: 34-8015

Taos**Taos Orthopaedic Institute and Research Foundation**

1219-A Gusdorf Road
Taos, NM 87571
Programs sponsored in: OSM
Institution ID: 34-8019

New York**Albany****Albany Medical Center**

43 New Scotland Ave
Mailcode 50
Albany, NY 12208
Med Sch Affil: M-03503
Programs sponsored in: AN, CD, DR, EM, END, FP, GE, GS, HMP, IC, IM, IMG, MPD, N, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PD, PM, PS, PTH, RHU, TS, U, VIR, VS
Institution ID: 35-0345

Albany Medical Center South Clinical Campus

25 Hackett Blvd
Albany, NY 12208
Med Sch Affil: G-03503
Major participating institution for programs in: OTO, PS
Institution ID: 35-0515

Capital District Psychiatric Center

75 New Scotland Ave
Albany, NY 12208
Med Sch Affil: M-03503
Major participating institution for programs in: P
Institution ID: 35-0815

New York State Department of Health

Corning Tower, Room 1882
Empire State Plaza
Albany, NY 12237-0621
Programs sponsored in: GPM
Institution ID: 35-0456

St Peter's Hospital

315 S Manning Blvd
Albany, NY 12208
Med Sch Affil: M-03503
Major participating institution for programs in: FP, GS, MPD, OBG, ORS, OTO, PS, U
Institution ID: 35-0103

SUNY at Albany School of Public Health

2 University Place
Albany, NY 12003
Major participating institution for programs in: GPM
Institution ID: 35-8036

Veterans Affairs Medical Center (Albany)

113 Holland Ave
Albany, NY 12208
Med Sch Affil: M-03503
Major participating institution for programs in: CD, DR, GE, GS, IM, IMG, MPD, N, NS, OPH, ORS, OTO, P, PCC, PM, PS, PTH, TS, U, VIR
Institution ID: 35-0151

Bay Shore**Southside Hospital**

301 East Main St
Bay Shore, NY 11706-8458
Med Sch Affil: L-03548
Programs sponsored in: FP
Major participating institution for programs in: PM
Institution ID: 35-0556

Binghamton**Binghamton General Hospital**

22-44 Harrison St
Binghamton, NY 13901
Major participating institution for programs in: FPG, IM
Institution ID: 35-8068

Binghamton Psychiatric Center

425 Robinson St
Binghamton, NY 13901
Major participating institution for programs in: PYG
Institution ID: 35-0261

Bronx**Albert Einstein College of Medicine of Yeshiva University**

1300 Morris Park Ave
Belfer Room 312
Bronx, NY 10461
Med Sch Affil: M-03546
Programs sponsored in: ADL, ADP, AI, AN, APM, AR, CCM, CCP, CD, CHN, CHP, CN, D, DBP, DR, EM, END, FP, GE, GS, HMP, HO, IC, ICE, ID, IM, IMG, MG, MSR, N, NEP, NM, NP, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PDE, PDI, PEM, PFP, PG, PHO, PM, PN, PS, PTH, PYG, RHU, RNR, RO, TS, U, VIR, VS
Institution ID: 35-0745

Bronx - Lebanon Hospital Center

1276 Fulton Ave
Bronx, NY 10456
Med Sch Affil: M-03546
Programs sponsored in: ADP, CHP, DR, FP, GE, GS, IM, OBG, OPH, P, PD, PUD
Major participating institution for programs in: ADP, CD
Institution ID: 35-0352

Bronx Children's Psychiatric Center

1000 Waters Place
Bronx, NY 10461
Major participating institution for programs in: CHP
Institution ID: 35-8039

Bronx Psychiatric Center

1500 Waters Place
Bronx, NY 10461
Med Sch Affil: M-03546
Major participating institution for programs in: P, PFP
Institution ID: 35-0542

Jacobi Medical Center-North Central Bronx Healthcare Network

Bronx, NY 10461
Med Sch Affil: M-03546
Major participating institution for programs in: CHN, D, DR, EM, END, GE, GS, IM, N, NP, OBG, OPH, ORS, OTO, PCC, PD, PEM, PM, PS, RHU, TS, U
Institution ID: 35-0179

Lincoln Medical and Mental Health Center

234 Eugenio Mario De Hostos Boulevard (149th) St
Bronx, NY 10451-9998
Med Sch Affil: M-03520
Programs sponsored in: CCS, EM, IM, OBG, P, PD
Major participating institution for programs in: D, GS
Institution ID: 35-0437

Montefiore Medical Center-Henry and Lucy Moses Division

Henry and Lucy Moses Division
111 East 210th St
Bronx, NY 10467
Med Sch Affil: M-03546
Major participating institution for programs in: ADL, ADP, AN, BBK, CCM, CCP, CD, CHN, CHP, CN, D, DBP, DR, END, FP, GE, GS, HMP, HO, IC, ICE, ID, IM, IMG, MG, N, NEP, NM, NP, NS, OPH, ORS, OTO, P, PCC, PCP, PD, PDE, PDI, PEM, PG, PHO, PM, PN, PS, PTH, PYG, RHU, RNR, RO, TS, U, VIR, VS
Institution ID: 35-0526

Montefiore Medical Center-Weiler Hospital

1825 Eastchester Road
Bronx, NY 10461
Med Sch Affil: M-03546
Major participating institution for programs in: AI, AN, AR, CCM, CD, CHN, GS, HMP, HO, IC, IM, MG, MSR, NEP, NM, NP, NPM, OBG, OPH, ORS, PDE, PDI, PM, PS, PTH, RHU, RO, TS, U, VIR
Institution ID: 35-0543

North Central Bronx Hospital

3424 Kossuth Ave
Bronx, NY 10467-2490
Major participating institution for programs in: D, GS, IM, OPH, RHU
Institution ID: 35-0784

Our Lady of Mercy Medical Center

600 E 233rd St
Bronx, NY 10466
Med Sch Affil: M-03509, G-03508
Major participating institution for programs in: CD, D, EM, GE, GS, HO, IM, IMG, NEP, OBG, OPH, PM
Institution ID: 35-0401

St Barnabas Hospital

183rd St and Third Ave
Bronx, NY 10457
Med Sch Affil: L-03520
Programs sponsored in: IM, PD
Major participating institution for programs in: EM
Institution ID: 35-0348

Veterans Affairs Medical Center (Bronx)

130 West Kingsbridge Road
Bronx, NY 10468
Med Sch Affil: M-03547
Major participating institution for programs in: ADP, CD, D, GE, IM, OPH, OTO, P, PCC, PS, PTH, PYG, RHU, SCI, U
Institution ID: 35-0247

Brooklyn**Brookdale University Hospital and Medical Center**

Linden Blvd at Brookdale Plaza
Brooklyn, NY 11212-3198
Med Sch Affil: M-03508
Programs sponsored in: AN, APM, CHP, GS, HO, IM, NEP, OBG, P, PD, U
Major participating institution for programs in: CD, GE, ORS
Institution ID: 35-0307

Brooklyn Hospital Center

121 DeKalb Ave
Brooklyn, NY 11201
Med Sch Affil: M-03520, L-03508, G-03519
Programs sponsored in: EM, FP, GE, GS, HO, IM, OBG, PD, PUD
Major participating institution for programs in: CD
Institution ID: 35-0202

Coney Island Hospital

2601 Ocean Parkway
Brooklyn, NY 11235
Med Sch Affil: L-03508
Programs sponsored in: IM, PUD
Major participating institution for programs in: AN, CD, GS, ID, OBG, OPH, PD, TY, U
Institution ID: 35-0469

Interfaith Medical Center

1545 Atlantic Ave
Brooklyn, NY 11213
Med Sch Affil: L-03508
Programs sponsored in: IM, PUD
Major participating institution for programs in: CD
Institution ID: 35-0347

Kings County Hospital Center

451 Clarkson Ave
Brooklyn, NY 11203
Med Sch Affil: M-03508
Major participating institution for programs in: ADL, AI, AN, APM, CCA, CCM, CD, CHN, CHP, CN, D, DMP, DR, EM, END, FP, GE, GS, HO, IM, MEM, MP, N, NP, OBG, OPH, ORS, OTO, P, PD, PDI, PDP, PG, PHO, PM, PP, PTH, PUD, RHU, RNR, RO, TS, U
Institution ID: 35-0109

Kingsboro Psychiatric Center

681 Clarkson Ave
Brooklyn, NY 11203
Med Sch Affil: L-03508
Major participating institution for programs in: PYG
Institution ID: 35-0231

Kingsbrook Jewish Medical Center

585 Schenectady Ave
Brooklyn, NY 11203-1891
Med Sch Affil: G-03508
Programs sponsored in: IM, ORS, PM
Major participating institution for programs in: P, PYG
Institution ID: 35-0387

Long Island College Hospital

Department of GME
339 Hicks St
Brooklyn, NY 11201-5541
Med Sch Affil: M-03508
Programs sponsored in: AI, DR, GE, IM, NEP, OBG, PD
Major participating institution for programs in: AN, APM, CCA, CCM, CD, CN, GS, HO, ID, OPH, ORS, OTO, PUD, RO, U
Institution ID: 35-0439

Lutheran Medical Center

150 55th St
Brooklyn, NY 11220
Med Sch Affil: L-03508
Programs sponsored in: FP, IM, OBG
Major participating institution for programs in: APM, TS
Institution ID: 35-0449

Maimonides Medical Center

4802 Tenth Ave
Brooklyn, NY 11219
Med Sch Affil: M-03508
Programs sponsored in: AN, CCM, CD, DR, EM, GE, GS, HO, IC, ID, IM, IMG, MPD, OBG, ORS, P, PD, PUD, TY, U, VS
Major participating institution for programs in: PDE, TS
Institution ID: 35-0366

New York Methodist Hospital

506 Sixth St
Brooklyn, NY 11215
Med Sch Affil: L-03508, L-03520
Programs sponsored in: AN, DR, EM, GS, HO, IM, IMG, MPD, OBG, PD, PUD, RO
Major participating institution for programs in: GE, PEM
Institution ID: 35-0267

SUNY Health Science Center at Brooklyn

GME Office
450 Clarkson Ave, Box 51
Brooklyn, NY 11203-2098
Programs sponsored in: ADL, AI, AN, APM, CCA, CCM, CD, CHN, CHP, CN, D, DMP, DR, EM, END, FP, GE, GS, HO, IC, ICE, ID, IM, MEM, MP, N, NEP, NP, OBG, OPH, ORS, OTO, P, PD, PDE, PDI, PDP, PG, PHO, PM, PN, PP, PRD, PTH, PUD, PYG, RHU, RNR, RO, TS, U
Major participating institution for programs in: IM
Institution ID: 35-9502

University Hospital-SUNY Health Science Center at Brooklyn

445 Lenox Road
Box 23
Brooklyn, NY 11203
Med Sch Affil: M-03508
Major participating institution for programs in: ADL, AI, AN, APM, CCA, CCM, CD, CHN, CN, D, DR, END, FP, GE, GS, HO, ID, IM, MEM, MP, N, NEP, NP, OBG, ORS, P, PD, PDI, PDP, PG, PHO, PN, PP, PTH, PUD, PYG, RHU, RNR, RO, TS
Institution ID: 35-0541

Veterans Affairs Medical Center (Brooklyn)

800 Poly Place
Brooklyn, NY 11209-7104
Med Sch Affil: M-03508, G-03519
Major participating institution for programs in: CCM, CD, D, END, GE, GS, HO, ICE, IM, MEM, NEP, OPH, ORS, OTO, P, PRD, PTH, PUD, PYG, RHU, U
Institution ID: 35-0331

Woodhull Medical and Mental Health Center

760 Broadway
Brooklyn, NY 11206-5317
Med Sch Affil: L-03508
Programs sponsored in: IM, PD
Major participating institution for programs in: CD, GE
Institution ID: 35-0825

Wyckoff Heights Medical Center

374 Stockholm St
Brooklyn, NY 11237
Med Sch Affil: L-03520
Programs sponsored in: FP
Major participating institution for programs in: GE, HO, IM, PD, PUD
Institution ID: 35-0412

Buffalo**Erie County Medical Center**

462 Grider St
Buffalo, NY 14215
Med Sch Affil: M-03506

Major participating institution for programs in: AN, APM, CD, CHN, CN, EM, END, FP, FSM, GE, GS, HEM, ID, IM, MPD, MPM, NEP, OPH, ORS, P, PCC, PM, RHU, U
Institution ID: 35-0413

Kaleida Health System (Buffalo General Hospital)

100 High St
Buffalo, NY 14203
Med Sch Affil: M-03506

Major participating institution for programs in: AI, AN, APM, CD, CN, CRS, D, DR, EM, FP, FSM, GPM, GS, IM, IPM, MPD, MPM, N, NEP, NM, NS, OAR, OBG, ORS, OSM, P, PCC, PM, PTH, RHU, U, VS
Institution ID: 35-0482

Kaleida Health System (Millard Fillmore Hospital)

3 Gates Circle
Buffalo, NY 14209-9986
Med Sch Affil: M-03506

Major participating institution for programs in: AN, CD, CN, EM, END, FP, FSM, GS, HSO, IMG, N, NS, OBG, OSM, PTH, U, VS
Institution ID: 35-0330

Kaleida Health System (Women and Children's Hosp of Buffalo)

219 Bryant St
Buffalo, NY 14222
Med Sch Affil: M-03506

Major participating institution for programs in: AI, AN, CCP, CHN, CHP, CN, D, DR, MPD, NPM, NS, OBG, OPH, ORS, PAN, PD, PDE, PDR, PDS, PEM, PG, PHO, PN, U
Institution ID: 35-0223

Mercy Hospital of Buffalo

565 Abbott Rd
Buffalo, NY 14220
Med Sch Affil: L-03506

Major participating institution for programs in: IM, NM
Institution ID: 35-0126

Roswell Park Cancer Institute

Elm & Carlton Sts
Buffalo, NY 14263
Med Sch Affil: M-03506

Programs sponsored in: SP
Major participating institution for programs in: AN, APM, D, HEM, HSO, NM, NS, ON, PHO, RO
Institution ID: 35-0451

Sisters of Charity Hospital

2157 Main St
Buffalo, NY 14214
Med Sch Affil: L-03506

Major participating institution for programs in: IM, OBG, PM
Institution ID: 35-0157

University at Buffalo

3435 Main St
117 Cary Hall
Buffalo, NY 14214

Med Sch Affil: M-03506, L-03515
Programs sponsored in: AI, AN, APM, CCP, CD, CHN, CHP, CN, CRS, D, DR, EM, END, FP, FSM, GE, GPM, GS, HEM, HSO, ID, IM, IMG, IPM, MPD, MPM, N, NEP, NM, NPM, NS, OAR, OBG, ON, OPH, ORS, P, PAN, PCC, PD, PDE, PDR, PDS, PEM, PG, PHO, PM, PN, PTH, RHU, RO, U, VS
Institution ID: 35-9501

SUNY at Buffalo School of Medicine

3435 Main St
Buffalo, NY 14214
Med Sch Affil: M-03506

Major participating institution for programs in: CHP, ORS
Institution ID: 35-8028

Veterans Affairs Medical Center (Buffalo)

3495 Bailey Ave
Buffalo, NY 14215
Med Sch Affil: M-03506

Major participating institution for programs in: AN, CD, CHN, CN, D, END, GE, GS, ID, IM, IMG, MPD, MPM, NEP, NM, OPH, P, PCC, PM, U, VS
Institution ID: 35-0466

Cooperstown**Bassett Healthcare**

One Atwell Road
Cooperstown, NY 13326
Med Sch Affil: M-03201, M-03501, M-03545, M-03503
Programs sponsored in: GS, IM, TY
Institution ID: 35-8049

Mary Imogene Bassett Hospital

One Atwell Rd
Cooperstown, NY 13326-1394
Med Sch Affil: M-03501

Major participating institution for programs in: GS, IM
Institution ID: 35-0134

Douglaston**Jewish Board of Family & Children's Services (Judea Clinic)**

Pride of Judea Clinic
243-02 Northern Blvd
Douglaston, NY 11362

Major participating institution for programs in: P
Institution ID: 35-8063

East Amherst**Northtowns Orthopaedics**

8750 Transit Road Suite 105
East Amherst, NY 14051
Programs sponsored in: OSM

Institution ID: 35-8066

East Corning**Corning Hospital**

176 Denison Parkway
East Corning, NY 14830

Major participating institution for programs in: GS
Institution ID: 35-8077

East Meadow**Nassau University Medical Center**

2201 Hempstead Turnpike
East Meadow, NY 11554-1854
Med Sch Affil: M-03548

Programs sponsored in: AI, AN, DR, END, GE, GS, HEM, IM, NEP, OBG, ON, OPH, P, PD, PM, PS, PTH
Major participating institution for programs in: PCC, RHU
Institution ID: 35-0162

Elmhurst**Elmhurst Hospital Center-Mount Sinai Services**

79-01 Broadway
Elmhurst, NY 11373
Med Sch Affil: M-03547, G-03519

Major participating institution for programs in: CD, CHP, D, EM, GE, GS, HO, HSO, ID, IM, MPD, NS, OBG, OPH, ORS, OTO, P, PCC, PD, PM, PS, PYG, U
Institution ID: 35-0271

St Vincent Catholic Medical Centers (St John's-Queens)

90-02 Queens Boulevard
Elmhurst, NY 11373

Major participating institution for programs in: OBG
Institution ID: 35-0172

Far Rockaway**St John's Episcopal Hospital-South Shore**

327 Beach 19th St
Far Rockaway, NY 11691
Med Sch Affil: G-03508

Programs sponsored in: IM
Major participating institution for programs in: ADP, CCM, CD, GE, P, PM, PYG
Institution ID: 35-0244

Flushing**Flushing Hospital Medical Center**

45th Ave at Parsons Blvd
Flushing, NY 11355
Med Sch Affil: G-03508

Programs sponsored in: IM, IMG, OBG, PD, TY
Major participating institution for programs in: P
Institution ID: 35-0364

New York Hospital Medical Center of Queens

56-45 Main St
Flushing, NY 11355-5095
Med Sch Affil: M-03520

Programs sponsored in: CD, EM, GE, GS, ID, IM, NEP, PUD, RO, TY
Major participating institution for programs in: OBG, ORS, VS
Institution ID: 35-0349

Forest Hills**North Shore University Hospital at Forest Hills**

102-01 66th Rd
Forest Hills, NY 11375

Programs sponsored in: IM
Institution ID: 35-0568

Glen Cove**North Shore University Hospital at Glen Cove**

101 St Andrews Lane
Glen Cove, NY 11542
Med Sch Affil: L-03548

Programs sponsored in: FP
Institution ID: 35-0409

Glen Oaks**Hillside Hospital (Long Island Jewish Medical Center)**

75-59 263rd St
Glen Oaks, NY 11004

Major participating institution for programs in: P, PYG
Institution ID: 35-0299

Great Neck**North Shore-Long Island Jewish Health System**

145 Community Drive
Great Neck, NY 11021
Med Sch Affil: M-03546

Programs sponsored in: ADL, CCP, CCS, CRS, GS, NM, NPM, OPH, PD, PDC, PDE, PDI, PDS, PEM, PG, PHO, PPR, VS

Institution ID: 35-8024

Harrison**St Vincent Catholic Medical Centers (Westchester)**

240 North St
Harrison, NY 10528

Major participating institution for programs in: P
Institution ID: 35-0490

Hauppauge**Suffolk County Department of Health Services**

225 Rabro Drive, E
Hauppauge, NY 11788
Med Sch Affil: G-03548

Major participating institution for programs in: GPM
Institution ID: 35-8021

Jamaica**Jamaica Hospital Medical Center**

89th Ave and Van Wyck Expwy
Jamaica, NY 11418

Med Sch Affil: L-03520, G-03508, G-03519
Programs sponsored in: FP, IM, OBG, P

Major participating institution for programs in: GS, HSO, IC, PD, PM

Institution ID: 35-0216

Queens Hospital Center

82-68 164th St
D-116

Jamaica, NY 11432
Med Sch Affil: M-03547

Major participating institution for programs in: END, IM, OBG, OPH, PCC

Institution ID: 35-0220

St Vincent Catholic Medical Centers (Brooklyn-Queens)

88-25 153rd St
Suite 2A

Jamaica, NY 11432
Med Sch Affil: L-03508

Major participating institution for programs in: CD, FP, GS, ID, IM, IMG, OBG, OPH, ORS, P, PUD

Institution ID: 35-0558

St Vincent Catholic Medical Centers (Mary Immaculate)

152-11 89th Ave
Jamaica, NY 11432

Major participating institution for programs in: OBG
Institution ID: 35-0472

Johnson City**United Health Services Hospitals**

33-57 Harrison St
Johnson City, NY 13790

Programs sponsored in: FP, FPG, IM, TY
Institution ID: 35-0463

Wilson Medical Center (United Health System)

33-57 Harrison St
Johnson City, NY 13790

Major participating institution for programs in: FP, FPG, IM, TY

Institution ID: 35-0110

Kingston**Kingston Hospital**

396 Broadway
Kingston, NY 12401

Major participating institution for programs in: FP
Institution ID: 35-0435

Manhasset**North Shore University Hospital**

300 Community Drive
Manhasset, NY 11090

Med Sch Affil: M-03519

Programs sponsored in: ADP, CD, CHN, CHP, DR, EM, GE, HO, IC, ID, IM, IMG, N, NEP, NM, OBG, P, PCC, PTH, RHU, RNR

Major participating institution for programs in: CCS, CD, CRS, END, GS, NM, OPH, ORS, PS, U, VS

Institution ID: 35-0467

Schneider Children's Hospital at North Shore University Hosp

North Shore-Long Island Jewish Health System
300 Community Drive

Manhasset, NY 11090-3876

Major participating institution for programs in: ADL, CCP, NPM, PD, PDC, PDE, PDI, PDS, PEM, PG, PPR

Institution ID: 35-8064

Mineola**Nassau County Department of Health**

240 Old Country Road
Mineola, NY 11501

Major participating institution for programs in: GPM
Institution ID: 35-8022

Winthrop-University Hospital

259 First St
Mineola, NY 11501

Med Sch Affil: M-03548

Programs sponsored in: CD, DR, END, GE, HO, IC, ID, IM, IMG, NEP, OBG, PCC, PD, PDE, PDP, PTH, RHU

Major participating institution for programs in: AN, GS, ORS, PS, U

Institution ID: 35-0375

Mount Vernon**Mount Vernon Hospital**

12 North Seventh Ave
Mount Vernon, NY 10550-2026

Med Sch Affil: L-03509

Programs sponsored in: IM

Institution ID: 35-0255

New Hampton**Mid-Hudson Forensic Psychiatric Center**

PO Box 159, Route 17 M
New Hampton, NY 10928

Major participating institution for programs in: PFP
Institution ID: 35-8054

New Hyde Park**Long Island Jewish Medical Center**

270-05 76th Ave
New Hyde Park, NY 11040

Med Sch Affil: M-03546, L-03508

Programs sponsored in: AI, CD, CHN, CHP, DR, EM, END, GE, HO, ID, IM, IMG, MEM, N, NEP, OBG, ORS, P, PCC, PCP, PDR, PM, PTH, PYG, RNR, TS, U, UP, VIR

Major participating institution for programs in: CD, CRS, GS, IC, NM, OPH, OTO, RHU

Institution ID: 35-0232

Parker Jewish Geriatric Institute

271-11 76th Ave
New Hyde Park, NY 11040

Major participating institution for programs in: IMG
Institution ID: 35-8015

Schneider Children's Hospital at Long Island Jewish Med Ctr

North Shore-Long Island Jewish Health System
269-01 76th Ave

New Hyde Park, NY 11040

Major participating institution for programs in: ADL, CCP, NPM, PD, PDI, PDS, PEM, PG, PHO, PPR

Institution ID: 35-8061

New Paltz**Mid-Hudson Family Health Institute**

Executive Offices
279 Main St, Suite 101
New Paltz, NY 12561

Programs sponsored in: FP
Institution ID: 35-0432

New Rochelle**Sound Shore Medical Center of Westchester**

16 Guion Place
New Rochelle, NY 10802

Med Sch Affil: M-03509

Major participating institution for programs in: AN, APM, END, GE, GS, IM, TY

Institution ID: 35-0104

New York**Academy of Dermatopathology**

2 East 70th St
New York, NY 10021

Major participating institution for programs in: DMP
Institution ID: 35-8052

Bellevue Hospital Center

27th St and 1st Ave
Room ME8

New York, NY 10016

Med Sch Affil: M-03519

Major participating institution for programs in: ADP, AN, CCA, CD, CHN, CHP, D, DBP, DMP, DR, EM, END, ETX, GE, GS, HEM, HMP, HSO, HSP, ICE, ID, IM, IMG, MSR, N, NEP, NO, NP, NPM, NRN, NS, OBG, ON, OPH, ORS, OSM, OTO, P, PCC, PCP, PD, PDC, PDE, PDI, PDR, PEM, PFP, PM, PS, PTH, PYG, PYN, RHU, RNR, RO, TS, U, VIR

Institution ID: 35-0235

Beth Israel Medical Center

First Ave at 16th St
New York, NY 10003

Med Sch Affil: M-03546

Programs sponsored in: ADP, AR, CD, DR, EM, END, FP, GE, GS, HMP, HO, HSO, IC, ID, IM, NEP, OAR, OBG, P, PCC, PYG, PYM, RNR, U, VIR

Major participating institution for programs in: APM, IMG, N, OTO, PD, PTH

Institution ID: 35-0284

Beth Israel Medical Center-North Division

170 East End Ave
New York, NY 10128

Major participating institution for programs in: NS
Institution ID: 35-8053

Cabrini Medical Center

227 East 19th St
New York, NY 10003

Med Sch Affil: M-03547

Major participating institution for programs in: CD, END, GS, ID, IM, P, PUD, RHU
Institution ID: 35-0410

Columbia University School of Public Health

617 West 168th St
New York, NY 10032

Med Sch Affil: L-03501

Major participating institution for programs in: GPM
Institution ID: 35-0766

Goldwater Memorial Hospital

F D Roosevelt Island
New York, NY 10044

Med Sch Affil: L-03508, G-03519

Major participating institution for programs in: IMG
Institution ID: 35-0122

Harlem Hospital Center

506 Lenox Ave
New York, NY 10037

Med Sch Affil: M-03501

Programs sponsored in: CHP, DR, GE, GS, ID, IM, NEP, P, PD, PUD

Institution ID: 35-0195

Hospital for Joint Diseases Orthopaedic Institute

301 East 17th St
New York, NY 10003-3899

Med Sch Affil: M-03519

Programs sponsored in: SP

Major participating institution for programs in: CN, DBP, HSO, MSR, OP, ORS, OSM, OSS, RHU

Institution ID: 35-0289

Hospital for Special Surgery

535 East 70th St
New York, NY 10021

Med Sch Affil: M-03520

Programs sponsored in: HSO, OAR, OP, ORS, OSM, OSS

Major participating institution for programs in: APM, CN, NS, OMO, PPR, RHU

Institution ID: 35-0459

Lenox Hill Hospital

100 E 77th St
New York, NY 10021-1896

Med Sch Affil: M-03519, L-03508, G-02416

Programs sponsored in: CD, DR, GE, GS, HO, IC, IM, NEP, OAR, OBG, ORS, OSM, PTH, PUD, U

Major participating institution for programs in: OTO, P

Institution ID: 35-0334

Manhattan Eye, Ear & Throat Hospital

210 East 64th St
New York, NY 10021

Med Sch Affil: G-03519

Major participating institution for programs in: OPH
Institution ID: 35-0367

Manhattan Psychiatric Center

Ward's Island Complex
New York, NY 10035

Med Sch Affil: L-03519

Major participating institution for programs in: P, PYG

Institution ID: 35-0239

Manhattan VA Harbor Health Care System

423 E 23rd St
New York, NY 10010

Med Sch Affil: M-03519

Major participating institution for programs in: CD, D, DMP, DR, GE, GS, HEM, HSO, IC, ID, IM, MPD, N, NEP, NO, NRN, NS, ON, OPH, OTO, P, PTH, PYN, RHU, RNR, TS, U, VIR

Institution ID: 35-0392

Memorial Sloan-Kettering Cancer Center

1275 York Ave
New York, NY 10021

Med Sch Affil: M-03520, L-00102, L-03508, L-03515, G-03519

Programs sponsored in: CCM, GE, HO, ID, MG, NM, OMO, PCP, PUD, RO, SP, TY

Major participating institution for programs in: AN, APM, CN, DMP, DR, END, GS, HSO, IM, N, NS, OSS, OTO, PHO, PS, RHU, RNR, TS, U, VIR

Institution ID: 35-0125

Metropolitan Hospital Center

1901 First Ave
New York, NY 10029

Med Sch Affil: M-03509

Programs sponsored in: MPD

Major participating institution for programs in: AN, D, EM, GE, GS, HO, ID, IM, N, NEP, OBG, OPH, P, PCC, PD, PM, U

Institution ID: 35-0163

Mount Sinai Medical Center

Annenberg Bldg, Room 5-02G
One Gustave L Levy Place

New York, NY 10029-6574

Med Sch Affil: M-03547, G-03519

Programs sponsored in: CPP

Major participating institution for programs in: ADL, ADP, AI, AN, APM, CCA, CCM, CD, CHN, CHP, CRS, D, DMP, DR, EM, END, GE, GPM, GS, HO, HSO, HSP, IC, ICE, ID, IM, IMG, MG, MPD, N, NEP, NM, NP, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PDC, PDE, PDI, PDP, PEM, PG, PM, PMG, PN, PS, PTH, PYG, RHU, RNR, RO, TS, U, VS

Institution ID: 35-0376

Mount Sinai School of Medicine

One Gustave L Levy Place
Box 1193

New York, NY 10029-6574

Med Sch Affil: M-03547

Programs sponsored in: ADL, ADP, AI, AN, APM, CCA, CCM, CD, CHN, CHP, CN, CRS, D, DMP, DR, EM, END, GE, GPM, GS, HO, HSO, IC, ICE, ID, IM, IMG, MG, MPD, N, NEP, NM, NP, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PDC, PDE, PDI, PDP, PEM, PG, PM, PMG, PN, PRD, PS, PTH, PUD, PYG, PYM, RHU, RNR, RO, SCL, TS, U, VIR, VN, VS

Institution ID: 35-9503

New York Blood Center

310 E 67th St
New York, NY 10021

Programs sponsored in: BBK

Institution ID: 35-0807

New York City Department of Health and Mental Hygiene

125 Worth St
New York, NY 10013

Programs sponsored in: GPM

Institution ID: 35-0394

New York Eye and Ear Infirmary

310 E 14th St
New York, NY 10003

Med Sch Affil: M-03509

Programs sponsored in: OPH

Major participating institution for programs in: OTO
Institution ID: 35-0230

New York Presbyterian Hospital

622 West 168th St
New York, NY 10032

Programs sponsored in: ADP, AI, AN, APM, CCA, CCP, CD, CHN, CHP, CN, CRS, D, DMP, DR, EM, END, FP, GE, GPM, GS, HMP, HO, HSO, IC, ICE, ID, IM, IMG, MG, N, NEP, NM, NP, NPM, NR, NS, OAR, OBG, OPH, ORS, OTO, P, PAN, PCC, PCP, PD, PDC, PDE, PDI, PDP, PDR, PDS, PEM, PFP, PG, PHO, PM, PN, PPR, PS, PTH, PYG, PYN, RHU, RNR, RO, TS, U, VIR, VN, VS

Major participating institution for programs in: CCS
Institution ID: 35-8051

New York Presbyterian Hospital (Columbia Campus)

622 West 168th St
New York, NY 10032

Med Sch Affil: M-03501

Major participating institution for programs in: ADP, AI, AN, APM, BBK, CCA, CCP, CD, CHN, CN, CRS, D, DR, EM, END, FP, GE, GS, HMP, HO, HSO, IC, ICE, ID, IM, MG, N, NEP, NM, NP, NPM, NR, NS, OAR, OBG, OPH, ORS, P, PAN, FCC, PD, PDC, PDE, PDI, PDR, PDR, PDS, PEM, PG, PHO, PM, PPR, PTH, PYG, PYN, RNR, RO, TS, U, VIR, VN, VS

Institution ID: 35-0269

New York Presbyterian Hospital (Cornell Campus)

525 E 68th St
New York, NY 10021

Med Sch Affil: M-03520

Major participating institution for programs in: AN, APM, CCF, CD, CHN, CN, CRS, D, DMP, DR, EM, END, GE, GS, HMP, HO, HSO, IC, ICE, ID, IM, IMG, MG, N, NEP, NM, NPM, NS, OBG, OP, OPH, ORS, OTO, P, PCC, PCP, PD, PDE, PDI, PDP, PEM, PFP, PG, PM, PN, PPR, PS, RHU, RNR, RO, TS, U, VIR, VS

Institution ID: 35-0262

New York Presbyterian Hospital-Payne Whitney Clinic

525 E 68th St
New York, NY 10021

Med Sch Affil: M-03520, G-03519

Major participating institution for programs in: CHP
Institution ID: 35-0823

New York State Psychiatric Institute

722 W 168th St
New York, NY 10032

Med Sch Affil: M-03501

Major participating institution for programs in: ADP, CHP, P, PYN

Institution ID: 35-0353

New York University School of Medicine

550 First Ave
New York, NY 10016

Med Sch Affil: M-03519

Programs sponsored in: ADP, AN, APM, CCA, CD, CHN, CHP, CN, D, DBP, DMP, DR, EM, END, ETX, GE, GS, HEM, HMP, HSO, HSP, IC, ICE, ID, IM, IMG, MSR, N, NEP, NO, NP, NPM, NR, NRN, NS, OBG, ON, OP, OPH, ORS, OSM, OSS, OTO, P, PCC, PCP, PD, PDC, PDE, PDI, PDR, PEM, PFP, PHO, PM, PP, PS, PTH, PYG, PYN, RHU, RNR, RO, TS, U, VIR, VS

Institution ID: 35-0450

North General Hospital

1879 Madison Ave
New York, NY 10035

Med Sch Affil: M-03547

Major participating institution for programs in: D, GS, IM, P

Institution ID: 35-0806

NYU Downtown Hospital

170 William St
New York, NY 10038-2649
Med Sch Affil: M-03519
Programs sponsored in: IM, OBG
Major participating institution for programs in: GS
Institution ID: 35-0270

NYU Hospitals Center

550 First Ave
New York, NY 10016
Major participating institution for programs in: AN, APM, DBP, EM, HSO, N, NEP, NO, NR, OSS, OTO, P, PCC, PD, PDI, PTH, TS
Institution ID: 35-8060

Office of Chief Medical Examiner - City of New York

520 First Ave
New York, NY 10016
Programs sponsored in: FOP, SP
Institution ID: 35-0528

Rockefeller University Hospital

1230 York Ave
New York, NY 10021-6399
Major participating institution for programs in: DMP
Institution ID: 35-0725

Rusk Institute of Rehabilitation Medicine

400 E 34th St, R R615
New York, NY 10016
Med Sch Affil: M-03519
Major participating institution for programs in: DBP, PM
Institution ID: 35-0145

St Luke's - Roosevelt Hospital Center

1111 Amsterdam Ave
New York, NY 10025
Med Sch Affil: M-03501
Programs sponsored in: AN, APM, CD, CHP, CRS, D, DR, EM, END, GE, GS, HO, HSO, IC, ICE, ID, IM, IMG, NEP, NM, OBG, OPH, ORS, P, PCC, PTH, VIR
Major participating institution for programs in: HSO, U
Institution ID: 35-8013

St Luke's-Roosevelt Hospital Center-Roosevelt Division

1000 Tenth Ave
New York, NY 10019
Med Sch Affil: M-03501
Major participating institution for programs in: CHP, CRS, D, DR, EM, GS, HO, HSO, NM, OBG, ORS, P, VIR
Institution ID: 35-0211

St Luke's-Roosevelt Hospital Center-St Luke's Division

1111 Amsterdam Ave
New York, NY 10025
Med Sch Affil: M-03501
Major participating institution for programs in: AN, CHP, D, DR, EM, GS, HO, NM, OBG, ORS, OTO, P, VIR
Institution ID: 35-0135

St Vincent Catholic Medical Centers (Manhattan)

153 West 11th St
New York, NY 10011
Med Sch Affil: M-03509, L-03508
Programs sponsored in: MPD
Major participating institution for programs in: AN, APM, CCM, CD, CHP, DR, END, GE, GS, HO, IC, ID, IM, IMG, N, NEP, NM, NS, OBG, OPH, ORS, OTO, P, PCC, PD, PFP, PM, PTH, PYG, RHU, TY, U
Institution ID: 35-0241

Niagara Falls

Niagara Falls Memorial Medical Center
621 10th St
Niagara Falls, NY 14302
Med Sch Affil: L-03506
Major participating institution for programs in: FP
Institution ID: 35-0448

Northport

Veterans Affairs Medical Center (Northport)
79 Middleville Rd
Northport, NY 11768-2290
Med Sch Affil: M-03548
Programs sponsored in: NM
Major participating institution for programs in: AI, CCS, CD, CN, D, DR, END, GE, GS, HO, ID, IM, IMD, IMG, MN, N, NEP, OPH, P, PCC, PM, RHU, U, VS
Institution ID: 35-0441

Oceanside

South Nassau Communities Hospital
One Healthy Way
Oceanside, NY 11572
Med Sch Affil: L-03548
Programs sponsored in: FP
Major participating institution for programs in: NM
Institution ID: 35-0277

Olean

Olean General Hospital
515 Main St
Olean, NY 14760
Major participating institution for programs in: FP
Institution ID: 35-7243

Orangeburg

Rockland Children's Psychiatric Center
Convent Rd
Orangeburg, NY 10962
Major participating institution for programs in: CHP
Institution ID: 35-8042

Port Jefferson

St Charles Hospital and Rehabilitation Center
200 Belle Terre Rd
Port Jefferson, NY 11777
Major participating institution for programs in: PM
Institution ID: 35-0298

Queens Village

Creedmoor Psychiatric Center
80-45 Winchester Blvd
Queens Village, NY 11427
Programs sponsored in: P
Institution ID: 35-0193

Rochester

Highland Hospital of Rochester
1000 South Ave
Rochester, NY 14620
Med Sch Affil: M-03545
Major participating institution for programs in: CCM, FP, GS, IM, IMG, MPD, OBG, ORS, RO
Institution ID: 35-0397

Monroe Community Hospital

435 E Henrietta Road
Rochester, NY 14620
Med Sch Affil: M-03545
Major participating institution for programs in: IMG
Institution ID: 35-0562

Park Ridge Hospital (Unity Health System)

1555 Long Pond Road
Rochester, NY 14626-4182
Major participating institution for programs in: 1M, PFP, PM, U
Institution ID: 35-8059

Rochester General Hospital

1425 Portland Ave
Rochester, NY 14621-3095
Med Sch Affil: M-03545
Programs sponsored in: DR, IM, OBG
Major participating institution for programs in: ADL, GS, MPD, OPH, OTO, PD, PS, U
Institution ID: 35-0388

Rochester Psychiatric Center

1111 Elmwood Ave
Rochester, NY 14620
Med Sch Affil: L-03545
Major participating institution for programs in: PFP, PYG
Institution ID: 35-0309

St Mary's Hospital (Unity Health System)

1555 Long Pond Road
Rochester, NY 14626
Med Sch Affil: M-03545
Programs sponsored in: 1M
Major participating institution for programs in: PFP, PM
Institution ID: 35-0372

Strong Memorial Hospital of the University of Rochester

601 Elmwood Ave, Box 601
Rochester, NY 14642
Med Sch Affil: M-03545
Programs sponsored in: ADL, AI, AN, APM, CCA, CCM, CCF, CCS, CD, CHN, CHP, CN, D, DR, EM, END, ESM, FP, GE, GPM, GS, HO, HSO, IC, ICE, ID, IM, IMG, MPD, MSF, N, NEP, NM, NPM, NS, OBG, OPH, ORS, OSM, OTO, P, PAN, PCC, PCP, PD, PDC, PDI, PDP, PDR, PE, PFP, PG, PHO, PM, PN, PS, PTH, PYG, RHU, RNR, RO, TS, U, VIR, VN, VS
Institution ID: 35-0493

Rockville Centre

Mercy Medical Center
1000 N Village Ave
Rockville Centre, NY 11570
Major participating institution for programs in: OBG
Institution ID: 35-0212

Roslyn

St Francis Hospital
100 Port Washington Blvd
Roslyn, NY 11576
Major participating institution for programs in: CD
Institution ID: 35-0537

Schenectady

Ellis Hospital
1101 Nott St
Schenectady, NY 12308
Med Sch Affil: G-03503
Major participating institution for programs in: MPD, ORS
Institution ID: 35-0474

St Clare's Hospital of Schenectady

600 McClellan St
Schenectady, NY 12304
Med Sch Affil: G-03503
Programs sponsored in: FP
Major participating institution for programs in: PTH
Institution ID: 35-0214

Smithtown

St Catherine of Sienna Hospital

Route 25A
Smithtown, NY 11787
Major participating institution for programs in: OTO
Institution ID: 35-8083

Staten Island

Bayley Seton Hospital

75 Vanderbilt Ave
Staten Island, NY 10304
Major participating institution for programs in: OPH
Institution ID: 35-0813

South Beach Psychiatric Center

777 Seaview Ave
Staten Island, NY 10305
Major participating institution for programs in: CHP
Institution ID: 35-8058

St Vincent Catholic Medical Centers (Staten Island)

355 Bard Ave
Staten Island, NY 10310
Med Sch Affil: M-03508
Major participating institution for programs in: CD, DR, GS, IM, NEP, OBG, OPH, P, PD
Institution ID: 35-0458

Staten Island University Hospital

475 Seaview Ave
Staten Island, NY 10305-3498
Med Sch Affil: M-03508, G-03305
Programs sponsored in: DR, GS, HO, IM, IMG, MPD, OBG, VS
Major participating institution for programs in: ADL, CCM, CD, END, GE, ORS, PD, PM, PUD
Institution ID: 35-0156

Stony Brook

University Hospital - SUNY at Stony Brook

Health Sciences Center
Level 4, Room 158
Stony Brook, NY 11794-8430
Med Sch Affil: M-03548
Programs sponsored in: AI, AN, APM, AR, BBK, CCS, CD, CHN, CHP, CN, D, DR, EM, END, FP, GE, GPM, GS, HO, HSO, IC, ID, IM, IMD, IMG, MN, MPD, N, NEP, NPM, OBG, ORS, OTO, P, PCC, PD, PDE, PDI, PM, PN, PTH, PYG, RHU, RNR, U, VIR, VN, VS
Major participating institution for programs in: OPH
Institution ID: 35-0560

Syracuse

Community-General Hospital of Greater Syracuse

Broad Rd
Syracuse, NY 13215
Med Sch Affil: M-03515
Major participating institution for programs in: GS
Institution ID: 35-0567

Crouse Hospital

736 Irving Ave
Syracuse, NY 13210
Med Sch Affil: M-03515
Major participating institution for programs in: BBK, GS, HSO, ID, N, NS, OBG, OPH, ORS, OTO, PD, PDC, PDI, TS
Institution ID: 35-0566

Richard H Hutchings Psychiatric Center

620 Madison St
Syracuse, NY 13210
Med Sch Affil: M-03515
Major participating institution for programs in: CHP, P
Institution ID: 35-0780

St Joseph's Hospital Health Center

301 Prospect Ave
Syracuse, NY 13203
Med Sch Affil: M-03515
Programs sponsored in: FP, TY
Major participating institution for programs in: EM, PDI
Institution ID: 35-0445

SUNY Upstate Medical University

750 East Adams St
Syracuse, NY 13210
Programs sponsored in: AN, APM, BBK, CCA, CD, CHP, CN, DR, EM, END, GE, GS, HMP, HO, HSO, ID, IM, IMG, N, NEP, NP, NR, NS, OBG, OPH, ORS, OSS, OTO, P, PCC, PCP, PD, PDC, PDI, PE, PFP, PM, PTH, PYM, RHU, RNR, RO, TS, U
Institution ID: 35-0174

Veterans Affairs Medical Center (Syracuse)

800 Irving Ave
Syracuse, NY 13210
Med Sch Affil: M-03515
Major participating institution for programs in: APM, CD, END, GE, GS, HO, ID, IMG, N, NEP, NS, OPH, ORS, OTO, P, PCC, PM, PTH, PYM, RHU, RNR, U
Institution ID: 35-0183

Utica

St Elizabeth Hospital

2209 Genesee St
Utica, NY 13501
Programs sponsored in: FP
Institution ID: 35-0759

Valhalla

New York Medical College

Administration Building
Valhalla, NY 10595
Med Sch Affil: M-03509
Programs sponsored in: AN, APM, CCM, CCS, CD, CHP, D, DR, EM, END, FP, GE, GS, HO, IC, ID, IM, IMG, N, NEP, NM, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PDP, PFP, PG, PM, PTH, PUD, PYG, RHU, RO, TY, U
Institution ID: 35-0782

Westchester Medical Center

Valhalla, NY 10595
Med Sch Affil: M-03509
Major participating institution for programs in: AN, BBK, CCS, CD, CHP, D, DR, END, GE, GS, HO, IC, ID, IM, N, NEP, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PDP, PG, PS, PTH, RHU, RO, U
Institution ID: 35-0301

West Brentwood

Pilgrim Psychiatric Center

998 Crooked Hill Road
West Brentwood, NY 11717-1087
Major participating institution for programs in: PYG
Institution ID: 35-0461

West Point

Keller Army Community Hospital

Joint and Soft Tissue Trauma Fellowship
Bldg 900, Washington Rd
West Point, NY 10996-1197
Programs sponsored in: OSM
Institution ID: 35-7271

West Seneca

Western New York Children's Psychiatric Center

1010 East & West Road
West Seneca, NY 14224
Major participating institution for programs in: CHP
Institution ID: 35-8035

White Plains

New York Presbyterian Hospital (Westchester Division)

21 Bloomingdale Road
White Plains, NY 10605
Med Sch Affil: M-03520
Major participating institution for programs in: PYG
Institution ID: 35-0378

Woodbury

United Presbyterian Residence

378 Syosset-Woodbury Road
Woodbury, NY 11797
Major participating institution for programs in: IMG
Institution ID: 35-8067

Yonkers

St Josephs Medical Center

127 South Broadway
Yonkers, NY 10701-4080
Med Sch Affil: M-03509
Major participating institution for programs in: FP
Institution ID: 35-0442

North Carolina

Asheville

Mission St Joseph's Health System

509 Biltmore Ave
Asheville, NC 28801
Med Sch Affil: L-03601
Major participating institution for programs in: FP, OBG
Institution ID: 36-0114

Mountain Area Health Education Center

501 Biltmore Ave
Asheville, NC 28801-4686
Programs sponsored in: FP, OBG
Institution ID: 36-0732

Veterans Affairs Medical Center (Asheville)

Riceville and Tunnel Rds
Asheville, NC 28805
Med Sch Affil: L-03607
Major participating institution for programs in: GS, ORS, OTO, TS, U, VS
Institution ID: 36-0740

Butner

Federal Correctional Complex-Butner

PO Box 1000
Butner, NC 27509-1000
Med Sch Affil: G-03607
Major participating institution for programs in: PFP
Institution ID: 36-8018

John Umstead Hospital

1003 12th St
Butner, NC 27509-1626
Med Sch Affil: G-03607
Major participating institution for programs in: CHP, PYG
Institution ID: 36-0507

Camp Lejeune**Naval Hospital-Camp Lejeune**

100 Brewster Boulevard
Camp Lejeune, NC 28547-0100
Programs sponsored in: FP
Institution ID: 36-0509

Chapel Hill**Office of the Chief Medical Examiner**

Chapel Hill, NC 27599-7580
Major participating institution for programs in: FOP
Institution ID: 36-0514

University of North Carolina Hospitals

101 Manning Drive, Rm 1107G West Wing
Office of Graduate Medical Education
Chapel Hill, NC 27514
Med Sch Affil: M-03601, L-03607
Programs sponsored in: AN, APM, BBK, CCP, CCS, CD, CHN, CHP, D, DR, EM, END, FOP, FP, GE, GPM, GS, HMP, HO, IC, ICE, ID, IM, IMG, MG, MGP, MPD, N, NEP, NM, NP, NPM, NS, OBG, OPH, ORS, OTO, P, PAN, PCC, PCP, PD, PDE, PDP, PFP, PG, PHO, PM, PN, PS, PSM, PTH, RHU, RNR, RO, TS, U, UM, VIR, VS
Major participating institution for programs in: CCS, PPR
Institution ID: 36-0478

University of North Carolina School of Medicine

CB 7000-125 MacNider Bldg
Chapel Hill, NC 27599-7000
Med Sch Affil: M-03601
Major participating institution for programs in: GPM
Institution ID: 36-0511

University of North Carolina School of Public Health

2105B McGavran-Greenberg Hall
CB# 7400, School of Public Health
Chapel Hill, NC 27599-7400
Med Sch Affil: L-03607
Major participating institution for programs in: GPM, PS
Institution ID: 36-9502

Charlotte**Carolinas Medical Center**

1000 Blythe Boulevard
PO Box 32861
Charlotte, NC 28232-2861
Med Sch Affil: M-03601
Programs sponsored in: EM, ETX, FP, GS, HMP, IM, OBG, ORS, OTR, PD, PM, TS, VS
Major participating institution for programs in: ID, PS, U
Institution ID: 36-0291

Charlotte Institute of Rehabilitation

1100 Blythe Blvd
Charlotte, NC 28203
Major participating institution for programs in: PM
Institution ID: 36-8012

Concord**Northeast Medical Center**

920 Church St, N
Concord, NC 28025
Programs sponsored in: FP
Institution ID: 36-8016

Durham**Duke University Hospital**

Box 3951
Durham, NC 27710
Programs sponsored in: AI, AN, APM, CCA, CCP, CCS, CD, CHN, CHP, CN, D, DMP, DR, EM, END, FP, FSM, GE, GPM, GS, HMP, HO, HSO, IC, ICE, ID, IM, IMG, MG, MM, MP, MPD, N, NEP, NM, NP, NPM, NR, NS, OBG, OPA, OPH, ORS, OSM, OTO, P, PCC, PCP, PD, PDC, PDE, PDI, PDP, PDR, PFP, PHO, PPR, PS, PTH, PYG, RHU, RNR, RO, TS, U, UM, VIR, VS
Institution ID: 36-0222

Durham County Health Department

414 E Main St
Durham, NC 27701
Major participating institution for programs in: ID
Institution ID: 36-8025

Durham Regional Hospital

3643 North Roxboro St
Durham, NC 27704
Med Sch Affil: M-03607, L-03601
Major participating institution for programs in: FP, GS, NS, ORS, PS
Institution ID: 36-0440

Veterans Affairs Medical Center (Durham)

508 Fulton St
Durham, NC 27705
Med Sch Affil: M-03607
Major participating institution for programs in: AN, APM, CCA, CCS, CN, D, DMP, DR, END, GE, GS, HMP, IC, ICE, ID, IM, IMG, MP, MPD, N, NEP, NM, NS, OPH, ORS, OTO, P, PCC, PS, PTH, PYG, RHU, RO, TS, U, VIR, VS
Institution ID: 36-0473

Fayetteville**Cape Fear Valley Medical Center**

1320 Medical Drive
Fayetteville, NC 28304
Major participating institution for programs in: FP, OBG
Institution ID: 36-0731

Southern Regional Area Health Education Center

1601 Owen Drive
Fayetteville, NC 28304-3482
Programs sponsored in: FP
Institution ID: 36-8020

Fort Bragg**Womack Army Medical Center**

Attn: MCXC-HESD-ME (Mr Raymond Sanders)
Fort Bragg, NC 28310
Med Sch Affil: G-02312
Programs sponsored in: FP
Institution ID: 36-0101

Greensboro**Moses H Cone Memorial Hospital**

1200 North Elm St
Greensboro, NC 27401-1020
Med Sch Affil: M-03601
Programs sponsored in: FP, FSM, IM
Major participating institution for programs in: PD
Institution ID: 36-0486

Greenville**East Carolina University School of Medicine**

Pitt County Memorial Hospital - GME Office
2100 Stantonsburg Rd
Greenville, NC 27835
Major participating institution for programs in: CD, CHP, FP, FSM, GS, ID, IM, MP, NEP, NPM, OBG, P, PCP, PD, PM, PUD
Institution ID: 36-9501

Pitt County Memorial Hospital

PO Box 6028
Graduate Medical Education Office
Greenville, NC 27834-6028
Med Sch Affil: M-03608
Programs sponsored in: CCS, CD, CHP, D, EM, FP, FPG, FSM, GE, GS, HO, IC, ID, IM, MEM, MP, MPD, NEP, NPM, OBG, P, PCP, PD, PM, PTH, PUD
Institution ID: 36-0738

Pitt County Mental Health Center

203 Government Circle
Greenville, NC 27834-7706
Major participating institution for programs in: P
Institution ID: 36-0741

Hendersonville**Margaret R Pardee Memorial Hospital**

715 Fleming St
Hendersonville, NC 28739
Major participating institution for programs in: FP
Institution ID: 36-8015

Monroe**Union Regional Medical Center**

600 Hospital Drive
PO Box 5003
Monroe, NC 28111
Major participating institution for programs in: FP
Institution ID: 36-8019

Raleigh**Dorothea Dix Hospital**

820 South Boylan Ave
Raleigh, NC 27603-2176
Med Sch Affil: M-03601
Major participating institution for programs in: CHP, P, PFP
Institution ID: 36-0377

Wake Medical Center

3000 New Bern Ave
Raleigh, NC 27610
Med Sch Affil: M-03601, L-02312
Major participating institution for programs in: EM, FP, GS, OBG, ORS, OTO, PD, U
Institution ID: 36-0498

Wilmington**New Hanover Regional Medical Center**

2131 S 17th St
PO Box 9025
Wilmington, NC 28402-9025
Med Sch Affil: M-03601
Programs sponsored in: FP, GS, IM, OBG
Institution ID: 36-0288

Winston-Salem**Forsyth Memorial Hospital**

3333 Silas Creek Parkway
Winston-Salem, NC 27103
Med Sch Affil: M-03605
Major participating institution for programs in: FP, NPM, OBG
Institution ID: 36-0242

Skin Surgery Center (Winston-Salem)

125 Sunnynoll Court, Suite 100
Winston-Salem, NC 27106
Programs sponsored in: PRD
Institution ID: 36-8021

Wake Forest University Baptist Medical Center

Medical Center Blvd
Winston-Salem, NC 27157-1088
Med Sch Affil: M-03605
Programs sponsored in: AI, AN, APM, AR, CCA, CCM, CD, CHN, CHP, CN, D, DMP, DR, EM, END, FOP, FP, FSM, GE, GS, HMP, HO, HSO, IC, ICE, ID, IM, IMG, MSR, N, NEP, NM, NPM, NR, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PS, PTH, RHU, RNR, RO, TS, U, VIR, VS
Institution ID: 36-0480

North Dakota

Bismarck

Medcenter One Hospital

300 North 7th St
PO Box 5525
Bismarck, ND 58506-5525
Med Sch Affil: M-03701
Major participating institution for programs in: FP
Institution ID: 37-0159

St Alexius Medical Center

900 E Broadway
PO Box 5510
Bismarck, ND 58506-5510
Med Sch Affil: M-03701
Major participating institution for programs in: FP
Institution ID: 37-0108

Fargo

MeritCare Health System

720 4th St, North
Fargo, ND 58122
Med Sch Affil: M-03701
Major participating institution for programs in: IM, P, TY
Institution ID: 37-0396

Southeast Human Service Center

2624 Ninth Ave, SW
Fargo, ND 58103
Med Sch Affil: G-03701
Major participating institution for programs in: P
Institution ID: 37-8011

Veterans Affairs Medical and Regional Office Center (Fargo)

2101 Elm St
Fargo, ND 58102
Med Sch Affil: M-03701
Major participating institution for programs in: GS, IM, P
Institution ID: 37-0395

Grand Forks

Altru Health System Hospital

1200 S Columbia Road
PO Box 6002
Grand Forks, ND 58206-6002
Med Sch Affil: M-03701
Major participating institution for programs in: FP, GS
Institution ID: 37-0403

Univ of North Dakota School of Medicine and Health Sciences

501 North Columbia Road
Box 9037
Grand Forks, ND 58202-9037
Med Sch Affil: M-03701, L-02312
Programs sponsored in: FP, GS, IM, P, TY
Institution ID: 37-0400

Minot

Trinity Health

Burdick Expwy at Main St
PO Box 5020
Minot, ND 58702-5020
Med Sch Affil: M-03701
Major participating institution for programs in: FP
Institution ID: 37-0409

Ohio

Akron

Akron City Hospital (Summa Health System)

525 E Market St
Akron, OH 44309
Med Sch Affil: M-03844, L-03840
Major participating institution for programs in: EM, FP, GS, IM, IMG, OBG, ORS, PS, PTH, TY, U
Institution ID: 38-0215

Akron General Medical Center

400 Wabash Ave
Akron, OH 44307
Med Sch Affil: M-03844, L-03840
Programs sponsored in: EM, FP, GS, IM, MPD, OBG, ORS, TY, U
Major participating institution for programs in: P, PS
Institution ID: 38-0124

Children's Hospital Medical Center of Akron

Department of Medical Education
One Perkins Square
Akron, OH 44308-1062
Med Sch Affil: M-03844
Programs sponsored in: PD, PDR, PEM, PF, PSM
Major participating institution for programs in: MPD, OPH, ORS, PAN, PS, U
Institution ID: 38-0371

St Thomas Hospital (Summa Health System)

444 North Main St
Akron, OH 44310
Med Sch Affil: M-03844
Major participating institution for programs in: P, TY
Institution ID: 38-0167

Summa Health System

525 E Market St
PO Box 2090
Akron, OH 44304-2090
Programs sponsored in: EM, FP, GS, IM, MPD, OBG, OPH, ORS, PS, PTH, TY
Institution ID: 38-8066

Barberton

Barberton Citizens Hospital

155 Fifth St, NE
Barberton, OH 44203
Med Sch Affil: M-03844
Programs sponsored in: FP
Institution ID: 38-0184

Bellefontaine

Mary Rutan Hospital

205 Palmer Ave
Bellefontaine, OH 43311
Med Sch Affil: L-03840
Major participating institution for programs in: FP
Institution ID: 38-8069

Canton

Aultman Hospital

2600 6th St, SW
Canton, OH 44710
Med Sch Affil: M-03844
Programs sponsored in: DR, FP, OBG, TY
Major participating institution for programs in: IM
Institution ID: 38-0148

Canton Medical Education Foundation

2600 6th St, SW
Canton, OH 44710
Programs sponsored in: IM
Institution ID: 38-8059

Mercy Medical Center (Canton)

1320 Timken Mercy Drive, NW
Canton, OH 44708
Med Sch Affil: M-03844
Major participating institution for programs in: DR, IM
Institution ID: 38-0426

Cincinnati

Christ Hospital

2130 Auburn Ave
Cincinnati, OH 45219-2989
Med Sch Affil: M-03841, L-03840
Programs sponsored in: FP, FPG, OSM
Major participating institution for programs in: GS, HO, NS, OBG, RHU, U, VS
Institution ID: 38-0492

Cincinnati Children's Hospital Medical Center

ML-3013
3333 Burnet Ave
Cincinnati, OH 45229-3039
Med Sch Affil: M-03841, G-03515
Programs sponsored in: ADL, CCP, CHN, CHP, DBP, MG, NDN, NPM, OP, PAN, PD, PDC, PDE, PDI, PDO, PDF, PDR, PDS, PEM, PG, PHO, PMG, PN, PP, PPR, UP
Major participating institution for programs in: AI, CN, DR, ETX, NS, ORS, OTO, PDR, TS, U
Institution ID: 38-0302

Cincinnati Sportsmedicine & Orthopaedic Center

12115 Sheraton Lane
Cincinnati, OH 45246
Programs sponsored in: OSM
Institution ID: 38-8058

Franciscan Hospital - Western Hills

3131 Queen City Ave
Cincinnati, OH 45238-2396
Major participating institution for programs in: GS
Institution ID: 38-8076

Hoxworth Blood Center

3130 Highland Ave
PO Box 670055
Cincinnati, OH 45267-0055
Programs sponsored in: BBK
Institution ID: 38-0763

Jewish Hospital of Cincinnati

4777 East Galbraith Road
Cincinnati, OH 45236
Med Sch Affil: L-03841
Programs sponsored in: GS, IM
Institution ID: 38-0428

TriHealth

Good Samaritan Hospital Campus
375 Dixmyth Ave
Cincinnati, OH 45220-2489
Programs sponsored in: FP, GS, IM, OBG, VS
Institution ID: 38-8079

TriHealth - Bethesda Hospital

619 Oak St
Cincinnati, OH 45206-1690
Med Sch Affil: L-03841
Major participating institution for programs in: FP, GS, HSO
Institution ID: 38-0464

TriHealth - Good Samaritan Hospital

375 Dixmyth Ave
Cincinnati, OH 45220-2489
Med Sch Affil: M-03841
Major participating institution for programs in: GS, IM, NPM, NS, OBG, U, VS
Institution ID: 38-0346

University Hospital Inc

234 Goodman St
ML 0796
Cincinnati, OH 45219-2316
Med Sch Affil: M-03841, L-02012
Programs sponsored in: ADP, AI, AN, APM, CCS, CD, CN, CPP, D, DMP, DR, EM, END, ETX, FPP, GE, GPM, GS, HMP, HO, HSO, IC, ID, IM, MPD, N, NEP, NR, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PFP, PM, PPM, PS, PTH, PYG, RHU, RNR, RO, TS, U, VN, VS
Major participating institution for programs in: CHN, FP, FPG, NPM, PAN
Institution ID: 38-0405

University of Cincinnati College of Medicine

PO Box 670555
231 Albert Sabin Way
Cincinnati, OH 45267
Med Sch Affil: M-03841
Major participating institution for programs in: NDN, OSM
Institution ID: 38-0521

Veterans Affairs Medical Center (Cincinnati)

3200 Vine St
Cincinnati, OH 45220-2288
Med Sch Affil: M-03841
Major participating institution for programs in: ADP, AI, CD, CN, DR, END, GE, GS, HO, ID, IM, N, NEP, OPH, ORS, OTO, P, PCC, RHU, RO, TS, U, VN
Institution ID: 38-0329

Cleveland**American Red Cross**

3747 Euclid Ave
Cleveland, OH 44115-2501
Programs sponsored in: BBK
Institution ID: 38-8064

Cleveland Clinic Foundation

9500 Euclid Ave
Cleveland, OH 44195-5242
Med Sch Affil: M-04114, M-03840, L-03806
Programs sponsored in: AI, AN, APM, CCA, CD, CHN, CHP, CN, CRS, D, DMP, DR, END, ESN, GE, GS, HMP, HO, HSO, IC, ICE, ID, IM, IMG, MM, MSR, N, NEP, NR, NRN, NS, OPH, ORS, OSM, OTO, P, PAN, PCC, PCP, PD, PDC, PDI, PDR, PG, PHO, PMN, PPN, PS, PTH, PYM, RHU, RNR, RO, TS, U, VIR, VN, VS
Major participating institution for programs in: BBK, CD, EM, FSM, GE, N, OBG
Institution ID: 38-0393

Cleveland Psychoanalytic Institute

11328 Euclid Ave, Suite 205
Cleveland, OH 44106-3959
Major participating institution for programs in: P
Institution ID: 38-8057

Cuyahoga County Coroner's Office

11001 Cedar Ave
Cleveland, OH 44106
Programs sponsored in: FOP
Institution ID: 38-0198

Fairview Hospital

18101 Lorain Ave
Cleveland, OH 44111-5656
Med Sch Affil: L-03806
Programs sponsored in: FP, FSM, GS, IM
Institution ID: 38-0209

MetroHealth Medical Center

2500 MetroHealth Drive
Cleveland, OH 44109-1998
Med Sch Affil: M-03806, L-03840
Programs sponsored in: ADL, AN, CD, DR, EM, FP, FPG, GE, ICE, IM, MPD, NPM, OBG, P, PCC, PCP, PD, PM, PTH, RHU, SCI, VIR
Major participating institution for programs in: CCS, D, GS, HO, HSO, ID, MDG, MG, NEP, NS, OPH, ORS, OTO, U, VS
Institution ID: 38-0173

Northcoast Behavioral Health (Cleveland)

1708 Aiken St
Cleveland, OH 44109
Major participating institution for programs in: P
Institution ID: 38-0391

St Vincent Charity Hospital/St Luke's Medical Center

2351 East 22nd St
Cleveland, OH 44115
Med Sch Affil: L-03806
Programs sponsored in: IM
Major participating institution for programs in: OPH
Institution ID: 38-0411

University Hospitals of Cleveland

11100 Euclid Ave
Cleveland, OH 44106
Med Sch Affil: M-03806
Programs sponsored in: ADP, AN, APM, CCA, CCP, CCS, CD, CHN, CHP, CN, D, DMP, DR, END, FP, FPP, GE, GS, HMP, HO, IC, ICE, ID, IM, IMG, MDG, MG, MPD, N, NEP, NPM, NR, NS, OBG, OPH, ORS, OTO, P, PAN, PCC, PCP, PD, PDC, PDE, PDI, PDP, PEM, PFP, PG, PHO, PMG, PN, PTH, PYG, RHU, RNR, RO, TS, U, VIR, VS
Major participating institution for programs in: BBK
Institution ID: 38-0373

Veterans Affairs Medical Center (Cleveland)

10701 East Boulevard
Cleveland, OH 44106
Med Sch Affil: M-03806
Major participating institution for programs in: ADP, CD, CN, D, END, GE, GS, IC, ICE, ID, IM, IMG, MDG, N, NEP, OPH, ORS, OTO, P, PCC, RHU, SCI, TS, U
Institution ID: 38-0390

Columbus**American Red Cross-Central Ohio Region**

995 E Broad St
Columbus, OH 43205
Major participating institution for programs in: BBK
Institution ID: 38-8063

Arthur G James Cancer Hospital and Research Institute

300 West 10th Ave
Columbus, OH 43210
Med Sch Affil: M-03840
Major participating institution for programs in: GS, HO, OBG, OTO, TS
Institution ID: 38-8020

Children's Hospital (Columbus)

700 Children's Drive
Columbus, OH 43205-2696
Med Sch Affil: M-03840, G-03843
Programs sponsored in: CCP, CCS, CHN, DBP, MG, NPM, OP, PD, PDC, PDI, PDP, PDR, PDS, PEM, PG, PHO, PN, PP, UP
Major participating institution for programs in: CN, EM, FP, FSM, MPD, NS, OPH, ORS, OTO, PAN, PM, PS, TS, U
Institution ID: 38-0491

Franklin County Coroner's Office

520 King Ave
Columbus, OH 43201
Programs sponsored in: FOP
Institution ID: 38-8017

Grant Medical Center (OhioHealth)

285 E State St
Suite 670
Columbus, OH 43215-1898
Programs sponsored in: CRS, FP, FSM
Major participating institution for programs in: EM, OBG
Institution ID: 38-0317

McConnell Heart Health Center

3373 Olentangy River Road
Columbus, OH 43214
Major participating institution for programs in: FSM
Institution ID: 38-8071

Mount Carmel

793 W State St
Columbus, OH 43222-1560
Med Sch Affil: M-03840
Programs sponsored in: FP, GS, IM, ORS, TY
Major participating institution for programs in: CRS, OBG, PS
Institution ID: 38-0245

Ohio State University Hospital

410 W Tenth Ave
125 Doan Hall
Columbus, OH 43210-1228
Med Sch Affil: M-03840
Programs sponsored in: AN, APM, BBK, CCS, CD, CHP, CN, D, DMP, DR, EM, END, FP, FSM, GE, GS, HMP, HO, IC, ICE, ID, IM, MPD, N, NEP, NO, NS, OBG, OPH, ORS, OSM, OTO, P, PAN, PCC, PCP, PM, PS, PTH, RHU, RNR, RO, TS, U, VIR, VS
Major participating institution for programs in: CHN, NPM, PDC, PDP, PDS
Institution ID: 38-0123

Ohio State University Hospitals, East

1492 E Broad St
Columbus, OH 43205
Med Sch Affil: M-03840
Major participating institution for programs in: FP, NEP, PCC
Institution ID: 38-0584

Riverside Methodist Hospitals (OhioHealth)

3535 Olentangy River Road
Columbus, OH 43214
Programs sponsored in: FP, FPG, GS, IM, OBG, TY
Major participating institution for programs in: EM, NS, ORS, PD, PM, PS, U
Institution ID: 38-0383

**Veterans Affairs Medical Center
(Columbus)**

543 Taylor Ave
Columbus, OH 43203
Major participating institution for programs in: OPH
Institution ID: 38-8099

Dayton**Children's Medical Center**

One Children's Plaza
Dayton, OH 45404
Med Sch Affil: M-03845
Major participating institution for programs in: CHP,
D, MPD, ORS, PD
Institution ID: 38-0536

**Good Samaritan Hospital and Health
Center**

2222 Philadelphia Drive
Dayton, OH 45406
Med Sch Affil: M-03845, L-03840
Major participating institution for programs in: CD,
CHP, D, EM, FF, GS, HO, ID, IM, MPD, P
Institution ID: 38-0315

Miami Valley Hospital

One Wyoming St
Dayton, OH 45409
Med Sch Affil: M-03845
Programs sponsored in: FP
Major participating institution for programs in: D,
EM, GE, GS, ID, IM, MPD, OBG, ORS
Institution ID: 38-0431

Office of the Montgomery County Coroner

361 West Third St
Dayton, OH 45402
Programs sponsored in: FOP
Institution ID: 38-8060

Veterans Affairs Medical Center (Dayton)

4100 West Third St
Dayton, OH 45428
Med Sch Affil: M-03845, L-03840
Major participating institution for programs in: CD,
D, GE, GS, HO, ID, IM, MPD
Institution ID: 38-0453

**Wright State University School of
Medicine**

PO Box 927
Dayton, OH 45401-0927
Med Sch Affil: M-03845
Programs sponsored in: CD, CHP, D, EM, ESM, FP, GE,
GPM, GS, HO, ID, IM, MPD, OBG, ORS, P, PD
Institution ID: 38-0756

East Cleveland**Huron Hospital**

13951 Terrace Road
East Cleveland, OH 44112-4399
Programs sponsored in: GS, IM
Institution ID: 38-0170

Kettering**Kettering Medical Center**

3535 Southern Blvd
Kettering, OH 45429
Med Sch Affil: M-03845
Programs sponsored in: IM, TY
Major participating institution for programs in: CHP,
EM, ESM, FP, GS
Institution ID: 38-0515

Maumee**St Luke's Hospital**

5901 Monclova Road
Maumee, OH 43537
Major participating institution for programs in: PS
Institution ID: 38-0370

Mayfield Heights**Hillcrest Hospital**

6780 Mayfield Road
Mayfield Heights, OH 44124-2202
Major participating institution for programs in: GS,
IM
Institution ID: 38-0483

Oregon**St Charles Mercy Hospital**

2600 Navarre Ave
Oregon, OH 43616-3297
Major participating institution for programs in: FF, TY
Institution ID: 38-0764

Ravenna**Robinson Memorial Hospital**

6847 Chestnut St
PO Box 1204
Ravenna, OH 44266-1204
Med Sch Affil: L-03844
Major participating institution for programs in: GS
Institution ID: 38-0264

Rootstown**Northeastern Ohio Universities College
of Medicine**

4209 State Route 44
PO Box 95
Rootstown, OH 44272
Med Sch Affil: M-03844
Programs sponsored in: P
Major participating institution for programs in: U
Institution ID: 38-0755

Sylvania**Flower Hospital**

5200 Harroun Rd
Sylvania, OH 43560
Programs sponsored in: FP
Institution ID: 38-0362

Toledo**Medical College of Ohio**

3045 Arlington Ave
Toledo, OH 43614
Programs sponsored in: AN, CD, CHE, DR, FP, GS, IC,
ID, IM, N, NEP, OBG, ORS, OTR, P, PCC, PD, PM, PTH, U
Institution ID: 38-9501

Medical College of Ohio Hospital

3000 Arlington Ave
Toledo, OH 43699
Med Sch Affil: M-03843
Major participating institution for programs in: AN,
CD, CHE, DR, FP, GS, IC, ID, IM, N, NEP, OBG, ORS, OTR,
P, PCC, PD, PM, PTH, U
Institution ID: 38-0533

Mercy Children's Hospital (Toledo)

2222 Cherry St
Toledo, OH 43608
Major participating institution for programs in: CHP
Institution ID: 38-8097

**Northcoast Behavioral Healthcare
(Toledo Campus)**

930 S Detroit Ave
Toledo, OH 43614-2701
Major participating institution for programs in: P
Institution ID: 38-0531

St Vincent Mercy Medical Center

2213 Cherry St
Toledo, OH 43608
Med Sch Affil: M-03843
Programs sponsored in: EM, FF, TY
Major participating institution for programs in: DR,
GS, ID, IM, OBG, ORS, P, PD, PM, U
Institution ID: 38-0180

Toledo Children's Hospital

2142 North Cove Blvd
Toledo, OH 43606
Major participating institution for programs in: PD
Institution ID: 38-8094

Toledo Hospital

2142 North Cove Boulevard
Toledo, OH 43606
Programs sponsored in: FF, FSM, VS
Institution ID: 38-0218

Warren**Trumbull Memorial Hospital**

1350 E Market St
Warren, OH 44482-1269
Med Sch Affil: M-03844
Major participating institution for programs in: NO
Institution ID: 38-0354

Westerville**St Ann's Hospital of Columbus**

500 S Cleveland Ave
Westerville, OH 43081
Med Sch Affil: L-03840
Major participating institution for programs in: OBG
Institution ID: 38-0321

Willoughby**UHHS Laurelwood Hospital**

35900 Euclid Ave
Willoughby, OH 44094-4648
Major participating institution for programs in: CHP,
P
Institution ID: 38-8072

Wilmington**Clinton Memorial Hospital**

610 W Main St
Wilmington, OH 45177-2194
Med Sch Affil: G-03841
Programs sponsored in: FP
Institution ID: 38-8067

Wright-Patterson AFB**Wright - Patterson Medical Center**

74th Medical Group
4881 Sugar Maple Drive
Wright - Patterson AFB, OH 45433-5529
Med Sch Affil: M-02312, M-03845
Major participating institution for programs in: D,
EM, GS, IM, MPD, OBG, P, PD
Institution ID: 38-0336

Youngstown**Forum Health/Western Reserve Care System (Youngstown)**

500 Gypsy Lane
Youngstown, OH 44501
Programs sponsored in: FP, GS, IM, MPD, PD, PTH
Institution ID: 38-8061

Northside Medical Center

500 Gypsy Lane
Youngstown, OH 44501
Med Sch Affil: M-03844
Major participating institution for programs in: FP, GS, IM, MPD, PTH
Institution ID: 38-8056

St Elizabeth Health Center

Humility of Mary Health Partners
1044 Belmont Ave, PO Box 1780
Youngstown, OH 44501-1790
Med Sch Affil: M-03844
Programs sponsored in: FP, GS, IM
Institution ID: 38-0145

Tod Children's Hospital

500 Gypsy Lane
Youngstown, OH 44501
Med Sch Affil: M-03844
Major participating institution for programs in: MPD, PD
Institution ID: 38-0754

Oklahoma**Bartlesville****Jane Phillips Episcopal-Memorial Medical Center**

3500 E Frank Phillips Blvd
Bartlesville, OK 74006
Med Sch Affil: L-03901
Major participating institution for programs in: FP
Institution ID: 39-0496

Enid**Integrus Bass Baptist Health Center**

600 South Monroe
PO Box 3168
Enid, OK 73701
Med Sch Affil: G-03901
Major participating institution for programs in: FP
Institution ID: 39-0488

St Mary's Regional Medical Center

305 S Fifth St
Box 232
Enid, OK 73702
Med Sch Affil: G-03901
Major participating institution for programs in: FP
Institution ID: 39-0489

Lawton**Comanche County Memorial Hospital**

3401 Gore Boulevard
PO Box 129
Lawton, OK 73502-0129
Major participating institution for programs in: FP
Institution ID: 39-8023

Southwestern Medical Center

5602 S W Lee Boulevard
PO Box 7290
Lawton, OK 73506-7290
Major participating institution for programs in: FP
Institution ID: 39-8024

Norman**Griffin Memorial Hospital**

P O Box 151
Norman, OK 73070
Med Sch Affil: G-03901
Programs sponsored in: P
Institution ID: 39-0286

Oklahoma City**Bone and Joint Hospital**

1111 N Dewey Ave
Oklahoma City, OK 73103
Med Sch Affil: G-03901
Major participating institution for programs in: ORS
Institution ID: 39-0294

Deaconess Hospital

5501 N Portland
Oklahoma City, OK 73112
Major participating institution for programs in: FP
Institution ID: 39-8017

Great Plains Medical Foundation

3500 NW 56th St Suite 100
Oklahoma City, OK 73112-4518
Programs sponsored in: FP
Institution ID: 39-8020

Integrus Baptist Medical Center

Graduate Medical Education
3300 Northwest Expressway, 100-4394
Oklahoma City, OK 73112-4481
Med Sch Affil: G-03901
Programs sponsored in: DR, HSO
Major participating institution for programs in: FP
Institution ID: 39-0475

Kindred Hospital Oklahoma City

1407 N Robinson
Oklahoma City, OK 73103
Major participating institution for programs in: PCC
Institution ID: 39-8028

McGee Eye Institute

608 Stanton L Young Blvd
Oklahoma City, OK 73104
Major participating institution for programs in: OPH
Institution ID: 39-8019

Oklahoma Blood Institute

1001 N Lincoln Boulevard
Oklahoma City, OK 73104
Major participating institution for programs in: BBK
Institution ID: 39-8022

OU Medical Center

PO Box 26307
Oklahoma City, OK 73126
Major participating institution for programs in: AN, APM, BBK, CD, CN, D, END, FP, FSM, GE, GS, HO, HSO, ICE, ID, IM, N, NEP, NP, NS, OBG, OPH, ORS, OTO, P, PCC, PS, PTH, RHU, U
Institution ID: 39-8027

OU Medical Center - Children's Hospital

940 N E 13th St
PO Box 26307
Oklahoma City, OK 73104
Major participating institution for programs in: AN, APM, BBK, CHP, D, DR, MPD, NM, NPM, NS, OPH, ORS, OTO, P, PD, PDE, PDR, PDS, PS, TS, U
Institution ID: 39-0130

OU Medical Center - Everett Tower

PO Box 26307
Oklahoma City, OK 73126
Programs sponsored in: MPD
Major participating institution for programs in: DR, MSR, NPM
Institution ID: 39-0121

OU Medical Center - Presbyterian Tower

PO Box 26307
Oklahoma City, OK 73126
Major participating institution for programs in: DR, IC, MSR, NM, TS, VIR
Institution ID: 39-0312

Saint Anthony North Ambulatory Surgery Center

6205 N Santa Fe Ave, Suite #200
Oklahoma City, OK 73118
Major participating institution for programs in: PMP
Institution ID: 39-8026

St Anthony Hospital

608 NW 9th St, Suite 1000
Oklahoma City, OK 73102
Med Sch Affil: G-03901
Programs sponsored in: FP
Institution ID: 39-0115

University of Oklahoma College of Medicine

Biomedical Sciences Bldg, Rm 357
PO Box 26901
Oklahoma City, OK 73190
Med Sch Affil: M-03901
Programs sponsored in: ADP, AN, APM, BBK, CD, CHP, CN, D, DR, END, FP, FSM, GE, GS, HO, IC, ICE, ID, IM, IMG, MSR, N, NEP, NM, NP, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PD, PDE, PDR, PDS, PS, PTH, RHU, TS, U, VIR
Institution ID: 39-0477

Veterans Affairs Medical Center (Oklahoma City)

921 NE 13th St
Oklahoma City, OK 73104
Med Sch Affil: M-03901
Major participating institution for programs in: ADP, BBK, CD, D, DR, END, GE, GS, HO, IC, ICE, ID, IM, IMG, N, NEP, NM, NP, OPH, ORS, OTO, P, PCC, RHU, TS, U, VIR
Institution ID: 39-0471

Tulsa**Hillcrest Medical Center**

1120 S Utica Ave
Tulsa, OK 74104
Med Sch Affil: M-03901
Major participating institution for programs in: FP, MPD, OBG
Institution ID: 39-0117

In His Image Inc

7600 S Lewis
Tulsa, OK 74136
Programs sponsored in: FP
Institution ID: 39-8016

Laureate Psychiatric Clinic and Hospital

6655 S Yale
Tulsa, OK 74136
Med Sch Affil: G-03901
Major participating institution for programs in: P
Institution ID: 39-8015

Saint Francis Health System

6161 S Yale Ave
Tulsa, OK 74136-1902
Med Sch Affil: M-03901
Major participating institution for programs in: FSM, MPD, OBG, PD
Institution ID: 39-0479

St John Medical Center

1923 S Utica St
Tulsa, OK 74104
Med Sch Affil: M-03901
Major participating institution for programs in: GS, IM, MPD, OBG, P
Institution ID: 39-0447

Oklahoma

University of Oklahoma College of Medicine-Tulsa

Suite 2-B-38
4502 East 41st St
Tulsa, OK 74135-2512
Med Sch Affil: M-03901
Programs sponsored in: FP, FPP, FSM, GS, IM, MPD, OBG, P, PD
Institution ID: 39-9501

Oregon

Klamath Falls

Merle West Medical Center

2865 Daggett Ave
Klamath Falls, OR 97601-1180
Med Sch Affil: L-04002
Major participating institution for programs in: FP
Institution ID: 40-8004

Milwaukie

Providence Milwaukie Hospital

10150 SE 32nd Ave
Milwaukie, OR 97222-6593
Programs sponsored in: FP
Institution ID: 40-8006

Portland

Eastmoreland Hospital

2900 SE Steele St
Portland, OR 97220
Major participating institution for programs in: IMG
Institution ID: 40-9000

Kaiser Foundation Hospitals-Northwest Region

500 NE Multnomah St
Portland, OR 97232-2099
Med Sch Affil: M-04002
Major participating institution for programs in: D, GE, GS, OBG, PTH, U
Institution ID: 40-0707

Legacy Emanuel Hospital and Medical Center

2801 North Gantenbein Ave Rm 4100
Portland, OR 97227-1623
Med Sch Affil: M-04002
Programs sponsored in: IM, TY
Major participating institution for programs in: GS, OBG, ORS
Institution ID: 40-0229

Legacy Good Samaritan Hospital and Medical Center

1015 NW 22nd Ave R200
Portland, OR 97210-3090
Med Sch Affil: M-04002
Major participating institution for programs in: GS, IM, OBG, OPH, TY
Institution ID: 40-0102

Oregon Health & Science University Hospital

3181 SW Sam Jackson Park Rd, L579
Portland, OR 97239-3098
Med Sch Affil: M-04002
Programs sponsored in: ADP, AN, APM, CCM, CCS, CD, CHN, CHP, CN, D, DR, EM, END, ETX, FP, GE, GPM, GS, HMP, HO, HSP, ICE, ID, IM, IMG, MG, MGP, N, NDN, NEP, NM, NPM, NS, OBG, OPH, ORS, OTO, P, PAN, PCC, PCP, PD, PDC, PDE, PDP, PDR, PHO, PS, PTH, PYG, RHU, RNR, RO, TS, U, VIR, VS
Institution ID: 40-0109

Providence Portland Medical Center

4805 NE Glisan
Portland, OR 97213-2967
Med Sch Affil: G-04002
Programs sponsored in: IM
Institution ID: 40-0398

Shriners Hospitals for Children (Portland)

3101 SW Sam Jackson Park Road
Portland, OR 97239-5090
Med Sch Affil: L-04002
Programs sponsored in: OP
Major participating institution for programs in: HSP, MG
Institution ID: 40-0325

St Vincent Hospital and Medical Center

9205 Southwest Barnes Road
Suite 20
Portland, OR 97225
Med Sch Affil: M-04002
Programs sponsored in: IM
Major participating institution for programs in: EM, GS
Institution ID: 40-0133

Veterans Affairs Medical Center (Portland)

3710 SW US Veterans Hospital Road
PO Box 1034
Portland, OR 97207
Med Sch Affil: M-04002
Major participating institution for programs in: ADP, APM, CCS, CD, D, DR, END, ETX, GE, GS, HO, HSP, ICE, ID, IM, IMG, N, NDN, NEP, NM, NS, OPH, OTO, P, PCC, PS, PTH, PYG, RHU, RNR, TS, U, VIR
Institution ID: 40-0171

Pennsylvania

Abington

Abington Memorial Hospital

1200 Old York Road
Abington, PA 19001-3788
Med Sch Affil: M-04113
Programs sponsored in: FP, GS, IM, IMG, OBG
Major participating institution for programs in: ID, NS, ORS, PS, U
Institution ID: 41-0455

Allentown

Lehigh Valley Hospital

Cedar Crest Blvd & I-78
PO Box 689
Allentown, PA 18105-1556
Med Sch Affil: M-04114, M-04113, M-04115
Programs sponsored in: CCS, CRS, FP, GS, IM, OBG, PS, TY
Major participating institution for programs in: CD, HO, OTO, PCC, U
Institution ID: 41-0724

Sacred Heart Hospital

421 Chew St
Allentown, PA 18102
Med Sch Affil: M-04113
Programs sponsored in: FP, FPG
Institution ID: 41-0179

Altoona

Altoona Hospital

620 Howard Ave
Altoona, PA 16601
Programs sponsored in: FP
Institution ID: 41-0220

Beaver

HVHS, The Medical Center, Beaver

1000 Dutch Ridge Road
Beaver, PA 15009
Programs sponsored in: FP
Institution ID: 41-0747

Bethlehem

St Luke's Hospital

801 Ostrum St
Bethlehem, PA 18015
Med Sch Affil: M-04113
Programs sponsored in: EM, FP, GS, IM, OBG, TY
Institution ID: 41-0234

Bryn Mawr

Bryn Mawr Hospital

130 S Bryn Mawr Ave
4th Floor
Bryn Mawr, PA 19010-3160
Med Sch Affil: M-04102, G-04101
Programs sponsored in: DR, FP
Major participating institution for programs in: ORS, PS, U
Institution ID: 41-0274

Conshohocken

Mercy Catholic Medical Center Inc

1 W Elm St
Conshohocken, PA 19428
Programs sponsored in: DR, GS, IM, TY
Institution ID: 41-8029

Danville

Geisinger Health System

100 North Academy Ave
Danville, PA 17822-1334
Med Sch Affil: M-04102, L-04115, L-04114
Programs sponsored in: CD, D, DMP, DR, EM, GE, GS, IC, IM, MPD, OBG, OPH, ORS, OTO, PCP, PD, PRD, RHU, U, VS
Institution ID: 41-0240

Geisinger Medical Center

100 N Academy Ave
Danville, PA 17822-1334
Major participating institution for programs in: DR, OBG, OPH, ORS, PD
Institution ID: 41-8036

Darby

Mercy Fitzgerald Hospital

1500 S Lansdowne Ave
Darby, PA 19023
Med Sch Affil: G-04101
Major participating institution for programs in: DR, ETX, GS, IM, TY
Institution ID: 41-0414

Drexel Hill

Crozer Keystone Health System-Delaware County Mem Hosp

501 N Lansdowne Ave
Drexel Hill, PA 19026-1186
Med Sch Affil: L-04115, G-04113
Major participating institution for programs in: FP
Institution ID: 41-0505

Easton

Easton Hospital (Northampton Hospital Corporation)
 250 S 21st St
 Easton, PA 18042-3892
Med Sch Affil: M-04115, G-04101
Programs sponsored in: GS, IM
Institution ID: 41-0450

Erie

Hamot Medical Center
 201 State St
 Erie, PA 16550
Med Sch Affil: M-04115, L-04114
Programs sponsored in: ORS
Institution ID: 41-0452

Shriners Hospitals for Children (Erie)
 1645 W 8th St
 Erie, PA 16505
Major participating institution for programs in: ORS
Institution ID: 41-0526

St Vincent Health Center
 232 W 25th St
 Erie, PA 16544
Programs sponsored in: CRS, FP, FSM
Institution ID: 41-0191

Harrisburg

PinnacleHealth Hospitals
 111 South Front St
 PO Box 8700
 Harrisburg, PA 17105-8700
Med Sch Affil: L-04114
Programs sponsored in: FP, GS, IM
Major participating institution for programs in: ETX, PS
Institution ID: 41-0463

PinnacleHealth System-Harrisburg Hospital
 111 S Front St
 PO Box 8700
 Harrisburg, PA 17105-8700
Med Sch Affil: L-04114, G-04101
Major participating institution for programs in: EM, ETX, OBG
Institution ID: 41-0356

Hershey

Milton S Hershey Medical Center
 Penn State Milton S Hershey Medical Center
 500 University Drive, PO Box 850
 Hershey, PA 17033-0850
Med Sch Affil: M-04114, G-04101
Programs sponsored in: AI, AN, APM, CCA, CCS, CD, CHP, CN, D, DR, EM, END, ETX, FP, GE, GS, HO, IC, ICE, ID, IM, MPD, N, NEP, NPM, NS, OBG, OPH, ORS, OTO, P, PAN, PCC, PD, PS, PTH, PYG, RNR, TS, U, VIR, VS
Major participating institution for programs in: EM
Institution ID: 41-0528

Johnstown

Conemaugh Valley Memorial Hospital
 1086 Franklin St
 Johnstown, PA 15905
Med Sch Affil: M-04113
Programs sponsored in: FP, GS, IM, PTH, TY
Institution ID: 41-0236

Lancaster

Lancaster General Hospital
 555 N Duke St
 PO Box 3555
 Lancaster, PA 17604-3555
Med Sch Affil: L-04113, L-04114
Programs sponsored in: FP, FPG
Major participating institution for programs in: U
Institution ID: 41-0107

Langhorne

Frankford Hospitals (Bucks County Campus)
 380 North Oxford Valley Road
 Langhorne, PA 19047-8399
Major participating institution for programs in: TY
Institution ID: 41-8046

Latrobe

Latrobe Area Hospital
 121 West Second Ave
 Latrobe, PA 15650-1096
Med Sch Affil: M-04102
Programs sponsored in: FP
Institution ID: 41-0715

Lebanon

Good Samaritan Hospital
 4th and Walnut Sts
 PO Box 1281
 Lebanon, PA 17042-1281
Med Sch Affil: G-04114
Major participating institution for programs in: FP
Institution ID: 41-0130

Veterans Affairs Medical Center (Lebanon)
 1700 S Lincoln Ave
 Lebanon, PA 17042
Med Sch Affil: M-04114
Major participating institution for programs in: IM, OPH
Institution ID: 41-7070

McKeesport

McKeesport Hospital/UPMC
 1500 Fifth Ave
 McKeesport, PA 15132
Med Sch Affil: M-04112, L-04113
Major participating institution for programs in: FP, IM
Institution ID: 41-0497

Monroeville

Forbes Regional Hospital
 2570 Haymaker Road
 Monroeville, PA 15146
Med Sch Affil: L-04115
Programs sponsored in: FP
Institution ID: 41-0524

Norristown

Montgomery Hospital
 1301 Powell St
 PO Box 992
 Norristown, PA 19404-0992
Med Sch Affil: M-04113, L-04115
Programs sponsored in: FP
Institution ID: 41-0495

Philadelphia

Albert Einstein Medical Center
 5501 Old York Road
 Philadelphia, PA 19141-3098
Programs sponsored in: CD, DR, EM, GE, GS, IC, IM, IMG, MPD, NEP, OBG, ORS, P, PCC, PD, PYG, RHU, TY
Major participating institution for programs in: N
Institution ID: 41-0450

American Red Cross Blood Services-Penn-Jersey Region
 Musser Blood Center
 700 Spring Garden St
 Philadelphia, PA 19123-3594
Major participating institution for programs in: BBK
Institution ID: 41-8003

Belmont Center for Comprehensive Treatment
 4200 Monument Ave
 Philadelphia, PA 19131
Major participating institution for programs in: P, PYG
Institution ID: 41-0283

Chestnut Hill Hospital
 8835 Germantown Ave
 Philadelphia, PA 19118
Med Sch Affil: M-04101, G-04115
Programs sponsored in: FP
Major participating institution for programs in: GS
Institution ID: 41-0358

Children's Hospital of Philadelphia
 One Children's Center
 34th St and Civic Center Blvd
 Philadelphia, PA 19104
Med Sch Affil: M-04101, G-04115, G-04113, G-04102, G-03305
Programs sponsored in: ADL, AI, CCP, CHN, CHP, DBP, ETX, MG, NPM, OP, PAN, PD, PDC, PDE, PDI, PDM, PDO, PDP, PDR, PDS, PEM, PG, PHO, PMG, PN, PP, PPR, UP
Major participating institution for programs in: AN, CCA, CN, D, EM, IMD, MPD, N, NM, NS, ORS, OTO, P, PD, PDS, PE, PS, RNR, TS, U, VIR
Institution ID: 41-0189

Children's Seashore House
 3405 Civic Center Blvd
 Philadelphia, PA 19104
Med Sch Affil: G-04101
Major participating institution for programs in: OP
Institution ID: 41-8025

Dermatologic Surgicenter (Philadelphia)
 1200 Locust St
 Philadelphia, PA 19107
Programs sponsored in: PRD
Institution ID: 41-8052

Drexel University College of Medicine/Hahnemann
 Broad and Vine Sts
 Mail Stop 623, 4th Floor, South Tower
 Philadelphia, PA 19102
Programs sponsored in: AN, CCS, CD, CHP, CN, D, DMP, DR, EM, ETX, FOP, FP, GE, GS, HMP, HO, IC, ICE, ID, IM, N, NEP, OBG, OPH, ORS, P, PCC, PCP, PE, PTH, RHU, RNR, RO, TS
Institution ID: 41-9503

Fox Chase Cancer Center
 333 Cottman Ave
 Philadelphia, PA 19111
Med Sch Affil: M-04113, G-04115
Programs sponsored in: RO
Major participating institution for programs in: GS, HO, SP, U
Institution ID: 41-0529

Pennsylvania

Frankford Hospitals (Frankford Campus)

Knights and Red Lion Roads
Philadelphia, PA 19114
Med Sch Affil: L-04113
Programs sponsored in: TY
Institution ID: 41-8004

Frankford Hospitals (Torresdale Campus)

Knights and Red Lion Rds
Philadelphia, PA 19114
Med Sch Affil: M-04102, G-04101
Programs sponsored in: TY
Institution ID: 41-0166

Friends Hospital

4641 Roosevelt Blvd
Philadelphia, PA 19124-2399
Med Sch Affil: G-04101
Major participating institution for programs in: CHP, P
Institution ID: 41-7107

Graduate Hospital (Tenet Health System)

One Graduate Plaza
1800 Lombard St
Philadelphia, PA 19146
Med Sch Affil: M-04101, M-04115, L-04113
Programs sponsored in: GE, GS, IM, OSM, PUD
Major participating institution for programs in: RO
Institution ID: 41-0144

Hahnemann University Hospital (Tenet Health System)

Broad and Vine Sts
Mail Stop 300
Philadelphia, PA 19102-1192
Med Sch Affil: M-04115, M-04102
Major participating institution for programs in: AN, CCS, CD, CHP, CN, D, DMP, DR, EM, ETX, FP, GE, GS, HMP, HO, IC, ICE, ID, IM, N, NEP, NPM, OBG, OPH, ORS, OTO, P, PAN, PCC, PCP, PTH, RHU, RNR, RO, TS
Institution ID: 41-0484

J Edwin Wood Clinic

700 Spruce St, Suite 304
Philadelphia, PA 19106
Major participating institution for programs in: IM
Institution ID: 41-8050

Magee Rehabilitation Hospital

Six Franklin Plaza
Philadelphia, PA 19102
Med Sch Affil: G-04102, G-04101
Major participating institution for programs in: PM
Institution ID: 41-0508

Medical College of Pennsylvania Hosp (Tenet Health System)

3300 Henry Ave
Philadelphia, PA 19129
Med Sch Affil: M-04115
Major participating institution for programs in: APM
Institution ID: 41-0736

Mercy Hospital of Philadelphia

5301 Cedar Ave
Philadelphia, PA 19143
Med Sch Affil: M-04115
Major participating institution for programs in: DR, EM, ETX, GS, IM
Institution ID: 41-0499

Methodist Hospital

2301 S Broad St
Philadelphia, PA 19148
Med Sch Affil: M-04102
Major participating institution for programs in: EM
Institution ID: 41-0306

Moss Rehabilitation Hospital

1200 West Tabor Road
Philadelphia, PA 19141
Med Sch Affil: G-04113
Major participating institution for programs in: FPG, IMG, ORS, PM
Institution ID: 41-0515

Office of the Medical Examiner

321 University Ave
Philadelphia, PA 19104
Med Sch Affil: G-04115
Major participating institution for programs in: FOP
Institution ID: 41-0136

Pennsylvania Hospital (UPHS)

800 Spruce St
Philadelphia, PA 19107-6192
Med Sch Affil: M-04101
Programs sponsored in: DR, GS, IM, ISM, OBG, PTH, VS
Major participating institution for programs in: CN, ETX, N, OAR, ORS, OTO, P, PS, U
Institution ID: 41-0235

Presbyterian Medical Center (UPHS)

51 N 39th St
Philadelphia, PA 19104-2699
Med Sch Affil: M-04101
Programs sponsored in: TY
Major participating institution for programs in: APM, CRS, FP, GE, HSO, IC, ICE, IMD, OAR, ORS, VIR
Institution ID: 41-0323

Scheie Eye Institute

51 North 39th St
Philadelphia, PA 19104
Med Sch Affil: M-04101
Major participating institution for programs in: OPH
Institution ID: 41-0532

St Christopher's Hospital for Children (Tenet Health System)

Erie Ave at Front St
Philadelphia, PA 19134-1095
Med Sch Affil: M-04115, G-04102, G-04113
Programs sponsored in: CHN, NPM, PAN, PD, PDC, PDE, PDI, PDP, PDR, PDS, PHO, PP
Major participating institution for programs in: CCS, CN, ETX, GS, ORS, PD, PE, PPM, PS, TS, U
Institution ID: 41-0380

Temple University Children's Medical Center

3509 North Broad St
Philadelphia, PA 19140
Med Sch Affil: M-04113
Major participating institution for programs in: NS, OTO
Institution ID: 41-8045

Temple University Hospital

3401 N Broad St
Philadelphia, PA 19140
Med Sch Affil: M-04113
Programs sponsored in: AN, APM, CD, CN, DR, EM, END, GE, GS, HMP, HO, ICE, ID, IM, IMG, MSR, N, NEP, NM, NS, OBG, OPH, ORS, OSM, OTO, P, PCC, PM, PPM, PS, PTH, RHU, RNR, U, VIR, VS
Major participating institution for programs in: PTH
Institution ID: 41-0413

Thomas Jefferson University Hospital

111 S 11th St
Philadelphia, PA 19107
Med Sch Affil: M-04102, G-04115
Programs sponsored in: AI, AN, APM, AR, BBK, CCP, CD, CHP, CN, CRS, D, DR, EM, END, FP, FPG, FSM, GE, GS, HMP, HO, HSO, IC, ICE, ID, IM, N, NEP, NM, NPM, NS, OAR, OBG, ORS, OSM, OTO, P, PCC, PCP, PD, PEM, PG, PM, PPM, PPR, PTH, RHU, RNR, RO, SP, TS, U, UP, VIR
Institution ID: 41-0224

University of Pennsylvania Health System

3400 Spruce St
1 Maloney Bldg
Philadelphia, PA 19104
Med Sch Affil: M-04101, L-04114
Programs sponsored in: ADP, AI, AN, APM, AR, BBK, CCA, CCS, CD, CN, CRS, CTR, D, DMP, DR, EM, END, FP, GE, GPM, GS, HMP, HO, HSO, IC, ICE, ID, IM, IMD, IMG, MGP, MPD, MSR, N, NEP, NM, NP, NR, NS, OAR, OBG, OPH, ORS, OTO, P, PCC, PCP, PM, PS, PTH, PYG, RHU, RNR, RO, SP, TS, U, UME, VIR, VS
Major participating institution for programs in: AI, CHN, ETX, GS, MG, NPM, PDM, PDO, UP
Institution ID: 41-0106

Veterans Affairs Medical Center (Philadelphia)

University and Woodland Aves
Philadelphia, PA 19104
Med Sch Affil: M-04101, L-04115
Major participating institution for programs in: ADP, AN, D, GS, HSO, IM, IMD, IMG, MPD, NM, NS, OPH, ORS, OTO, P, PDM, PM, RNR, RO, U, VIR
Institution ID: 41-0285

Wills Eye Hospital

840 Walnut St
Suite 800
Philadelphia, PA 19107-5109
Programs sponsored in: OPH
Institution ID: 41-0494

Pittsburgh

Allegheny County Coroner's Office

542 Fourth Ave
Pittsburgh, PA 15219
Programs sponsored in: FOP
Institution ID: 41-0531

Allegheny General Hospital

320 E North Ave
Pittsburgh, PA 15212-4772
Med Sch Affil: M-04115, G-04112
Programs sponsored in: CD, CHP, CN, DR, EM, ESM, GE, GS, HMP, HSO, IC, IM, MEM, N, NEP, NS, OBG, ORS, P, PCP, PTH, PUD, RNR, RO, TS
Major participating institution for programs in: AN, APM, CRS, PS
Institution ID: 41-0465

Children's Hospital of Pittsburgh

3705 5th Ave
Pittsburgh, PA 15213-2583
Med Sch Affil: M-04112
Major participating institution for programs in: ADL, AI, BBK, CCP, CCS, CHN, CHP, CN, CPP, DBP, MG, MPD, NDN, NP, NPM, NS, ORS, OTO, P, PAN, PD, PDC, PDE, PDI, PDO, PDP, PDR, PDS, PEM, PG, PHO, PP, PPR, PS, SCI, U, UP
Institution ID: 41-0161

Institute for Transfusion Medicine

812 Fifth Ave
Pittsburgh, PA 15219
Major participating institution for programs in: BBK
Institution ID: 41-8030

John A Zitelli Dermatology Clinic

5200 Centre Ave, Suite 303
Pittsburgh, PA 15232
Programs sponsored in: PRD
Institution ID: 41-8068

Magee-Women's Hospital

300 Halket St
Pittsburgh, PA 15213
Med Sch Affil: M-04112
Major participating institution for programs in: BBK, CCS, CPP, MG, NDN, NP, NPM, OBG, P, PCP, PP, PTH, SP
Institution ID: 41-0208

Mercy Hospital of Pittsburgh

1400 Locust St
Pittsburgh, PA 15219-5166
Med Sch Affil: M-04102, G-04112
Programs sponsored in: AN, DR, FP, GS, IM, PD, PM, TY
Major participating institution for programs in: EM
Institution ID: 41-0196

Pittsburgh Poison Center

at Children's Hospital of Pittsburgh
Birmingham Towers, Suite 700
Pittsburgh, PA 15203
Major participating institution for programs in: ETX
Institution ID: 41-8051

The Western Pennsylvania Hospital

4800 Friendship Ave
Pittsburgh, PA 15224
Med Sch Affil: M-04112, M-04113
Programs sponsored in: AN, APM, CD, CRS, DR, FP, GE, GS, HO, IC, IM, OBG, PUD, TY, VIR
Major participating institution for programs in: EM, PS
Institution ID: 41-0122

**Univ of Pittsburgh Medical Center
Medical Education Program**

3708 Fifth Ave
Medical Arts Building, Suite 401
Pittsburgh, PA 15213
Med Sch Affil: M-04112
Programs sponsored in: ADL, AI, AN, APM, BBK, CCA, CCM, CCP, CCS, CD, CHN, CHP, CN, CPP, D, DBP, DMP, DR, EM, END, ETX, FP, FPG, FSM, GE, GS, HMP, HO, HSO, HSP, IC, ICE, ID, IM, IMG, MG, MGP, MPD, N, NDN, NEP, NP, NPM, NS, OAR, OBG, OPH, ORS, OSM, OTO, P, PAN, PCC, PCP, PD, PDC, PDE, PDI, PDO, PDP, PDR, PDS, PEM, PFP, PG, PHO, PM, PP, PPR, PS, PTH, PYG, RHU, RNR, RO, SCI, SP, TS, TY, U, UP, VIR, VN, VS
Institution ID: 41-8024

**University of Pittsburgh Graduate School
of Public Health**

A624 Crabtree Hall
130 DeSoto St
Pittsburgh, PA 15261
Programs sponsored in: GPM
Institution ID: 41-0118

UPMC Presbyterian Shadyside

200 Lothrop St
Suite n739 MUH
Pittsburgh, PA 15213
Major participating institution for programs in: AN, APM, BBK, CCA, CCS, CD, CHN, CHP, CPP, D, DMP, DR, EM, END, FP, FSM, GE, HMP, HO, HSP, IC, ICE, IM, IMG, MPD, NDN, NP, NS, ORS, OTO, P, PCC, PCP, PM, PRD, PS, PTH, RNR, RO, SCI, SP, TS, TY, U, VIR, VN, VS
Institution ID: 41-8048

UPMC South Side

200 Mary St
RTMB North Suite 101
Pittsburgh, PA 15203
Major participating institution for programs in: OSM
Institution ID: 41-8062

UPMC St Margaret

815 Freeport Road
Pittsburgh, PA 15215-3399
Med Sch Affil: M-04112
Major participating institution for programs in: FP, FPG, FSM, GS, ORS, OSM
Institution ID: 41-0324

**UPMC Western Psychiatric Institute and
Clinic**

3811 O'Hara St
Pittsburgh, PA 15213
Med Sch Affil: M-04112
Major participating institution for programs in: CHP, CN, CPP, NDN, P, PFP, PYG
Institution ID: 41-0462

**Veterans Affairs Medical Center
(Pittsburgh)**

University Drive
Pittsburgh, PA 15240
Med Sch Affil: M-04112
Major participating institution for programs in: CCM, CD, CPP, D, GE, GS, IM, IMG, N, NP, NS, OPH, ORS, OTO, P, PYG, RHU, RNR, SCI, TS, TY, U
Institution ID: 41-0296

Sayre

Robert Packer Hospital

One Guthrie Square
Sayre, PA 18840-1698
Med Sch Affil: L-04115
Programs sponsored in: FP, GS, IM, VS
Institution ID: 41-0352

Scranton

Community Medical Center

1822 Mulberry St
Scranton, PA 18510
Major participating institution for programs in: IM
Institution ID: 41-0716

Mercy Hospital

746 Jefferson Ave
Scranton, PA 18501
Med Sch Affil: M-04113
Major participating institution for programs in: IM
Institution ID: 41-0717

Moses Taylor Hospital

700 Quincy Ave
Scranton, PA 18510
Med Sch Affil: M-04113
Major participating institution for programs in: IM
Institution ID: 41-0718

Scranton-Temple Residency Program Inc

746 Jefferson Ave
Scranton, PA 18510
Programs sponsored in: IM
Institution ID: 41-0719

Springfield

Springfield Hospital

190 W Sproul Rd
Springfield, PA 19064
Major participating institution for programs in: FSM
Institution ID: 41-9005

Upland

Crozer-Chester Medical Center

One Medical Center Blvd
Professional Office Bldg #1 Suite 302
Upland, PA 19013-3995
Med Sch Affil: M-04113, G-04101, G-04102
Programs sponsored in: FP, FSM, IM, OBG, PD, TY
Major participating institution for programs in: CCS, GS, PS
Institution ID: 41-0511

Warminster

**Warminster Hospital (Tenet Health
System)**

225 Newtown Road
Warminster, PA 18974
Med Sch Affil: M-04115
Major participating institution for programs in: FP
Institution ID: 41-8031

Washington

Washington Hospital

155 Wilson Ave
Washington, PA 15301
Med Sch Affil: L-04112
Programs sponsored in: FP
Institution ID: 41-0385

West Reading

Reading Hospital and Medical Center

6th Ave and Spruce St
PO Box 16052
West Reading, PA 19612-6052
Med Sch Affil: M-04113, M-04114, G-04101
Programs sponsored in: FP, IM, OBG, TY
Institution ID: 41-0305

Wexford

**Western Pennsylvania Hand & Trauma
Center**

6001 Stonewood Drive
Wexford, PA 15090
Major participating institution for programs in: HSO
Institution ID: 41-9008

Wilkes-Barre

**Veterans Affairs Medical Center
(Wilkes-Barre)**

1111 East End Boulevard
Wilkes-Barre, PA 18711
Med Sch Affil: G-04115
Programs sponsored in: IM
Major participating institution for programs in: OPH
Institution ID: 41-0517

Wyoming Valley Health Care System

North River and Auburn Sts
Wilkes-Barre, PA 18764
Programs sponsored in: FP
Institution ID: 41-8035

Williamsport

Susquehanna Health System

777 Rural Ave
Williamsport, PA 17701
Programs sponsored in: FP
Institution ID: 41-0147

Wynnewood

Lankenau Hospital

100 Lancaster Ave
Wynnewood, PA 19096-3498
Med Sch Affil: M-04102, G-04113, G-04101
Programs sponsored in: CD, GE, GS, HO, IC, ICE, IM, NEP, OBG
Major participating institution for programs in: DR, ID, OPH, OSM
Institution ID: 41-0403

York

**Center for Pain Mgmt and
Rehabilitation-East York Office**

2901 Pleasant Valley Road
York, PA 17402
Major participating institution for programs in: PMP
Institution ID: 41-8047

Pennsylvania

York Hospital

1001 South George St
PO Box 15198
York, PA 17405

Med Sch Affil: M-04114, M-04101, L-02301

Programs sponsored in: EM, FP, GS, IM, OBG, TY

Major participating institution for programs in: PS
Institution ID: 41-0142

Puerto Rico

Bayamón

Hospital San Pablo

Calle Santa Cruz #70
GPO Box 236
Bayamón, PR 00960-0236
Med Sch Affil: L-04203

Programs sponsored in: FP
Institution ID: 42-0473

Hospital Universitario Dr Ramon Ruiz Arnau

Avenida Laurel-Santa Juanita
Bayamón, PR 00619

Med Sch Affil: M-04203

Major participating institution for programs in: IM, PD, TY

Institution ID: 42-7019

Universidad Central del Caribe School of Medicine

PO Box 60327
Bayamón, PR 00960-6032

Programs sponsored in: FP, IM, PD, TY

Institution ID: 42-9501

Caguas

San Juan Bautista Medical Center/ Caguas Regional Hospital

Call Box 4964
Caguas, PR 00726-4964

Programs sponsored in: PD, TY

Institution ID: 42-0470

Carolina

University of Puerto Rico Hospital at Carolina

65th Infantry Ave, Km 83 Road #3
Carolina, PR 00985

Major participating institution for programs in: EM, FP, FPG, GS, IM, IMG, OBG, P

Institution ID: 42-8015

Cidra

First Hospital Panamericano

State Road 787 KM 1 5
PO Box 1398
Cidra, PR 00739

Med Sch Affil: M-04203, L-04202, L-04201

Major participating institution for programs in: P

Institution ID: 42-8021

Manati

Hospital Dr Alejandro Otero Lopez

PO Box 1142
Manati, PR 00674-1142

Med Sch Affil: L-04203

Programs sponsored in: FP

Institution ID: 42-8016

Mayaguez

Advanced Cardiology Center Corp/Ponce SOM Consortium

410 Hostos Ave/Ramon E Betances Univ Hospital
Mayaguez, PR 00680

Major participating institution for programs in: IM

Institution ID: 42-8026

Bella Vista Hospital

State Road 349
PO Box 1750

Mayaguez, PR 00681

Programs sponsored in: FP

Institution ID: 42-8022

Dr Ramon E Betances Hospital-Mayaguez Medical Center

Mayaguez Medical Center Branch
410 Hostos Ave

Mayaguez, PR 00680

Med Sch Affil: G-04202

Programs sponsored in: IM

Institution ID: 42-0467

Ponce

Dr Pila Hospital

Avenida Las Americas
PO Box 331910

Ponce, PR 00733-1910

Med Sch Affil: M-04202

Programs sponsored in: FP

Institution ID: 42-7016

Hospital de Damas

2213 Ponce By Pass
Ponce, PR 00717-1318

Med Sch Affil: M-04202

Programs sponsored in: IM

Institution ID: 42-0289

Hospital Episcopal San Lucas

917 Tito Castro Ave
PO Box 336810

Ponce, PR 00733-6810

Med Sch Affil: M-04202

Programs sponsored in: IM, OBG, PD, TY

Institution ID: 42-0194

Playa Medical Center

Ave Hostos #1058
Ponce, PR 00731

Major participating institution for programs in: IM

Institution ID: 42-8030

Ponce School of Medicine

Calle Dolores Marchand, Urb Industrial Reparada
PO Box 7004

Ponce, PR 00732-7004

Programs sponsored in: P

Institution ID: 42-9505

San German

Hospital de la Concepcion

Oficina de Educacion Medica
PO Box 285

San German, PR 00683

Med Sch Affil: M-04202

Programs sponsored in: IM

Institution ID: 42-0478

San Juan

Cardiovascular Center of Puerto Rico and the Caribbean

PO Box 366528
San Juan, PR 00936

Major participating institution for programs in: CCP, CD

Institution ID: 42-8029

HealthSouth Rehabilitation Hospital

Puerto Rico Medical Center
PMB 340 PO Box 70344

San Juan, PR 00936-0344

Major participating institution for programs in: PM

Institution ID: 42-8024

Hospital Pavia

1462 Asia St

Apto 11137, Santurce

San Juan, PR 00910

Med Sch Affil: L-04201

Major participating institution for programs in: U

Institution ID: 42-7006

I Gonzalez Martinez Oncologic Hospital

Puerto Rico Medical Center
PO Box 1811

San Juan, PR 00919

Med Sch Affil: L-04201

Major participating institution for programs in: GS,

HEM, ON

Institution ID: 42-0205

Institute of Forensic Sciences of Puerto Rico

Box 11878, Caparra Heights Station
San Juan, PR 00922-1878

Med Sch Affil: L-04201

Programs sponsored in: FOP

Institution ID: 42-0461

San Juan City Hospital

PMB #79 PO Box 70344
San Juan, PR 00936-8344

Med Sch Affil: M-04203, M-04201

Programs sponsored in: HEM, IM, OBG, ON, PD, TY

Major participating institution for programs in: D, N, OPH, ORS, OTO

Institution ID: 42-0320

University Hospital

Puerto Rico Medical Center
PO Box 2116

San Juan, PR 00922

Med Sch Affil: M-04201

Major participating institution for programs in: CD,

D, DR, EM, END, FP, GE, GS, HO, ID, IM, IMG, N, NEP,

NM, NS, OBG, OPH, ORS, OTO, P, PM, PTH, PUD, RHU,

TY, U

Institution ID: 42-0178

University of Puerto Rico School of Medicine

Medical Sciences Campus
GPO Box 365067

San Juan, PR 00936-5067

Med Sch Affil: M-04201

Programs sponsored in: CCP, CD, CHP, D, DR, EM, END,

FP, FPG, GE, GS, HO, ID, IM, IMG, N, NEP, NM, NPM, NS,

OBG, OPH, ORS, OTO, P, PD, PHO, PM, PTH, PUD, RHU,

U

Institution ID: 42-0464

University Pediatric Hospital

PO Box 191079

San Juan, PR 00919-1079

Med Sch Affil: M-04201

Major participating institution for programs in: CCP,

CHP, EM, NPM, NS, ORS, P, PD, PHO, PM, U

Institution ID: 42-0477

Veterans Affairs Medical Center (San Juan)

10 Casia St

San Juan, PR 00921-3201

Med Sch Affil: M-04201, M-04203

Programs sponsored in: CD, GE, ID, IM, NEP, PCC, PM

Major participating institution for programs in: DR,

EM, FPG, GS, HEM, ID, IMG, N, NM, NS, ON, OPH, ORS,

OTO, P, PUD, U

Institution ID: 42-0265

Rhode Island

Cranston

Eleanor Slater Hospital

PO Box 8260
Cranston, RI 02920
Major participating institution for programs in: PYG
Institution ID: 43-8012

East Providence

Emma Pendleton Bradley Hospital

1011 Veterans Memorial Parkway
East Providence, RI 02915-5099
Med Sch Affil: M-04301
Major participating institution for programs in: CHP
Institution ID: 43-0432

Pawtucket

Memorial Hospital of Rhode Island

111 Brewster St
Pawtucket, RI 02860
Med Sch Affil: M-04301
Programs sponsored in: FP, IM
Major participating institution for programs in: D, HO, ID, PCC, U
Institution ID: 43-0436

Providence

Butler Hospital

345 Blackstone Blvd
Providence, RI 02906
Med Sch Affil: M-04301
Programs sponsored in: P, PYG, PYN
Institution ID: 43-0483

Miriam Hospital-Lifespan

167 Point St
Providence, RI 02903
Med Sch Affil: M-04301
Major participating institution for programs in: CCM, GS, HO, IC, ID, IM, IMG, NEP, P, PTH, PYG, U
Institution ID: 43-0232

Providence Community Health Center

375 Allens Ave
Providence, RI 02905-5010
Major participating institution for programs in: D
Institution ID: 43-8014

Rhode Island Hospital-Lifespan

593 Eddy St
Aldrich Building, Room 120
Providence, RI 02903
Med Sch Affil: M-04301, G-02405
Programs sponsored in: CCM, CCS, CD, CHP, CN, CPP, D, DBP, DR, EM, END, GE, GS, HO, HSO, IC, ICE, ID, IM, IMG, MPD, N, NEP, NP, NS, OPH, ORS, PCC, PD, PDE, PDI, PDS, PEM, PG, PHO, PS, PTH, U, VIR
Major participating institution for programs in: HO, ID, OTO, P, PP, PYN, RHU, RO
Institution ID: 43-0281

Roger Williams Medical Center

825 Chalkstone Ave
Providence, RI 02908
Med Sch Affil: M-02405
Programs sponsored in: D, DMP, HO, ID, IM, PUD, RHU
Major participating institution for programs in: END, PCC
Institution ID: 43-0488

Veterans Affairs Medical Center (Providence)

Davis Park
Providence, RI 02908
Med Sch Affil: M-04301
Major participating institution for programs in: D, END, GE, GS, HO, OPH, ORS, P, PCC, PS, PYG, RHU, U
Institution ID: 43-0439

Women and Infants Hospital of Rhode Island

101 Dudley St
Providence, RI 02905
Med Sch Affil: M-04301
Programs sponsored in: NPM, OBG, PP
Major participating institution for programs in: PD, PDI, PG, PTH
Institution ID: 43-0334

South Carolina

Anderson

AnMed Health

800 N Fant St
Anderson, SC 29621
Med Sch Affil: L-04501, L-04504
Programs sponsored in: FP
Institution ID: 45-0732

Charleston

Charleston Memorial Hospital

326 Calhoun St
Charleston, SC 29401
Major participating institution for programs in: DR, ID, OTO
Institution ID: 45-0483

Medical University of South Carolina College of Medicine

169 Ashley Ave (Room 202 - Main Hospital)
PO Box 250333
Charleston, SC 29425
Med Sch Affil: M-04501
Programs sponsored in: ADP, AN, CD, CHP, CN, D, DBP, DMP, DR, END, FOP, GE, GS, HMP, HO, IC, ICE, ID, IM, MP, MPD, N, NEP, NM, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PDC, PDE, PHO, PRD, PS, PTH, PYG, PYN, RHU, RO, TS, U, VIR
Institution ID: 45-9501

MUSC Medical Center

171 Ashley Ave
Charleston, SC 29425-0950
Med Sch Affil: M-04501, L-04504
Major participating institution for programs in: ADP, AN, CD, CHP, CN, D, DBP, DMP, DR, END, FOP, FP, GE, GS, HMP, HO, IC, ICE, ID, IM, MP, N, NEP, NM, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PD, PDC, PDE, PHO, PS, PTH, PYN, RHU, RO, TS, U, VIR
Institution ID: 45-0152

Ralph H Johnson VA Medical Center (Charleston)

109 Bee St
Charleston, SC 29401
Med Sch Affil: M-04501
Major participating institution for programs in: AN, CD, D, DR, END, GE, GS, IC, ID, IM, MP, N, NEP, ORS, OTO, P, PCC, PS, PYG, PYN, RHU, TS, U
Institution ID: 45-0485

Trident Medical Center

9330 Medical Plaza Drive
Charleston, SC 29406-9195
Programs sponsored in: FP
Institution ID: 45-8009

Columbia

Palmetto Health

PO Box 2266
Columbia, SC 29202-2266
Programs sponsored in: CCS, CHP, EM, END, FP, FSM, GS, IM, IMG, MPD, OBG, OPH, ORS, P, PD, PFP
Institution ID: 45-8005

Palmetto Health Baptist

Taylor at Marion St
Columbia, SC 29220
Med Sch Affil: M-04504
Major participating institution for programs in: CHP, P, PFP
Institution ID: 45-8006

Palmetto Health Richland

Five Richland Medical Park
Columbia, SC 29203
Med Sch Affil: M-04504, L-04501
Major participating institution for programs in: EM, END, FP, FSM, GS, IM, IMG, MPD, OBG, OPH, ORS, P, PD
Institution ID: 45-0366

University of South Carolina School of Medicine

6439 Garners Ferry Road
Columbia, SC 29208
Med Sch Affil: M-04504
Programs sponsored in: GPM
Institution ID: 45-8001

William Jennings Bryan Dorn Veterans Hospital

6439 Garners Ferry Rd
Columbia, SC 29209-1639
Med Sch Affil: M-04504
Major participating institution for programs in: END, GS, IM, MPD, OPH, ORS, P
Institution ID: 45-0735

William S Hall Psychiatric Institute

University of South Carolina SOM
3555 Harden St Extension, Ste 104A
Columbia, SC 29203
Med Sch Affil: M-04504, L-04501
Major participating institution for programs in: CHP, P, PFP
Institution ID: 45-0484

Florence

McLeod Regional Medical Center

555 E Cheves St
Florence, SC 29506
Med Sch Affil: L-04501, L-04504
Programs sponsored in: FP
Institution ID: 45-0239

Greenville

Greenville Hospital System

701 Grove Road
Greenville, SC 29605
Med Sch Affil: M-04504, L-04501
Programs sponsored in: FP, GS, IM, MPD, OBG, ORS, PD, VS
Major participating institution for programs in: FP
Institution ID: 45-0367

Shriners Hospitals for Children (Greenville)

950 W Faris Road
Greenville, SC 29605-4277
Med Sch Affil: L-03607
Major participating institution for programs in: ORS
Institution ID: 45-0174

Greenwood

Greenwood Genetic Center

1 Gregor Mendel Circle
Greenwood, SC 29646
Programs sponsored in: MG
Institution ID: 45-8004

Self Regional Healthcare

1325 Spring St
Greenwood, SC 29646
Med Sch Affil: L-04501, L-04504
Programs sponsored in: FP
Major participating institution for programs in: MG
Institution ID: 45-7024

Seneca

Oconee Memorial Hospital

298 Memorial Drive
Seneca, SC 29672
Major participating institution for programs in: FP
Institution ID: 45-8007

Spartanburg

Spartanburg Regional Healthcare System

101 E Wood St
Spartanburg, SC 29303
Med Sch Affil: L-04504, L-04501
Programs sponsored in: FP, GS, TY
Institution ID: 45-0162

South Dakota

Rapid City

Rapid City Regional Hospital

353 Fairmont Blvd
PO Box 6000
Rapid City, SD 57709
Med Sch Affil: M-04601
Programs sponsored in: P
Institution ID: 46-8005

Sioux Falls

Avera McKennan Hospital and University Health Center

800 E 21st St
PO Box 5045
Sioux Falls, SD 57117-5045
Med Sch Affil: M-04601
Major participating institution for programs in: CHP, FP, IM, P, TY
Institution ID: 46-0125

Center for Family Medicine

1115 E 20th St
Sioux Falls, SD 57105
Programs sponsored in: FP
Institution ID: 46-0219

Royal C Johnson Veterans Affairs Medical Center

2501 W 22nd St
PO Box 5046
Sioux Falls, SD 57117
Med Sch Affil: M-04601
Major participating institution for programs in: IM, P, PTH
Institution ID: 46-0218

Sioux Valley Hospital and University of SD Medical Center

1400 West 22nd
Sioux Falls, SD 57105-1570
Med Sch Affil: M-04601
Major participating institution for programs in: FP, IM, PTH, TY
Institution ID: 46-0212

Southeastern Behavioral Healthcare

2000 South Summit Ave
Sioux Falls, SD 57105
Med Sch Affil: G-04601
Major participating institution for programs in: P
Institution ID: 46-8001

University of South Dakota School of Medicine

1400 W 22nd St
Sioux Falls, SD 57105-1570
Programs sponsored in: CHP, IM, P, PTH, TY
Institution ID: 46-9501

Tennessee

Bristol

Wellmont Health System - Bristol Regional Medical Center

1 Medical Park Boulevard
Bristol, TN 37620
Med Sch Affil: M-04720
Major participating institution for programs in: FP, GS, PCC
Institution ID: 47-0491

Chattanooga

Erlanger Medical Center

975 E Third St
Chattanooga, TN 37403
Med Sch Affil: M-04706
Major participating institution for programs in: FP, GS, IM, OBG, OPH, ORS, PS, TY
Institution ID: 47-0330

T C Thompson Children's Hospital Medical Center

910 Blackford St
Chattanooga, TN 37403
Med Sch Affil: M-04706
Major participating institution for programs in: OPH, ORS, PD
Institution ID: 47-0313

University of Tennessee College of Medicine-Chattanooga

960 East Third St
Suite 100
Chattanooga, TN 37403
Med Sch Affil: M-04706
Programs sponsored in: CCS, FP, GS, IM, OBG, OPH, ORS, PD, PS, TY
Institution ID: 47-0490

Willie D Miller Eye Center

975 E Third St
Chattanooga, TN 37403
Major participating institution for programs in: OPH
Institution ID: 47-8016

Jackson

Jackson-Madison County General Hospital

708 W Forest Ave
Jackson, TN 38305
Med Sch Affil: G-04706
Major participating institution for programs in: FP
Institution ID: 47-0480

Johnson City

Frontier Health Incorporated/Woodridge Hospital

109 West Watauga St
Johnson City, TN 37604
Med Sch Affil: M-04720
Major participating institution for programs in: P
Institution ID: 47-0493

James H Quillen College of Medicine

East Tennessee State University
PO Box 70694
Johnson City, TN 37614-1704
Med Sch Affil: M-04720
Programs sponsored in: CD, FP, GS, ID, IM, MP, MPD, OBG, ON, P, PCC, PD, PTH
Institution ID: 47-0492

Johnson City Medical Center Hospital

400 State of Franklin Road
Johnson City, TN 37604
Med Sch Affil: M-04720
Major participating institution for programs in: CD, FP, GS, ID, IM, MP, OBG, ON, P, PCC, PD, PTH
Institution ID: 47-0499

Kingsport

Indian Path Medical Center

2300 Pavilion Drive
Kingsport, TN 37660
Major participating institution for programs in: P
Institution ID: 47-8033

Wellmont Health System - Holston Valley

130 West Ravine Road
Kingsport, TN 37662
Med Sch Affil: M-04720
Major participating institution for programs in: FP, GS, IM
Institution ID: 47-0379

Knoxville

University of Tennessee Graduate School of Medicine

1924 Alcoa Highway, Box 28
Knoxville, TN 37920-6999
Med Sch Affil: M-04706
Programs sponsored in: AN, CCS, DR, FP, FPG, FSM, GS, IM, NM, OBG, PCP, PTH, TY, U, VS
Institution ID: 47-0448

University of Tennessee Memorial Hospital

1924 Alcoa Highway
Knoxville, TN 37920
Major participating institution for programs in: AN, CCS, DR, FP, FPG, FSM, GS, IM, NM, OBG, PCP, PTH, TY, VS
Institution ID: 47-8023

Memphis

Baptist Memorial Hospital

6019 Walnut Grove Road
Memphis, TN 38120
Med Sch Affil: M-04706
Programs sponsored in: DR, VIR
Major participating institution for programs in: END, FP, GS, IM, MN, OBG, ORS, PTH, TS, VS
Institution ID: 47-0382

Campbell Clinics & Surgery Center

1211 Union Ave
Suite 510
Memphis, TN 38104
Med Sch Affil: M-04706
Major participating institution for programs in: HSO, OP, ORS
Institution ID: 47-0401

LeBonheur Children's Medical Center

50 N Dunlap
 Memphis, TN 38103
Med Sch Affil: M-04706
Major participating institution for programs in: AI, CCP, CHN, CHP, CN, MPD, NS, OF, ORS, PD, PDE, PDI, PDS, PEM, PN, PP, PPR, TS, U
Institution ID: 47-0186

Memphis Mental Health Institute

865 Poplar Ave, PO Box 40966
 Memphis, TN 38174
Med Sch Affil: L-04706
Major participating institution for programs in: P
Institution ID: 47-0155

Methodist Healthcare - Memphis Hospitals

1265 Union Ave
 Memphis, TN 38104
Med Sch Affil: M-04706
Major participating institution for programs in: CN, D, DR, GE, GS, HO, HSO, ID, IM, N, NS, OPH, OTO, PCC, PS, RHU, TS, TY, U
Institution ID: 47-0113

Regional Medical Center at Memphis

877 Jefferson Ave
 Memphis, TN 38103
Med Sch Affil: M-04706
Major participating institution for programs in: CCS, CD, D, END, GE, GS, ID, IM, MN, MPD, NEP, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PPR, PS, PTH, RHU, TS, VIR
Institution ID: 47-0241

St Francis Hospital

5959 Park Ave
 PO Box 171808
 Memphis, TN 38187
Med Sch Affil: G-04706
Major participating institution for programs in: FP
Institution ID: 47-0478

St Jude Children's Research Hospital

332 N Lauderdale St
 Memphis, TN 38105-2794
Med Sch Affil: M-04706, L-00102
Major participating institution for programs in: MPD, PDI, PDS, PHO, PP, PTH
Institution ID: 47-0482

University of Tennessee College of Medicine

920 Madison Ave, Suite C50
 Memphis, TN 38163
Med Sch Affil: M-04706
Programs sponsored in: AI, CCP, CCS, CD, CHN, CHP, CN, D, DMP, DR, END, FP, GE, GS, HO, HSO, ID, IM, MN, MPD, N, NEP, NPM, NS, OBG, OP, OPH, ORS, OTO, P, PCC, PD, PDE, PDI, PDS, PEM, PHO, PN, PP, PPR, PS, PTH, RHU, TS, TY, U, VIR, VS
Institution ID: 47-0474

University of Tennessee Medical Center

951 Court Ave
 Memphis, TN 38103
Med Sch Affil: M-04706
Major participating institution for programs in: CHP, GS, MN, MPD, N, OTO, P, PDS, PS, TS, U
Institution ID: 47-0269

Veterans Affairs Medical Center (Memphis)

1030 Jefferson Ave
 Memphis, TN 38104
Med Sch Affil: M-04706
Major participating institution for programs in: CD, D, DR, END, GE, GS, ID, IM, MN, MPD, N, NEP, NS, OPH, ORS, OTO, PCC, PTH, RHU, TS, VIR, VS
Institution ID: 47-0280

Mountain Home**Veterans Affairs Medical Center (Mountain Home)**

Mountain Home, TN 37684
Med Sch Affil: M-04720
Major participating institution for programs in: CD, FP, GS, ID, IM, MP, ON, P, PCC, PTH
Institution ID: 47-0498

Murfreesboro**Alvin C York Veterans Affairs Medical Center**

Alvin C York Campus
 3400 Lebanon Rd
 Murfreesboro, TN 37139
Med Sch Affil: M-04707
Major participating institution for programs in: GPM, IM, P
Institution ID: 47-0501

Middle Tennessee Medical Center

400 North Highland Ave
 Murfreesboro, TN 37130
Major participating institution for programs in: OBG
Institution ID: 47-8035

Nashville**Baptist Hospital**

2000 Church St
 Nashville, TN 37236
Med Sch Affil: M-04706, L-04707, G-04705
Major participating institution for programs in: IM, OBG, PS, U
Institution ID: 47-0163

Centennial Medical Center

2300 Patterson St
 Nashville, TN 37203
Med Sch Affil: M-04707
Major participating institution for programs in: P
Institution ID: 47-8028

Medical Examiner's Office, TN and Nashville and Davidson Co

84 Hermitage Ave
 Nashville, TN 37210-2110
Major participating institution for programs in: FOP
Institution ID: 47-8029

Meharry Medical College School of Medicine

1005 Dr D B Todd, Jr Boulevard
 Nashville, TN 37208
Programs sponsored in: FP, GPM, IM, OBG, P
Institution ID: 47-9501

Metropolitan Nashville General Hospital

1818 Albion St
 Nashville, TN 37208
Med Sch Affil: M-04707, G-04705
Major participating institution for programs in: FP, GPM, IM, MPD, OBG, U
Institution ID: 47-0408

Middle Tennessee Mental Health Institute

221 Stewarts Ferry Pike
 Nashville, TN 37214
Med Sch Affil: M-04707, G-04705
Major participating institution for programs in: P
Institution ID: 47-0502

Psychiatric Hospital at Vanderbilt

1601 23rd Ave, S
 Nashville, TN 37212
Med Sch Affil: M-04705
Major participating institution for programs in: ADP, CHP
Institution ID: 47-8021

St Thomas Hospital

4220 Harding Road
 PO Box 380
 Nashville, TN 37202
Med Sch Affil: M-04705
Major participating institution for programs in: D, GE, GS, IM, NS, VS
Institution ID: 47-0262

Vanderbilt University Medical Center

1161 21st Ave S
 D-3300 MCN
 Nashville, TN 37232-2104
Med Sch Affil: M-04705, L-02012
Programs sponsored in: ADP, AI, AN, CCA, CCP, CCS, CD, CHN, CHP, CN, D, DR, EM, END, FOP, GE, GS, HMP, HO, IC, ICE, ID, IM, IMG, MG, MPD, N, NEP, NM, NP, NPM, NS, OBG, OPH, ORS, OSM, OTO, P, PAN, PCC, PD, PDC, PDE, PDI, PDR, PE, PG, PHO, PS, PSM, PTH, RHU, RNR, RO, TS, U, UP, VIR, VS
Institution ID: 47-0467

Veterans Affairs Medical Center (Nashville)

1310 24th Ave, South
 Nashville, TN 37212-2637
Med Sch Affil: M-04705
Major participating institution for programs in: D, DR, GE, GS, HMP, HO, IC, ICE, IM, MPD, N, NEP, NM, NP, NS, OPH, ORS, OTO, P, PCC, PS, RHU, TS, U
Institution ID: 47-0461

Oak Ridge**Methodist Medical Center of Oak Ridge**

990 Oak Ridge Turnpike
 Oak Ridge, TN 37831-2529
Major participating institution for programs in: U
Institution ID: 47-8030

Texas**Abilene****Hendrick Medical Center/Health System**

1242 North 19th St
 Abilene, TX 79601-2316
Major participating institution for programs in: FP
Institution ID: 48-7002

Amarillo**Baptist-St Anthony's Health System**

1600 Wallace
 PO Box 98721
 Amarillo, TX 79176-0950
Major participating institution for programs in: FP, FPG
Institution ID: 48-7005

Northwest Texas Health Care System

PO Box 1110
 Amarillo, TX 79175
Med Sch Affil: M-04815
Major participating institution for programs in: FP, IM, OBG, PD
Institution ID: 48-0566

Texas Tech University Health Sciences Center at Amarillo

1400 S Coulter St
 Suite 4100
 Amarillo, TX 79106
Med Sch Affil: M-04815
Programs sponsored in: FP, FPG, IM, MPD, OBG, PD
Institution ID: 48-0520

Veterans Affairs Medical Center (Amarillo)

6010 Amarillo Boulevard, West
Amarillo, TX 79106
Med Sch Affil: M-04815
Major participating institution for programs in: D, IM
Institution ID: 48-0584

Austin**Austin Medical Education Program of Seton Healthcare Network**

Seton Healthcare Network - Executive Offices
1201 W 98th St
Austin, TX 78705
Med Sch Affil: M-04802
Programs sponsored in: CHP, FP, IM, P, PD, TY
Major participating institution for programs in: OBG
Institution ID: 48-0451

Austin State Hospital

4110 Guadalupe
Austin, TX 78751-4296
Major participating institution for programs in: CHP
Institution ID: 48-0388

Austin Women's Hospital

601 E 15th St
Austin, TX 78701
Major participating institution for programs in: OBG
Institution ID: 48-8078

Austin-Travis County Mental Health and Retardation Center

1430 Collier St
Austin, TX 78704
Major participating institution for programs in: P
Institution ID: 48-0586

Brackenridge Hospital

601 E 15th St
Austin, TX 78701
Major participating institution for programs in: FP, IM, OBG, P, TY
Institution ID: 48-0563

Children's Hospital of Austin

1400 North I-H 35
Austin, TX 78701
Major participating institution for programs in: CHP, PD, TY
Institution ID: 48-8081

Seton Shoal Creek Hospital

3501 Mills Ave
Austin, TX 78731
Major participating institution for programs in: P
Institution ID: 48-8042

St David's Hospital

919 E 32nd St
Austin, TX 78705
Major participating institution for programs in: FP
Institution ID: 48-8080

Texas Department of State Health Services

1100 W 49th St
Austin, TX 78756
Med Sch Affil: L-04802
Programs sponsored in: GPM
Institution ID: 48-0458

University of Texas Counseling Center

100 A West Dean Keeton Drive
Austin, TX 78712-1001
Major participating institution for programs in: P
Institution ID: 48-0585

Veterans Affairs Medical Center (Austin)

2901 Montopolis Drive
Austin, TX 78741
Major participating institution for programs in: P
Institution ID: 48-8079

Baytown**San Jacinto Methodist Hospital**

4401 Garth Rd
Baytown, TX 77521-3159
Programs sponsored in: FP
Institution ID: 48-0579

Big Spring**Veterans Affairs Medical Center (Big Spring)**

300 Veterans Boulevard
Big Spring, TX 79720
Med Sch Affil: G-04815
Major participating institution for programs in: OPH
Institution ID: 48-0557

Brooks AFB**USAF School of Aerospace Medicine**

2601 Louis Bauer Drive
Brooks City-Base, TX 78235-5130
Programs sponsored in: GPM
Institution ID: 48-0493

Bryan**Family Practice Foundation of the Brazos Valley**

Brazos Family Medicine Residency
1301 Memorial Drive #200
Bryan, TX 77802
Med Sch Affil: L-04802
Programs sponsored in: FP
Institution ID: 48-8062

St Joseph Regional Health Center

2801 Franciscan Drive
Bryan, TX 77802-2544
Med Sch Affil: G-04816
Major participating institution for programs in: FP
Institution ID: 48-8063

Conroe**Conroe Medical Education Foundation**

704 Old Montgomery Road
Conroe, TX 77301
Programs sponsored in: FP
Institution ID: 48-0590

Conroe Regional Medical Center

504 Medical Center Blvd
Conroe, TX 77304
Major participating institution for programs in: FP
Institution ID: 48-0574

Corpus Christi**Christus Spohn Memorial Hospital**

2606 Hospital Boulevard
Corpus Christi, TX 78405
Med Sch Affil: G-04813
Programs sponsored in: FP
Institution ID: 48-0257

Driscoll Children's Hospital

3533 S Alameda, PO Drawer 6530
Corpus Christi, TX 78466-6530
Med Sch Affil: M-04802, M-04816, G-04815
Programs sponsored in: PD
Major participating institution for programs in: PAN
Institution ID: 48-0157

Dallas**Baylor Institute for Rehabilitation**

3504 Swiss Ave
Dallas, TX 75204
Major participating institution for programs in: DR, PM, PMP
Institution ID: 48-8030

Baylor University Medical Center

3500 Gaston Ave
Dallas, TX 75246
Med Sch Affil: L-04812
Programs sponsored in: CD, CRS, DR, GE, GS, IC, ICE, IM, NR, OBG, ON, PM, PMP, PTH, VIR, VS
Major participating institution for programs in: AN, ORS, PS, U
Institution ID: 48-0351

Carter BloodCare

9000 Harry Hines Blvd
Dallas, TX 75235
Med Sch Affil: G-04812
Major participating institution for programs in: BBK
Institution ID: 48-8061

Charlton Methodist Hospital

3500 W Wheatland Road
Dallas, TX 75237
Major participating institution for programs in: FP, FSM
Institution ID: 48-0575

Children's Medical Center of Dallas

1935 Motor St
Dallas, TX 75235
Med Sch Affil: M-04812
Programs sponsored in: UP
Major participating institution for programs in: AI, AN, CCP, CHN, CHP, CN, D, END, GS, HMP, NS, OP, OTO, PAN, PD, PDC, PDE, PDI, PDR, PDS, PEM, PG, PHO, PN, PP, PS, TS, U
Institution ID: 48-0360

Dallas County Hospital District-Parkland Memorial Hospital

5201 Harry Hines Blvd
Dallas, TX 75235
Med Sch Affil: M-04812
Major participating institution for programs in: AI, AN, APM, CCS, CD, CHN, CHP, CN, CRS, D, DMP, DR, EM, END, ETX, FP, GE, GS, HMP, HO, HSP, ICE, ID, IM, IMG, MG, MM, N, NEP, NM, NP, NPM, NR, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PDE, PDI, PDR, PM, PS, PTH, PYG, RHU, RNR, SCI, TS, U, VIR, VN, VS
Institution ID: 48-0400

Methodist Hospitals of Dallas

1441 North Beckley Ave
PO Box 655999
Dallas, TX 75265-5999
Med Sch Affil: L-04812
Programs sponsored in: FP, FSM, GS, IM, OBG
Institution ID: 48-0407

North Texas Clinical PET Institute

3535 Fort Worth St
Dallas, TX 75246
Major participating institution for programs in: NR
Institution ID: 48-8077

Presbyterian Hospital of Dallas

8200 Walnut Hill Lane
Dallas, TX 75231
Med Sch Affil: L-04812
Programs sponsored in: CRS, IM
Major participating institution for programs in: GS, P
Institution ID: 48-0519

Southwestern Institute of Forensic Sciences

5230 Medical Center Dr
Dallas, TX 75235
Programs sponsored in: FOP
Institution ID: 48-0536

St Paul University Hospital

Graduate Medical Education Dept
5909 Harry Hines Blvd
Dallas, TX 75235
Med Sch Affil: M-04812
Major participating institution for programs in: ADP, FP, GS, TS
Institution ID: 48-0103

Texas Scottish Rite Hospital for Children

2222 Welborn St
Dallas, TX 75219
Med Sch Affil: L-03515, G-04812, G-04815
Major participating institution for programs in: APM, CHN, HSO, HSP, OP, ORS, PPR, UP
Institution ID: 48-0341

University of Texas Southwestern Medical School

5323 Harry Hines Blvd
Room B5.100/Mail Code 9005
Dallas, TX 75390
Med Sch Affil: M-04812
Programs sponsored in: ADP, AI, AN, APM, BBK, CCP, CCS, CD, CHN, CHP, CN, D, DMP, DR, EM, END, ETX, FP, GE, GS, HMP, HO, HSP, ICE, ID, IM, IMG, MG, MM, N, NEP, NM, NP, NPM, NR, NS, OBG, OP, OPH, ORS, OTO, P, PAN, PCC, PCP, PD, PDC, PDE, PDI, PDR, PDS, PEM, PFP, PG, PHO, PM, PN, PP, PPR, PRD, PS, PTH, PYG, RHU, RNR, SCI, TS, U, VIR, VN, VS
Institution ID: 48-0316

Veterans Affairs Medical Center (Dallas)

4500 S Lancaster Rd
Dallas, TX 75216
Med Sch Affil: M-04812
Major participating institution for programs in: ADP, AN, APM, CD, D, DR, END, GE, GS, ICE, ID, IM, IMG, NEP, NM, NR, NS, OPH, ORS, OTO, P, PCC, PM, PS, RHU, SCI, TS, U, VS
Institution ID: 48-0290

World Craniofacial Foundation

7777 Forest Lane, Suite C-717
Dallas, TX 75230
Programs sponsored in: CFS
Institution ID: 48-8071

Zale-Lipsky University Hospital

5151 Harry Hines Boulevard
Dallas, TX 75235-7786
Med Sch Affil: M-04812
Major participating institution for programs in: AI, AN, CRS, GS, HO, N, NP, NS, OTO, P, PS, RNR, U, VIR, VN, VS
Institution ID: 48-8034

El Paso

El Paso Psychiatric Center

4615 Alameda
El Paso, TX 79905
Med Sch Affil: M-04815
Major participating institution for programs in: P
Institution ID: 48-0571

R E Thomason General Hospital / Texas Tech University HSC

4815 Alameda Ave
El Paso, TX 79998
Med Sch Affil: M-04815
Major participating institution for programs in: EM, FP, GS, IM, OBG, ORS, PD, TY
Institution ID: 48-0442

Sierra Providence Health Network

1625 Medical Center Drive
El Paso, TX 79902
Major participating institution for programs in: PD
Institution ID: 48-8029

Texas Tech University Health Sciences Center at El Paso

4800 Alberta Ave
El Paso, TX 79905
Med Sch Affil: M-04815
Programs sponsored in: EM, FP, GS, IM, OBG, P, PD, TY
Major participating institution for programs in: ORS
Institution ID: 48-0550

William Beaumont Army Medical Center

Attn: Graduate Medical Education
5005 N Piedras St
El Paso, TX 79920-5001
Med Sch Affil: M-02312, M-04815
Programs sponsored in: GS, IM, ORS, TY
Major participating institution for programs in: P
Institution ID: 48-0318

Fort Hood

Darnall Army Community Hospital

MCXI-DCS-ME
36000 Darnall Loop
Fort Hood, TX 76544-4752
Med Sch Affil: M-04816, L-04802, G-02312
Programs sponsored in: EM, FP
Major participating institution for programs in: FP, OBG
Institution ID: 48-0199

Fort Sam Houston

Brooke Army Medical Center

3851 Roger Brooke Drive
Fort Sam Houston, TX 78234-6200
Med Sch Affil: M-04813, M-02312
Major participating institution for programs in: ADL, AN, CCA, CCS, CD, D, DR, EM, GS, HO, ID, IM, NM, OBG, OPH, ORS, OTO, PCC, PCP, PD, PTH, TY, U
Institution ID: 48-0277

Fort Worth

Cook Children's Medical Center

801 Seventh Ave
Fort Worth, TX 76104
Major participating institution for programs in: ORS, PAN
Institution ID: 48-0503

Harris Methodist Fort Worth

1301 Pennsylvania Ave
Fort Worth, TX 76104
Major participating institution for programs in: OBG, ORS
Institution ID: 48-0361

John Peter Smith Hospital (Tarrant County Hospital District)

1500 S Main St
Fort Worth, TX 76104
Med Sch Affil: G-04812
Programs sponsored in: FP, FPG, FSM, OBG, ORS, P, TY
Major participating institution for programs in: GS, OTO
Institution ID: 48-0214

Tarrant County Medical Examiner's Office

200 Feliks Gwozdys Place
Fort Worth, TX 76104
Programs sponsored in: FOP
Institution ID: 48-8076

Galveston

Shriners Hospitals for Children (Galveston Burns Institute)

815 Market St
Galveston, TX 77550-2725
Med Sch Affil: L-04802, L-04804
Major participating institution for programs in: CCS, PS
Institution ID: 48-8001

University of Texas Medical Branch Hospitals

301 University Blvd
Galveston, TX 77555-0462
Programs sponsored in: AI, AN, APM, CCA, CCS, CD, CHP, D, DMP, DR, END, FP, GE, GPM, GS, IC, ID, IM, IMG, IPM, MM, MPD, N, NEP, NPM, NS, OBG, ON, OPH, ORS, OSS, OTO, P, PAN, PCC, PCP, PD, PDE, PDI, PDM, PDR, PN, PS, PTH, RHU, RNR, RO, TS, U, VIR
Institution ID: 48-0131

University of Texas Medical School at Galveston

5-106 Administration Building
301 University Blvd, Route 0133
Galveston, TX 77555-0133
Med Sch Affil: M-04802
Major participating institution for programs in: GPM, IPM
Institution ID: 48-9502

Garland

Baylor Medical Center at Garland

2300 Marie Curie Blvd
Garland, TX 75042
Programs sponsored in: FP
Institution ID: 48-8058

Harlingen

Valley Baptist Medical Center

2101 Pease St
PO Box 2588
Harlingen, TX 78551
Med Sch Affil: L-04802, G-04813
Programs sponsored in: FP
Major participating institution for programs in: IM
Institution ID: 48-8060

Houston

Baylor College of Medicine

One Baylor Plaza
022D
Houston, TX 77030
Med Sch Affil: M-04802, L-02012
Programs sponsored in: ADL, AI, AN, BBK, CCM, CCP, CD, CHN, CHP, CN, D, DMP, DR, END, FP, GE, GS, HMP, HO, HSO, HSP, IC, ICE, ID, IM, IMG, MG, MGP, MPD, N, NDN, NEP, NM, NP, NPM, NS, OBG, OP, OPH, ORS, OSM, OSS, OTO, OTR, P, PAN, PCC, PCP, PD, PDC, PDE, PDI, PDO, PDP, PDR, PDS, PEM, PG, PHO, PM, PN, PP, PPR, PRD, PS, PSM, PTH, RHU, RNR, RO, SCI, TS, TY, U, UP, VIR, VS
Institution ID: 48-0211

Christus St Joseph Hospital

1401 St Joseph Parkway
Houston, TX 77002
Med Sch Affil: L-04814
Programs sponsored in: FP, GS, OBG, PS, TY
Major participating institution for programs in: DR, MPD, OTO
Institution ID: 48-0206

Harris County Hospital District-Ben Taub General Hospital

P O Box 66769
Houston, TX 77266
Med Sch Affil: M-04804, L-02312

Major participating institution for programs in: AN, BBK, CD, D, DMP, DR, END, FP, GE, GS, HMP, HO, HSO, HSP, IMG, MPD, N, NEP, NM, NP, NS, OBG, OPH, ORS, OSS, OTO, OTR, P, PCC, PCP, PD, PDI, PDS, PG, PS, PTH, RHU, RO, TS, TY, U, VIR
Institution ID: 48-0363

Harris County Medical Examiner Department

1885 Old Spanish Trail
Houston, TX 77064
Programs sponsored in: FOP
Institution ID: 48-8070

Harris County Psychiatric Center

2800 S MacGregor
PO Box 20249
Houston, TX 77225-0249
Med Sch Affil: M-04814
Major participating institution for programs in: CHP, P
Institution ID: 48-8044

Lyndon B Johnson General Hospital

5656 Kelly St
Houston, TX 77026
Med Sch Affil: M-04814
Major participating institution for programs in: ADL, CD, D, DR, END, FP, FPG, GE, GS, ID, IM, MG, N, NEP, NPM, OBG, OPH, ORS, OTO, P, PCC, PD, PDE, PDI, PM, PTH, RHU, TY
Institution ID: 48-8045

Memorial Hermann Hospital System

7737 Southwest Freeway, Suite 200
Houston, TX 77074
Med Sch Affil: L-04804
Programs sponsored in: FP
Major participating institution for programs in: ADL, AN, APM, CCA, CCP, CCS, CD, CHN, CN, CRS, DMP, DR, EM, END, FP, FPG, GE, GS, HEM, IC, ICE, ID, IM, MG, MPD, N, NEP, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PD, PDE, PDI, PDP, PM, PN, PS, PTH, RHU, RNR, SCI, TS, TY, U, VIR, VN
Institution ID: 48-0359

Memorial Hermann Southwest Hospital

7737 Southwest Freeway, Ste 200
Houston, TX 77074
Major participating institution for programs in: FP
Institution ID: 48-8123

Methodist Hospital

6565 Fannin St
Houston, TX 77030
Med Sch Affil: M-04804, L-04814
Major participating institution for programs in: AI, AN, BBK, CCM, CD, CN, D, DMP, END, GE, GS, HMP, HO, HSO, IC, ICE, IMG, MPD, N, NEP, NP, NS, OBG, OPH, ORS, OSM, OSS, OTO, OTR, P, PCC, PCP, PRD, PS, PTH, RHU, RNR, RO, TS, TY, U, VIR, VS
Institution ID: 48-0172

Michael E DeBakey VA Medical Center - Houston

2002 Holcombe Boulevard
Houston, TX 77030
Med Sch Affil: M-04804
Major participating institution for programs in: AN, CD, D, END, FSM, GE, GS, HO, HSO, HSP, IC, ICE, IMG, MPD, N, NEP, NM, NP, NS, OPH, ORS, OSS, OTO, P, PCP, PM, PRD, PTH, RHU, RO, SCI, TS, TY, U
Institution ID: 48-0326

NASA Johnson Space Center

Houston, TX 77058
Med Sch Affil: M-04802
Major participating institution for programs in: GPM, IPM
Institution ID: 48-8067

Shriners Hospitals for Children (Houston)

6977 Main St
Houston, TX 77030
Med Sch Affil: L-04804, L-04814
Major participating institution for programs in: MG, OP
Institution ID: 48-0528

St Luke's Episcopal Hospital

6720 Bertner Ave
Houston, TX 77030
Med Sch Affil: M-04804, L-04814, L-01602, G-04815
Major participating institution for programs in: CD, FP, HSP, IC, ICE, MPD, NEP, NM, OSM, OSS, PS, PTH, TS, TY, U, VIR
Institution ID: 48-0395

Texas Children's Hospital

6621 Fannin St
Houston, TX 77030
Med Sch Affil: M-04804, L-04814
Major participating institution for programs in: ADL, AI, CCP, CHN, CHP, CN, HMP, HSP, MG, MGP, MPD, NDN, NM, NP, NPM, OP, ORS, PAN, PD, PDC, PDE, PDI, PDO, PDP, PDR, PDS, PEM, PG, PHO, PN, PP, PPR, PS, PSM, PTH, RNR, TS, U, UP
Institution ID: 48-0456

Texas Heart Institute

Mail Code 3-117
PO Box 20345
Houston, TX 77225-0345
Med Sch Affil: L-04814, L-01602, L-02101, G-04815
Programs sponsored in: TS
Major participating institution for programs in: MPD, TS
Institution ID: 48-0529

The Institute for Rehabilitation and Research

1333 Moursund
Houston, TX 77030
Med Sch Affil: M-04804, M-04814, L-04802
Major participating institution for programs in: NDN, PM, SCI
Institution ID: 48-0511

The Woman's Hospital of Texas

7600 Fannin
Houston, TX 77054
Major participating institution for programs in: PDI
Institution ID: 48-0559

University of Texas M D Anderson Cancer Center

1515 Holcombe Boulevard
Houston, TX 77030
Med Sch Affil: M-04802, M-04814, L-04804, L-02012
Programs sponsored in: BBK, DMP, HMP, OMO, PCH, PCP, RO, SP, TS
Major participating institution for programs in: APM, CCS, D, DR, END, GE, GS, HEM, ID, MPD, N, NEP, NS, ON, OTO, PCC, PHO, PS, RNR, TS, U, VIR
Institution ID: 48-0404

University of Texas Medical School at Houston

Suite JLL 310
PO Box 20708
Houston, TX 77030
Med Sch Affil: M-04814, M-04802
Programs sponsored in: ADL, AN, APM, CCA, CCP, CCS, CD, CHN, CHP, CN, CRS, D, DR, EM, END, FP, FPG, GE, GS, HEM, IC, ICE, ID, IM, MG, MPD, N, NEP, NPM, OBG, ON, OPH, ORS, OTO, P, PCC, PD, PDE, PDI, PDP, PHO, PM, PN, PS, PTH, RHU, RNR, SCI, TY, U, VIR, VN, VS
Institution ID: 48-0547

University of Texas Mental Sciences Institute

1300 Moursund Ave
Houston, TX 77030
Med Sch Affil: M-04814
Major participating institution for programs in: CHP
Institution ID: 48-0525

University of Texas School of Public Health

P O Box 20708
Houston, TX 77225-0708
Med Sch Affil: L-04814
Programs sponsored in: GPM
Major participating institution for programs in: GPM
Institution ID: 48-0560

Kerrville**Kerrville State Hospital**

721 Thompson Drive
Kerrville, TX 78028
Major participating institution for programs in: PFP
Institution ID: 48-8124

Killeen**Metroplex Pavilion Hospital**

2201 South Clear Creek Road
Killeen, TX 76542-8305
Major participating institution for programs in: CHP
Institution ID: 48-8073

Lackland AFB**San Antonio Uniformed Services Health Education Consortium**

Wilford Hall Medical Center/GE
2200 Bergquist Drive, Suite 1
Lackland AFB, TX 78236-5300
Programs sponsored in: ADL, AI, AN, CCA, CCS, CD, D, DR, EM, END, GE, GS, HO, ID, IM, N, NPM, OBG, OPH, ORS, OTO, PCC, PCP, PD, PTH, RHU, TY, U, VIR
Major participating institution for programs in: GS
Institution ID: 48-8068

Wilford Hall Medical Center (AETC)

2200 Bergquist Dr, Ste 1
Lackland AFB, TX 78236-5300
Med Sch Affil: M-02312, M-04813
Major participating institution for programs in: ADL, AI, AN, CCA, CD, CN, D, DR, EM, END, GE, GS, HO, ID, IM, N, NEP, NM, NPM, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PFP, PS, PTH, PYG, RHU, TY, U, VIR
Institution ID: 48-0287

Lubbock**Covenant Health System**

3615 19th St
Lubbock, TX 79410
Med Sch Affil: G-04815
Major participating institution for programs in: CD, FP, FSM, NEP, PTH
Institution ID: 48-0561

Texas Tech University Health Sciences Center at Lubbock

Graduate Medical Education
3601 4th St

Lubbock, TX 79430-6211
Med Sch Affil: M-04815

Programs sponsored in: AN, APM, CD, D, DR, FP, FSM, GS, IM, NEP, OBG, OPH, ORS, OSM, P, PD, PTH
Institution ID: 48-0534

University Medical Center

602 Indiana Ave
PO Box 5980

Lubbock, TX 79417
Med Sch Affil: M-04815

Major participating institution for programs in: AN, APM, CD, D, FP, FSM, GS, IM, NEP, OBG, OPH, ORS, OSM, P, PD, PTH
Institution ID: 48-0562

McAllen

McAllen Medical Center

301 W Expressway 83
McAllen, TX 78503

Med Sch Affil: G-04813

Major participating institution for programs in: FP
Institution ID: 48-0548

Midland

Memorial Hospital and Medical Center

2200 W Illinois Ave
Midland, TX 79701-9980

Med Sch Affil: M-04815

Major participating institution for programs in: IM
Institution ID: 48-8032

Nacogdoches

Stephen F Austin State University

1936 North St
Nacogdoches, TX 75962

Major participating institution for programs in: GPM
Institution ID: 48-8069

Odessa

Medical Center Hospital

500 W 4th St
PO Box 7239

Odessa, TX 79760

Med Sch Affil: M-04815

Major participating institution for programs in: FP, IM, OBG
Institution ID: 48-0588

Texas Tech University Health Sciences Center at Odessa

800 W 4th St
Odessa, TX 79763

Med Sch Affil: M-04815

Programs sponsored in: FP, IM, OBG
Institution ID: 48-0589

San Antonio

Audie L Murphy Memorial Veterans Hospital (San Antonio)

7400 Merton Minter Boulevard
San Antonio, TX 78229

Med Sch Affil: M-04813

Major participating institution for programs in: ADP, AN, APM, CD, CN, D, DR, END, GE, GS, HMP, HO, IC, ID, IM, IMG, N, NEP, NS, OPH, ORS, OTO, P, PCC, PCP, PDE, PM, PS, PTH, PYG, RHU, RNR, TS, U, VIR
Institution ID: 48-0530

Bexar County Adult Detention Ctr (Corr H Care Svcs)

200 North Comal St

San Antonio, TX 78207-3573

Major participating institution for programs in: PFP
Institution ID: 48-8126

Bexar County District Courts

300 Dolorosa Ave, Suite 4076
San Antonio, TX 78205

Major participating institution for programs in: PFP
Institution ID: 48-8125

Bexar County Forensic Science Center

7337 Louis Pasteur Drive
San Antonio, TX 78229-4565

Programs sponsored in: FOP
Institution ID: 48-8027

Cancer Therapy and Research Center

7979 Wurzbach
San Antonio, TX 78229

Major participating institution for programs in: RO
Institution ID: 48-8005

Child Guidance Center

2135 Babcock Rd
San Antonio, TX 78229

Med Sch Affil: L-04813

Major participating institution for programs in: CHP
Institution ID: 48-0531

Christus Santa Rosa Health Care Corporation

Center for Children & Families
333 N Santa Rosa, Suite 4703

San Antonio, TX 78207-3198

Med Sch Affil: M-04813

Programs sponsored in: FP
Major participating institution for programs in: CCP, CHP, NS, ORS, PD, PDE, PP, PS, PSM, TS, U
Institution ID: 48-0468

Methodist Healthcare

7700 Floyd Curl Drive
San Antonio, TX 78229-3903

Med Sch Affil: L-04813

Major participating institution for programs in: ORS, OSM, PSM, U
Institution ID: 48-8051

Nix Medical Center

414 Navarro St
San Antonio, TX 78205

Med Sch Affil: L-04813

Major participating institution for programs in: OSM, PSM
Institution ID: 48-7086

San Antonio Warm Springs Rehabilitation Hospital

5101 Medical Drive
San Antonio, TX 78229

Med Sch Affil: L-04813

Major participating institution for programs in: PM
Institution ID: 48-8056

Southwest Mental Health Center

8535 Tom Slick Drive
San Antonio, TX 78229

Major participating institution for programs in: CHP
Institution ID: 48-8028

The Hand Center (San Antonio)

9150 Huebner, Suite 290
San Antonio, TX 78240

Major participating institution for programs in: HSO
Institution ID: 48-8086

University Health System

4502 Medical Drive
San Antonio, TX 78229

Med Sch Affil: M-04813

Major participating institution for programs in: AN, APM, BBK, CCP, CD, CN, D, DR, END, FP, GE, GS, HMP, HO, IC, ID, IM, IMG, N, NEP, NPM, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PDE, PM, PS, PTH, PYG, RHU, RNR, RO, TS, U
Institution ID: 48-0445

University of Texas Health Science Center

Bexar County Hospital District
7703 Floyd Curl Drive

San Antonio, TX 78229-3900

Med Sch Affil: M-04813

Major participating institution for programs in: HSO, ORS, VIR
Institution ID: 48-0522

University of Texas Medical School at San Antonio

7703 Floyd Curl Dr, Mail Stop 7790

Office of the Medical Dean

San Antonio, TX 78229-3900

Med Sch Affil: M-04813, M-04802

Programs sponsored in: ADP, AN, APM, BBK, CCP, CCS, CD, CHP, CN, D, DR, END, FP, FSM, GE, GS, HMP, HO, HSO, IC, ID, IM, IMG, N, NEP, NM, NPM, NS, OBG, OPH, ORS, OSM, OTO, P, PCC, PCP, PD, PDE, PFP, PM, PP, PS, PSM, PTH, PYG, RHU, RNR, RO, TS, U, VIR
Institution ID: 48-9501

Temple

Central Texas Veterans Affairs Healthcare System

1901 S First St
Temple, TX 76504

Med Sch Affil: M-04816

Major participating institution for programs in: D, GE, GS, HMP, ON, OPH, ORS, PCC, PS, U
Institution ID: 48-0505

Scott and White Memorial Hospital

The TAMU System HSC College of Medicine
2401 S 31st St

Temple, TX 76508

Med Sch Affil: M-04816

Programs sponsored in: AN, CD, CHP, D, DR, EM, FP, GE, GS, HMP, IC, ID, IM, NEP, OBG, ON, OPH, ORS, P, PCC, PCP, PD, PS, PTH, U
Institution ID: 48-0140

Terrell

Terrell State Hospital

1200 E Brin St
Terrell, TX 75160

Med Sch Affil: G-04812

Major participating institution for programs in: PFP
Institution ID: 48-0515

Texarkana

Wadley Regional Medical Center (Texarkana, TX)

1000 Pine St
PO Box 1878

Texarkana, TX 75504

Major participating institution for programs in: FP
Institution ID: 48-8055

Tyler**Mother Frances Hospital Regional Health Care Center**

800 E Dawson
Tyler, TX 75701
Major participating institution for programs in: FP
Institution ID: 48-8037

University of Texas Health Center at Tyler

11937 US Highway 271
Tyler, TX 75708-3154
Med Sch Affil: L-04802
Programs sponsored in: FP, GPM
Institution ID: 48-0587

Waco**Hillcrest Baptist Medical Center**

Box 5100
Waco, TX 76708
Med Sch Affil: G-04812
Major participating institution for programs in: FP
Institution ID: 48-0539

McLennan County Medical Education and Research Foundation

1600 Providence Drive
PO Box 3276
Waco, TX 76707
Programs sponsored in: FP
Institution ID: 48-0533

Providence Health Center

1700 Providence Drive
Waco, TX 76703
Med Sch Affil: L-04816, G-04812
Major participating institution for programs in: FP
Institution ID: 48-0540

Wichita Falls**North Central Texas Medical Foundation**

1301 3rd St, Suite 200
Wichita Falls, TX 76301-2213
Programs sponsored in: FP
Institution ID: 48-0555

United Regional Health Care Systems

1600 Tenth St
Wichita Falls, TX 76301
Med Sch Affil: G-04812
Major participating institution for programs in: FP
Institution ID: 48-0554

Utah**Murray****The Advanced Orthopaedics and Sports Medicine Program**

5250 S 320 W, Suite 200
Murray, UT 84107
Programs sponsored in: OSM
Institution ID: 49-8013

Ogden**McKay-Dee Hospital Center**

4403 Harrison Boulevard, Suite A-700
Ogden, UT 84403
Programs sponsored in: FP
Institution ID: 49-0304

Provo**Utah Valley Regional Medical Center**

1034 North 500 West
Provo, UT 84604-3337
Programs sponsored in: FP, FSM
Institution ID: 49-8019

Salt Lake City**LDS Hospital**

Eighth Ave and C St
Salt Lake City, UT 84143
Med Sch Affil: M-04901
Programs sponsored in: TY
Major participating institution for programs in: EM, GS, IC, ID, IM, OBG, ORS, PCC, PTH, RO, TS, U
Institution ID: 49-0340

Primary Children's Medical Center

100 North Medical Drive
Salt Lake City, UT 84113
Med Sch Affil: M-04901
Major participating institution for programs in: APM, CCP, CHN, CHP, CN, D, EM, END, MG, MPD, NPM, NS, OP, OPH, ORS, OTO, PD, PDC, PDE, PDI, PEM, PHO, PP, PS, TS, U
Institution ID: 49-0151

Salt Lake Regional Medical Center

1050 E South Temple
Salt Lake City, UT 84102
Med Sch Affil: L-04901
Major participating institution for programs in: FP, GS, OTO
Institution ID: 49-0297

Shriners Hospital for Children (Intermountain Unit)

Fairfax Ave and Virginia St
Salt Lake City, UT 84103
Med Sch Affil: G-04901
Major participating institution for programs in: OP, ORS
Institution ID: 49-0331

St Mark's Health Care Foundation

1250 E 3900 S
Suite 260
Salt Lake City, UT 84124
Programs sponsored in: FP
Institution ID: 49-8021

St Mark's Hospital

3900 South 12000 East
Salt Lake City, UT 84124
Major participating institution for programs in: FP
Institution ID: 49-0441

University of Utah

100 Presidents Circle, Room 203
University of Utah
Salt Lake City, UT 84112
Major participating institution for programs in: P
Institution ID: 49-8015

University of Utah Medical Center

30 North 1900 East
Salt Lake City, UT 84132
Med Sch Affil: M-04901, L-04601
Programs sponsored in: AN, APM, CCP, CCS, CD, CHN, CHP, CN, CPP, D, DR, EM, END, FP, FSM, GE, GPM, GS, HMP, HO, HSO, IC, ICE, ID, IM, IMG, MG, MM, MPD, N, NEP, NPM, NS, OBG, OP, OPH, ORS, OSM, OTO, P, PCC, PD, PDC, PDE, PDI, PEM, PHO, PM, PP, PS, PTH, RHU, RNR, RO, TS, U, VIR, VS
Institution ID: 49-0247

University of Utah Neuropsychiatric Institute

501 Chipeta Way
Salt Lake City, UT 84108
Med Sch Affil: L-04901
Major participating institution for programs in: CHP, P
Institution ID: 49-8014

Valley Mental Health

2001 South State, Suite S2600
Salt Lake City, UT 84190-2450
Major participating institution for programs in: P
Institution ID: 49-0140

Veterans Affairs Medical Center (Salt Lake City)

500 Foothill Boulevard
Salt Lake City, UT 84148
Med Sch Affil: M-04901
Major participating institution for programs in: CD, D, DR, EM, END, GE, GS, HO, ICE, IM, IMG, MPD, N, NEP, NS, OPH, ORS, OTO, P, PM, PS, PTH, RHU, RNR, TS, U, VIR
Institution ID: 49-0251

Vermont**Burlington****Fletcher Allen Health Care**

317 Burgess
111 Colchester Ave
Burlington, VT 05401-1429
Med Sch Affil: M-05002, G-03201
Programs sponsored in: AN, APM, CD, CN, D, DMP, DR, END, FP, GE, GS, HO, IC, ICE, ID, IM, N, NEP, NPM, NS, OBG, ORS, OTO, P, PCC, PCP, PD, PRD, PTH, RHU, RNR, VIR
Institution ID: 50-0480

White River Junction**Veterans Affairs Medical Center (White River Junction)**

N Hartland Road
White River Junction, VT 05001
Med Sch Affil: M-03201
Major participating institution for programs in: ADP, D, GE, GS, IM, MP, N, ORS, P, PCC, PYG, RHU, U, VIR
Institution ID: 50-0249

Virginia**Alexandria****Alexandria Hospital**

4320 Seminary Rd
Alexandria, VA 22304
Med Sch Affil: L-01001
Major participating institution for programs in: VIR
Institution ID: 51-0412

Arlington**Nirschl Orthopedic Clinic**

1715 N George Mason Dr
Suite 504
Arlington, VA 22205
Med Sch Affil: G-02312
Major participating institution for programs in: OSM
Institution ID: 51-8023

Virginia Hospital Center-Arlington

1701 N George Mason Dr
Arlington, VA 22205
Med Sch Affil: M-01002, L-02012, G-01001
Programs sponsored in: OSM
Major participating institution for programs in: FSM, GS, OBG, ORS
Institution ID: 51-0501

Blackstone**Blackstone Family Practice Center**

920 S Main St
Blackstone, VA 23824
Major participating institution for programs in: FP
Institution ID: 51-8001

Burkeville**Piedmont Geriatric Hospital**

Highway 460/360
Burkeville, VA 23922-9999
Major participating institution for programs in: PYG
Institution ID: 51-7005

Catawba**Catawba State Hospital**

PO Box 200
Catawba, VA 24070-0200
Major participating institution for programs in: PYG
Institution ID: 51-8028

Charlottesville**Blue Ridge Poison Control Center**

University of Virginia
Box 800774
Charlottesville, VA 22908-0774
Major participating institution for programs in: ETX
Institution ID: 51-8041

University of Virginia Medical Center

3007 McKim Hall
PO Box 800809
Charlottesville, VA 22908-0809
Med Sch Affil: M-05101
Programs sponsored in: AI, AN, APM, BBK, CCA, CCP, CCS, CD, CHN, CHE, CN, D, DBP, DMP, DR, EM, END, ETX, FP, GE, GS, HMP, HO, HSP, IC, ICE, ID, IM, IMG, MG, MP, N, NEP, NO, NP, NPM, NR, NS, OAR, OBG, OPH, ORS, OSM, OSS, OTO, P, PCC, PCP, PD, PDC, PDE, PDP, PFP, PHO, PM, PN, PS, PTH, PYG, RHU, RNR, RO, TS, U, VIR, VN, VS
Institution ID: 51-0124

Crozet**Mountainside Senior Living**

1220 Crozet Ave
PO Box 310
Crozet, VA 22932
Major participating institution for programs in: IMG
Institution ID: 51-8046

Fairfax**Inova Fair Oaks Hospital**

3600 Joseph Siewick Drive
Fairfax, VA 22033
Med Sch Affil: G-05104
Major participating institution for programs in: FP
Institution ID: 51-8036

Falls Church**Inova Fairfax Hospital**

3300 Gallows Road
Falls Church, VA 22042-3300
Med Sch Affil: M-01001, M-01002, G-02312, G-05104, G-01003
Programs sponsored in: GS, PD, PEM
Major participating institution for programs in: EM, FP, NS, OBG, ORS, P, PS, PYM, TY, U
Institution ID: 51-0492

Farmville**Southside Community Hospital**

800 Oak St
Farmville, VA 23901
Med Sch Affil: G-05104
Major participating institution for programs in: FP
Institution ID: 51-7019

Fishersville**Augusta Health Care, Inc**

PO Box 1000
96 Medical Center Drive
Fishersville, VA 22939
Major participating institution for programs in: U
Institution ID: 51-8037

Fort Belvoir**DeWitt Army Community Hospital**

9501 Farrell Road, Ste GC 11
Fort Belvoir, VA 22060-5901
Med Sch Affil: G-02312
Major participating institution for programs in: FP, FSM
Institution ID: 51-0377

Front Royal**Valley Health System**

140 West Eleventh St
Front Royal, VA 22630
Programs sponsored in: FP
Institution ID: 51-8027

Warren Memorial Hospital

1000 Shenandoah Ave
Front Royal, VA 22630-3598
Major participating institution for programs in: FP
Institution ID: 51-8029

Hampton**Veterans Affairs Medical Center (Hampton)**

100 Emancipation Drive
Hampton, VA 23667
Med Sch Affil: M-05107
Major participating institution for programs in: D, GS, IM, IMG, OPH, P, PM
Institution ID: 51-0508

Lynchburg**Centra Health Inc**

1920 Atherholt Rd
Lynchburg, VA 24501
Med Sch Affil: G-05101
Programs sponsored in: FP
Institution ID: 51-0716

Mechanicsville**Bon Secours Memorial Regional Medical Center**

8260 Atlee Road
Mechanicsville, VA 23116
Major participating institution for programs in: FP
Institution ID: 51-8039

Newport News**Riverside Regional Medical Center**

500 J Clyde Morris Boulevard
Newport News, VA 23601-1976
Med Sch Affil: G-05104
Programs sponsored in: FP, OBG, TY
Major participating institution for programs in: EM
Institution ID: 51-0108

Norfolk**Children's Hospital of the King's Daughters**

800 West Olney Road
Norfolk, VA 23507
Med Sch Affil: M-05107
Major participating institution for programs in: CCS, D, EM, GS, PD, PDI, PEM, PTH, U
Institution ID: 51-0490

DePaul Medical Center

150 Kingsley Lane
Norfolk, VA 23505
Med Sch Affil: M-05107
Major participating institution for programs in: DR, EM, END, IM, IMG, OBG
Institution ID: 51-0242

Eastern Virginia Medical School

358 Mowbray Arch
PO Box 1980
Norfolk, VA 23501
Med Sch Affil: M-05107
Programs sponsored in: CCS, D, DR, EM, END, FOP, FP, GS, ID, IFP, IM, IMG, OBG, OPH, OTO, P, PD, PDI, PEM, PM, PTH, RO, U, VS
Institution ID: 51-0714

Sentara Leigh Hospital

830 Kempsville Rd
Norfolk, VA 23502
Med Sch Affil: M-05107
Major participating institution for programs in: GS, U
Institution ID: 51-0713

Sentara Norfolk General Hospital

600 Gresham Drive
Norfolk, VA 23507
Med Sch Affil: M-05107
Major participating institution for programs in: CCS, D, DR, EM, END, FP, GS, ID, IFP, IM, OBG, OPH, OTO, P, PDI, PM, PTH, RO, U, VS
Institution ID: 51-0276

Tidewater Office of the Chief Medical Examiner

830 Southampton Ave
Norfolk, VA 23510
Major participating institution for programs in: FOP
Institution ID: 51-8031

Portsmouth**Maryview Hospital**

3636 High St
Portsmouth, VA 23707
Med Sch Affil: G-05107
Major participating institution for programs in: FP
Institution ID: 51-0480

Virginia

Naval Medical Center (Portsmouth)

Graduate Medical Education, Code 00J
620 John Paul Jones Circle
Portsmouth, VA 23708-2197
Med Sch Affil: M-05107, M-02312
Programs sponsored in: AN, APM, DR, EM, GS, IM, OBG, ORS, OTO, P, PD, TY
Major participating institution for programs in: CCS, OTO, PTH, U
Institution ID: 51-0314

Richmond

Bon Secours Richmond Community Hospital

1400 North 28th St
Richmond, VA 23223
Major participating institution for programs in: FP
Institution ID: 51-8048

Bon Secours Richmond Health System

5801 Breomo Road
Richmond, VA 23226
Programs sponsored in: FP
Institution ID: 51-8047

Bon Secours St Mary's Hospital

5801 Breomo Road
Richmond, VA 23226
Med Sch Affil: G-05104
Major participating institution for programs in: FP, OAR, ORS, PS
Institution ID: 51-8017

Children's Hospital

2924 Brook Rd
Richmond, VA 23220
Med Sch Affil: G-05104
Major participating institution for programs in: ORS, RPM
Institution ID: 51-0291

Columbia/HCA Chippenham Medical Center

7101 Jahnke Road
Richmond, VA 23225
Med Sch Affil: G-05104
Major participating institution for programs in: FP
Institution ID: 51-0721

Commonwealth of Virginia Department of Health

Main St Station, Suite 214
PO Box 2448
Richmond, VA 23218
Major participating institution for programs in: GPM
Institution ID: 51-0184

Hunter Holmes McGuire VA Medical Center (Richmond)

1201 Broad Rock Boulevard
Richmond, VA 23249
Med Sch Affil: M-05104
Major participating institution for programs in: AN, CD, CN, D, DR, END, GE, GPM, GS, HO, ICE, ID, IM, IMG, N, NEP, NM, NS, OPH, ORS, OTO, P, PCC, PM, PMP, PPM, PS, PYG, RHU, RO, SCL, U, VS
Institution ID: 51-0148

MCV-Virginia Treatment Center for Children

PO Box 489
Richmond, VA 23298
Med Sch Affil: G-05104
Major participating institution for programs in: CHP, P
Institution ID: 51-0494

Medical College of Virginia Hospitals

PO Box 980510
Richmond, VA 23298-0510
Med Sch Affil: M-05104
Programs sponsored in: MPD
Major participating institution for programs in: AI, AN, CCP, CCS, CD, CHN, CHP, CN, D, DR, EM, END, FOP, FP, GE, GPM, GS, HO, ICE, ID, IM, IMG, NEP, NM, NP, NPM, OBG, OPH, ORS, OTO, P, PCC, PCP, PD, PDC, PDI, PM, PMP, PPM, PS, PTH, RHU, RNR, RO, SCL, SP, U, VS
Institution ID: 51-0487

Orthopaedic Research of Virginia

7660 E Parham Road, Suite 207
Richmond, VA 23294
Programs sponsored in: OSM
Institution ID: 51-8026

Tuckahoe Orthopaedic Associates

8919 Three Chopt Rd
Richmond, VA 23229
Major participating institution for programs in: OSM
Institution ID: 51-8021

Virginia Commonwealth Univ Grad Program in Public Health

Grant House
1008 E Clay St, PO Box 98012
Richmond, VA 23298-0212
Major participating institution for programs in: GPM
Institution ID: 51-8030

Virginia Commonwealth University Health System

PO Box 980257
Richmond, VA 23298-0257
Programs sponsored in: ADP, AI, AN, CCP, CCS, CD, CHN, CHP, CN, D, DR, EM, END, FOP, FP, GE, GPM, GS, HMP, HO, IC, ICE, ID, IM, IMG, MG, MGP, N, NEP, NM, NP, NPM, NS, OAR, OBG, OPH, ORS, OTO, OTR, P, PCC, PCP, PD, PDC, PDI, PFP, PM, PMP, PPM, PS, PTH, PYG, PYM, RHU, RNR, RO, RPM, SCL, SP, U, VS
Institution ID: 51-8038

Roanoke

Carilion Health System

PO Box 13367
Roanoke, VA 24033-3367
Programs sponsored in: FP, FPG, GS, IM, MP, OBG, P, PYG, TY
Institution ID: 51-8024

Carilion Medical Center-Roanoke Memorial Hospitals

1906 Bellevue St
Roanoke, VA 24014
Med Sch Affil: M-05101
Major participating institution for programs in: FP, FPG, GS, IM, ORS, P, TY
Institution ID: 51-0258

Carilion Medical Center-Roanoke Community Hospital

101 Elm Ave SE
PO Box 12946
Roanoke, VA 24029
Med Sch Affil: M-05101
Major participating institution for programs in: FP, GS, OBG, TY
Institution ID: 51-0197

Salem

Veterans Affairs Medical Center (Salem)

1970 Boulevard
Salem, VA 24153
Med Sch Affil: M-05101
Major participating institution for programs in: GS, IM, MP, P, PYG
Institution ID: 51-0513

Stanardsville

Evergreene Nursing Care Center

355 William Mills Drive
Stanardsville, VA 22973
Major participating institution for programs in: IMG
Institution ID: 51-8045

Staunton

De Jarnette Center

P O Box 2309
Staunton, VA 24401
Major participating institution for programs in: CHP
Institution ID: 51-8002

Western State Hospital

1301 Richmond Ave
PO Box 2500
Staunton, VA 24402-2500
Major participating institution for programs in: PFP
Institution ID: 51-7023

Virginia Beach

Sentara Virginia Beach General Hospital

1060 First Colonial Rd
Virginia Beach, VA 23454
Med Sch Affil: G-05107
Major participating institution for programs in: RO
Institution ID: 51-0514

Winchester

Winchester Medical Center

1840 Amherst St
PO Box 3340
Winchester, VA 22601-3340
Major participating institution for programs in: FP
Institution ID: 51-0478

Washington

Bremerton

Naval Hospital (Bremerton)

One Boone Road, Code 00
Family Medicine
Bremerton, WA 98312-1898
Med Sch Affil: L-05404, G-02312
Programs sponsored in: FP
Institution ID: 54-7003

Colville

Mount Carmel Hospital

982 E Columbia St
Box 351
Colville, WA 99114
Major participating institution for programs in: FP
Institution ID: 54-8008

Goldendale

Klickitat Valley Hospital

301 S Roosevelt
PO Box 5
Goldendale, WA 98620
Major participating institution for programs in: FP
Institution ID: 54-8010

Olympia

St Peter Hospital

413 Lilly Road, N E
Olympia, WA 98506
Med Sch Affil: L-05404
Programs sponsored in: FP
Institution ID: 54-8004

Renton**Valley Medical Center**

400 S 43rd St
Renton, WA 98055
Med Sch Affil: L-05404
Programs sponsored in: FP
Major participating institution for programs in: PS
Institution ID: 54-0519

Seattle**Children's Hospital and Regional Medical Center**

4800 Sand Point Way, N E
PO Box 5371, CH-78
Seattle, WA 98105-0371
Med Sch Affil: M-05404
Programs sponsored in: PDS
Major participating institution for programs in: ADL, AI, CCP, CHN, CHP, DBP, DR, MG, NS, ORS, PAN, PD, PDE, PDI, PDP, PDR, PEM, PHO, PN, PP, PPR, PS, SCI, TS, U, UP
Institution ID: 54-0311

Fred Hutchinson Cancer Research Center

PO Box 19024, Mail Stop D1-060
1100 Fairview Ave, North
Seattle, WA 98109-1024
Med Sch Affil: L-05404
Major participating institution for programs in: ON, PHO
Institution ID: 54-8001

Group Health Cooperative

521 Wall St
Seattle, WA 98121-1536
Med Sch Affil: M-05404
Programs sponsored in: FP
Institution ID: 54-0498

King County Medical Examiner's Office

Public Health - Seattle & King County
325 9th Ave, HMC Box 359792
Seattle, WA 98104-2499
Med Sch Affil: L-05404
Programs sponsored in: FOP
Institution ID: 54-0515

Northwest Colon and Rectal Clinic, PS

1101 Madison, Suite 500
Seattle, WA 98104
Programs sponsored in: CRS
Institution ID: 54-8005

Northwest Hospital

1550 N 115th St
Seattle, WA 98133
Med Sch Affil: L-05404
Major participating institution for programs in: CRS
Institution ID: 54-8006

PhenoPath Laboratories

551 N 34th St, Suite 100
Seattle, WA 98103-8675
Programs sponsored in: SP
Institution ID: 54-8015

Puget Sound Blood Center

Medical Division
921 Terry Ave
Seattle, WA 98104-1256
Programs sponsored in: BBK
Institution ID: 54-8012

Seattle Cancer Care Alliance

824 Eastlake Ave East
Seattle, WA 98109-1023
Major participating institution for programs in: ON
Institution ID: 54-8032

Swedish Medical Center-Seattle

747 Broadway
Seattle, WA 98122-4307
Med Sch Affil: M-05404
Programs sponsored in: FP, FPG, GS
Major participating institution for programs in: CRS, OBG, PTH
Institution ID: 54-0481

Swedish Medical Center/Providence Campus

500 17th Ave
Seattle, WA 98124-1008
Med Sch Affil: M-05404
Major participating institution for programs in: FP
Institution ID: 54-0189

University of Washington Center on Human Development (CHDD)

PO Box 357920
Seattle, WA 98195-7920
Major participating institution for programs in: DBP
Institution ID: 54-8023

University of Washington Medical Center

1959 NE Pacific St, Box 356151
Seattle, WA 98195-6151
Med Sch Affil: M-05404
Major participating institution for programs in: AN, AR, CCA, CCM, CCS, CHP, CN, DBP, DR, END, FP, FPG, FSM, GE, GS, HMP, HSO, ICE, ID, IM, MG, N, NEP, NM, NP, NPM, NS, OBG, ON, OPH, ORS, OTO, P, PAN, PCP, PDP, PM, PPR, PS, PTH, PYG, PYM, RHU, RNR, RO, SCI, TS, U
Institution ID: 54-0209

University of Washington School of Medicine

C-315 HSC, Box 356340
1959 NE Pacific St
Seattle, WA 98195-6340
Med Sch Affil: M-05404
Programs sponsored in: ADL, ADP, AI, AN, APM, AR, CCA, CCM, CCP, CCS, CD, CHN, CHP, CN, D, DBP, DMP, DR, END, FP, FSM, GE, GS, HEM, HMP, HSO, IC, ICE, ID, IM, IMG, MG, N, NEP, NM, NP, NPM, NS, OBG, ON, OPH, ORS, OTO, P, PAN, PCC, PCP, PD, PDE, PDI, PDP, PDR, PEM, PFP, PHO, PM, PN, PP, PPR, PRD, PS, PTH, PYG, PYM, RHU, RNR, RO, SCI, TS, U, UP, VIR, VS
Institution ID: 54-0502

University of Washington School of Public Health

Dean's Office, Box 357230
Seattle, WA 98195-7230
Med Sch Affil: L-05404
Programs sponsored in: GPM
Major participating institution for programs in: GPM
Institution ID: 54-0505

University of Washington/Harborview Medical Centers

C-314 Health Sciences Center
University of Washington, Box 356350
Seattle, WA 98195-6350
Major participating institution for programs in: AN, BBK, CD, D, DR, EM, GE, GPM, GS, HEM, N, PCC, PDS, U, VIR
Institution ID: 54-8039

VA Puget Sound Health Care System

1660 S Columbian Way
Seattle, WA 98108-1597
Med Sch Affil: M-05404
Major participating institution for programs in: ADP, APM, DR, END, GE, GS, IM, IMG, N, NM, NS, OPH, ORS, OTO, P, PM, PS, PTH, PYG, RHU, RNR, SCI, TS, U, VIR, VS
Institution ID: 54-0362

Virginia Mason Medical Center

1100 9th Ave
Seattle, WA 98101
Med Sch Affil: L-05404
Programs sponsored in: AN, APM, DR, GS, IM, TY
Major participating institution for programs in: FP, OTO, U
Institution ID: 54-0346

Spokane**Deaconess Medical Center**

West 800 Fifth Ave
PO Box 248
Spokane, WA 99210-0248
Med Sch Affil: L-05404
Programs sponsored in: TY
Major participating institution for programs in: FP, IM
Institution ID: 54-0302

Inland Empire Hospital Services Association

Sacred Heart Medical Center
West 101 Eighth, PO Box 2555
Spokane, WA 99220-2555
Programs sponsored in: DR, FP, IM, TY
Institution ID: 54-0516

Sacred Heart Medical Center

West 101 Eighth, TAF-C9
Spokane, WA 99220
Med Sch Affil: M-05404
Major participating institution for programs in: DR, FP, IM, P, TY
Institution ID: 54-0402

Shriners Hospitals for Children (Spokane)

911 W Fifth Ave
PO Box 2472
Spokane, WA 99210-2472
Major participating institution for programs in: ORS
Institution ID: 54-0198

Tacoma**Madigan Army Medical Center**

Attn: MCHJ-CG
Tacoma, WA 98431-1100
Med Sch Affil: M-02312, M-05404, L-04002
Programs sponsored in: DBP, DR, EM, FP, GPM, GS, IM, IMG, N, OBG, OPH, ORS, OTO, PD, PTH, TY, U
Institution ID: 54-0393

MultiCare Medical Center

PO Box 5299
Tacoma, WA 98415
Programs sponsored in: FP
Institution ID: 54-8013

Tacoma General Hospital

315 S K St
PO Box 5299
Tacoma, WA 98415-0299
Med Sch Affil: L-05404
Major participating institution for programs in: FP
Institution ID: 54-0266

Veterans Affairs Medical Center (Tacoma)

American Lake
Tacoma, WA 98493
Major participating institution for programs in: IMG
Institution ID: 54-8003

Western State Hospital

9601 Steilacoom Blvd, SW
Tacoma, WA 98498-7213
Major participating institution for programs in: PFP
Institution ID: 54-8014

Washington

Vancouver

Southwest Washington Medical Center

PO Box 1600
Vancouver, WA 98668
Med Sch Affil: L-04002
Programs sponsored in: FP
Institution ID: 54-8007

Yakima

Yakima Regional Medical and Heart Center

110 N Ninth Ave
Yakima, WA 98902-3397
Major participating institution for programs in: FP
Institution ID: 54-0509

Yakima Valley Memorial Hospital

2811 Tieton Dr
Yakima, WA 98902
Programs sponsored in: FP
Institution ID: 54-0510

West Virginia

Charleston

Charleston Area Medical Center/West Virginia University

3110 MacCorkle Ave SE
Room 3045, WVU Bldg
Charleston, WV 25304
Med Sch Affil: M-05501, G-05502
Programs sponsored in: FP, GS, IM, MP, MPD, OBG, P, PD
Major participating institution for programs in: PTH, PYN, U
Institution ID: 55-0350

Clarksburg

Louis A Johnson Veterans Affairs Medical Center

One Medical Center Drive
Clarksburg, WV 26301-4199
Med Sch Affil: G-05501
Major participating institution for programs in: GS, OPH, OTO, U
Institution ID: 55-0740

United Hospital Center

3 Hospital Plaza
PO Box 1680
Clarksburg, WV 26302
Med Sch Affil: L-05501
Programs sponsored in: FP
Institution ID: 55-0738

Huntington

Cabell Huntington Hospital

1340 Hal Greer Blvd
Huntington, WV 25701
Med Sch Affil: M-05502
Major participating institution for programs in: CD, END, FP, FSM, GS, IM, OBG, PD, PUD
Institution ID: 55-0170

Marshall University School of Medicine

1600 Medical Center Dr, Suite 3400
Huntington, WV 25701-3655
Med Sch Affil: M-05502, L-05501
Programs sponsored in: CD, END, FP, FSM, GS, IM, MPD, OBG, PD, PUD
Institution ID: 55-9501

St Mary's Hospital

2900 First Ave
Huntington, WV 25701
Med Sch Affil: M-05502
Major participating institution for programs in: CD, END, GS, IM, MPD, PUD
Institution ID: 55-0300

Veterans Affairs Medical Center (Huntington)

1540 Spring Valley Drive
Huntington, WV 25704
Med Sch Affil: M-05502
Major participating institution for programs in: CD, END, GS, IM, MPD, PUD
Institution ID: 55-0742

Martinsburg

City Hospital

Dry Run Rd
PO Box 1418
Martinsburg, WV 25401
Major participating institution for programs in: FP
Institution ID: 55-7031

Veterans Affairs Medical Center (Martinsburg)

State Route 9
Martinsburg, WV 25401
Med Sch Affil: G-01001, G-05501
Major participating institution for programs in: FP, OPH
Institution ID: 55-0210

Morgantown

Monongalia General Hospital

1000 J D Anderson Dr
Morgantown, WV 26505
Med Sch Affil: L-05501
Major participating institution for programs in: ORS, TS
Institution ID: 55-0745

West Virginia University Hospitals

Second Floor, Ruby Memorial Hospitals
Administration Offices, PO Box 8059
Morgantown, WV 26505-9100
Med Sch Affil: M-05501
Programs sponsored in: FPP, MN, MP, MPD, PYN
Major participating institution for programs in: ADL, AI, AN, APM, CD, CHN, CN, D, DR, EM, FP, GPM, GS, HO, IC, ID, IM, N, NEP, NR, NS, OBG, OPH, ORS, OTO, P, PCC, PD, PFP, PTH, RNR, TS, U
Institution ID: 55-0426

West Virginia University School of Medicine

WVU Robert C Byrd Health Sciences Center
PO Box 9100-A
Morgantown, WV 26506-9100
Programs sponsored in: ADL, AI, AN, APM, CD, CHN, CN, D, DR, EM, FP, GPM, GS, HO, IC, ID, IM, N, NEP, NR, NS, OBG, OPH, ORS, OTO, P, PCC, PD, PFP, PTH, RNR, TS, U
Institution ID: 55-9502

Ranson

Jefferson Memorial Hospital

300 S Preston St
Ranson, WV 25438
Med Sch Affil: L-05501
Major participating institution for programs in: FP
Institution ID: 55-8016

South Charleston

Thomas Memorial Hospital

4605 MacCorkle Ave, SW
South Charleston, WV 25309
Med Sch Affil: L-05501
Major participating institution for programs in: FP
Institution ID: 55-0433

Wheeling

Wheeling Hospital

One Medical Park
Wheeling, WV 26003
Programs sponsored in: FP
Institution ID: 55-0431

Wisconsin

Appleton

Appleton Medical Center

1818 North Meade St
Appleton, WI 54911
Med Sch Affil: G-05605
Major participating institution for programs in: FP
Institution ID: 56-0724

St Elizabeth Hospital

1506 South Oneida St
Appleton, WI 54915
Med Sch Affil: G-05605
Major participating institution for programs in: FP
Institution ID: 56-7001

Baraboo

St Clare Hospital and Health Services

707 14th St
Baraboo, WI 53913-1597
Med Sch Affil: G-05605
Major participating institution for programs in: FP
Institution ID: 56-8021

Eau Claire

Luther Hospital

1221 Whipple St
Eau Claire, WI 54702-4105
Med Sch Affil: G-05605
Major participating institution for programs in: FP
Institution ID: 56-0399

Sacred Heart Hospital

900 West Clairemont Ave
Eau Claire, WI 54701
Med Sch Affil: G-05605
Major participating institution for programs in: FP
Institution ID: 56-0716

Janesville

Mercy Health System

1000 Mineral Point Ave
Janesville, WI 53545
Programs sponsored in: FP
Institution ID: 56-0333

La Crosse

Franciscan Skemp Healthcare - La Crosse Campus

700 West Ave S
La Crosse, WI 54601-4783
Programs sponsored in: FP
Institution ID: 56-0718

Gundersen Clinic

1910 South Ave
La Crosse, WI 54601-9980
Major participating institution for programs in: GS, IM, TY
Institution ID: 56-8031

Gundersen Lutheran Medical Foundation

1836 South Ave/C01-005
La Crosse, WI 54601-5494
Programs sponsored in: GS, IM, TY
Institution ID: 56-8030

Lutheran Hospital-La Crosse

1910 South Ave
La Crosse, WI 54601-9980
Med Sch Affil: M-05605
Major participating institution for programs in: GS, IM, TY
Institution ID: 56-0355

Madison**Mendota Mental Health Institute**

301 Troy Drive
Madison, WI 53704
Med Sch Affil: L-05605
Major participating institution for programs in: PFP, PYG
Institution ID: 56-0437

Meriter Hospital

202 S Park St
Madison, WI 53715-1599
Med Sch Affil: M-05605
Major participating institution for programs in: CHP, NS, OBG, ORS, OTO, P, PD, PS
Institution ID: 56-8018

St Mary's Hospital Medical Center

707 S Mills St
Madison, WI 53715
Med Sch Affil: G-05605
Major participating institution for programs in: FP, OBG, PS, U
Institution ID: 56-0450

University of Wisconsin Hospital and Clinics

600 Highland Ave
Madison, WI 53792
Med Sch Affil: M-05605
Programs sponsored in: AI, AN, BBK, CCA, CCP, CD, CHP, CN, D, DR, END, GE, GS, HEM, HMP, IC, ID, IM, IMD, IMG, MG, N, NEP, NM, NPM, NS, OBG, ON, OPH, ORS, OSM, OTO, P, PCC, PCP, PD, PDE, PDP, PHO, PM, PS, PSM, PTH, PYG, RHU, RNR, RO, TS, U, VIR, VS
Institution ID: 56-0176

University of Wisconsin Medical School

Department of Family Medicine
777 S Mills St
Madison, WI 53715-1896
Programs sponsored in: FP
Institution ID: 56-9501

William S Middleton Veterans Hospital

2500 Overlook Terrace
Madison, WI 53705
Med Sch Affil: M-05605
Major participating institution for programs in: AI, CD, CN, D, DR, END, GE, GS, HEM, ID, IM, IMD, IMG, N, NEP, NS, ON, OPH, ORS, OTO, P, PCC, PTH, PYG, RHU, RNR, TS, U, VIR, VS
Institution ID: 56-0218

Marshfield**Marshfield Clinic-St Joseph's Hospital**

1000 N Oak Ave
Marshfield, WI 54449-5777
Med Sch Affil: M-05605
Programs sponsored in: CCS, D, GS, IM, MPD, PD, TY
Major participating institution for programs in: D
Institution ID: 56-0264

Menomonee Falls**Community Memorial Hospital**

W180 N8085 Town Hall Road
PO Box 408
Menomonee Falls, WI 53052-0408
Major participating institution for programs in: RO
Institution ID: 56-8029

Milwaukee**Aurora Health Care**

3000 W Montana Ave
Milwaukee, WI 53215
Programs sponsored in: CD, DR, FP, GE, IC, ICE, IM, IMG, OBG, TY
Institution ID: 56-8020

Aurora Sinai Medical Center

945 N 12th St
PO Box 342
Milwaukee, WI 53201
Med Sch Affil: M-05605, G-05606
Major participating institution for programs in: CD, GE, IC, ICE, IM, IMG, OBG
Institution ID: 56-0303

Blood Center of Southeastern Wisconsin

PO Box 2178
Milwaukee, WI 53201-2178
Med Sch Affil: G-05606
Major participating institution for programs in: BBK
Institution ID: 56-0737

Clement J Zablocki Veterans Affairs Medical Center

5000 West National Ave
Milwaukee, WI 53295
Med Sch Affil: M-05606
Major participating institution for programs in: AI, AN, CD, CHN, CN, D, DR, END, GE, GS, HO, ID, IM, IMG, MN, MPM, N, NEP, NM, NS, OPH, ORS, OTO, P, PCC, PM, PS, PTH, RHU, RO, SCI, TS, U, VIR
Institution ID: 56-0354

Columbia Hospital

2025 E Newport Ave
Milwaukee, WI 53211
Med Sch Affil: M-05606
Major participating institution for programs in: GS, P
Institution ID: 56-0433

Froedtert Memorial Lutheran Hospital

9200 West Wisconsin Ave
Milwaukee, WI 53226
Med Sch Affil: M-05606
Major participating institution for programs in: AI, AN, APM, BBK, CCA, CCS, CD, CFS, CHN, CN, D, DR, EM, END, PSM, GE, GS, HMP, HO, HSP, ID, IM, IMG, MN, MPM, N, NEP, NM, NS, OBG, OPH, ORS, OTO, P, PCC, PCP, PM, PS, PTH, RHU, RNR, RO, TS, U, VIR, VS
Institution ID: 56-0739

Medical College of Wisconsin Affiliated Hospitals, Inc

8701 Watertown Plank Road
Milwaukee, WI 53226
Programs sponsored in: AI, AN, APM, BBK, CCA, CCP, CCS, CD, CFS, CHN, CHP, CN, D, DR, EM, END, FOP, FP, FPP, FSM, GE, GPM, GS, HMP, HO, HSP, ID, IM, IMG, MN, MPD, MPM, N, NEP, NM, NPM, NS, OBG, OPH, ORS, OTO, P, PAN, PCC, PCP, PD, PDC, PDE, PDP, PDR, PDS, PEM, FPP, PG, PHO, PM, PPR, PS, PTH, RHU, RNR, RO, SCI, TS, U, VIR, VS
Institution ID: 56-0441

Milwaukee County Behavioral Health Division

9455 Watertown Plank Rd
Milwaukee, WI 53226
Med Sch Affil: M-05606
Major participating institution for programs in: CHP, P, PFP
Institution ID: 56-0146

Milwaukee County Medical Examiner's Office

933 West Highland Ave
Milwaukee, WI 53233
Major participating institution for programs in: FOP
Institution ID: 56-8016

St Joseph Regional Medical Center

5000 W Chambers St
Milwaukee, WI 53210
Med Sch Affil: M-05606
Programs sponsored in: DR, TY
Major participating institution for programs in: GE, ID, OBG
Institution ID: 56-0370

St Luke's Medical Center

2900 W Oklahoma Ave
Milwaukee, WI 53215
Med Sch Affil: M-05605, G-05606
Major participating institution for programs in: DR, END, FP, ICE, MPM, OBG, TY
Institution ID: 56-0337

St Mary's Hospital (Milwaukee)

2323 North Lake Drive
Milwaukee, WI 53211-9682
Med Sch Affil: M-05606
Major participating institution for programs in: FP, OBG
Institution ID: 56-0167

St Michael Hospital

2400 W Villard Ave
Milwaukee, WI 53209
Med Sch Affil: G-05606
Major participating institution for programs in: FP
Institution ID: 56-0180

Prairie du Chien**Prairie du Chien Memorial Hospital**

705 East Taylor St
Prairie du Chien, WI 53821-2196
Major participating institution for programs in: FP
Institution ID: 56-8033

Racine**All Saints Healthcare**

3801 Spring St
Racine, WI 53405
Med Sch Affil: G-05606
Major participating institution for programs in: FP
Institution ID: 56-8027

Wisconsin

Waukesha

Waukesha Memorial Hospital

725 American Ave

Waukesha, WI 53188

Med Sch Affil: G-05606

Major participating institution for programs in: FP

Institution ID: 56-0722

Wausau

Wausau Hospital

333 Pine Ridge Blvd

Wausau, WI 54401

Med Sch Affil: G-05605

Major participating institution for programs in: FP

Institution ID: 56-0411

Wauwatosa

Children's Hospital of Wisconsin

9000 West Wisconsin Ave

Wauwatosa, WI 53226

Med Sch Affil: M-05606, L-05605

Major participating institution for programs in: AI,

BBK, CCP, CFS, CHN, CHP, CN, D, GS, HSP, NPM, NS,

ORS, OTO, PAN, PD, PDC, PDE, PDP, PDR, PDS, PEM,

PG, PHO, PPR, PS, TS, U

Institution ID: 56-0237

West Allis

Rogers Memorial Hospital

11101 W Lincoln Ave

West Allis, WI 53227

Major participating institution for programs in: CHP

Institution ID: 56-8042

Wyoming

Casper

Wyoming Medical Center

1233 E 2nd St

Casper, WY 82601

Major participating institution for programs in: FP

Institution ID: 57-0100

Cheyenne

United Medical Center

300 E 23rd St

Cheyenne, WY 82001

Major participating institution for programs in: FP

Institution ID: 57-0106

Veterans Affairs Center

2360 E Pershing Blvd

Cheyenne, WY 82001-5392

Major participating institution for programs in: FP

Institution ID: 57-8001

Laramie

University of Wyoming College of Health Sciences

Dept 3432

1000 East University Ave

Laramie, WY 82071

Programs sponsored in: FP

Institution ID: 57-9501

Appendix A

Combined Specialty Programs

Combined programs in two or more specialties exist in a number of specialties. Upon completion of a combined program, resident physicians are eligible for board certification in the specialties comprising the combined program. In the past, combined programs were approved by their respective specialty boards, although their curricula and policies and procedures for resident education and evaluation were expected to meet the program requirements of the Accreditation Council for Graduate Medical Education (ACGME) and its Residency Review Committees (RRCs) applicable to the accredited core programs. In collaboration with the American Board of Internal Medicine and the American Board of Pediatrics, the ACGME and the RRCs for Internal Medicine and Pediatrics have developed a process for accrediting combined internal medicine/pediatrics programs, currently numbering 101 nationally.

On July 1, 2005, the ACGME will grant provisional status to internal medicine/pediatrics programs. Programs will receive a site visit when their core programs come up for accreditation review, and the RRCs for Internal Medicine and Pediatrics will review the reports for combined programs at the same time as the review of their core programs. In future years, the ACGME plans to accredit additional combined programs, using a model similar to that used for internal medicine/pediatrics.

Since 2001, the ACGME has listed all active combined programs in its accreditation database and on its Web site (www.acgme.org); program information is also available via the AMA's FREIDA Online[®] Web site at www.ama-assn.org/go/freida. The standards for internal medicine/pediatrics can be found on the ACGME's Web site. Requests for information about the guidelines for the other combined programs should be directed to the specialty boards at the addresses listed in Appendix B. Applicants to combined specialty programs are encouraged to review requirements for admission to the certification process of each board, also listed in Appendix B.

Combined Specialty Programs

		Accred Length(s)	GY1*	# of Programs		
700	MPD	4	Y	101	Internal Medicine/Pediatrics	
705	MEM	5	Y	10	Internal Medicine/Emergency Medicine	
710	MPM	5	Y	2	Internal Medicine/Physical Medicine and Rehabilitation	
715	MP	5	Y	17	Internal Medicine/Psychiatry	
720	FPP	5	Y	10	Psychiatry/Family Practice	
725	EMP	5	Y	3	Pediatrics/Emergency Medicine	
730	CPP	5	Y	10	Pediatrics/Psychiatry/Child and Adolescent Psychiatry	
735	PPM	5	Y	5	Pediatrics/Physical Medicine and Rehabilitation	
740	IFP	4	Y	3	Internal Medicine/Family Practice	
745	MN	5	Y	7	Internal Medicine/Neurology	
750	NPR	5	Y	0	Neurology/Physical Medicine and Rehabilitation	
751	IPM	4	Y	7	Internal Medicine/Preventive Medicine	
755	PYN	5	6	Y	10	Psychiatry/Neurology
760	NRN	7	Y	3	Neurology/Diagnostic Radiology/Neuroradiology	
765	PMG	5	Y	11	Pediatrics/Medical Genetics	
766	MDG	5	Y	1	Internal Medicine/Medical Genetics	
770	DNN	5	N	0	Diagnostic Radiology/Nuclear Medicine/Nuclear Radiology	
775	IEC	6	Y	1	Internal Medicine/Emergency Medicine/Critical Care Medicine	
780	INM	4	Y	0	Internal Medicine/Nuclear Medicine	
785	IMD	5	Y	4	Internal Medicine/Dermatology	
790	PDM	5	Y	3	Pediatrics/Dermatology	
				208	Total	

*Y=Graduate year 1 positions available

N=No GY1 positions available

Diagnostic Radiology/Nuclear Medicine/ Nuclear Radiology

The American Board of Radiology (ABR) and the American Board of Nuclear Medicine (ABNM) offer dual certification for candidates who have satisfactorily completed a combined total of 6 years of suitable accredited training in programs approved by both boards and successfully passed the certifying examination of both boards.

To be eligible for dual certification, a resident must obtain residency training in diagnostic radiology and nuclear medicine that must include a) a preparatory clinical year in an ACGME-accredited program and b) 4 years of education in an ACGME-accredited diagnostic radiology program that includes 6 months of nuclear medicine training, followed by c) 1 year of education in a combined nuclear medicine and nuclear radiology program. Certifying examinations of each board cannot be taken until all required years of training in both specialties are satisfactorily completed.

Internal Medicine/Dermatology

The American Board of Internal Medicine and the American Board of Dermatology offer dual certification for candidates who fulfill the requirements of both boards by completing joint training in 5 years. All 5 years should be completed in the same combined program; exceptions must be approved in advance by both boards. Applicants may not take the certifying examinations until all required years in both specialties have been completed.

Internal Medicine/Emergency Medicine

The American Board of Internal Medicine and the American Board of Emergency Medicine offer dual certification for candidates who have completed at least 2½ years of suitable accredited training in each specialty. A combined residency consists of 5 years of balanced

education in the two disciplines. It is strongly recommended that the participating residencies be in the same academic health center.

To be eligible for dual certification, the resident must satisfactorily complete 60 months of combined education, which must be verified by the directors of both programs. The certifying examinations cannot be taken until all 5 years are completed.

Internal Medicine/Emergency Medicine/ Critical Care Medicine

The American Board of Internal Medicine and the American Board of Emergency Medicine offer triple certification for candidates who complete a 6-year (72-month) integrated, coherent program of combined training in internal medicine, emergency medicine, and critical care medicine, approved by both boards.

Upon successful completion and verification of the first 5 years of this program, candidates may apply to take the certification examinations in internal medicine and emergency medicine. To meet eligibility for certification in critical care medicine, the candidate must: (1) have satisfactorily completed the 6-year combined program; (2) be certified by the American Board of Internal Medicine; and (3) have met the certification requirements of the American Board of Emergency Medicine.

Internal Medicine/Family Medicine

The American Board of Internal Medicine and the American Board of Family Medicine offer dual certification for candidates who have satisfactorily completed 4 years of combined training in programs approved by both boards.

To be eligible for dual certification, combined residency training in internal medicine and family medicine must include at least 48 months of balanced education in the two disciplines and be verified by the training director(s) of the program. The written certifying examinations cannot be taken until all required years in both specialties are completed.

Internal Medicine/Medical Genetics

The American Board of Internal Medicine and the American Board of Medical Genetics have approved a pathway leading to admissibility to the certification processes in internal medicine and medical genetics to candidates who have satisfactorily completed 5 years of combined training in internal medicine and medical genetics in an approved training track, beginning with a GY1 in internal medicine. Such training, which must be verified by the program directors of both specialties, is intended to provide educational and practical experiences in each discipline that are equivalent to those in the training programs of the parent specialties.

This combined residency training must be conducted in the same institution and its affiliated hospitals. There should be no interruption in training.

Internal Medicine/Neurology

The American Board of Internal Medicine and the American Board of Psychiatry and Neurology offer dual certification for candidates who have completed 5 years of combined training suitable to both boards. A combined residency in internal medicine and neurology must include at least 5 years of coherent education integral to residencies in the two disciplines. It is strongly recommended that the participating residencies be in the same institution.

To meet eligibility for dual certification, the resident must satisfactorily complete 60 months of training, which must be verified by the directors of both programs. The written certifying examinations cannot be taken until all required years in both specialties are satisfactorily completed.

Internal Medicine/Nuclear Medicine

The American Board of Internal Medicine and the American Board of Nuclear Medicine offer a training pathway for candidates who have completed 4 years of combined accredited training in internal medicine and nuclear medicine leading to admissibility to certification in both specialties. To meet eligibility for dual certification, the resident must satisfactorily complete 48 months of combined training that is verified by the directors of both training programs. It is strongly recommended that combined training occur in the same institution. Residents will be eligible for admission to the written certifying examination in internal medicine after successfully completing the R-3 year of training and for the nuclear medicine examination after the R-4 year.

Internal Medicine/Pediatrics

The American Board of Internal Medicine and the American Board of Pediatrics offer dual certification in internal medicine and pediatrics. A combined residency must include at least 2 years in each specialty, for a total of 4 years of coherent training integral to residencies in the two disciplines. The participating residencies should be in the same academic health center. Continuity clinics in each specialty should be provided throughout the 4 years.

To meet eligibility requirements for dual certification, the resident must satisfactorily complete 48 months of combined education, and clinical competence in both specialties must be verified by the directors of both programs. The certifying examinations cannot be taken until all required years in both specialties are satisfactorily completed.

Internal Medicine/Physical Medicine and Rehabilitation

The American Board of Internal Medicine and the American Board of Physical Medicine and Rehabilitation offer dual certification for candidates who have completed at least 2½ years of suitable accredited training in each specialty. A combined residency must include at least 5 years of coherent training integral to residencies in the two disciplines. It is strongly recommended that the participating residencies be in the same institution.

To meet eligibility requirements for dual certification, the resident must satisfactorily complete 60 months of combined education, which must be verified by the directors of both programs. The written certifying examinations cannot be taken until required training in a specialty has been satisfactorily completed. The certifying examination in internal medicine cannot be taken prior to the fall of the fifth year in the combined program.

Internal Medicine/Preventive Medicine

The American Board of Internal Medicine (ABIM) and the American Board of Preventive Medicine (ABPM) offer dual certification for candidates who have completed a minimum of 4 years of accredited training in combined internal medicine/preventive medicine programs that meet the *Guidelines for Combined Internal Medicine - Preventive Medicine Residency Training Programs* approved by ABPM and ABIM. In addition to satisfactory completion of the combined training programs, applicants for the ABPM certifying examination must have completed the required year of preventive medicine practice to qualify.

Internal Medicine/Psychiatry

The American Board of Internal Medicine and the American Board of Psychiatry and Neurology offer dual certification in internal medicine and psychiatry. A combined residency must include at least 5 years of coherent education integral to residencies in the two disciplines. Participating residencies must be in the same institution.

To meet eligibility requirements for dual certification, the resident must satisfactorily complete 60 months of combined education, which must be verified by the directors of both programs. The written certifying examinations cannot be taken until all required years of training in both specialties are satisfactorily completed.

Neurology/Physical Medicine and Rehabilitation

The American Board of Psychiatry and Neurology and the American Board of Physical Medicine and Rehabilitation offer dual certification in neurology and physical medicine and rehabilitation. A combined residency must include 5 years of combined education. This combined training must follow a year in a residency program that meets the requirements for neurology and should be completed in the same institution. All required years in both specialties must be satisfactorily completed prior to admission to the certifying examinations of each board.

Neurology/Diagnostic Radiology/Neuroradiology

The American Board of Psychiatry and Neurology and the American Board of Radiology offer certification in neurology, diagnostic radiology, and neuroradiology. The combined residency must include at least 7 years of coherent training integral to all three residencies. It is recommended that the participating residencies be in the same academic health center.

To meet eligibility requirements for triple certification, the resident must satisfactorily complete 84 months of combined training, which must be verified by the directors of each program. Lacking verification of acceptable clinical competence in the combined program, the resident must satisfactorily complete the standard length of residency training and all other requirements before each certifying examination may be taken. Applicants may not take the certifying examination until all required years of training have been completed. In order to be eligible for the neuroradiology exam, a resident must have completed certification in both diagnostic radiology and neurology.

Pediatrics/Dermatology

The American Board of Pediatrics and the American Board of Dermatology offer dual certification for candidates who fulfill the requirements of both boards by completing joint training in 5 years. All 5 years should be completed in the same combined program; exceptions must be approved in advance by both boards. Applicants may not take the certifying examinations until all required years in both specialties have been completed.

Pediatrics/Emergency Medicine

The American Board of Pediatrics and the American Board of Emergency Medicine offer dual certification for candidates who fulfill the requirements of both boards by completing joint training in 5 years. All 5 years should be completed in the same combined program; exceptions must be approved in advance by both boards. Applicants may not take the certifying examinations until all required years in both specialties have been completed.

Pediatrics/Medical Genetics

The American Board of Pediatrics and the American Board of Medical Genetics offer dual certification for candidates who fulfill the requirements of both boards by completing joint training in 5 years. All 5 years should be completed in the same combined program; exceptions must be approved in advance by both boards. Applicants may not take the certifying examinations until all required years in both specialties have been completed.

Pediatrics/Physical Medicine and Rehabilitation

The American Board of Pediatrics and the American Board of Physical Medicine and Rehabilitation permit applicants interested in pediatric rehabilitation to qualify for admission to the certifying examinations of both boards by completing a 5-year combined program. All 5 years should be completed at one academic institution; exceptions must be approved in advance by both boards.

Applicants may not take the certifying examinations until all required years in both specialties have been completed.

Pediatrics/Psychiatry/Child and Adolescent Psychiatry

The American Board of Pediatrics, the American Board of Psychiatry and Neurology, and the Committee on Certification in Child and Adolescent Psychiatry have developed a committee that is overseeing training via a different format. This is a 5-year curriculum with 24 months of pediatrics, 18 months of adult psychiatry, and 18 months of child and adolescent psychiatry. Completion of the program will satisfy the training requirement for certification in all three areas. Applicants pursuing training in these programs may not take the certifying examinations until all training has been completed. Credit for training via this route may be obtained only by training in one of these programs.

Psychiatry/Family Medicine

The American Board of Family Medicine and the American Board of Psychiatry and Neurology offer dual certification in family medicine and psychiatry. A combined residency in family medicine and psychiatry must include at least 5 years of coherent training integral to residencies in the two disciplines. It is required that the combined training be under the aegis of the same academic institution.

To meet eligibility for dual certification, the resident must satisfactorily complete 60 months of combined training, which must be verified by the directors of both programs. The certifying examinations may not be taken until all required years of training in both specialties are satisfactorily completed.

Psychiatry/Neurology

The American Board of Psychiatry and Neurology has established guidelines for combined training in psychiatry and neurology. A combined residency must include one postgraduate year (PGY1) of training that is acceptable to neurology plus a minimum of 5 years of combined residency training. The 5 years of residency training are usually taken at one approved institution but may be taken at no more than two approved institutions.

Internal Medicine/ Dermatology

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
Medical Center of Louisiana at New Orleans
Veterans Affairs Medical Center (New Orleans)

Prgm Director: Brian D Lee, MD
Dayton W Daberkow II, MD
Louisiana State Univ Hlth Sciences Ctr
Dept of Dermatology
1524 Tulane Ave Rm 634
New Orleans, LA 70112-2822
Tel: 504 568-7110 *Fax:* 504 568-2170
E-mail: smunoz@lsuhsc.edu
Accred Length: 5 Yrs *Program Size:* 1 (GYI: 1)
Program ID: 785-21-44-001

New York

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)

Prgm Director: William A Wertheim, MD
Richard S Kalish, MD, PhD
Stony Brook Hlth Sciences Ctr
HSC T16 02
Stony Brook, NY 11794-8160
Tel: 631 444-2065 *Fax:* 631 444-2493
Accred Length: 5 Yrs *Program Size:* 1 (GYI: 1)
Program ID: 785-35-44-003

Pennsylvania

Philadelphia

University of Pennsylvania Program

Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Presbyterian Medical Center (UPHS)
Veterans Affairs Medical Center (Philadelphia)

Prgm Director: Lisa Bellini, MD
Victoria Werth, MD
Univ of Pennsylvania
2 Rhoads Pavillion
3600 Spruce St
Philadelphia, PA 19104
Tel: 215 662-2737
Accred Length: 5 Yrs *Program Size:* 155 (GYI: 60)
Program ID: 785-41-44-002

Wisconsin

Madison

University of Wisconsin Program

Sponsor: University of Wisconsin Hospital and Clinics
William S Middleton Veterans Hospital

Prgm Director: George Reizner, MD
Bennett Vogelman, MD
One South Park St
7th Fl
Madison, WI 53715
Tel: 608 287-2620 *Fax:* 608 287-2676
E-mail: jrunning@dermatology.wisc.edu
Accred Length: 5 Yrs *Program Size:* 3 (GYI: 1)
Program ID: 785-56-44-004

Internal Medicine/ Emergency Medicine

California

Sylmar

UCLA Medical Center Program

Sponsor: Olive View/UCLA Medical Center
Prgm Director: Pamela Dyne, MD
Soma Wali, MD
UCLA Emergency Med Ctr
924 Westwood Blvd Ste 300
Los Angeles, CA 90024
Tel: 818 364-3114 *Fax:* 818 364-3268
E-mail: pdyne@ucla.edu
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)
Program ID: 705-05-44-016

Delaware

Wilmington

Christiana Care Health Services Program

Sponsor: Christiana Care Health Services Inc
Prgm Director: Charles L Reese IV, MD
Christiana Care Health Services
Emergency Med/Int Med Pgm
4755 Oglethorpe-Stanton Rd
Newark, DE 19718-6001
Tel: 302 733-1840 *Fax:* 302 733-1633
E-mail: smullenix@christianacare.org
Accred Length: 5 Yrs *Program Size:* 15 (GYI: 3)
Program ID: 705-09-44-010

Illinois

Chicago

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at
Chicago
University of Illinois Hospital and Clinics
Prgm Director: Thomas Eiseman, MD
Univ of Illinois-Chicago
808 S Wood St/Rm 470
MC 724
Chicago, IL 60612
Tel: 312 996-5719 *Fax:* 312 413-0289
E-mail: teiseman@uic.edu
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)
Program ID: 705-16-44-012

Louisiana

New Orleans

Louisiana State University Program

Sponsor: Louisiana State University School of Medicine
Prgm Director: Dayton W Daberkow II, MD
Jorge Martinez, MD
Charity Hosp LSU
1542 Tulane Ave
Rm 447
New Orleans, LA 70112-2822
Tel: 504 568-4600 *Fax:* 504 568-7885
E-mail: rgaine@lsuhsc.edu
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)
Program ID: 705-21-44-015

Note: * indicates a newly appointed program director

Maryland**Baltimore****University of Maryland Program**

Sponsor: University of Maryland Medical System
Mercy Medical Center

Prgm Director: Robert L Rogers, MD

Susan D Wolfsthal, MD
Univ of Maryland Med Ctr
Div of Emergency Med
419 W Redwood St/Ste 280
Baltimore, MD 21201

Tel: 410 328-8025 *Fax:* 410 328-8028

E-mail: rrogers@medicine.umaryland.edu

Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)

Program ID: 705-23-44-014

Michigan**Detroit****Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital

Prgm Director: Usamah Mossallam, MD

Eric Scher, MD
Emergency Med/Int Med Pgm
Henry Ford Hosp
2799 W Grand Blvd CFP-2
Detroit, MI 48202-2689

Tel: 313 916-1553 *Fax:* 313 916-7437

E-mail: jowens1@hfhs.org

Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)

Program ID: 705-25-44-003

New York**Brooklyn****SUNY Health Science Center at Brooklyn Program**

Sponsor: SUNY Health Science Center at Brooklyn
Kings County Hospital Center
University Hospital-SUNY Health Science Center at
Brooklyn

Veterans Affairs Medical Center (Brooklyn)

Prgm Director: Stephan Rinnert, MD

Jeanne Macrae, MD
SUNY Downstate Kings County
450 Clarkson Ave
Brooklyn, NY 11203-2098

Tel: 718 245-3320 *Fax:* 718 245-4799

E-mail: em-im.residency@downstate.edu

Accred Length: 5 Yrs *Program Size:* 12 (GYI: 4)

Program ID: 705-35-44-018

New Hyde Park**Albert Einstein College of Medicine at Long Island Jewish Medical Center Program**

Sponsor: Long Island Jewish Medical Center

Prgm Director: Kumar Alagappan, MD

Long Island Jewish Med Ctr
270-05 76th Ave
New Hyde Park, NY 11040

Tel: 718 470-7873 *Fax:* 718 962-7728

E-mail: Foti@lj.edu

Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)

Program ID: 705-35-44-011

North Carolina**Greenville****Pitt County Memorial Hospital/East Carolina University Program**

Sponsor: Pitt County Memorial Hospital

Prgm Director: Joseph R Shiber, MD

Brody Sch of Med-ECU
Dept of Emergency Medicine
600 Moye Blvd
Greenville, NC 27834

Tel: 252 744-4184 *Fax:* 252 744-4125

E-mail: dmorgan@pcmh.com

Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)

Program ID: 705-36-44-019

Pennsylvania**Pittsburgh****Allegheny General Hospital Program**

Sponsor: Allegheny General Hospital

Prgm Director: Dennis P Hanlon, MD

Allegheny General Hosp
Dept of Med
320 E North Ave

Pittsburgh, PA 15212-9986

Tel: 412 359-4905 *Fax:* 412 359-4963

E-mail: cadelsbe@wpahs.org

Accred Length: 5 Yrs *Program Size:* 6 (GYI: 0)

Program ID: 705-41-44-006

**Internal Medicine/
Emergency
Medicine/Critical
Care Medicine****Michigan****Detroit****Henry Ford Hospital Program**

Sponsor: Henry Ford Hospital

Prgm Director: Usamah Mossallam, MD

Henry Ford Hosp
Dept of Emergency Med CFP-2
2799 W Grand Blvd
Detroit, MI 48202

Tel: 313 916-1553 *Fax:* 313 916-7437

E-mail: umossall1@hfhs.org

Accred Length: 6 Yrs *Program Size:* 1 (GYI: 0)

Program ID: 775-25-44-001

Internal Medicine/ Family Medicine

California

Fresno

University of California (San Francisco)/ Fresno Program

Sponsor: UCSF-Fresno Medical Education Program

Prgm Director: Paul Goebel, MD

John Zweifler, MD

University Med Ctr

445 S Cedar Ave

Fresno, CA 93702

Tel: 559 459-5705 *Fax:* 559 459-4443

Accred Length: 4 Yrs *Program Size:* 0 (GYI: 0)

Program ID: 740-05-44-005

Indiana

Indianapolis

St Vincent Hospital Program

Sponsor: St Vincent Hospital and Health Care Center

Prgm Director: Robert M Lubitz, MD, MPH

Judith A Monroe, MD*

St Vincent Hosp

2001 W 86th St 3N

Indianapolis, IN 46260

Tel: 317 338-2172 *Fax:* 317 338-6359

E-mail: rmlubitz@stvincent.org

Accred Length: 4 Yrs *Program Size:* 6 (GYI: 2)

Program ID: 740-17-44-006

Virginia

Norfolk

Eastern Virginia Medical School Program

Sponsor: Eastern Virginia Medical School

Sentara Norfolk General Hospital

Prgm Director: James G Dixon, MD, MS

Eastern Virginia Med Sch

Dept of Internal Med

825 Fairfax Ave

Norfolk, VA 23507-1912

Tel: 757 446-7356 *Fax:* 757 446-5242

E-mail: bretnalm@evms.edu

Accred Length: 4 Yrs *Program Size:* 12 (GYI: 4)

Program ID: 740-51-44-001

Internal Medicine/ Medical Genetics

Ohio

Cleveland

Case Western Reserve University/ University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland

MetroHealth Medical Center

Veterans Affairs Medical Center (Cleveland)

Prgm Director: Keith Armitage, MD

Arthur Zinn, MD

Univ Hosps of Cleveland

11100 Euclid Ave

Cleveland, OH 44106

Tel: 216 844-3936 *Fax:* 216 844-7497

Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)

Program ID: 766-38-44-001

Internal Medicine/ Neurology

Arizona

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine

Southern Arizona VA Health Care Center (Tucson)

University Medical Center

Prgm Director: David M Labiner, MD

Richard M Mandel, MD

Univ of Arizona Hlth Sci Ctr

1501 N Campbell Ave

PO Box 245023

Tucson, AZ 85724-5023

Tel: 520 626-2006 *Fax:* 520 626-2111

E-mail: labinerd@u.arizona.edu

Accred Length: 5 Yrs *Program Size:* 3 (GYI: 1)

Program ID: 745-03-44-010

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine

Clarian Indiana University Hospital

Richard L Roudebush Veterans Affairs Medical Center

William N Wishard Memorial Hospital

Prgm Director: Robert M Pascuzzi, MD

Indiana Univ Sch of Med

Dept of Neurology

545 Barnhill Dr EH 125

Indianapolis, IN 46202-5124

Tel: 317 274-4455 *Fax:* 317 278-4918

E-mail: prcowher@iupui.edu

Accred Length: 5 Yrs *Program Size:* 5 (GYI: 1)

Program ID: 745-17-44-009

Louisiana

New Orleans

Tulane University Program

Sponsor: Tulane University School of Medicine

Tulane University Hospital and Clinics

Prgm Director: Anne L Foundas, MD

Jeffrey Weiss, MD

Tulane Univ Hlth Sci Ctr

Dept of Neurology TB-52

1430 Tulane Ave 10th Fl

New Orleans, LA 70112-2699

Tel: 504 988-2241 *Fax:* 504 988-3695

E-mail: ckastner@tulane.edu

Accred Length: 5 Yrs *Program Size:* 4 (GYI: 1)

Program ID: 745-21-44-005

New York**Stony Brook****SUNY at Stony Brook Program**

Sponsor: University Hospital-SUNY at Stony Brook
Veterans Affairs Medical Center (Northport)

Prgm Director: Joanne Smiraldo, MD*

Michael Guido, MD
Stony Brook Univ Hosp
HSC T12 Rm 020

Stony Brook, NY 11794-8121

Tel: 516 444-7878 *Fax:* 631 444-1474

Accred Length: 5 Yrs *Program Size:* 3 (GYI: 1)

Program ID: 745-35-44-004

Tennessee**Memphis****University of Tennessee Program**

Sponsor: University of Tennessee College of Medicine
Baptist Memorial Hospital

Regional Medical Center at Memphis
University of Tennessee Medical Center
Veterans Affairs Medical Center (Memphis)

Prgm Director: James B Lewis Jr, MD

Michael Jacewicz, MD
Univ of Tennessee
Med Ed Office

842 Jefferson Ave Rm A601

Memphis, TN 38103

Tel: 901 448-5704 *Fax:* 901 448-7836

E-mail: kconlee@utmem.edu

Accred Length: 5 Yrs *Program Size:* 3 (GYI: 2)

Program ID: 745-47-44-014

West Virginia**Morgantown****West Virginia University Program**

Sponsor: West Virginia University Hospitals

Prgm Director: Laurie Gutmann, MD

Michelle Nuss, MD
West Virginia Univ Neurology Dept
Robert C Byrd Health Sciences Ctr
PO Box 9180

Morgantown, WV 26506-9180

Tel: 304 293-2342 *Fax:* 304 293-3352

E-mail: nkocerka@hsc.wvu.edu

Accred Length: 5 Yrs *Program Size:* 5 (GYI: 0)

Program ID: 745-55-44-002

Wisconsin**Milwaukee****Medical College of Wisconsin Program**

Sponsor: Medical College of Wisconsin Affiliated
Hospitals Inc

Clement J Zablocki Veterans Affairs Medical Center
Froedtert Memorial Lutheran Hospital

Prgm Director: Michael O Frank, MD*

Wendy L Larson-Peltier, MD

Med Coll of Wisconsin

Dept of Medicine

9200 W Wisconsin Ave

Milwaukee, WI 53226

Tel: 414 456-6992 *Fax:* 414 456-6213

E-mail: kwilliams@neuroscience.mcw.edu

Accred Length: 5 Yrs *Program Size:* 6 (GYI: 6)

Program ID: 745-56-44-016

**Internal Medicine/
Pediatrics****Alabama****Birmingham****University of Alabama Medical Center
Program**

Sponsor: University of Alabama Hospital

Prgm Director: Jason R Hartig, MD*

Raymond G Watts, MD

Univ of Alabama at Birmingham

1600 7th Ave S

604 ACC

Birmingham, AL 35233-0011

Tel: 205 934-5004 *Fax:* 205 939-9977

E-mail: uabkids@peds.uab.edu

Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)

Program ID: 700-01-44-115

Mobile**University of South Alabama Program**

Sponsor: University of South Alabama Hospitals

Prgm Director: Franklin Trimm, MD

Thomas Montgomery, MD

Univ of South Alabama

Med/Peds Pgm

1700 Center St

Mobile, AL 36604-3391

Tel: 251 415-1087 *Fax:* 251 415-1087

E-mail: dhcobb@jaguar1.usouthal.edu

Accred Length: 4 Yrs *Program Size:* 6 (GYI: 2)

Program ID: 700-01-44-085

Arizona**Phoenix****Maricopa Medical Center Program**

Sponsor: Maricopa Medical Center

Phoenix Children's Hospital

Prgm Director: Steven J Simerville, MD

Phuc Pham, MD

Maricopa Med Ctr

2601 E Roosevelt Rm 0-D-10

Dept of Med/Pediatrics

Phoenix, AZ 85008

Tel: 602 344-1218 *Fax:* 602 344-1488

E-mail: karen_boettcher@medprodoctors.com

Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)

Program ID: 700-03-44-094

Phoenix Hospitals Program

Sponsor: Banner Good Samaritan Medical Center

Maricopa Medical Center

Phoenix Children's Hospital

Prgm Director: Donna L Holland, MD

Good Samaritan Regional Med Ctr

Dept of Med

1111 E McDowell Rd

Phoenix, AZ 85006

Tel: 602 546-0764 *Fax:* 602 546-0806

E-mail: dholland@phoenixchildrens.com

Accred Length: 4 Yrs *Program Size:* 23 (GYI: 5)

Program ID: 700-03-44-001

Arkansas**Little Rock****University of Arkansas for Medical
Sciences Program**

Sponsor: University Hospital of Arkansas

Arkansas Children's Hospital

Central Arkansas Veterans Health Center

Prgm Director: Robert W Bradsher, MD

Henry C Farrar, MD

Univ of Arkansas for Med Sci

Internal Med Pgm Office #634

4301 W Markham St

Little Rock, AR 72205-7199

Tel: 501 686-5162 *Fax:* 501 686-8188

E-mail: imresident@uams.edu

Accred Length: 4 Yrs *Program Size:* 19 (GYI: 6)

Program ID: 700-04-44-002

California**Loma Linda****Loma Linda University Program**

Sponsor: Loma Linda University Medical Center

Jerry L Pettis Memorial Veterans Hospital

Riverside County Regional Medical Center

Prgm Director: Francis D Chan, MD

Loma Linda Univ Med Ctr

11175 Campus St/Rm A1111 CP

Loma Linda, CA 92354

Tel: 909 558-4174 *Fax:* 909 558-4184

E-mail: fchan@ahs.llumc.edu

Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)

Program ID: 700-05-44-003

Los Angeles**Cedars-Sinai Medical Center Program**

Sponsor: Cedars-Sinai Medical Center

Prgm Director: Brian D Kan, MD, MS

Jerome K Wang, MD

Cedars Sinai Med Ctr

Med Ped Combined Prgm

8700 Beverly Blvd Rm 4400

Los Angeles, CA 90048

Tel: 310 423-4780 *Fax:* 310 423-0145

E-mail: lisa.payne@cshs.org

Accred Length: 4 Yrs *Program Size:* 11 (GYI: 3)

Program ID: 700-05-44-004

UCLA Medical Center Program

Sponsor: UCLA Medical Center/UCLA David Geffen

School of Medicine

Olive View/UCLA Medical Center

UCLA Medical Center

Prgm Director: Alice Kuo, MD

Jodi K Friedman, MD

UCLA Med Ctr

10945 Le Conte Ave

Ste 1401

Los Angeles, CA 90095-6939

Tel: 310 825-3042 *Fax:* 310 206-3180

E-mail: akuo24@ucla.edu

Accred Length: 4 Yrs *Program Size:* 0 (GYI: 0)

Program ID: 700-05-44-130

**University of Southern California/
LAC+USC Medical Center Program**

Sponsor: University of Southern California/LAC+USC Medical Center
LAC+USC Medical Center

Prgm Director: Lawrence M Opas, MD
Ron Ben-Ari, MD
Los Angeles County-USC Med Ctr
Women's and Children's Hosp
1240 N Mission Rd/Rm L-902
Los Angeles, CA 90093-1084
Tel: 323 226-5700 *Fax:* 323 226-4380
E-mail: cloud@usc.edu

Accred Length: 4 Yrs *Program Size:* 24 (GYI: 6)
Program ID: 700-05-44-005

San Diego

**University of California (San Diego)
Program**

Sponsor: University of California (San Diego) Medical Center

Prgm Director: Lori J Wan, MD
UCSD Med Ctr
Combined Med/Peds
200 W Arbor Dr 8425
San Diego, CA 92103-8425
Tel: 619 543-6272 *Fax:* 619 543-6529
E-mail: shershman@ucsd.edu

Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-05-44-099

Connecticut

Bridgeport

Yale University (Bridgeport) Program

Sponsor: Bridgeport Hospital

Prgm Director: Michael B Smith, MD
Bridgeport Hosp
287 Grant St
Bridgeport, CT 06610-2870
Tel: 203 384-3495 *Fax:* 203 384-3910
E-mail: medpeds@bpthosp.org

Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-08-44-008

Farmington

**University of Connecticut School of
Medicine Program**

Sponsor: University of Connecticut School of Medicine

Prgm Director: Jacqueline Nissen, MD
Mark Greenstein
Univ of Connecticut
263 Farmington Ave
Farmington, CT 06030-1235
Tel: 860 679-4458 *Fax:* 860 679-4613
E-mail: Handel@exchange.uhc.edu

Accred Length: 4 Yrs *Program Size:* 8 (GYI: 2)
Program ID: 700-08-44-114

New Haven

**Yale-New Haven Medical Center
Program**

Sponsor: Yale-New Haven Hospital

Prgm Director: Stephen J Huot, MD, PhD
M S Moyer, MD
Yale Univ Sch of Med
PO Box 208086
New Haven, CT 06520-8086
Tel: 203 785-7941 *Fax:* 203 785-3922
E-mail: marysarah.thanas@yale.edu

Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-08-44-127

Delaware

Wilmington

Christiana Care Health Services Program

Sponsor: Christiana Care Health Services Inc
Alfred I duPont Hospital for Children

Prgm Director: Allen Friedland, MD
Christiana Care Hlth System
4755 Oglethorpe-Stanton Rd
PO Box 6001 Rm 4200
Newark, DE 19718

Tel: 302 733-2313 *Fax:* 302 733-4339
E-mail: medped.residency@christianacare.org
Accred Length: 4 Yrs *Program Size:* 17 (GYI: 4)
Program ID: 700-09-44-009

District of Columbia

Washington

Georgetown University Program

Sponsor: Georgetown University Hospital

Prgm Director: Michael Adams, MD
Amy Burke, MD*
Georgetown Univ Hosp
Dept of Med 5 PHC
3800 Reservoir Rd
Washington, DC 20007-2197

Tel: 202 444-8410 *Fax:* 202 444-1096
E-mail: dac9@gunet.georgetown.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-10-44-129

Florida

Miami

**University of Miami-Jackson Memorial
Medical Center Program**

Sponsor: Jackson Memorial Hospital/Jackson Health System

Veterans Affairs Medical Center (Miami)
Prgm Director: Niraj Sharma, MD, MPH
Barry Gelman, MD
Univ of Miami
Dept of Medicine (R-103)
PO Box 016960
Miami, FL 33101

Tel: 305 585-5954 *Fax:* 305 585-7381
E-mail: lbrito@med.miami.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-11-44-086

Orlando

Orlando Regional Healthcare Program

Sponsor: Orlando Regional Healthcare
Orlando Regional Medical Center

Prgm Director: Brian B Kiss, MD
Donna Vegeais, MD*
Orlando Regional Healthcare System
Int Med/Pediatric Pgm
86 W Underwood St/Ste 102
Orlando, FL 32806-2134

Tel: 407 841-5145 *Fax:* 407 841-5101
E-mail: immp@orhs.org
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-11-44-112

Tampa

University of South Florida Program

Sponsor: University of South Florida College of Medicine
Tampa General Hospital

Prgm Director: Lynn Ringenberg, MD
Michael Flannery, MD
Univ of South Florida Coll of Med
801 Sixth St South Box 6960
St Petersburg, FL 33701

Tel: 727 767-4106 *Fax:* 727 767-8804
E-mail: slamar@hsc.usf.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 3)
Program ID: 700-11-44-125

Hawaii

Honolulu

University of Hawaii Program

Sponsor: University of Hawaii John A Burns School of Medicine

Kapiolani Medical Center for Women and Children
Kaukuni Medical Center
Queen's Medical Center
St Francis Medical Center

Prgm Director: Irwin J Schatz, MD
Christian DeRaaf, MD
Univ of Hawaii
Internal Med Residency Prgm
1356 Lusitana St 7th Fl
Honolulu, HI 96813

Tel: 808 586-2910 *Fax:* 808 586-7486
E-mail: uhim@hawaii.edu
Accred Length: 4 Yrs *Program Size:* 8 (GYI: 2)
Program ID: 700-14-44-110

Illinois

Chicago

Cook County Hospital Program

Sponsor: John H Stroger Hospital of Cook County

Prgm Director: Darryl A Woods, MD
Cook County Hosp
1835 W Harrison St/2207
Chicago, IL 60612-9985

Tel: 312 633-7946 *Fax:* 312 633-8333
E-mail: dwoods@rush.edu
Accred Length: 4 Yrs *Program Size:* 10 (GYI: 4)
Program ID: 700-16-44-011

Rush University Medical Center Program

Sponsor: Rush University Medical Center

Prgm Director: Rita M Rossi-Foulkes, MD, MS*
Rush Combined Int Med/Peds Pgm
Lifetime Med Associates
1645 W Jackson Blvd/Ste 215
Chicago, IL 60612

Tel: 312 942-3254 *Fax:* 312 942-3551
E-mail: Wendy_Shulman@rush.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-16-44-103

University of Chicago Program

Sponsor: University of Chicago Hospitals
Mercy Hospital and Medical Center
University of Chicago Children's Hospital

Prgm Director: Benjamin W Van Voorhees, MD, MPH*
Univ of Chicago Hosps and Clinics
5841 S Maryland Ave/MC7082
Chicago, IL 60637-1470

Tel: 773 702-0309 *Fax:* 773 702-2230
E-mail: tslusarc@medicine.bsd.uchicago.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-16-44-012

University of Illinois College of Medicine at Chicago Program

Sponsor: University of Illinois College of Medicine at Chicago

Michael Reese Hospital and Medical Center
University of Illinois Hospital and Clinics
Veterans Affairs West Side Medical Center

Prgm Director: Saul J Weiner, MD
Univ of Illinois Med Ctr

840 S Wood St
Chicago, IL 60612-7323
Tel: 312 413-3803 *Fax:* 312 413-0243

E-mail: cbrown@uic.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-16-44-013

Maywood**Loyola University Program**

Sponsor: Loyola University Medical Center

Prgm Director: Gregory J Ozark, MD
Kevin P Simpson, MD

Loyola Univ Med Ctr
2160 S First Ave
Bldg 102 Rm 7611A
Maywood, IL 60153

Tel: 708 216-5838 *Fax:* 708 216-9456
E-mail: gozark@lumc.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-16-44-014

Peoria**University of Illinois College of Medicine at Peoria Program**

Sponsor: University of Illinois College of Medicine at Peoria

OSF St Francis Medical Center

Prgm Director: Richard L Horndasch, MD
Univ of Illinois Coll of Med-Peoria

OSF Saint Francis Med Ctr
530 NE Glen Oak Ave
Peoria, IL 61637

Tel: 800 301-7531
Accred Length: 4 Yrs *Program Size:* 29 (GYI: 8)
Program ID: 700-16-44-015

Indiana**Indianapolis****Indiana University School of Medicine Program**

Sponsor: Indiana University School of Medicine

Clarian Indiana University Hospital
Richard L Roudebush Veterans Affairs Medical Center
William N Wishard Memorial Hospital

Prgm Director: Mary R Ciccarelli, MD
Riley Hosp for Children

702 Barnhill Dr/Rm 5867
Indianapolis, IN 46202-5225
Tel: 317 274-4034 *Fax:* 317 274-1476

E-mail: mprp@iupui.edu
Accred Length: 4 Yrs *Program Size:* 53 (GYI: 14)
Program ID: 700-17-44-018

Kansas**Kansas City****University of Kansas Medical Center Program**

Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center

Prgm Director: Andreas J Deymann, MD
Pamela K Shaw, MD

Univ of Kansas Med Ctr
Dept of Pediatrics
3901 Rainbow Blvd
Kansas City, KS 66160-7330

Tel: 913 588-7309 *Fax:* 913 588-0875
E-mail: knewman1@kumc.edu
Accred Length: 4 Yrs *Program Size:* 13 (GYI: 3)
Program ID: 700-19-44-087

Wichita**University of Kansas (Wichita) Program**

Sponsor: University of Kansas School of Medicine
(Wichita)

Wesley Medical Center

Prgm Director: Garold O Minns, MD
Katherine Melhorn, MD

Univ of Kansas Sch of Med-Wichita
1010 N Kansas
Wichita, KS 67214-3189

Tel: 316 293-2631 *Fax:* 316 293-2689
E-mail: peds@kumc.edu
Accred Length: 4 Yrs *Program Size:* 8 (GYI: 2)
Program ID: 700-19-44-124

Kentucky**Lexington****University of Kentucky Medical Center Program**

Sponsor: University of Kentucky Hospital
Veterans Affairs Medical Center (Lexington)

Prgm Director: Mary B Duke, MD

Christopher A Feddock, MD
Univ of Kentucky Coll of Med

Internal Med Ed Office
K529 Kentucky Clinic Bldg
Lexington, KY 40536-0284

Tel: 859 323-9918 *Fax:* 859 323-1197
E-mail: medpeds@uky.edu
Accred Length: 4 Yrs *Program Size:* 22 (GYI: 6)
Program ID: 700-20-44-019

Louisville**University of Louisville Program**

Sponsor: University of Louisville School of Medicine
Kosair Children's Hospital (Norton Healthcare, Inc)

University of Louisville Hospital
Veterans Affairs Medical Center (Louisville)

Prgm Director: Jo A Wood, MD*
Office of Curriculum Development & Eval

Rm 306 Instructional Bldg B
500 South Preston St
Louisville, KY 40202
Tel: 502 852-4277 *Fax:* 502 852-2368

E-mail: cmbake03@gwise.louisville.edu
Accred Length: 4 Yrs *Program Size:* 20 (GYI: 5)
Program ID: 700-20-44-020

Louisiana**New Orleans****Louisiana State University Program**

Sponsor: Louisiana State University School of Medicine
Children's Hospital

Prgm Director: Betty Lo-Blais II, MD
Louisiana State Univ Med Ctr

1542 Tulane Ave
New Orleans, LA 70112
Tel: 504 568-4600 *Fax:* 504 568-7885

E-mail: blo@lsuhsc.edu
Accred Length: 4 Yrs *Program Size:* 27 (GYI: 7)
Program ID: 700-21-44-022

Tulane University Program

Sponsor: Tulane University School of Medicine
Medical Center of Louisiana at New Orleans

Prgm Director: Tracy L Conrad, DO
Tulane Univ Sch of Med

1430 Tulane Ave/Box S137
New Orleans, LA 70112-2699
Tel: 504 988-6689 *Fax:* 504 988-6808

E-mail: tconrad@tulane.edu
Accred Length: 4 Yrs *Program Size:* 24 (GYI: 6)
Program ID: 700-21-44-023

Shreveport**Louisiana State University (Shreveport) Program**

Sponsor: LSU Health Sciences Center-University
Hospital

Prgm Director: Jennifer S Singh, MD
Louisiana State Univ Med Ctr Hosp

Med/Peds
1501 Kings Hwy
Shreveport, LA 71130-3932

Tel: 318 675-5856
E-mail: jsewel@lsuhsc.edu
Accred Length: 4 Yrs *Program Size:* 10 (GYI: 4)
Program ID: 700-21-44-101

Maine**Portland****Maine Medical Center Program**

Sponsor: Maine Medical Center

Prgm Director: Ann M Lemire, MD
Maine Med Ctr

22 Bramhall St
Portland, ME 04102

Tel: 207 662-7065 *Fax:* 207 662-7066
E-mail: medpeds@mmc.org
Accred Length: 4 Yrs *Program Size:* 5 (GYI: 2)
Program ID: 700-22-44-128

Maryland**Baltimore****University of Maryland Program**

Sponsor: University of Maryland Medical System

Prgm Director: Susan D Wolfsthal, MD
Carol L Carraccio, MD

Univ of Maryland
22 S Greene St/Rm N3E09
Baltimore, MD 21201-1595

Tel: 410 328-2388
E-mail: umdmed@medicine.umaryland.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-23-44-095

Massachusetts

Boston

Harvard Combined Program

Sponsor: Brigham and Women's Hospital
Children's Hospital
Massachusetts General Hospital
Prgm Director: David Y Ting, MD
Massachusetts General Hosp
55 Fruit St
Bartlett 9
Boston, MA 02114
Tel: 617 726-7782 *Fax:* 617 724-9068
E-mail: dting@partners.org
Accred Length: 4 Yrs *Program Size:* 32 (GYI: 8)
Program ID: 700-24-44-084

Springfield

Baystate Medical Center Program

Sponsor: Baystate Medical Center
Prgm Director: Samuel H Borden, MD
Baystate Med Ctr
759 Chestnut St
Sptfd 2 Rm # S2580
Springfield, MA 01199
Tel: 413 794-3713 *Fax:* 413 794-4588
E-mail: Kathleen.O'Neil@bhs.org
Accred Length: 4 Yrs *Program Size:* 32 (GYI: 8)
Program ID: 700-24-44-024

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School
Prgm Director: John M Solomonides, MD
Megan Douglas, MD
Univ of Massachusetts Med Sch
Dept of Pediatrics
55 Lake Ave N
Worcester, MA 01655
Tel: 508 856-3590 *Fax:* 508 856-3779
E-mail: gretchen.jones@umassmed.edu
Accred Length: 4 Yrs *Program Size:* 11 (GYI: 3)
Program ID: 700-24-44-111

Michigan

Ann Arbor

University of Michigan Program

Sponsor: University of Michigan Hospitals and Health Centers
Veterans Affairs Medical Center (Ann Arbor)
Prgm Director: John G Frohna, MD, MPH
Univ of Michigan
3116 Taubman Ctr/Box 0368
1500 E Medical Center Dr
Ann Arbor, MI 48109-0368
Tel: 734 936-4385 *Fax:* 734 936-3654
E-mail: medpeds@umich.edu
Accred Length: 4 Yrs *Program Size:* 32 (GYI: 8)
Program ID: 700-25-44-025

Detroit

St John Hospital and Medical Center Program

Sponsor: St John Hospital and Medical Center
Prgm Director: Ronald Hertz, DO
St John Hosp and Med Ctr
Dept of Med Ed
22101 Moross Rd
Detroit, MI 48236
Tel: 313 343-3875 *Fax:* 313 343-7840
E-mail: kimberly.mahoney@stjohn.org
Accred Length: 4 Yrs *Program Size:* 4 (GYI: 0)
Program ID: 700-25-44-028

Wayne State University Program

Sponsor: Children's Hospital of Michigan
Detroit Receiving Hospital and University Health Center
Sinai-Grace Hospital (Grace Campus)
The Michigan Orthopaedic Specialty Hospital
Veterans Affairs Medical Center (Detroit)
Prgm Director: Eric W Ayers, MD
Wayne State Univ-Detroit Med Ctr
4201 St Antoine Blvd/UHC 5C
Detroit, MI 48201-2196
Tel: 313 577-5537 *Fax:* 313 745-4707
E-mail: EAyers@med.wayne.edu
Accred Length: 4 Yrs *Program Size:* 22 (GYI: 5)
Program ID: 700-25-44-029

Flint

Hurley Medical Center/Michigan State University Program

Sponsor: Hurley Medical Center
Prgm Director: Laura A Carravallah, MD
Hurley Med Ctr
Pediatric Education Dept
One Hurley Plaza 3A
Flint, MI 48503-5993
Tel: 810 257-9283 *Fax:* 810 257-9736
E-mail: lcarrav1@hurleymc.com
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-25-44-030

Grand Rapids

Spectrum Health-Butterworth Campus Program

Sponsor: Spectrum Health-Butterworth Campus
Prgm Director: Richard A Switzer, MD
Towers Med Bldg
21 Michigan NE
Ste 525
Grand Rapids, MI 49503
Tel: 616 391-3245 *Fax:* 616 391-3130
E-mail: Sarah.Stobie@Spectrum-Health.org
Accred Length: 4 Yrs *Program Size:* 13 (GYI: 4)
Program ID: 700-25-44-098

Kalamazoo

Kalamazoo Center for Medical Studies/ Michigan State University Program

Sponsor: Michigan State Univ-Kalamazoo Center for Medical Studies
Bronson Methodist Hospital
Prgm Director: Thomas Melgar, MD
Med/Pediatrics Pgm
MSU-Kalamazoo Ctr for Med Studies
1000 Oakland Dr
Kalamazoo, MI 49008-1284
Tel: 269 337-6361 *Fax:* 269 337-4234
E-mail: medpeds@kcms.msu.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-25-44-089

Royal Oak

William Beaumont Hospital Program

Sponsor: William Beaumont Hospital
Prgm Director: Jeffrey D Haller, MD
William Beaumont Hosp
3601 W 13 Mile Rd
Royal Oak, MI 48073-6769
Tel: 248 551-6489 *Fax:* 248 551-8880
E-mail: jaanderson@beaumont.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-25-44-033

Minnesota

Minneapolis

University of Minnesota Program

Sponsor: Fairview-University Medical Center
Children's Hospitals & Clinics - Minneapolis
Children's Hospitals & Clinics - St Paul
Hennepin County Medical Center
Regions Hospital
Veterans Affairs Medical Center (Minneapolis)
Prgm Director: Bradley J Benson, MD
Univ of Minnesota
420 Delaware St SE
MMC 391
Minneapolis, MN 55455-0392
Tel: 612 626-5655 *Fax:* 612 626-7042
E-mail: steve139@umn.edu
Accred Length: 4 Yrs *Program Size:* 44 (GYI: 10)
Program ID: 700-26-44-034

Mississippi

Jackson

University of Mississippi Medical Center Program

Sponsor: University Hospitals and Clinics
Prgm Director: Jimmy Stewart, MD*
Univ of Mississippi Med Ctr
2500 N State St
Jackson, MS 39216-4505
Tel: 601 984-5770 *Fax:* 601 984-6853
E-mail: jstewart@medicine.umsmed.edu
Accred Length: 4 Yrs *Program Size:* 11 (GYI: 2)
Program ID: 700-27-44-035

Missouri

Columbia

University of Missouri-Columbia Program

Sponsor: University of Missouri-Columbia School of Medicine
University Hospitals and Clinics
Prgm Director: Robert Lancey, MD*
D P Robinson, MD
Univ of Missouri-Columbia
Dept of Child Health
One Hospital Dr/Rm N725
Columbia, MO 65212
Tel: 573 882-4438 *Fax:* 573 884-5226
E-mail: adamskrausp@health.missouri.edu
Accred Length: 4 Yrs *Program Size:* 13 (GYI: 4)
Program ID: 700-28-44-126

Kansas City**University of Missouri at Kansas City Program**

Sponsor: Children's Mercy Hospital
St Luke's Hospital
Truman Medical Center-Lakewood

Prgm Director: Brenda Rogers, MD
David M Bamberger, MD
Univ of Missouri-Kansas City Sch of Med
Combined Int Med/Peds
2411 Holmes St
Kansas City, MO 64108
Tel: 816 404-0958 *Fax:* 816 404-0959
E-mail: intmed@umkc.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-28-44-036

St Louis**St Louis University School of Medicine Program**

Sponsor: St Louis University School of Medicine
Cardinal Glennon Children's Hospital
St Louis University Hospital
St Mary's Health Center
Veterans Affairs Medical Center (St Louis)

Prgm Director: Paul G Schmitz, MD
Marilyn M Billingsly, MD
St Louis Univ Sch of Med
Dept of Int Med
1402 S Grand Blvd
St Louis, MO 63104
Tel: 314 577-8762 *Fax:* 314 268-5108
E-mail: robins@slu.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-28-44-037

Nebraska**Omaha****Creighton University Program**

Sponsor: Creighton University Medical Center (Tenet - SJH)

Children's Hospital
Veterans Affairs Medical Center (Omaha)

Prgm Director: Theresa Townley, MD
Creighton Univ
801 N 30th St Ste 5850
Omaha, NE 68131-2197
Tel: 402 280-4258 *Fax:* 402 280-4158
E-mail: resapp@creighton.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-30-44-038

University of Nebraska Medical Center Program

Sponsor: University of Nebraska Medical Center College of Medicine
Children's Hospital

The Nebraska Medical Center
Veterans Affairs Medical Center (Omaha)

Prgm Director: Joel R Bessmer, MD
John Walburn, MD
982055 Nebraska Med Ctr
Omaha, NE 68198-2055
Tel: 402 559-6488 *Fax:* 402 559-6114
E-mail: rjaeckel@unmc.edu
Accred Length: 4 Yrs *Program Size:* 6 (GYI: 2)
Program ID: 700-30-44-136

New Jersey**Newark****Newark Beth Israel Medical Center Program**

Sponsor: Newark Beth Israel Medical Center
St Barnabas Medical Center

Prgm Director: Jon F Sicut, DO
Carlo Mainardi, MD
Newark Beth Israel Med Ctr
201 Lyons Ave
Newark, NJ 07112
Tel: 973 926-7471 *Fax:* 973 923-2441
E-mail: Jsicut@sbhcs.com
Accred Length: 4 Yrs *Program Size:* 12 (GYI: 3)
Program ID: 700-33-44-041

UMDNJ-New Jersey Medical School Program

Sponsor: UMDNJ-New Jersey Medical School
Newark Beth Israel Medical Center
UMDNJ-University Hospital
Veterans Affairs New Jersey Health Care System

Prgm Director: Susan G Mautone, MD
Jo-Ann Reteguiz, MD
UMDNJ-New Jersey Med Sch
Dept of Pediatrics MSB F509
PO Box 1709
Newark, NJ 07101-1709
Tel: 973 972-0740 *Fax:* 973 972-1019
E-mail: cherbapa@umdnj.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-33-44-040

Summit**Atlantic Health System (Overlook) Program**

Sponsor: Atlantic Health System
Overlook Hospital
UMDNJ-New Jersey Medical School

Prgm Director: Rafael E Pajaro, MD
99 Beauvoir Ave
PO Box 220
Summit, NJ 07902-0220
Tel: 908 522-2934 *Fax:* 908 522-0804
E-mail: eileen.jackson@ahsys.org
Accred Length: 4 Yrs *Program Size:* 3 (GYI: 0)
Program ID: 700-33-44-119

New York**Albany****Albany Medical Center Program**

Sponsor: Albany Medical Center
Ellis Hospital
St Peter's Hospital
Veterans Affairs Medical Center (Albany)

Prgm Director: Elizabeth A Higgins, MD
Paul C Sorum, MD, PhD
724 Watervliet-Shaker Rd
Latham, NY 12110
Tel: 518 783-0312, ext 0821 *Fax:* 518 782-7485
E-mail: higgins@mail.amc.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-35-44-044

Brooklyn**Maimonides Medical Center Program**

Sponsor: Maimonides Medical Center

Prgm Director: Henry A Schaeffer, MD
Malcolm Rose, MD
Maimonides Med Ctr
4802 Tenth Ave
Brooklyn, NY 11219
Tel: 718 283-8090 *Fax:* 718 635-8855
E-mail: vvanhuse@maimonidesmed.org
Accred Length: 4 Yrs *Program Size:* 4 (GYI: 0)
Program ID: 700-35-44-122

New York Methodist Hospital Program

Sponsor: New York Methodist Hospital

Prgm Director: Harvey Dosik, MD
Pramod Narula, MD
New York Methodist Hosp
506 Sixth St
Brooklyn, NY 11215-9008
Tel: 718 780-5260 *Fax:* 718 780-3259
E-mail: had9004@nyp.org
Accred Length: 4 Yrs *Program Size:* 2 (GYI: 2)
Program ID: 700-35-44-130

Buffalo**University at Buffalo Program**

Sponsor: University at Buffalo
Erie County Medical Center
Kaleida Health System (Buffalo General Hospital)
Kaleida Health System (Women and Children's Hosp of Buffalo)
Veterans Affairs Western New York Healthcare System

Prgm Director: Colin S McMahon, MD
Children's Hosp of Buffalo
185 Bryant St
Buffalo, NY 14222
Tel: 716 878-7853 *Fax:* 716 888-3899
E-mail: ckozak@upa.chob.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-35-44-049

New York**Mount Sinai School of Medicine Program**

Sponsor: Mount Sinai School of Medicine
Elmhurst Hospital Center-Mount Sinai Services
Englewood Hospital and Medical Center
Manhattan VA Harbor Health Care System
Mount Sinai Medical Center

Prgm Director: Forman Joel, MD
Mount Sinai Med Ctr
One Gustave L Levy Pl
Box 1512
New York, NY 10029
Tel: 212 241-6934 *Fax:* 212 241-4309
E-mail: LorraineG@msryuhealth.org
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-35-44-105

New York Medical College Program

Sponsor: Metropolitan Hospital Center

Prgm Director: Shobhana A Chaudhari, MD
Jason S Mack, MD
New York Med Coll-Metropolitan Hosp
1901 First Ave, 97th St
Rm 704
New York, NY 10029
Tel: 212 423-6771
E-mail: shobhana_chaudhari@nymc.edu
Accred Length: 4 Yrs *Program Size:* 0 (GYI: 0)
Program ID: 700-35-44-051

St Vincent's Hospital and Medical Center of New York Program

Sponsor: St Vincent Catholic Medical Centers (Manhattan)
Prgm Director: Margaret D Smith, MD
 Jayne D Rivas, MD
 St Vincent's Hosp - Manhattan
 170 W 12th St
 NR 1212
 New York, NY 10011
Tel: 212 604-8886 *Fax:* 212 604-3134
E-mail: ycarroll@svcmcn.org
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-35-44-082

Rochester

University of Rochester Program

Sponsor: Strong Memorial Hospital of the University of Rochester
 Highland Hospital of Rochester
 Rochester General Hospital
Prgm Director: Brett W Robbins, MD
 Strong Memorial Hosp
 601 Elmwood Ave Box Med-Peds
 Rochester, NY 14642
Tel: 585 341-6771 *Fax:* 585 341-8305
E-mail: medped@urmc.rochester.edu
Accred Length: 4 Yrs *Program Size:* 32 (GYI: 8)
Program ID: 700-35-44-054

Staten Island

Staten Island University Hospital Program

Sponsor: Staten Island University Hospital
Prgm Director: Thomas G McGinn, MD
 Staten Island Univ Hosp
 475 Seaview Ave
 Staten Island, NY 10305-3498
Tel: 718 226-9506 *Fax:* 718 226-6586
E-mail: tmcginn@siuh.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-35-44-053

Stony Brook

SUNY at Stony Brook Program

Sponsor: University Hospital-SUNY at Stony Brook
Prgm Director: Frederick J Reindl III, MD*
 Susan Lane, MD
 SUNY Stony Brook
 Sch of Med
 HSC T-11 Rm 040
 Stony Brook, NY 11794-8111
Tel: 631 444-2020 *Fax:* 631 444-2894
E-mail: Elaine.Cromwell@stonybrook.edu
Accred Length: 4 Yrs *Program Size:* 8 (GYI: 2)
Program ID: 700-35-44-093

North Carolina

Chapel Hill

University of North Carolina Hospitals Program

Sponsor: University of North Carolina Hospitals
Prgm Director: Edmund A Liles Jr, MD
 Univ of North Carolina Sch of Med
 Rm 30137 Womens Hosp
 CB #7593
 Chapel Hill, NC 27599-7593
Tel: 919 966-6770 *Fax:* 919 966-8419
E-mail: dtc@med.unc.edu
Accred Length: 4 Yrs *Program Size:* 24 (GYI: 6)
Program ID: 700-36-44-055

Durham

Duke University Hospital Program

Sponsor: Duke University Hospital
 Veterans Affairs Medical Center (Durham)
Prgm Director: Thomas A Owens, MD
 Suzanne Woods, MD
 DUMC 3127
 5409 Duke Hosp North
 Durham, NC 27710
Tel: 919 684-2356 *Fax:* 919 681-5825
E-mail: duke.peds.med.res@mc.duke.edu
Accred Length: 4 Yrs *Program Size:* 24 (GYI: 6)
Program ID: 700-36-44-056

Greenville

East Carolina University Program

Sponsor: Pitt County Memorial Hospital
Prgm Director: Gregg M Talente, MD, MS
 East Carolina Univ Sch of Med
 Dept of Pediatrics
 3E-139 Brody Med Sci Bldg
 Greenville, NC 27858-4354
Tel: 252 744-3041 *Fax:* 252 744-2398
E-mail: myerse@gmail.com
Accred Length: 4 Yrs *Program Size:* 23 (GYI: 7)
Program ID: 700-36-44-057

Ohio

Akron

Akron General Medical Center/Children's Hospital Medical Center Program

Sponsor: Akron General Medical Center
 Children's Hospital Medical Center of Akron
Prgm Director: Paul J Lecat, MD
 Akron General Med Ctr
 Dept of Med
 400 Wabash Ave
 Akron, OH 44307
Tel: 330 344-6140 *Fax:* 330 535-9270
E-mail: kstith@agmc.org
Accred Length: 4 Yrs *Program Size:* 8 (GYI: 2)
Program ID: 700-38-44-058

Summa Health System (Children's Hospital Medical Center) Program

Sponsor: Summa Health System
 Children's Hospital Medical Center of Akron
Prgm Director: Joseph P Myers, MD
 Jeffery A Kempf, DO
 Summa Hlth System
 Med Ed/Mary Yanik
 525 E Market St
 Akron, OH 44304
Tel: 800 322-0517 *Fax:* 300 375-3804
E-mail: yanikm@summa-health.org
Accred Length: 4 Yrs *Program Size:* 8 (GYI: 2)
Program ID: 700-38-44-059

Cincinnati

University of Cincinnati Hospital Group Program

Sponsor: University Hospital Inc
Prgm Director: Caroline V Mueller, MD
 Univ of Cincinnati
 Divn of General Int Med
 PO Box 670535
 Cincinnati, OH 45267-0535
Tel: 513 584-0397 *Fax:* 513 584-0369
E-mail: caroline.mueller@uc.edu
Accred Length: 4 Yrs *Program Size:* 28 (GYI: 7)
Program ID: 700-38-44-082

Cleveland

Case Western Reserve University (MetroHealth) Program

Sponsor: MetroHealth Medical Center
Prgm Director: Holly B Perzy, MD
 David J Mansour, MD, MA
 MetroHealth Med Ctr
 Dept of Med/Peds
 2500 MetroHealth Dr
 Cleveland, OH 44109-1998
Tel: 216 778-2882 *Fax:* 216 778-1384
E-mail: ewhile@metrohealth.org
Accred Length: 4 Yrs *Program Size:* 24 (GYI: 6)
Program ID: 700-38-44-061

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Michael Beck, MD
 Keith Armitage, MD
 Pediatric Edu
 11100 Euclid Ave Rm 865
 Cleveland, OH 44106
Tel: 216 844-3641 *Fax:* 216 844-7166
E-mail: vickie.erhardt@uhhs.com
Accred Length: 4 Yrs *Program Size:* 13 (GYI: 4)
Program ID: 700-38-44-121

Columbus

Ohio State University Hospital Program

Sponsor: Ohio State University Hospital
 Children's Hospital (Columbus)
Prgm Director: Scott A Holliday, MD*
 Children's Hosp
 OSU Med-Peds Pgm
 700 Children's Dr/ 335 Timken Hall
 Columbus, OH 43205
Tel: 614 722-4953 *Fax:* 614 722-4966
E-mail: vanoverd@pediatrics.ohio-state.edu
Accred Length: 4 Yrs *Program Size:* 31 (GYI: 8)
Program ID: 700-38-44-063

Dayton

Wright State University Program

Sponsor: Wright State University School of Medicine
 Children's Medical Center
 Good Samaritan Hospital and Health Center
 Miami Valley Hospital
 Veterans Affairs Medical Center (Dayton)
 Wright-Patterson Medical Center
Prgm Director: Marc A Raslich, MD
 Wright State Univ Med Peds Pgm
 PO Box 927
 Dayton, OH 45401-0927
Tel: 937 775-3875 *Fax:* 937 775-2261
E-mail: som_medpeds@wright.edu
Accred Length: 4 Yrs *Program Size:* 15 (GYI: 4)
Program ID: 700-38-44-064

Youngstown**Western Reserve Care System/NEOUCOM Program**

Sponsor: Forum Health/Western Reserve Care System (Youngstown)
Northside Medical Center
Tod Children's Hospital
Prgm Director: Mary B Toth, MD
Anita Hackstedde, MD
Western Reserve Care System Forum Hlth
500 Gypsy Ln
Box 240
Youngstown, OH 44501-0240
Tel: 330 884-3832 *Fax:* 330 884-0516
E-mail: mehazen@forumhealth.org
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-38-44-066

Oklahoma**Oklahoma City****University of Oklahoma Health Sciences Center Program**

Sponsor: OU Medical Center-Everett Tower
OU Medical Center-Children's Hospital
Prgm Director: Joan P Cain, MD
Brent Brown, MD
Univ of Oklahoma Coll of Med
Children's Hosp
940 NE 13th/Rm 3409
Oklahoma City, OK 73104
Tel: 405 271-4417 *Fax:* 405 271-2920
E-mail: shirley-rooms@ouhsc.edu
Accred Length: 4 Yrs *Program Size:* 12 (GYI: 3)
Program ID: 700-39-44-090

Tulsa**University of Oklahoma College of Medicine-Tulsa Program**

Sponsor: University of Oklahoma College of Medicine-Tulsa
Hillcrest Medical Center
Saint Francis Health System
St John Medical Center
Prgm Director: Mark D Fox, MD, PhD
Univ of Oklahoma Coll of Med-Tulsa
Sect of Med/Pediatrics
4502 E 41st St
Tulsa, OK 74135-2512
Tel: 918 660-3395 *Fax:* 918 660-3396
E-mail: med-peds@ouhsc.edu
Accred Length: 4 Yrs *Program Size:* 8 (GYI: 2)
Program ID: 700-39-44-067

Pennsylvania**Danville****Geisinger Health System Program**

Sponsor: Geisinger Health System
Prgm Director: Michelle Thompson, MD
Geisinger Hlth System
100 N Academy Ave
Danville, PA 17822-0139
Tel: 570 271-6787 *Fax:* 570 271-5734
E-mail: imres@geisinger.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-41-44-068

Hershey**Penn State University/Milton S Hershey Medical Center Program**

Sponsor: Milton S Hershey Medical Center
Prgm Director: Ronald J Williams, MD
Penn State Milton S Hershey Med Ctr
PO Box 850 MC H085
500 University Dr
Hershey, PA 17033-0850
Tel: 717 531-8603 *Fax:* 717 531-0856
E-mail: skoons@hmc.psu.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-41-44-081

Philadelphia**Albert Einstein Medical Center Program**

Sponsor: Albert Einstein Medical Center
Prgm Director: Robert Watterson, MD
Internal Med Peds Prgm
Albert Einstein Med Ctr
5401 Old York Rd Ste 363
Philadelphia, PA 19141-3025
Tel: 215 456-8520 *Fax:* 215 456-7926
E-mail: sundstre@einstein.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-41-44-089

University of Pennsylvania Health System Program

Sponsor: University of Pennsylvania Health System
Children's Hospital of Philadelphia
Veterans Affairs Medical Center (Philadelphia)
Prgm Director: Lisa Bellini, MD
Steven Ludwig, MD
3400 Spruce St
Philadelphia, PA 19104-4283
Tel: 215 662-3924 *Fax:* 215 662-7919
E-mail: bellini@mail.upenn.edu
Accred Length: 4 Yrs *Program Size:* 210 (GYI: 60)
Program ID: 700-41-44-129

Pittsburgh**UPMC Health System Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
UPMC Presbyterian/Shadyside
Prgm Director: Russ C Kolarik, MD*
Dena Hofkosh, MD
UPMC Shadyside
5230 Centre Ave
Pittsburgh, PA 15232
Tel: 412 692-7111 *Fax:* 412 692-7231
E-mail: bishopw@msx.upmc.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-41-44-128

Rhode Island**Providence****Rhode Island Hospital Program**

Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: Dominick Tammara, MD
Patricia Planagan, MD
Rhode Island Hosp
Dept of Med
593 Eddy St/Jane Brown 0100
Providence, RI 02903
Tel: 401 444-5577 *Fax:* 401 444-3056
E-mail: dlavely-ohara@lifespan.org
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-43-44-108

South Carolina**Charleston****Medical University of South Carolina Program**

Sponsor: Medical University of South Carolina College of Medicine
Prgm Director: Janice D Key, MD
Dannah Wray, MD
Medical Univ of South Carolina
165 Ashley Ave
PO Box 250561
Charleston, SC 29425
Tel: 843 792-8362 *Fax:* 843 792-9223
E-mail: gaillats@musc.edu
Accred Length: 4 Yrs *Program Size:* 8 (GYI: 2)
Program ID: 700-45-44-127

Columbia**Palmetto Health/University of South Carolina School of Medicine Program**

Sponsor: Palmetto Health
Palmetto Health Richland
William Jennings Bryan Dorn Veterans Hospital
Prgm Director: Shawn Stinton, MD
Caughman Taylor, MD
Palmetto Hlth/Univ of S Carolina Sch of Med
Combined Internal Med/Ped Pgm
14 Medical Park Ste 400
Columbia, SC 29203
Tel: 803 434-7606 *Fax:* 803 434-3855
E-mail: ashleylynn@palmettohealth.org
Accred Length: 4 Yrs *Program Size:* 0 (GYI: 0)
Program ID: 700-45-44-137

Greenville**Greenville Hospital System Program**

Sponsor: Greenville Hospital System
Prgm Director: L J Cochrane Jr, MD
Robin N LaCroix, MD
Greenville Hosp System
Med/Peds Res Pgm
701 Grove Rd Toomey Tower 6th Fl
Greenville, SC 29605
Tel: 864 455-7844 *Fax:* 864 455-8368
E-mail: shazelwood@ghs.org
Accred Length: 4 Yrs *Program Size:* 14 (GYI: 4)
Program ID: 700-45-44-135

Tennessee**Johnson City****East Tennessee State University Program**

Sponsor: James H Quillen College of Medicine
Prgm Director: Richard M Jordan, MD
David T Price, MD
East Tennessee State Univ
Dept of Internal Med
Box 70622
Johnson City, TN 37614-1709
Tel: 423 439-6283 *Fax:* 423 439-6387
E-mail: shuttlec@mail.etsu.edu
Accred Length: 4 Yrs *Program Size:* 1 (GYI: 0)
Program ID: 700-47-44-092

Memphis

University of Tennessee Program

Sponsor: University of Tennessee College of Medicine
LeBonheur Children's Medical Center
Regional Medical Center at Memphis
St Jude Children's Research Hospital
University of Tennessee Medical Center
Veterans Affairs Medical Center (Memphis)
Prgm Director: James B Lewis Jr, MD
Univ of Tennessee
Med Education Office
842 Jefferson Ave Rm A601
Memphis, TN 38103
Tel: 901 448-5704 *Fax:* 901 448-7836
E-mail: kconlee@utmemeu.edu
Accred Length: 4 Yrs *Program Size:* 36 (GYI: 9)
Program ID: 700-47-44-071

Nashville

Vanderbilt University Program

Sponsor: Vanderbilt University Medical Center
Metropolitan Nashville General Hospital
Veterans Affairs Medical Center (Nashville)
Prgm Director: Waldon Garriss, MD
Vanderbilt Univ Med Ctr
AA-0216 Med Ctr North
Nashville, TN 37232-2574
Tel: 615 322-3377 *Fax:* 615 343-6249
Accred Length: 4 Yrs *Program Size:* 17 (GYI: 4)
Program ID: 700-47-44-070

Texas

Amarillo

Texas Tech University (Amarillo) Health Sciences Center Program

Sponsor: Texas Tech University Health Sciences Center at Amarillo
Prgm Director: Fred A McCurdy, MD, PhD
Bharat Khandheria, MD
Texas Tech Univ Amarillo HSC
1400 Coulter
Amarillo, TX 79106
Tel: 806 354-5570 *Fax:* 806 354-5536
E-mail: donna.cecil@ttuhsc.edu
Accred Length: 4 Yrs *Program Size:* 4 (GYI: 0)
Program ID: 700-48-44-073

Galveston

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Neera Khilnani, MD
Jose L Gonzalez, MD
Univ of Texas Med Branch
Dept of Pediatrics
301 Univ Blvd
Galveston, TX 77555-0566
Tel: 409 772-1398 *Fax:* 409 747-8130
E-mail: bladd@utmb.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-48-44-113

Houston

Baylor College of Medicine Program

Sponsor: Baylor College of Medicine
Harris County Hospital District-Ben Taub General Hospital
Methodist Hospital
Michael E DeBakey VA Medical Center - Houston
St Luke's Episcopal Hospital
Texas Children's Hospital
Prgm Director: Cynthia Peacock, MD
Amir Halevy, MD
Baylor Coll of Med Med/Peds Pgrm
6565 Fannin, #1290
Houston, TX 77030-2707
Tel: 713 793-8317 *Fax:* 713 793-8316
Accred Length: 4 Yrs *Program Size:* 31 (GYI: 8)
Program ID: 700-48-44-074

University of Texas at Houston Program

Sponsor: University of Texas Medical School at Houston
Christus St Joseph Hospital
Memorial Hermann Hospital System
St Luke's Episcopal Hospital
Texas Heart Institute
University of Texas M D Anderson Cancer Center
Prgm Director: Mark A Farnie, MD
Univ of Texas Med Sch
Dept of Int Med
6431 Fannin Ste 1.150
Houston, TX 77030
Tel: 713 500-6525 *Fax:* 713 500-6530
E-mail: imres@uth.tmc.edu
Accred Length: 4 Yrs *Program Size:* 14 (GYI: 6)
Program ID: 700-48-44-075

Utah

Salt Lake City

University of Utah Program

Sponsor: University of Utah Medical Center
Primary Children's Medical Center
Veterans Affairs Medical Center (Salt Lake City)
Prgm Director: Barry M Stults, MD
Ronald S Bloom, MD
Univ of Utah Med Ctr
30 N 1900 E 4C104
Salt Lake City, UT 84132
Tel: 801 588-2754 *Fax:* 801 585-0418
E-mail: sara.lamb@hsc.utah.edu
Accred Length: 4 Yrs *Program Size:* 8 (GYI: 2)
Program ID: 700-49-44-091

Virginia

Richmond

Medical College of Virginia/Virginia Commonwealth University Program

Sponsor: Medical College of Virginia Hospitals
Prgm Director: Suzanne Lavoie, MD
Med Coll of Virginia
1101 E Marshall St
Box 980049
Richmond, VA 23298-0049
Tel: 804 828-9711 *Fax:* 804 828-3097
E-mail: dramatru@hsc.vcu.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-51-44-077

West Virginia

Charleston

West Virginia University (Charleston Division) Program

Sponsor: Charleston Area Medical Center/West Virginia University
Prgm Director: Gregory D Clarke, MD
James P Griffith, MD
West Virginia Univ Hlth Sci Ctr
Dept of Int Med
3110 MacCorkle Ave SE
Charleston, WV 25304
Tel: 304 347-1254 *Fax:* 304 347-1344
E-mail: rtrout@hsc.wvu.edu
Accred Length: 4 Yrs *Program Size:* 11 (GYI: 4)
Program ID: 700-55-44-078

Huntington

Marshall University School of Medicine Program

Sponsor: Marshall University School of Medicine
St Mary's Hospital
Veterans Affairs Medical Center (Huntington)
Prgm Director: Aaron M McGuffin, MD
Marshall Univ Sch of Med
1600 Medical Center Dr
Ste 3400
Huntington, WV 25701
Tel: 304 691-1790 *Fax:* 304 691-1744
E-mail: muguff3@marshall.edu
Accred Length: 4 Yrs *Program Size:* 8 (GYI: 4)
Program ID: 700-55-44-079

Morgantown

West Virginia University Program

Sponsor: West Virginia University Hospitals
Prgm Director: Christine R Kincaid, MD, MS
West Virginia Univ Hosp
Dept of Med/Peds
PO Box 9214
Morgantown, WV 26506-9214
Tel: 304 293-1198 *Fax:* 304 293-1216
E-mail: mwolfe@hsc.wvu.edu
Accred Length: 4 Yrs *Program Size:* 16 (GYI: 4)
Program ID: 700-55-44-080

Wisconsin

Marshfield

Marshfield Clinic-St Joseph's Hospital Program

Sponsor: Marshfield Clinic-St Joseph's Hospital
Prgm Director: Jonathon A Pornocrook, DO
Marshfield Clinic
Med-Peds Pgm Office 1A4
1000 N Oak Ave
Marshfield, WI 54449-5777
Tel: 800 541-2895, ext 93141 *Fax:* 715 389-3142
E-mail: nanstad.nancy@marshfieldclinic.org
Accred Length: 4 Yrs *Program Size:* 8 (GYI: 2)
Program ID: 700-56-44-109

Milwaukee**Medical College of Wisconsin Program**

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc

Prgm Director: LuAnn Moraski, DO

Med Coll of Wisconsin

Office of Med Ed

8701 Watertown Plank Rd

Milwaukee, WI 53226

Tel: 414 266-6810 *Fax:* 414 266-6979

E-mail: glarsen@mcw.edu

Accred Length: 4 Yrs *Program Size:* 14 (GYI: 4)

Program ID: 700-56-44-096

**Internal Medicine/
Physical Medicine
and Rehabilitation****New York****Buffalo****University at Buffalo Program**

Sponsor: University at Buffalo

Erie County Medical Center

Kaleida Health System (Buffalo General Hospital)

Veterans Affairs Western New York Healthcare System

Prgm Director: Thomas Polisoto, MD

Gerald Logue, MD

Univ at Buffalo SUNY

Erie County Med Ctr Rm G223

462 Grider St

Buffalo, NY 14215

Tel: 716 898-4806 *Fax:* 716 898-3279

Accred Length: 5 Yrs *Program Size:* 1 (GYI: 1)

Program ID: 710-35-44-020

Wisconsin**Milwaukee****Medical College of Wisconsin Program**

Sponsor: Medical College of Wisconsin Affiliated

Hospitals Inc

Clement J Zablocki Veterans Affairs Medical Center

Froedtert Memorial Lutheran Hospital

St Luke's Medical Center

Prgm Director: Michael O Frank, MD*

Timothy Dillingham, MD

Med Coll of Wisconsin

9200 W Wisconsin Ave

Milwaukee, WI 53226

Tel: 414 456-6992 *Fax:* 414 456-6213

E-mail: mfrank@mail.mcw.edu

Accred Length: 5 Yrs *Program Size:* 1 (GYI: 1)

Program ID: 710-56-44-023

**Internal Medicine/
Preventive Medicine****Connecticut****Derby****Griffin Hospital Program**

Sponsor: Griffin Hospital

Yale University School of Public Health

Prgm Director: Haq Nawaz, MD, MPH

Ramin Ahmadi, MD, MPH

Griffin Hosp

130 Division St

Derby, CT 06418

Tel: 203 732-7327 *Fax:* 203 732-7185

E-mail: mbliga@griffinhealth.org

Accred Length: 4 Yrs *Program Size:* 12 (GYI: 3)

Program ID: 751-08-44-008

Illinois**Chicago****Cook County Hospital Program**

Sponsor: John H Stroger Hospital of Cook County

Prgm Director: Rachel Rubin, MD, MPH

Peter Orris, MD, MPH

Div of Occupational Med

Stroger Hosp of Cook Cnty

1900 W Polk St Rm 500

Chicago, IL 60612

Tel: 312 633-5310 *Fax:* 312 633-6442

E-mail: osandee2@aol.com

Accred Length: 4 Yrs *Program Size:* 7 (GYI: 1)

Program ID: 751-16-44-005

Louisiana**New Orleans****Tulane University Program**

Sponsor: Tulane University School of Medicine

Tulane Univ School of Public Health and Tropical

Medicine

Prgm Director: Jeffrey G Wiese, MD

Rebecca Meriwether, MD, MPH

Tulane Univ Med Ctr

Preventive Medicine/IM Residency

1430 Tulane Ave TB-3

New Orleans, LA 70112-2699

Tel: 504 988-1143

E-mail: jwiese@tulane.edu

Accred Length: 4 Yrs *Program Size:* 2 (GYI: 0)

Program ID: 751-21-44-003

New York

Buffalo

University at Buffalo Program

Sponsor: University at Buffalo
Kaleida Health System (Buffalo General Hospital)
Prgm Director: Ellen P Rich, MD*
Gerald Logue, MD
Erie County Med Ctr
Dept of Medicine
462 Grider St
Buffalo, NY 14215
Tel: 716 898-5210 *Fax:* 716 898-3279
E-mail: GLLogue@acsu.Buffalo.edu
Accred Length: 4 Yrs *Program Size:* 3 (GYI: 0)
Program ID: 751-35-44-004

Texas

Galveston

University of Texas Medical Branch at Galveston Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Thomas A Blackwell, MD
Richard T Jennings, MD, MS
301 Univ Blvd
Maurice Ewing Hall Ste 1116
Galveston, TX 77555-1150
Tel: 409 772-5845 *Fax:* 409 747-6129
E-mail: ryschulz@utmb.edu
Accred Length: 4 Yrs *Program Size:* 2 (GYI: 1)
Program ID: 751-48-44-007

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
NASA Johnson Space Center
University of Texas Medical School at Galveston
Prgm Director: Andrew N Avery, MD
Thomas Blackwell, MD
Preventive Med Residencies
301 University Blvd
Galveston, TX 77555-1150
Tel: 409 772-5845 *Fax:* 409 747-6129
E-mail: ryschulz@utmb.edu
Accred Length: 4 Yrs *Program Size:* 1 (GYI: 0)
Program ID: 751-48-44-009

University of Texas Medical Branch Hospitals Program

Sponsor: University of Texas Medical Branch Hospitals
Prgm Director: Tufail Q Skaikh, MD
Thomas Blackwell, MD
Preventive Med Residencies
301 Univ Blvd
Ewing Hall Ste 1116
Galveston, TX 77555-1150
Tel: 409 772-5845 *Fax:* 409 747-6129
E-mail: ryschulz@utmb.edu
Accred Length: 4 Yrs *Program Size:* 1 (GYI: 0)
Program ID: 751-48-44-010

Internal Medicine/ Psychiatry

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Hartford Hospital
Univ of Connecticut Health Center/John Dempsey
Hospital
Prgm Director: Adrienne Bentman, MD
Institute of Living Hartford Hosp
Gengras Bldg 201
200 Retreat Ave
Hartford, CT 06106
Tel: 860 545-7183 *Fax:* 860 545-7403
E-mail: stolisa@harthosp.org
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)
Program ID: 715-08-44-029

Illinois

Chicago

Rush University Medical Center Program

Sponsor: Rush University Medical Center
Prgm Director: Stephanie Cavanaugh, MD
Richard Abrams, MD
Rush Univ Med Ctr
1720 W Polk St
Chicago, IL 60612
Tel: 312 942-5015 *Fax:* 312 942-3113
E-mail: zaida_llera@rush.edu
Accred Length: 5 Yrs *Program Size:* 18 (GYI: 4)
Program ID: 715-16-44-018

Springfield

Southern Illinois University Program

Sponsor: Southern Illinois University School of Medicine
Memorial Medical Center
St John's Hospital
Prgm Director: Andrew J Varney, MD
Southern Illinois Univ Sch of Med
701 N First St
PO Box 19636
Springfield, IL 62794-9636
Tel: 217 545-0193, ext 3 *Fax:* 217 545-8156
E-mail: cbrower@siumed.edu
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)
Program ID: 715-16-44-009

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Veterans Affairs Medical Center (Iowa City)
Prgm Director: Anjan Bhattacharyya, MD
Univ of Iowa Hosps and Clinics
Dept of Int Med SE604-1 GH
200 Hawkins Dr
Iowa City, IA 52242-1081
Tel: 319 353-9668 *Fax:* 319 356-7893
E-mail: mary-a-walter@uiowa.edu
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 3)
Program ID: 715-18-44-008

Kansas

Kansas City

University of Kansas Medical Center Program

Sponsor: University of Kansas School of Medicine
University of Kansas Medical Center
Veterans Affairs Medical Center (Kansas City)
Prgm Director: Teresa D Long, MD
Barry I Liskow, MD
Univ of Kansas Med Ctr
Dept of Psychiatry
3901 Rainbow Blvd
Kansas City, KS 66160-7341
Tel: 913 588-6412 *Fax:* 913 588-6414
E-mail: sbuckley2@kumc.edu
Accred Length: 5 Yrs *Program Size:* 5 (GYI: 2)
Program ID: 715-19-44-008

Louisiana

New Orleans

Tulane University Program

Sponsor: Tulane University School of Medicine
Tulane University Hospital and Clinics
Prgm Director: L L Tynes, MD, PhD
Jeffrey G Wiese, MD
Tulane Univ Sch of Med
Dept of Psychiatry TB53
1440 Canal St
New Orleans, LA 70112-2715
Tel: 504 894-7269 *Fax:* 504 894-7290
E-mail: psychres@tulane.edu
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)
Program ID: 715-21-44-010

Maryland

Bethesda

National Capital Consortium Program

Sponsor: National Capital Consortium
Walter Reed Army Institute of Research
Prgm Director: Thomas A Grieger, MD
Gregory Argyros, MD
Walter Reed Army Inst of Research
Dept of Psychiatry
430 Jones Bridge Rd
Bethesda, MD 20814
Tel: 202 782-5990 *Fax:* 202 782-6480
E-mail: thomas.grieger@na.amedd.army.mil
Accred Length: 5 Yrs *Program Size:* 12 (GYI: 3)
Program ID: 715-23-44-021
US Armed Services Program

New Hampshire

Lebanon

Dartmouth-Hitchcock Medical Center Program

Sponsor: Mary Hitchcock Memorial Hospital
Veterans Affairs Medical Center (White River Junction)
Prgm Director: Bradley V Watts, MD
Ronald L Green, MD
Dartmouth-Hitchcock Med Ctr
One Medical Center Dr
Lebanon, NH 03756
Tel: 603 650-5508 *Fax:* 603 650-5842
E-mail: Jamison.N.Jennette@dartmouth.edu
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)
Program ID: 715-32-44-016

New York**Brooklyn****SUNY Health Science Center at Brooklyn Program**

Sponsor: SUNY Health Science Center at Brooklyn Kings County Hospital Center University Hospital-SUNY Health Science Center at Brooklyn

Prgm Director: Nyapati Rao, MD, MS
Jeanne Macrae, MD
SUNY Hlth Science Ctr Brooklyn
450 Clarkson Ave Box 1203
Brooklyn, NY 11203-2098
Tel: 718 270-2902 *Fax:* 718 270-1441
E-mail: joanne.rotunno@downstate.edu
Accred Length: 5 Yrs *Program Size:* 2 (GYI: 2)
Program ID: 715-35-44-004

North Carolina**Durham****Duke University Hospital Program**

Sponsor: Duke University Hospital Veterans Affairs Medical Center (Durham)

Prgm Director: Grace C Thrall, MD
Diana B McNeill, MD
Duke Univ Med Ctr
PO Box 3837
Durham, NC 27710
Tel: 919 684-2258 *Fax:* 919 684-2290
E-mail: pope0006@mc.duke.edu
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)
Program ID: 715-36-44-012

Greenville**Pitt County Memorial Hospital/East Carolina University Program**

Sponsor: Pitt County Memorial Hospital East Carolina University School of Medicine

Prgm Director: James G Peden Jr, MD
Brody Sch of Med-ECU
Office of Student Admissions
Brody 2N-49
Greenville, NC 27834
Tel: 252 744-2272 *Fax:* 252 744-1926
E-mail: cowardly@mail.ecu.edu
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)
Program ID: 715-36-44-005

South Carolina**Charleston****Medical University of South Carolina Program**

Sponsor: Medical University of South Carolina College of Medicine

MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)
Prgm Director: Robert P Albanese, MD
Ernest Benjamin Clyburn, MD
Med Univ of South Carolina
Dept of Psychiatry
67 President St/PO Box 250861
Charleston, SC 29425
Tel: 843 792-0192 *Fax:* 843 792-6894
E-mail: henrye@musc.edu
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 3)
Program ID: 715-45-44-025

Tennessee**Johnson City****East Tennessee State University Program**

Sponsor: James H Quillen College of Medicine Johnson City Medical Center Hospital Veterans Affairs Medical Center (Mountain Home)

Prgm Director: Hetal K Brahmhatt, MD
Allen Kayser, MD
East Tennessee State Univ
Dept of Internal Med
Box 70622
Johnson City, TN 37614-0622
Tel: 423 439-2225 *Fax:* 423 439-2210
E-mail: adamsj@mail.etsu.edu
Accred Length: 5 Yrs *Program Size:* 8 (GYI: 2)
Program ID: 715-47-44-028

Virginia**Charlottesville****University of Virginia Program**

Sponsor: University of Virginia Medical Center
Prgm Director: Edward M Kantor, MD
Zachariah Dameron, MD
Univ of Virginia Health System
Dept of Psychiatric Medicine
Box 800623
Charlottesville, VA 22908
Tel: 434 924-5408 *Fax:* 434 924-5149
E-mail: psychresidency@virginia.edu
Accred Length: 5 Yrs *Program Size:* 8 (GYI: 2)
Program ID: 715-51-44-002

Roanoke**Carilion Health System/University of Virginia (Roanoke/Salem) Program**

Sponsor: Carilion Health System Veterans Affairs Medical Center (Salem)

Prgm Director: Daniel P Harrington, MD
VA Med Ctr
2017 South Jefferson Street
Roanoke, VA 24014
Tel: 540 982-2463, ext 1652 *Fax:* 540 983-1080
E-mail: DHarrington@carilion.com
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)
Program ID: 715-51-44-027

West Virginia**Charleston****West Virginia University (Charleston Division) Program**

Sponsor: Charleston Area Medical Center/West Virginia University

Prgm Director: James P Griffith, MD
Med/Psych Pgm
Robert C Byrd HSC WVU Charleston
501 Morris St/PO Box 1547
Charleston, WV 25326-1547
Tel: 304 341-1500 *Fax:* 304 341-1554
E-mail: jgriffith@hsc.wvu.edu
Accred Length: 5 Yrs *Program Size:* 7 (GYI: 2)
Program ID: 715-55-44-014

Morgantown**West Virginia University Program**

Sponsor: West Virginia University Hospitals

Prgm Director: Michelle Nuss, MD
Ryan Finkenbine, MD
Dept of Behav Med/Psychiatry
Chestnut Ridge Hosp
930 Chestnut Ridge Rd
Morgantown, WV 26506
Tel: 304 293-2411 *Fax:* 304 293-8724
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)
Program ID: 715-55-44-006

Neurology/Diagnostic Radiology/Neuroradiology

Maryland

Baltimore

Johns Hopkins University School of Medicine Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital

Prgm Director: Justin McArthur, MD
Stanley Siegelman, MD
600 N Wolfe St/Meyer 6-109
Baltimore, MD 21287-7609
Tel: 410 955-3730 *Fax:* 410 955-0872
E-mail: jm@jhmi.edu

Accred Length: 7 Yrs *Program Size:* 2 (GYI: 0)
Program ID: 760-23-44-005

New York

New York

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System

Prgm Director: Peter K Nelson, MD
New York Univ Sch of Med
Dept of Rad/Neurointerventional Ser
560 First Ave/HE-208
New York, NY 10016

Tel: 212 263-6008 *Fax:* 212 263-0405
E-mail: nelsop01@popmail.med.nyu.edu
Accred Length: 7 Yrs *Program Size:* 12 (GYI: 2)
Program ID: 760-35-44-002

Ohio

Cleveland

Cleveland Clinic Foundation Program

Sponsor: Cleveland Clinic Foundation

Prgm Director: Paul M Ruggieri, MD
Patrick J Sweeney, MD
Cleveland Clinic Fnd
Dept of Neuroradiology/L10
8500 Euclid Ave
Cleveland, OH 44195

Tel: 216 445-7035 *Fax:* 216 444-3466
E-mail: ruggiep@cesmtp.ccf.org
Accred Length: 7 Yrs *Program Size:* 0 (GYI: 0)
Program ID: 760-38-44-003

Pediatrics/Dermatology

California

San Francisco

University of California (San Francisco) Program

Sponsor: University of California (San Francisco) School of Medicine

San Francisco General Hospital Medical Center
University of California (San Francisco) Medical Center
Veterans Affairs Medical Center (San Francisco)

Prgm Director: Robert Karnei, MD
Ilona J Frieden, MD
Dept of Pediatrics
UCSF Sch of Med
505 Parnassus Ave M 696
San Francisco, CA 94143

Tel: 415 476-5001 *Fax:* 415 476-4009
E-mail: pedsapp@itsa.ucsf.edu
Accred Length: 5 Yrs *Program Size:* 0 (GYI: 0)
Program ID: 790-05-44-003

Pennsylvania

Philadelphia

Children's Hospital of Philadelphia Program

Sponsor: Children's Hospital of Philadelphia
University of Pennsylvania Health System
Veterans Affairs Medical Center (Philadelphia)

Prgm Director: Albert C Yan, MD
Section Pediatric Dermatology
Children's Hospital of Philadelphia
34th St and Civic Center Blvd
Philadelphia, PA 19104-4399

Tel: 215 290-5272
Accred Length: 5 Yrs *Program Size:* 0 (GYI: 0)
Program ID: 790-41-44-002

Texas

Galveston

University of Texas Medical Branch Hospital Program

Sponsor: University of Texas Medical Branch Hospitals

Prgm Director: Jose L Gonzalez, MD
Sharon S Baimer, MD
Univ of Texas Med Branch
301 University Blvd
Galveston, TX 77555-0354
Tel: 409 747-0534 *Fax:* 409 747-8130

E-mail: josgonza@utmb.edu
Accred Length: 5 Yrs *Program Size:* 1 (GYI: 0)
Program ID: 790-48-44-001

Pediatrics/Emergency Medicine

Arizona

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
University Medical Center

Prgm Director: Dale P Woolridge, MD
Univ of Arizona Health Science Ctr
Dept of Emergency Med
1501 N Campbell Ave
Tucson, AZ 85724-5057

Tel: 520 628-5689 *Fax:* 520 626-2480
E-mail: dale@aemrc.arizona.edu
Accred Length: 5 Yrs *Program Size:* 0 (GYI: 0)
Program ID: 725-03-44-009

Indiana

Indianapolis

Indiana University School of Medicine/Methodist Hospital Program

Sponsor: Indiana University School of Medicine
Clarian Methodist Hospital of Indiana

Prgm Director: Carey D Chisholm, MD
Jerry L Rushton, MD, MPH
Clarian Methodist Hosp
Emergency Med/Trauma Ctr
1-65 at 21st St
Indianapolis, IN 46206

Tel: 317 962-5975 *Fax:* 317 962-2306
E-mail: cchisholm@clarian.org
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 1)
Program ID: 725-17-44-005

Maryland

Baltimore

University of Maryland Program

Sponsor: University of Maryland Medical System
Mercy Medical Center

Prgm Director: David Jarrard, MD
Carol L Carraccio, MD
Univ of Maryland Med Ctr
Dept of Pediatrics
419 W Redwood/Ste 280

Baltimore, MD 21201
Tel: 410 328-8025 *Fax:* 410 328-8028
E-mail: sswann@smail.umaryland.edu
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)
Program ID: 725-23-44-006

Pediatrics/Medical Genetics

California

Los Angeles

Cedars-Sinai Medical Center/Harbor/UCLA Program

Sponsor: Cedars-Sinai Medical Center
Los Angeles County-Harbor-UCLA Medical Center
UCLA Medical Center

Prgm Director: David L Rimoin, MD, MS, PhD
Lloyd Brown, MD

Cedars Sinai Med Ctr Pgm
8700 Beverly Blvd Rm 4400
Los Angeles, CA 90048

Tel: 310 423-6350 *Fax:* 310 423-4131

E-mail: patricia.kearney@cshs.org

Accred Length: 5 Yrs *Program Size:* 4 (GYI: 0)

Program ID: 765-05-44-005

UCLA School of Medicine Program

Sponsor: UCLA Medical Center/UCLA David Geffen School of Medicine

Olive View/UCLA Medical Center
UCLA Medical Center

Prgm Director: Stuart J Slavin, MD
Edward McCabe, MD

UCLA Med Ctr
12-335 MDCC
10833 Le Conte Ave

Los Angeles, CA 90095

Tel: 310 794-2169 *Fax:* 310 794-5200

Accred Length: 5 Yrs *Program Size:* 3 (GYI: 1)

Program ID: 765-05-44-007

Orange

University of California (Irvine) Medical Center Program

Sponsor: University of California (Irvine) Medical Center

Long Beach Memorial Medical Center

Prgm Director: Maureen Bocian, MD, MS

Khanh-Van Le-Bucklin, MD

Pediatrics/Genetics Pgm

Div Human Genetics Dept Pediatrics

101 The City Dr S/ZOT 4482 UCIMC

Orange, CA 92868-3298

Tel: 714 456-5631 *Fax:* 714 456-6660

E-mail: etom@uci.edu

Accred Length: 5 Yrs *Program Size:* 1 (GYI: 1)

Program ID: 765-05-44-009

Torrance

Los Angeles County-Harbor-UCLA Medical Center Program

Sponsor: Los Angeles County-Harbor-UCLA Medical Center

Cedars-Sinai Medical Center

UCLA Medical Center

Prgm Director: Henry J Lin, MD

Monica Sifuentes, MD

LAC-Harbor UCLA Med Ctr

1000 W Carson St

Box 465

Torrance, CA 90509-2910

Tel: 310 222-2301 *Fax:* 310 328-0864

E-mail: huclaped@aol.com

Accred Length: 5 Yrs *Program Size:* 0

Program ID: 765-05-44-006

Connecticut

Farmington

University of Connecticut Program

Sponsor: University of Connecticut School of Medicine
Connecticut Children's Medical Center

St Francis Hospital and Medical Center

Univ of Connecticut Health Center/John Dempsey

Hospital

Prgm Director: Robert M Greenstein, MD

Edwin L Zalneraitis, MD

Univ of Connecticut Hlth Ctr

UConn Health Partners Bldg

65 Kane St

West Hartford, CT 06119

Tel: 860 523-6470 *Fax:* 860 523-6465

E-mail: greenstein@nso1.uhc.edu

Accred Length: 5 Yrs *Program Size:* 1 (GYI: 0)

Program ID: 765-08-44-004

Maryland

Baltimore

John Hopkins University Program

Sponsor: Johns Hopkins University School of Medicine
Johns Hopkins Hospital

Prgm Director: Julia McMillan, MD

Garry R Cutting, MD

Pediatric Residency Pgm

Institute of Genetic Medicine

600 N Wolfe St/CMSC 1004

Baltimore, MD 21287-3914

Tel: 410 614-4493 *Fax:* 410 955-9850

Accred Length: 5 Yrs *Program Size:* 3 (GYI: 2)

Program ID: 765-23-44-010

Bethesda

National Human Genome Research Institute/Children's National Medical Center Program

Sponsor: Clinical Center at the National Institutes of Health

Children's National Medical Center

Prgm Director: Maximilian Muenke, MD

Bernhard L Wiedermann, MD

Dept of Health and Human Services

NIH Bldg 10 Rm 10C101

10 Center Dr/MS 1852

Bethesda, MD 20892-1852

Tel: 301 402-8167 *Fax:* 301 480-7876

Accred Length: 5 Yrs *Program Size:* 0 (GYI: 0)

Program ID: 765-23-44-008

New York

New York

Mount Sinai School of Medicine Program

Sponsor: Mount Sinai School of Medicine

Mount Sinai Medical Center

Prgm Director: Margaret M McGovern, MD, PhD

One Gustave L Levy Pl

Box 1497

New York, NY 10029-6574

Tel: 212 241-6947 *Fax:* 212 860-3316

E-mail: margaret.mcgovern@mssm.edu

Accred Length: 5 Yrs *Program Size:* 5 (GYI: 1)

Program ID: 765-35-44-001

Ohio

Cincinnati

Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine Program

Sponsor: Cincinnati Children's Hospital Medical Center

Prgm Director: Javier A Gonzalez-del-Rey, MD

Howard M Saal, MD

Pediatric Pgm

Children's Hospital Med Ctr

3333 Burnet Ave

Cincinnati, OH 45229-3039

Tel: 513 636-8430 *Fax:* 513 636-7297

Accred Length: 5 Yrs *Program Size:* 3 (GYI: 1)

Program ID: 765-38-44-011

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland

Prgm Director: Martha S Wright, MD*

Georgia L Wisner, MD

Rainbow Babies & Children's Hosp

11100 Euclid Ave

Cleveland, OH 44106

Tel: 216 844-3641 *Fax:* 216 844-7166

E-mail: vickie.erhardt@uhhs.com

Accred Length: 5 Yrs *Program Size:* 2 (GYI: 0)

Program ID: 765-38-44-002

Pennsylvania

Philadelphia

Children's Hospital of Philadelphia Program

Sponsor: Children's Hospital of Philadelphia

Prgm Director: Haig Kazazian, MD

Div Human Genetics & Molecular Biology

Children's Hosp Philadelphia 1002 ARC

3615 Civic Ctr Blvd

Philadelphia, PA 19104-6145

Tel: 215 590-3856 *Fax:* 215 590-3764

Accred Length: 5 Yrs *Program Size:* 6 (GYI: 1)

Program ID: 765-41-44-003

Pediatrics/Physical Medicine and Rehabilitation

Colorado

Denver

University of Colorado Program

Sponsor: University of Colorado School of Medicine

Prgm Director: Adam Rosenberg, MD*

Amitabh Jha, MD

Children's Hosp

1056 E 19th Ave

Denver, CO 80218

Tel: 303 764-8396

E-mail: sommers.eric@tchden.org

Accred Length: 5 Yrs *Program Size:* 1 (GYI: 0)

Program ID: 735-07-44-001

Ohio

Cincinnati

University of Cincinnati Hospital Group Program

Sponsor: University Hospital Inc

Prgm Director: Austin I Nobunaga, MD, MPH

Univ Hosp-Univ of Cincinnati Coll of Med

Dept of Phys Med/Rehab

PO Box 670530

Cincinnati, OH 45267-0530

Tel: 513 558-7635 *Fax:* 513 558-4458

E-mail: mary.duke@uc.edu

Accred Length: 5 Yrs *Program Size:* 6 (GYI: 1)

Program ID: 735-38-44-012

Pennsylvania

Philadelphia

Temple University Program

Sponsor: Temple University Hospital

St Christopher's Hospital for Children (Tenet Health System)

Prgm Director: Ian B Maitin, MD, MBA

Robert S Wimmer, MD

Temple Univ Hosp

3401 N Broad St

Philadelphia, PA 19140

Tel: 215 707-7021 *Fax:* 215 707-7661

E-mail: kellyg@tuhs.temple.edu

Accred Length: 5 Yrs *Program Size:* 2 (GYI: 1)

Program ID: 735-41-44-021

Thomas Jefferson University/duPont Hospital for Children Program

Sponsor: Thomas Jefferson University Hospital

Alfred I duPont Hospital for Children

Prgm Director: Steven M Selbst, MD

Michael F Saulino, MD, PhD

A I duPont Hosp for Children

PO Box 269

Wilmington, DE 19899

Tel: 302 651-5874 *Fax:* 302 651-5954

E-mail: kwaite@nemours.org

Accred Length: 5 Yrs *Program Size:* 6 (GYI: 1)

Program ID: 735-41-44-020

Virginia

Richmond

Virginia Commonwealth University Health System Program

Sponsor: Virginia Commonwealth University Health System

Hunter Holmes McGuire VA Medical Center (Richmond)

Medical College of Virginia Hospitals

Prgm Director: Jacob Neufeld, MD, MSPH, MSP

William McKinley, MD

Dept of PM&R

1223 E Marshall St

PO Box 980661 MCV Station

Richmond, VA 23298-0661

Tel: 804 228-5836 *Fax:* 804 321-2728

E-mail: pnicholson@chva.org

Accred Length: 5 Yrs *Program Size:* 2 (GYI: 1)

Program ID: 735-51-44-022

Pediatrics/ Psychiatry/Child and Adolescent Psychiatry

Hawaii

Honolulu

University of Hawaii Program

Sponsor: University of Hawaii John A Burns School of Medicine

Kapiolani Medical Center for Women and Children

Prgm Director: Terry G Lee, MD

Courtenay Matsu, MD

Univ of Hawaii

Dept of Psychiatry

1356 Lusitana St 4th Fl

Honolulu, HI 96813

Tel: 808 586-2939 *Fax:* 808 586-2940

E-mail: LeeT@dop.hawaii.edu

Accred Length: 5 Yrs *Program Size:* 10 (GYI: 1)

Program ID: 730-14-44-007

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine

Clarian Riley Hospital for Children

Clarian Indiana University Hospital

Prgm Director: David Dunn, MD

Jerry L Rushton, MD, MPH

Indiana Univ Sch of Med

111 W 10th St

PB 212

Indianapolis, IN 46202-5200

Tel: 317 278-3938 *Fax:* 317 274-1248

E-mail: laltmeyer@iupui.edu

Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)

Program ID: 730-17-44-009

Kentucky

Lexington

University of Kentucky A B Chandler Medical Center Program

Sponsor: University of Kentucky College of Medicine

Ridge Behavioral Health System

University of Kentucky Hospital

Prgm Director: Debra A Katz, MD

UK Psychiatry

3470 Blazer Pkwy

Lexington, KY 40509-1810

Tel: 859 323-6021, ext 272 *Fax:* 859 323-1194

E-mail: taheis@email.uky.edu

Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)

Program ID: 730-20-44-001

Louisiana**New Orleans****Tulane University Program**

Sponsor: Tulane University School of Medicine
DePaul/Tulane Behavioral Health Center
Medical Center of Louisiana at New Orleans
Ochsner Clinic Foundation
Tulane Hospital for Children
Tulane University Hospital and Clinics
Veterans Affairs Medical Center (New Orleans)

Prgm Director: Brian S Stafford, MD, MPH
Tulane Univ Sch of Med
1440 Tulane Ave/TB52
New Orleans, LA 70122
Tel: 504 988-7829 *Fax:* 504 988-4264
E-mail: lconners@tulane.edu
Accred Length: 5 Yrs *Program Size:* 2 (GYI: 2)
Program ID: 730-21-44-012

Massachusetts**Boston****Tufts University Program**

Sponsor: Tufts-New England Medical Center

Prgm Director: Joseph J Jankowski, MD
Tufts New England Med Ctr
750 Washington St Box 1007
Boston, MA 02111
Tel: 617 636-7802 *Fax:* 617 636-8442
E-mail: dzarren@tufts-nemc.org
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)
Program ID: 730-24-44-002

New York**New York****Mount Sinai School of Medicine Program**

Sponsor: Mount Sinai Medical Center

Prgm Director: John D O'Brien, MD*
Mount Sinai Med Ctr
Dept of Psychiatry
One Gustave L Levy Pl Box 1230
New York, NY 10029
Tel: 212 241-0487 *Fax:* 212 348-8436
E-mail: john.o'brien@mssm.edu
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)
Program ID: 730-35-44-004

Ohio**Cincinnati****University Hospital/University of Cincinnati College of Medicine Program**

Sponsor: University Hospital Inc

Prgm Director: John P Daniels, MD
Javier A Gonzalez-del-Rey, MD
Cincinnati Children's Hosp Med Ctr
Dept of Psychiatry
3333 Burnet Ave ML 3014
Cincinnati, OH 45229
Tel: 513 636-8336 *Fax:* 513 636-4283
E-mail: john.daniels@cchmc.org
Accred Length: 5 Yrs *Program Size:* 11 (GYI: 3)
Program ID: 730-38-44-008

Pennsylvania**Pittsburgh****University Health Center of Pittsburgh Program**

Sponsor: Univ of Pittsburgh Medical Center Medical Education Program
Children's Hospital of Pittsburgh
Magee-Women's Hospital
UPMC Presbyterian/Shadyside
UPMC Western Psychiatric Institute and Clinic
Veterans Affairs Medical Center (Pittsburgh)

Prgm Director: Erin E Malley, MD
Dena Hofkosh, MD
Western Psychiatric Inst & Clinic
3811 O'Hara St
Pittsburgh, PA 15213-2583
Tel: 412 624-2876 *Fax:* 412 624-0319
E-mail: malleyee@msx.upmc.edu
Accred Length: 5 Yrs *Program Size:* 4 (GYI: 2)
Program ID: 730-41-44-011

Rhode Island**Providence****Brown University Program**

Sponsor: Rhode Island Hospital-Lifespan
Prgm Director: Henrietta L Leonard, MD
Rhode Island Hospital/Coro West - 2nd Fl
593 Eddy St
Providence, RI 02903
Tel: 401 444-3762 *Fax:* 401 444-8879
E-mail: mspirito@lifespan.org
Accred Length: 5 Yrs *Program Size:* 15 (GYI: 3)
Program ID: 730-43-44-005

Utah**Salt Lake City****University of Utah Program**

Sponsor: University of Utah Medical Center
Prgm Director: Douglas Gray, MD
Univ of Utah Sch of Med
Div of Child Psychiatry
421 Wakara Way Ste 143
Salt Lake City, UT 84108-3528
Tel: 801 581-3936 *Fax:* 801 585-9096
E-mail: glenda.evans@hsc.utah.edu
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)
Program ID: 730-49-44-006

Psychiatry/Family Medicine**California****Sacramento****University of California (Davis) Health System Program**

Sponsor: UC Davis Health System
University of California (Davis) Medical Center
Prgm Director: Mark Servis, MD
James H Nuovo, MD
Univ of California Davis Med Ctr
Dept of Psychiatry
2230 Stockton Blvd
Sacramento, CA 95817
Tel: 916 734-5514 *Fax:* 916 734-3384
E-mail: marilyn.clark@ucdmc.ucdavis.edu
Accred Length: 5 Yrs *Program Size:* 7 (GYI: 2)
Program ID: 720-05-44-004

San Diego**University of California (San Diego) Program**

Sponsor: University of California (San Diego) Medical Center
Prgm Director: Margaret E McCahill, MD
David P Folsom, MD, PhD
Univ of California San Diego
Dept of Family Med
200 W Arbor Dr/Mail Code 8809
San Diego, CA 92103
Tel: 619 238-9617 *Fax:* 619 687-1067
E-mail: combres@pacbell.net
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)
Program ID: 720-05-44-005

Hawaii**Honolulu****Tripler Army Medical Center Program**

Sponsor: Tripler Army Medical Center
Prgm Director: David T Orman, MD*
Dawn Uithol, MD
Tripler Army Med Ctr
Dept of Psychiatry
1 Jarrett White Rd
Honolulu, HI 96859-5000
Tel: 808 433-5780 *Fax:* 808 433-3864
E-mail: placida.mencias@haw.tamc.amedd.army.mil
Accred Length: 5 Yrs *Program Size:* 5 (GYI: 1)
Program ID: 720-14-44-008
US Armed Services Program

Iowa

Iowa City

University of Iowa Hospitals and Clinics Program

Sponsor: University of Iowa Hospitals and Clinics
Prgm Director: George R Bergus, MD
 Catherine L Woodman, MD
 Univ of Iowa Hosps & Clinics
 Dept of Family Med
 200 Hawkins Dr 01110-D PFP
 Iowa City, IA 52242
Tel: 319 384-7507 *Fax:* 319 384-7822
E-mail: linda-hoover@uiowa.edu
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)
Program ID: 720-18-44-009

Maryland

Bethesda

National Capital Consortium Program

Sponsor: National Capital Consortium
 Malcolm Grow Medical Center
 Walter Reed Army Medical Center
Prgm Director: Timothy Lacy, MD*
 Douglas C Warren, MD
 Malcolm Grow Med Ctr
 1075 W Perimeter Rd/Ste A-01
 Andrews AFB, MD 20762-6600
Tel: 240 857-3956 *Fax:* 240 857-3011
E-mail: timothy.lacy@mgmc.af.mil
Accred Length: 5 Yrs *Program Size:* 25 (GYI: 5)
Program ID: 720-23-44-012
 US Armed Services Program

Ohio

Cincinnati

University of Cincinnati Hospital Group Program

Sponsor: University Hospital Inc
Prgm Director: Lawson R Wulsin, MD
 Philip M Diller, MD, PhD
 Univ of Cincinnati
 Family Med/Psychiatry Res Pgm
 231 Albert Sabin Way ML 0559
 Cincinnati, OH 45267
Tel: 513 679-5420, ext 10 *Fax:* 513 679-5426
E-mail: Lawson.Wulsin@uc.edu
Accred Length: 5 Yrs *Program Size:* 9 (GYI: 2)
Program ID: 720-38-44-006

Cleveland

Case Western Reserve University/University Hospitals of Cleveland Program

Sponsor: University Hospitals of Cleveland
Prgm Director: Michael P Rowane, DO, MS
 William H Campbell, MD, MBA
 Univ Hosps of Cleveland
 Dept of Family Med
 11100 Euclid Ave Ste 1200 Bolwell HC
 Cleveland, OH 44106-5036
Tel: 216 844-5483 *Fax:* 216 844-1030
E-mail: Jacalyn.Demico@uhhs.com
Accred Length: 5 Yrs *Program Size:* 8 (GYI: 2)
Program ID: 720-38-44-013

Oklahoma

Tulsa

University of Oklahoma College of Medicine-Tulsa Program

Sponsor: University of Oklahoma College of Medicine-Tulsa
Prgm Director: William R Yates, MD
 Kristina M Kline, MD
 Univ Oklahoma Coll Med-Tulsa
 4502 E 41st St #2F05
 Tulsa, OK 74135-2512
Tel: 918 660-3518 *Fax:* 918 660-3517
E-mail: rhonda-wallace@ouhsc.edu
Accred Length: 5 Yrs *Program Size:* 10 (GYI: 2)
Program ID: 720-39-44-001

West Virginia

Morgantown

West Virginia University Program

Sponsor: West Virginia University Hospitals
Prgm Director: Ryan Finkenbine, MD*
 James G Arbogast, MD
 WVU Sch of Med
 Behavioral Med/Psych
 930 Chestnut Ridge Rd
 Morgantown, WV 26506
Tel: 304 293-2411 *Fax:* 304 293-8724
E-mail: sengle@hsc.wvu.edu
Accred Length: 5 Yrs *Program Size:* 2 (GYI: 1)
Program ID: 720-55-44-010

Wisconsin

Milwaukee

Medical College of Wisconsin Program

Sponsor: Medical College of Wisconsin Affiliated Hospitals Inc
Prgm Director: Randy Ward, MD
 Carlyle H Chan, MD
 Dept of Psychiatry
 2320 N Lake Dr
 Milwaukee, WI 53201
Tel: 414 291-1602 *Fax:* 414 291-1613
E-mail: sshaw@mcw.edu
Accred Length: 5 Yrs *Program Size:* 6 (GYI: 2)
Program ID: 720-56-44-011

Psychiatry/Neurology

Arizona

Tucson

University of Arizona Program

Sponsor: University of Arizona College of Medicine
 Southern Arizona VA Health Care Center (Tucson)
 University Medical Center
Prgm Director: David M Labiner, MD
 Francisco A Moreno, MD
 Dept of Neurology
 1501 N Campbell Ave
 Box 245023
 Tucson, AZ 85724-5023
Tel: 520 626-2006 *Fax:* 520 626-2111
E-mail: labinerd@u.arizona.edu
Accred Length: 8 Yrs *Program Size:* 2 (GYI: 1)
Program ID: 755-03-44-007

Florida

Miami

University of Miami-Jackson Memorial Medical Center Program

Sponsor: Jackson Memorial Hospital/Jackson Health System
 Veterans Affairs Medical Center (Miami)
Prgm Director: Ashok Verma, MD
 Richard M Steinbook, MD
 Univ of Miami Sch of Med-Jackson Memorial
 Dept of Psych/Neurology
 1150 NW 14th St #603
 Miami, FL 33136
Tel: 305 243-3902 *Fax:* 305 243-6546
E-mail: averma@med.miami.edu
Accred Length: 5 Yrs *Program Size:* 1 (GYI: 1)
Program ID: 755-11-44-009

Indiana

Indianapolis

Indiana University School of Medicine Program

Sponsor: Indiana University School of Medicine
 Clarian Indiana University Hospital
 Richard L Roudebush Veterans Affairs Medical Center
 William N Wishard Memorial Hospital
Prgm Director: Alan Schmetzer, MD
 Robert M Pascuzzi, MD
 Indiana Univ Sch of Med
 545 Barnhill Dr EH 125
 Indianapolis, IN 46202
Tel: 317 274-4455 *Fax:* 317 278-4918
E-mail: neurores@iupui.edu
Accred Length: 6 Yrs *Program Size:* 6 (GYI: 1)
Program ID: 755-17-44-003

Louisiana

New Orleans

Tulane University Program

Sponsor: Tulane University School of Medicine
Tulane University Hospital and Clinics

Prgm Director: Patrick T O'Neill, MD
Anne L Foundas, MD
Tulane Univ Sch of Med
Dept of Psych/Neuro TB53
1440 Canal St
New Orleans, LA 70112-2715
Tel: 504 894-7269 *Fax:* 504 894-7290
E-mail: psychres@tulane.edu
Accred Length: 6 Yrs *Program Size:* 4 (GYI: 2)
Program ID: 755-21-44-002

Massachusetts

Worcester

University of Massachusetts Program

Sponsor: University of Massachusetts Medical School

Prgm Director: Sheldon Benjamin, MD
Ann Mitchell, MD
Dept of Psychiatry
Univ of Massachusetts Med Sch
55 Lake Ave N
Worcester, MA 01655
Tel: 508 856-4087 *Fax:* 508 856-5000
E-mail: vickie.white@umassmed.edu
Accred Length: 6 Yrs *Program Size:* 3 (GYI: 1)
Program ID: 755-24-44-010

New York

New York

New York Presbyterian Hospital (Columbia Campus) Program

Sponsor: New York Presbyterian Hospital
New York Presbyterian Hospital (Columbia Campus)
New York State Psychiatric Institute

Prgm Director: Ronald O Rieder, MD
Blair Ford, MD
New York Presbyterian Hosp
Columbia Univ
1051 Riverside Dr
New York, NY 10032
Tel: 212 543-5553 *Fax:* 212 543-5356
E-mail: psych-residency@columbia.edu
Accred Length: 5 Yrs *Program Size:* 2 (GYI: 1)
Program ID: 755-35-44-011

New York University School of Medicine Program

Sponsor: New York University School of Medicine
Bellevue Hospital Center
Manhattan VA Harbor Health Care System

Prgm Director: Carol A Bernstein, MD
L S Boylan, MD
New York Univ Sch of Med
550 First Ave
NBV 20N11
New York, NY 10016-9196
Tel: 212 263-6238 *Fax:* 212 263-6497
E-mail: psychiatry.residency@med.nyu.edu
Accred Length: 6 Yrs *Program Size:* 6 (GYI: 1)
Program ID: 755-35-44-008

Rhode Island

Providence

Brown University Program

Sponsor: Butler Hospital
Rhode Island Hospital-Lifespan

Prgm Director: Stephen P Salloway, MD
Butler Hosp
Dept of Neurology
345 Blackstone Blvd
Providence, RI 02906
Tel: 401 444-6183 *Fax:* 401 444-8781
E-mail: borourke1@lifespan.org
Accred Length: 6 Yrs *Program Size:* 5 (GYI: 1)
Program ID: 755-43-44-005

South Carolina

Charleston

Medical University of South Carolina Program

Sponsor: Medical University of South Carolina College of Medicine

MUSC Medical Center
Ralph H Johnson VA Medical Center (Charleston)

Prgm Director: Alberto Santos, MD
Paul B Pritchard, MD
Med Univ of South Carolina
Dept of Psych
67 President St Box 2508
Charleston, SC 29425
Tel: 843 792-0192 *Fax:* 843 792-6894
E-mail: santosab@musc.edu
Accred Length: 5 Yrs *Program Size:* 0 (GYI: 0)
Program ID: 755-45-44-012

West Virginia

Morgantown

West Virginia University Program

Sponsor: West Virginia University Hospitals
Charleston Area Medical Center/West Virginia University

Prgm Director: Ryan Finkenbine, MD*
Laura Gutmann, MD
West Virginia Sch of Med
Behavioral Med/Psychiatry
930 Chestnut Ridge Rd
Morgantown, WV 26505
Tel: 304 293-2411 *Fax:* 304 293-8724
E-mail: sengle@hsc.wvu.edu
Accred Length: 6 Yrs *Program Size:* 1 (GYI: 1)
Program ID: 755-55-44-001

Appendix B

Medical Specialty Board Certification Requirements

Twenty-four medical specialty boards have been approved by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) Council on Medical Education through the Liaison Committee for Specialty Boards (LCSB). Applications for recognition as a specialty board are submitted to the LCSB and reviewed for compliance with the requirements and criteria published in the *Essentials for Approval of New Examining Boards in Medical Specialties* approved by both the ABMS and the AMA. If an applicant is approved for recognition as a medical specialty board by the LCSB, the application must then be approved by the membership of the ABMS and the AMA Council on Medical Education. The *Essentials* may be obtained from the office of the Executive Vice President of the ABMS, 1007 Church St/Ste 404, Evanston, IL 60201-5913, or from the Council on Medical Education, AMA, 515 N State St, Chicago, IL 60610.

The primary objective of medical specialty boards is the improvement of the quality of medical education and medical care. The primary functions of each of the medical specialty boards are to evaluate candidates in a medical specialty field who voluntarily appear for examination and to certify as diplomates those candidates who are qualified. To accomplish these functions, medical specialty boards determine whether candidates have received adequate preparation in accordance with established educational standards; provide comprehensive examinations designed to assess knowledge, skills, and experience required to provide quality patient care in that specialty; and certify those candidates who have satisfied the requirements.

In collaboration with the other organizations and agencies concerned, the approved medical specialty boards assist in improving the quality of medical education by elevating the standards of graduate medical education and approving facilities for specialty training.

The actual accreditation review for the approval of residency programs in each specialty is conducted by a Residency Review Committee on which the respective specialty board has equal representation with the AMA Council on Medical Education and, in some cases, with a related specialty society.

Medical specialty board certification is an additional process to receiving a medical degree, completing residency training, and receiving a license to practice medicine.

Certification requirements of each member board of ABMS are included on subsequent pages. Inquiries regarding specialty board certification requirements should be directed to the specialty board executive offices listed in Table 1. The member boards of ABMS publish materials containing statements on the requirements for certification, which are also reprinted in each edition of the *Official American Board of Medical Specialties Directory of Board Certified Medical Specialists*. This publication contains certification and biographical information on each specialist who has been certified by a member board of ABMS. The *Directory* is available from Elsevier Science, 655 Avenue of the Americas, New York, NY 10010; 888 437-4636; fax 212 633-3820.

ABMS Information

American Board of Medical Specialties
1007 Church St/Ste 404
Evanston, IL 60201-5913
847 491-9091
847 328-3596 Fax
www.abms.org

Table 1. Member Boards of the American Board of Medical Specialties

John W Yunginger, MD
Executive Secretary
American Board of Allergy and Immunology
510 Walnut St, Ste 1701
Philadelphia, PA 19106-3699
215 592-9466
215 592-9411 Fax
E-mail: abai@abai.org
www.abai.org

Francis P Hughes, PhD
Executive Vice President
American Board of Anesthesiology
4101 Lake Boone Trail, Ste 510
Raleigh, NC 27607-7506
919 881-2570
919 881-2575 Fax
E-mail: frank.hughes@theaba.org
www.abanes.org

Herand Abcarian, MD
Executive Director
American Board of Colon and Rectal Surgery
20600 Eureka Rd, Ste 600
Taylor, MI 48180
734 282-9400
734 282-9402 Fax
E-mail: admin@abcrcs.org
www.abcrs.org

Antoinette F Hood, MD
Executive Director
American Board of Dermatology
Henry Ford Health System, One Ford Place
Detroit, MI 48202-3450
313 874-1088
313 872-3221 Fax
E-mail: abderm@hfhs.org
www.abderm.org

Mary Ann Reinhart, PhD
Executive Director
American Board of Emergency Medicine
3000 Coolidge Rd
East Lansing, MI 48823-6319
517 332-4800
517 332-2234 Fax
www.abem.org

James C Puffer, MD
Executive Director
American Board of Family Medicine
2228 Young Dr
Lexington, KY 40505-4294
859 269-5626
E-mail: general@abfammed.org
www.abfammed.org

Christine K Cassel, MD
President
American Board of Internal Medicine
510 Walnut St, Ste 1700
Philadelphia, PA 19106-3699
800 441-2246
215 446-3470 Fax
E-mail: request@abim.org
www.abim.org

Sharon B Robinson, MS
Administrator
American Board of Medical Genetics
9650 Rockville Pike
Bethesda, MD 20814-3998
301 634-7315
301 634-7320 Fax
www.abmg.org

Ralph G Dacey, Jr, MD
Chairman
American Board of Neurological Surgery
6550 Fannin St, Ste 2139
Houston, TX 77030-2701
713 441-6015
713 441-0207 Fax
E-mail: abns@tmh.tmc.edu
www.abns.org

Henry D Royal, MD
Executive Director
American Board of Nuclear Medicine
900 Veteran Ave
Los Angeles, CA 90024-2703
310 825-6787
310 794-4821 Fax

Norman F Gant, MD
Executive Director
American Board of Obstetrics and Gynecology
2915 Vine St, Ste 300
Dallas, TX 75204
214 871-1619
214 871-1943 Fax
E-mail: info@abog.org
www.abog.org

Denis M O'Day, MD
Executive Director
American Board of Ophthalmology
111 Presidential Blvd, Ste 241
Bala Cynwyd, PA 19004-1075
610 664-1175
610 664-6503 Fax
www.abop.org

G Paul DeRosa, MD
Executive Director
American Board of Orthopaedic Surgery
400 Silver Cedar Ct
Chapel Hill, NC 27514
919 929-7103
919 942-8988 Fax
www.abos.org

Gerald B Healy, MD
Executive Vice President
American Board of Otolaryngology
3050 Post Oak Boulevard, Ste 1700
Houston, TX 77056-6579
713 850-0399
713 850-1104 Fax
www.aboto.org

Betsy D Bennett, MD
Executive Vice President
American Board of Pathology
PO Box 25915
Tampa, FL 33622-5915
813 2862444
813 2895279 Fax
www.abpath.org

James A Stockman, III, MD
President
American Board of Pediatrics
111 Silver Cedar Ct
Chapel Hill, NC 27514-1513
919 929-0461
919 929-9255 Fax
E-mail: abpeds@abpeds.org
www.abp.org

Anthony M Tarvestad, JD
Executive Director
American Board of Physical Medicine and Rehabilitation
3015 Allegro Park Lane SW
Rochester, MN 55902-4139
507 282-1776
507 282-9242 Fax
E-mail: office@abpmr.org
www.abpmr.org

R Barrett Noone, MD
Executive Director
American Board of Plastic Surgery
Seven Penn Ctr, Ste 400, 1635 Market St
Philadelphia, PA 19103-2204
215 587-9322
215 587-9622 Fax
E-mail: info@abplsurg.org
www.abplsurg.org

James R Vanderploeg, MD, MPH
Executive Director
American Board of Preventive Medicine
330 S Wells, Ste 1018
Chicago, IL 60606
312 939-2276
312 939-2218 Fax
E-mail: abpm@abprevmed.org
www.abprevmed.org

Stephen C Scheiber, MD
Executive Vice President
American Board of Psychiatry and Neurology
500 Lake Cook Rd, Ste 335
Deerfield, IL 60015
847 945-7900
847 945-1146 Fax
www.abpn.com

Robert R Hattery, Jr, MD
Executive Director
American Board of Radiology
5441 E Williams Blvd, Ste 200
Tucson, AZ 85711
520 790-2900
520 790-3200 Fax
E-mail: information@theabr.org
www.theabr.org

Frank R Lewis, Jr, MD
Executive Director
American Board of Surgery
1617 John F Kennedy Blvd, Ste 860
Philadelphia, PA 19103-1847
215 568-4000
215 563-5718 Fax
www.absurgery.org

William A Gay, Jr, MD
Executive Director
American Board of Thoracic Surgery
633 N St Clair St, Ste 2320
Chicago, IL 60611
312 202-5900
312 202-5960 Fax
E-mail: info@abts.org
www.abts.org

Stuart S Howards, MD
Executive Secretary
American Board of Urology
2216 Ivy Rd, Ste 210
Charlottesville, VA 22903
434 979-0059
434 979-0266 Fax
www.abu.org

American Board of Allergy and Immunology

510 Walnut St, Ste 1701
Philadelphia, PA 19106-3699
215 592-9466
215 592-9411 Fax
E-mail: abai@abai.org
www.abai.org

Thomas B Casale, MD, Chair, Omaha, Nebraska
David B Peden, MD, Co-Chair, Chapel Hill, North Carolina
Zuhair K Ballas, MD, Co-Chair Elect, Iowa City, Iowa
David H Broide, MD, Secretary, La Jolla, California
Robert A Wood, MD, Treasurer, Baltimore, Maryland
Andrea J Apter, MD, Philadelphia, Pennsylvania
Bruce S Bochner, MD, Baltimore, Maryland
Vincent R Bonagura, MD, New Hyde Park, New York
Donna Bratton, MD, Denver, Colorado
Mark L Corbett, MD, Louisville, Kentucky
Mark S Dykewicz, MD, St Louis, Missouri
James E Gern, MD, Madison, Wisconsin
Rebecca S Gruchalla, MD, Dallas, Texas
James T Li, MD, PhD, Rochester, Minnesota
Hugh A Sampson, MD, New York, New York
Dale T Umetsu, MD, PhD, Stanford, California
John W Yunginger, MD, Executive Secretary

(The American Board of Allergy and Immunology [ABAI] reserves the right to make changes in its Policies and Procedures and fees at any time, and cannot assume responsibility for giving advance notice thereof.)

Definition of an Allergist/Immunologist

A certified specialist in allergy and immunology is a physician who previously has passed the certification examination of the American Board of Internal Medicine (ABIM) and/or the American Board of Pediatrics (ABP) with additional certification by the ABAI, a Conjoint Board of the ABIM and the ABP. Diplomates of the ABAI have detailed knowledge of the underlying pathophysiology and the diagnosis, treatment, and prevention of allergic diseases such as allergic rhinitis, allergic asthma, urticaria, anaphylaxis, hypersensitivity pneumonitis, atopic and contact dermatitis, and allergic gastrointestinal disorders, as well as comparable clinical problems without an apparent allergic etiology or component such as vasomotor rhinitis, nonallergic asthma, and idiopathic and/or hereditary forms of urticaria and/or angioedema. Diplomates also have expertise in the management of pulmonary complications of certain of these diseases.

Diplomates of the ABAI also possess advanced understanding of the biology of inflammation, immunochemistry, immunobiology, and pharmacology and experience in the application of this knowledge to the diagnosis, management, and therapy of immunologic diseases. This includes inborn or acquired defects of host resistance, autoimmune diseases, bone marrow and solid organ transplantation, gene replacement therapy, adverse drug reactions, and related conditions. Diplomates have demonstrated to the satisfaction of their peers that they possess the general qualifications specified and are ethical and humanistic practitioners of medicine.

The purpose of certification by the ABAI is to provide assurance to the public and the medical profession that a certified internist or pediatrician has successfully completed an accredited educational program and an evaluation, including a secure, proctored

examination, and possesses the knowledge, skills, and experience requisite to the provision of high-quality patient care in allergy and immunology.

Organization and Purpose

The ABAI was established in 1971 as a nonprofit organization and is one of 24 member boards of the American Board of Medical Specialties (ABMS). The ABAI is a Conjoint Board of the ABIM and the ABP and is sponsored jointly by the American Academy of Allergy, Asthma and Immunology (AAAAI), the American Academy of Pediatrics (AAP) - Section on Allergy and Immunology, the American College of Allergy, Asthma and Immunology (ACAAI), the American Medical Association (AMA) - Section Council of Allergy and Immunology, and the Clinical Immunology Society (CIS). The Board of Directors consists of an equal number of ABAI-certified internists and ABAI-certified pediatricians, who are nominated by the AAAAI, AAP, ACAAI, AMA, CIS, and the ABAI Board of Directors themselves. The nominees are appointed by the ABIM and ABP for a 6-year term of office.

ABAI's major purposes are to

- establish qualifications and examine physician candidates for certification as specialists in allergy/immunology,
- serve the public and the health care community by providing the names of physicians certified as allergists/immunologists,
- improve the quality of health care,
- establish and improve standards for the teaching and practice of allergy/immunology, and
- establish standards for training programs in allergy/immunology working with the Residency Review Committee for Allergy and Immunology of the Accreditation Council for Graduate Medical Education (ACGME).

Certification

The ABAI serves candidates who have embarked on a graduate program of study with the express purpose of excelling in the practice of the subspecialty of allergy/immunology. The ABAI is responsible for the establishment and maintenance of the standards of knowledge required for certification. The ABAI anticipates that during a post-medical school training program, the candidates will acquire adequate knowledge in basic science, as applied to this discipline. In outlining its requirements, the ABAI assists the candidate to select superior educational programs that will develop his/her competency in allergy/immunology. The ABAI believes that all allergists/immunologists should have a fundamental knowledge of the biological science basic to this discipline. The responsibility of acquiring the knowledge rests with the candidate. Such knowledge is essential to the continued professional progress of any qualified allergist/immunologist.

To justify certification in allergy and immunology, each candidate must satisfy the general and professional qualifications listed below.

Content for Certification Examination

The examination covers all content areas listed in the current Program Requirements for Residency Education in Allergy and Immunology and the Content Outline determined by the Board of Directors, which is distributed with the application.

In addition, candidates must be familiar with the fundamental elements of the immune system, such as the types of immune cells and the anatomical organs that constitute the immune system, the circulation patterns of immune cells, the biologic roles of products of the immune system, the abnormal conditions of the immune system that constitute immunopathology, and the biology of inflammation. Moreover, the candidate will be expected to be proficient in understanding the molecular basis of allergic and other immune

reactions, including interaction between immune cells, cell membrane signal transduction pathways, gene expression, cytokine release, receptor targeting, cellular differentiation, and cell death. Proficiency must be demonstrated in the diagnosis and treatment of allergic and other immunologic diseases.

Because the ABAI is a conjoint board representing pediatric and adult medicine, the candidate must master the spectrum of allergic and immunologic diseases as it presents in children and adults. In addition to a familiarity with allergic diseases, including allergic rhinitis, asthma, atopic dermatitis, and urticaria, the candidate must be knowledgeable in autoimmune conditions. Equally important as knowledge in diseases of immune dysfunction is the knowledge of human pathology that results from an absence of immunity, whole or partial, congenital or acquired. Thus, an understanding of immunodeficiency states is required, including congenital disorders, absence of specific complement components, lack of specific neutrophil function, absence of specific adhesive cellular glycoproteins, and dysfunctional states of the immune system produced by external agents. Candidates must be familiar with the immunologic factors operative in bone marrow and solid organ transplantation. With the proliferation of immunomodulatory reagents used in other specialties, candidates are expected to be familiar with those reagents, their mechanism of action and their impact (both foreseen and unexpected) on aspects of the immune system other than the intended target.

It is important for the candidate to demonstrate proficiency in the proper selection of appropriate clinical and laboratory tests, which aid the formulation of a clinical diagnosis based upon first obtaining a detailed medical history and performing a complete physical examination. The candidate must understand the scientific basis of the following list (non-inclusive) of tests:

- serum immunoglobulin determination,
- functional antibody measurement,
- complement component and functional assays,
- lymphocyte subset analysis using monoclonal antibodies and flow cytometry,
- lymphocyte proliferation assays with mitogen and antigens, and
- assessment of neutrophil and monocyte chemotaxis, phagocytosis, and killing.

In addition, the candidate must be familiar with the use of molecular diagnostic techniques involving the binding of ligands to nucleic acid or polypeptide sequences. The importance of DNA replication technology must be understood. The molecular basis for immediate hypersensitivity skin testing must be understood in the context of the detailed molecular events occurring in the tissue mast cell and blood basophil, particularly the release of preformed mediators, and in the generation of newly formed mediators. Similarly, skin testing for T-cell competence with recall antigens must be understood in relation to antigen presentation, cytokine secretion and interaction, and lymphocyte subset activation and function. Candidates must also have familiarity with the misuse of standard tests and with controversial tests in allergy and immunology. The candidate must understand the principles and analytic methods employed in experimental clinical studies for determining the diagnostic utility of specific tests and in evaluating the safety, toxicity, efficacy, and outcomes of treatments and drugs for allergic and immunologic disease. Candidates must be familiar with the principles and methods employed in epidemiologic studies.

A corollary of the competence of the candidate in understanding the pathophysiology, clinical presentation, and immunologic testing of allergic and other immunologic diseases is the knowledge of appropriate treatment options. For example, the common aspect of all types of asthma is the presence of airway inflammation. Definitive treatment of asthma demands interruption of the inflammatory

response. Thus, candidates must understand use of drugs that decrease airway inflammation in asthma. Based upon the molecular knowledge of the allergic response, the candidate must appreciate the importance of allergen avoidance and medical treatment of allergic rhinitis before initiation of the more intense treatment of immunotherapy. In the latter therapy, candidates must have experience in allergen selection and administration in successful treatment regimens. Therapy for immunologic diseases must be understood, such as (non-inclusive): immunoglobulin therapy for antibody deficiency, treatment of immunodeficiency with biologic response modifiers, HLA-identical and HLA-haploidentical (T cell-depleted) bone marrow transplants for cellular immunodeficiencies, and gene replacement therapy currently used for the immunodeficiency associated with adenosine deaminase deficiency as well as theoretical principles/potential approaches in other congenital immune disorders.

Requirements for Certification

Candidates qualify for admittance to the examination if ALL the following criteria are met:

1. Certification by the ABIM and/or ABP as of the date of the ABAI examination.
2. Evidence acceptable to the Board of Directors of at least 2 years of full-time residency/fellowship in allergy/immunology programs accredited by the ACGME or other acceptable training in allergy/immunology programs. These programs are listed in the *Graduate Medical Education Directory*, published by the American Medical Association.
3. Documentation on file at the ABAI (available through the training program) including four Clinical Competence evaluations, one Procedural Skills Assessment Form, and a letter from the training program director substantiating clinical competence, at least 2 full-time years of allergy/immunology training, and readiness to sit for the examination. Areas to be reviewed include clinical judgment, medical knowledge, clinical skills of history taking, physical examination and procedural skills, humanistic qualities, attitudes and professional behavior, medical care (utilizing laboratory tests and diagnostic procedures), commitment to scholarship, and work habits. Procedural skills assessed include immediate hypersensitivity skin testing, delayed hypersensitivity skin testing, specific allergen immunotherapy, drug desensitization, pulmonary function testing, and immunoglobulin therapy.
4. Two recommendations from ABAI-certified diplomates in the community—Chief of Medicine or Pediatrics, chiefs of community hospitals, or officers of state or regional societies—to verify the medical, ethical, and moral standing and clinical competence of the candidate as a specialist in allergy/immunology.
5. Valid (current) unrestricted license to practice medicine in all jurisdictions of the United States, its territories, or Canada, and, if licenses are held in more than one jurisdiction, all licenses held by a diplomate should meet this requirement. Should there be extenuating circumstances, a written explanation is necessary. Candidates are required to submit copies of their unrestricted, unexpired licenses with their certification application. Licenses must be unrestricted, and unexpired at the time of admission of the Certification Examination. Candidates with any revoked, suspended, probational, or conditional license at the time of application or examination will not be admitted to the Certification Examination or become certified.

Training Program Director Requirements

In addition to the four Clinical Competence evaluations and one Procedural Skills Form, the training program director must submit a letter attesting to the candidate's clinical experience and

readiness to sit for the examination. In compliance with the ACGME Program Requirements for Residency Training in Allergy and Immunology, a semi-annual record must be maintained with copies to the ABAI for tracking purposes. If a trainee has received two consecutive evaluations with overall unsatisfactory ratings, the training program director must provide the trainee and the ABAI with a written plan for remediation of the trainee's deficiencies. After 6 months, the training program director must provide the ABAI and the trainee with a report of the success or failure of the remediation program, as well as any additional plans for corrective action.

The Conjoint Standards Committee, with representation from the ABAI, the ABIM, and the ABP, recommends the passing grade for the Certification Examination to the Board for its determination.

Pathways for Dual Certification

Formal special pathways exist for individuals wishing to qualify for dual certification in allergy/immunology and pediatric pulmonology; allergy/immunology and pediatric rheumatology; and allergy/immunology and adult rheumatology. Additional information regarding special pathways is available upon request to the ABAI.

Recertification/Maintenance of Certification

Since 1977, the ABAI has offered its diplomates a recertification process every other year so that the effectiveness of each diplomate's own efforts in continuing education would be evaluated.

Beginning with 1989, new ABAI diplomates receive certificates valid for 10 years. Time-unlimited certificates were issued prior to October 1, 1989. However, all diplomates, especially those involved in training programs, are strongly encouraged to recertify at a minimum of every 10 years. Maintaining a current certificate is an expression of professional accountability. Presently 1,918 ABAI diplomates hold time-limited certificates; renewal may be achieved in the interim.

Beginning in 2005, the ABAI will gradually transition from its current recertification program into the more comprehensive Maintenance of Certification (MOC[®]) program. The ABAI MOC program will have four components, which address: (1) professional standing; (2) lifelong learning and self-assessment; (3) cognitive expertise; and (4) evaluation of performance in practice. The professional standing component includes the same licensure and documentation letters presently required for certification. The lifelong learning component will require diplomates to acquire a minimum of 75 continuing medical education (CME) credits in allergy and immunology over each 3-year period. The self-assessment of knowledge will be accomplished via a 150-item home-study examination on which the diplomate must achieve at least 80% correct answers. Cognitive expertise will be assessed by a 200-item, secure, proctored final examination covering the field of Allergy and Immunology. Evaluation of performance in practice will include a Patient and Physician Peer Assessment (PAPPA) module in which the ABAI will collect feedback about a diplomate's professionalism and communication skills through confidential patient and physician peer ratings. The ABAI anticipates that most diplomates seeking recertification will be successful. Diplomates will be required to attain an absolute minimum score on the final examination to ultimately gain recertification in allergy/immunology. Standards are established to justify public confidence.

Content for Recertification (MOC) Examination

The content of the home study examination covers the broad area of allergy and immunology listed previously under "Content for Certification Examination" and will provide diplomates to assess their knowledge in the following areas of clinical science: immediate

hypersensitivity, immunological disorders, pharmacology and therapeutics, specific diagnostic modalities, and allergens and antigens. Attention will also be given to the following areas of basic science: immune mechanisms, cells involved in immune responses, specific immune mechanisms, and laboratory tests.

Both Parts I and II of the ABAI recertification examination reflect the current ABAI Content Outline, which is available on the ABAI Web site. The content of the Home Study Examination does not necessarily reflect that of the Final Proctored Examination.

Requirements for Recertification in 2005

Diplomates qualify for admittance to the examination if ALL of the following criteria are met:

1. previous certification by the ABAI (recertification in internal medicine or pediatrics is encouraged of ABAI Diplomates);
2. two recommendations from ABAI certified diplomates in the community—chief of medicine or pediatrics, chiefs of community hospitals, or officers of state or regional societies—to verify the medical, ethical, and moral standing and clinical competence of the candidate as a specialist in allergy/immunology;
3. valid (current) unrestricted license to practice medicine in all jurisdictions of the United States, its territories, or Canada, and, if licenses are held in more than one jurisdiction, all licenses held by a diplomate should meet this requirement. Should there be extenuating circumstances, a written explanation is necessary. Diplomates are required to submit copies of their unrestricted, unexpired licenses with their recertification application for Part 1 of the Recertification Examination (the Home Study Examination). Licenses must be unrestricted, and unexpired at the time of admission to Part 2 of the Recertification Examination (the Final Examination). Diplomates with any revoked, suspended, probational, or conditional license at the time of application or examination will not be admitted to the Recertification Examination or become recertified;
4. satisfactory completion of the PAPPA module described above.

Examination Methodology

Announcements

The proctored Certification and Recertification Examinations are now computer-based and administered at Pearson Professional Centers in multiple US locations. The Certification and Recertification Examinations will be administered annually beginning in 2005. The times and places are determined by the ABAI and announced in the appropriate specialty journals, in the ABAI newsletter, and on the ABAI Web site (www.abai.org).

Applications

The act of filing an application is the candidate's responsibility. The application form is available on the ABAI Web site (www.abai.org). Two recent signed photographs and the necessary fees must be received with the completed application on or before the close of registration (postmark applicable). In order to completely process and approve applications, all certification and/or recertification requirements must be met prior to examination application approval.

Board Review Courses

The ABAI does not sponsor or maintain any records on any courses that claim to be review courses in preparation for its examinations, nor does it offer or endorse any specific publications or courses to prepare for its examinations.

Cancellations

Certification Examination fee is refundable in full if written notification of withdrawal is received prior to the cancellation deadline listed. Recertification Examination fee is refundable in full if

written notification of withdrawal is received prior to mailing of the Home Study Examination, or in part if written notification of withdrawal is received after the Home Study Examination is mailed.

Certificates

Candidates/diplomates who pass the examinations will be certified or recertified in the specialty of allergy/immunology as of the date of the examination and receive a time-limited certificate (subject to revocation by the ABAI for cause) expiring December 31 10 years later. This information becomes public information and will be listed in *The Official ABMS Directory of Board Certified Specialists*.

Description

The proctored examinations vary in length; the Certification Examination is administered in two 3.5-hour sessions totaling 8 hours, including 1 hour for lunch, and recertification is administered in one 4-hour session. The multiple-choice questions are objective and designed to test the individual's knowledge through recall, interpretation, and problem solving. Each examination may contain both previously used and new questions, as well as questions undergoing field testing.

Disabled Candidates

Individuals who may need accommodation during the examination must provide written details to the ABAI at the time of application for examination in order to receive information about ABAI's disability policy and accommodation approval from the Credentials Committee.

Fees

The fees are set forth in the instruction sheet included with the application. Candidates whose applications are rejected will receive a refund of the examination fee; however, the ABAI will retain the registration fee to cover the processing and credentialing costs. A non-refundable late fee will apply to those applications received after the close of registration and prior to the cancellation deadline.

Irregular Behavior

All Board examinations are supervised by proctors, who are required to report any irregular behavior, which includes, but is not limited to, giving or obtaining unauthorized information or aid before, during, or after the examination as evidenced by observation or subsequent statistical analysis of answer sheets. Offering financial or other benefit to a proctor, employee, or agent of the ABAI is forbidden.

Re-examination

Candidates who are unsuccessful on any examination may re-apply for subsequent scheduled examinations; there is no restriction on the number of opportunities for re-examination. Once admitted to an examination, candidates will be considered to have fulfilled the training requirements for future examination in that discipline. All candidates for re-examination must meet the current requirements for licensure and professional standing.

Results

Individuals will be informed of the results of the examinations within 3 months of administration. The validity of the individual's performance on the examination is secured by every means available.

Special Policies

Verification of Board Status

Based on ABMS recommended policy, the ABAI does not issue statements of or implying "Board Eligibility" for any reason. Medical specialty certification is a process of advancement through several individual steps, including examination. Having completed one step, such as the minimal educational requirements, should not imply that a candidate is now possessed of some special qualification which is more or less equivalent to certification. For written verification of the status of an allergist/immunologist, the ABAI charges a nominal fee per name.

Revocation of Certificate

Certificates issued by the ABAI will be subject to revocation for cause, including but not limited to a state medical license revocation or revocation of certification by either the ABIM or ABP.

Absences During Residency

Absences in excess of a total of 2 months over the 2-year allergy/immunology training program, whether for vacation, sick leave, maternity leave, etc, should be made up. If training program directors believe that an absence of more than 2 months is justified, they should send a letter of explanation to the ABAI for review and approval by the Credentials Committee.

Changes in Policies and Procedures

The ABAI reserves the right to make changes in its Policies and Procedures and fees at any time, and cannot assume responsibility for giving advance notice thereof.

Examination Schedule

Certification

Date: October 10-14, 2005
Registration period: January 1-April 2, 2005
Fee: \$2,400
Cancellation Date: June 30, 2005

Recertification

Home Study Examination: January 15-March 31, 2005
Proctored Final Examination: November 14-18, 2005
Registration period: December 15, 2004-January 31, 2005
Fee: \$2,400
Cancellation date: May 15, 2005

American Board of Anesthesiology

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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Anesthesiology [ABA] to ascertain whether the information below is current.)

Introduction

The American Board of Anesthesiology (ABA) publishes its *Booklet of Information* to inform all interested individuals of the policies, procedures, regulations, and requirements governing its certification programs.

A copy of the booklet is sent annually to the chairs of anesthesiology departments and the directors of Accreditation Council for Graduate Medical Education (ACGME)-accredited anesthesiology residency programs and to every resident in those programs who is properly registered by the program with the ABA.

The chair of the anesthesiology department is ultimately responsible for the residency program. The ABA corresponds officially about training matters only with the department chair. If the chair notifies the ABA that a faculty member has been appointed program director with responsibility for administering the program, the ABA corresponds with the program director about training matters and sends the department chair a copy of the correspondence.

The program must ensure that each resident's training fulfills all criteria for entering the ABA examination system. However, it is crucial that the resident know the requirements described in this document, since *the resident ultimately bears responsibility for compliance with the requirements and bears the consequences if one or more aspects of training prove unacceptable*. This is especially important when requests are made for special training sequences or sites or for exemptions. If, after speaking with the department chair, there is any question about the acceptability of any portion of training, the resident should write the Secretary of the ABA directly at the ABA office.

Applicants and candidates for ABA examinations have the ultimate responsibility to know and comply with the Board's policies,

procedures, requirements, and deadlines regarding admission to and opportunities for examination.

Primary Certification in Anesthesiology Certification Requirements

At the time of certification by the ABA, the candidate shall be capable of performing independently the entire scope of anesthesiology practice and must:

A. Hold an unexpired license to practice medicine or osteopathy in at least one state or jurisdiction of the United States or province of Canada that is permanent, unconditional, and unrestricted. Further, every United States and Canadian medical license the applicant holds must be free of restrictions.

Candidates for initial certification and ABA diplomates have the affirmative obligation to advise the ABA of any and all restrictions placed on any of their medical licenses and to provide the ABA with complete information concerning such restrictions within 60 days after their imposition. Such information shall include, but not be limited to, the identity of the state medical board imposing the restriction as well as the restriction's duration, basis, and specific terms and conditions. Candidates and diplomates discovered *not* to have made disclosure may be subject to sanctions on their candidate or diplomate status.

B. Have fulfilled all the requirements of the Continuum of Education in Anesthesiology.

C. Have on file with the ABA a Certificate of Clinical Competence with an overall satisfactory rating covering the final 6-month period of Clinical Anesthesia training in each anesthesiology residency program.

D. Have satisfied all examination requirements of the Board.

E. Have a moral, ethical, and professional standing satisfactory to the ABA.

ABA certificates in anesthesiology issued on or after January 1, 2000, are valid for 10 years after the year the candidate passes the examination for certification. A person certified by the ABA is designated a diplomate in publications of the American Board of Medical Specialties (ABMS) and the American Society of Anesthesiologists (ASA).

Continuum of Education in Anesthesiology

The continuum of education in anesthesiology consists of 4 years of full-time training subsequent to the date that the medical or osteopathic degree has been conferred. The continuum consists of a Clinical Base Year (CBY) and 36 months of approved training in anesthesia (CA-1, CA-2, and CA-3 years).

A. During the Clinical Base year the physician must be enrolled and training as a resident in a transitional year or primary specialty training program in the United States or its territories that is accredited by the ACGME or approved by the American Osteopathic Association, or outside the United States and its territories in institutions affiliated with medical schools approved by the Liaison Committee on Medical Education.

Acceptable **clinical base** experiences include training in internal or emergency medicine, pediatrics, surgery or any of the surgical specialties, obstetrics and gynecology, neurology, family practice, critical care medicine, or any combination of these as approved for the individual resident by the director of his or her training program in anesthesiology. The Clinical Base year must include at least 10 months of clinical rotations during which the resident has responsibility for the diagnosis and treatment of patients with a variety of medical and surgical problems, of which at most 1 month may involve the administration of anesthesia. At most, 2 months of the Clinical Base year may involve training in

specialties or subspecialties that do not meet the aforementioned criteria.

The resident must complete the Clinical Base year before beginning CA-3 year clinical rotations.

- B. The 3-year **Clinical Anesthesia** curriculum (CA-1-3) consists of experience in basic anesthesia training, subspecialty anesthesia training, and advanced anesthesia training. It is a graded curriculum of increasing difficulty and learning that is progressively more challenging of the resident's intellect and technical skills.
1. Experience in **Basic Anesthesia Training** is intended to emphasize basic and fundamental aspects of the management of anesthesia. It is recommended that at least 12 months of the CA-1 and CA-2 years be spent in basic anesthesia training, with a majority of this time occurring during the CA-1 year.
 2. **Subspecialty Anesthesia Training** is required to emphasize the theoretical background, subject material, and practice of subdisciplines of anesthesiology. These subdisciplines include obstetric anesthesia, pediatric anesthesia, cardiothoracic anesthesia, neuroanesthesia, anesthesia for outpatient surgery, recovery room care, regional anesthesia, and pain medicine. It is recommended that these experiences be subspecialty rotations and occupy 7 to 12 months of the CA-1 and CA-2 years. The sequencing of these rotations in the CA-1 and CA-2 years is left to the discretion of the program director.

In addition to the above requirements for subspecialty experiences, 2 months of training in **critical care medicine** are required during Clinical Anesthesia training. An acceptable critical care rotation should include active participation in patient care, active involvement by anesthesia faculty experienced in the practice and teaching of critical care, and an appropriate population of critically ill patients. Experience in short-term overnight post-anesthesia units, intermediate step-down units, or emergency rooms does *not* fulfill this requirement.

3. Experience in **Advanced Anesthesia Training** constitutes the CA-3 year. The CA-3 year is a distinctly different experience from the CA 1-2 years, requiring progressively more complex training experiences and increased independence and responsibility for the resident. Residents must complete the Clinical Base and CA 1-2 years of training before they begin clinical rotations in fulfillment of the CA-3 year requirement.

The program director, in collaboration with the resident, will design the resident's CA-3 year of training. They will select one of two tracks designated as the advanced clinical track and the clinical scientist track. Regardless of the track selected, resident assignments in the CA-3 year should include the more difficult or complex anesthetic procedures and care of the most seriously ill patients.

Residents in the **Advanced Clinical Track** are required to complete a minimum of 6 months of advanced anesthesia training. They may spend the remaining months in advanced anesthesia training, in one to three selected subspecialty rotations, or in research. Residents may train in one anesthesia subspecialty for at most 6 months during the CA-3 year and no more than 12 months during the CA 1-3 years.

The **Clinical Scientist Track** consists of clinical training in combination with research experience. Research may occur at any time during residency training although often it will be conducted in the CA-3 year. The resident must be enrolled in an ACGME-accredited anesthesiology program and remain active in the educational component of the program while pursuing research. There are two options for fulfilling the requirements of this track.

Option A of the Clinical Scientist Track may be fulfilled by completing 6 months of clinical or laboratory research experience during 48 months of training, which must include 12 months of Clinical Base and a minimum of 30 months of Clinical Anesthesia.

Option B of the Clinical Scientist Track, intended for residents who plan careers as **academic investigators**, may be fulfilled by completing 18 months of clinical or laboratory research at any time during 60 months of training, which must include 12 months of Clinical Base and a minimum of 30 months of Clinical Anesthesia. They are eligible for entrance into the ABA examination system after they have completed their Clinical Base requirement, 30 months of Clinical Anesthesia satisfactorily, and a minimum of 6 months of research experience.

The anesthesiology program director may request 6 months of credit toward the research component of Option B for a resident with a PhD degree in a discipline relevant to Anesthesiology. Documents supporting this request should include documentation of the PhD degree, a description of the current research, and a copy of the resident's curriculum vitae. Approval is at the discretion of the Credentials Committee and must be obtained prior to the start of the last 12 months of residency training. Credit will be granted only upon *completion* of all other requirements of Option B of the clinical scientist track.

Regardless of which CA-3 Track is chosen, a resident must have a satisfactory Clinical Competence Committee report for 6 months of Clinical Anesthesia training immediately preceding any research period.

- C. The ABA grants a resident **credit toward the CA1-3 year requirements** for Clinical Anesthesia training that satisfies *all four* of the following conditions:
1. The CA 1-3 years of training are spent as a resident enrolled with the ABA by no more than two ACGME-accredited residency programs in the United States or its territories. An ACGME-accredited program includes the parent institution and institutions that have an RRC-approved integration or affiliation agreement with the parent institution.
 2. The period of Clinical Anesthesia training as an enrolled resident of any single program is at least 6 months of uninterrupted training.
 3. The 6-month period Clinical Anesthesia training in any one program ends with receipt of a satisfactory Certificate of Clinical Competence. To receive credit from the ABA for a period of Clinical Anesthesia training that is not satisfactory, the resident must immediately complete an additional 6 months of uninterrupted clinical anesthesia training in the same program with receipt of a satisfactory Certificate of Clinical Competence. If a resident receives consecutive Certificates of Clinical Competence that are not satisfactory, additional training is required. When a resident receives a satisfactory Certificate of Clinical Competence immediately following consecutive periods of training that are not satisfactory, the ABA will grant credit only for the period of satisfactory training and the most recent of the periods of unsatisfactory training immediately preceding it.
 4. Training away from the resident's ACGME-accredited anesthesiology program cannot occur until completion of at least 1 year of Clinical Anesthesia or during the last 3 months of the CA-3 year, unless such training will be in another ACGME-accredited anesthesiology program.

Current RRC requirements limit training in institutions not integrated with the resident's ACGME-accredited program to a

maximum of 12 months throughout the CA 1-3 years. The ABA will accept no more than 6 of these months in institutions not affiliated with the ACGME-accredited program. Therefore, residents must complete a minimum of 24 months of Clinical Anesthesia training in their ACGME-accredited program's parent and integrated institutions and may complete at most 6 months of Clinical Anesthesia training away from their ACGME-accredited program.

The Credentials Committee of the ABA must prospectively approve Clinical Anesthesia training away from the ACGME-accredited program, even if the training will occur in another ACGME-accredited program. The request for approval must include a chronological description of the rotations, information about the supervision of the resident, and assurances that the resident will be in compliance with the limits on training away from his/her ACGME-accredited program. Further, the resident must remain enrolled in his/her program while training away from the ACGME-accredited program, and his/her program must report the training on the Clinical Competence Committee report filed for the period involved.

- D. Prospective approval is required for exceptions to policies regarding the training planned for residents. The Credentials Committee of the ABA considers requests for prospective approval on an individual basis. The ABA office must receive the request from the program director on behalf of a resident at least 4 months before the resident begins the training in question. It is the responsibility of the program director and the resident to assure that the request is received in a timely manner.

Principal Objectives

The examination system for the ABA's primary certificate has two distinct parts, the written examination and the oral examination. Each is designed to assess different qualities of a Board-certified anesthesiologist.

A Board-certified anesthesiologist is a physician who provides medical management and consultation during the perioperative period in pain medicine and in critical care medicine. A diplomate of the Board must possess knowledge, judgment, adaptability, clinical skills, technical facility, and personal characteristics sufficient to carry out the entire scope of anesthesiology practice. An ABA diplomate must logically organize and effectively present rational diagnoses and appropriate treatment protocols to peers, patients, their families, and others involved in the medical community. A diplomate of the Board can serve as an expert in matters related to anesthesiology, deliberate with others, and provide advice and defend opinions in all aspects of the specialty of anesthesiology. A Board-certified anesthesiologist is able to function as the leader of the anesthesiology care team.

Because of the nature of anesthesiology, the ABA diplomate must be able to manage emergent life-threatening situations in an independent and timely fashion. The ability to independently acquire and process information in a timely manner is central to assure individual responsibility for all aspects of anesthesiology care. Adequate physical and sensory faculties, such as eyesight, hearing, speech, and coordinated function of the extremities, are essential to the independent performance of the Board-certified anesthesiologist. Freedom from the influence of or dependency on chemical substances that impair cognitive, physical, sensory, or motor function also is an essential characteristic of the Board-certified anesthesiologist.

Irregular Behavior

The Board acts to maintain the integrity of its examination and certification process and to ensure the equitable and objective

administration of its examinations to all candidates. Information about behavior the Board considers a violation of the integrity of its examination and certification process is sent to all candidates scheduled for examination. Statistical analyses may be conducted to verify observations and reports of suspected irregularities in the conduct of an examination. The examination of a candidate whose conduct, in the Board's judgment, violates or attempts to violate the integrity of its examination and certification process will be invalidated and no results will be reported. Furthermore, the candidate will be subject to punitive action as determined by the Board. In that event the candidate would be informed of the reasons for the Board's actions and could request an opportunity to present information deemed relevant to the issue and to petition the Board to reconsider its decision.

Nonstandard Examination Administration

The ABA supports the intent of the Americans with Disabilities Act (ADA) and has a process for considering requests that its assessment programs be modified to accommodate an individual with a disability. Anyone having questions about the process should write or call the Executive Vice President of the Board at the ABA office.

Unforeseeable Events

In the event a natural disaster, war, government regulations, strikes, civil disorders, curtailment of transportation facilities, or other unforeseeable events make it inadvisable, illegal, or impossible for the ABA to administer an examination to a candidate at the appointed date, time, and location, or to conclude a candidate's examination, the ABA is not responsible for any personal expense the candidate may have incurred to be present for the examination or for any such expense the candidate may incur for any subsequent examination.

Application Form

Application for admission to the examination system of the ABA must be made to the Secretary upon a form prescribed by the Board.

An application may be made electronically, using the ABA Electronic Application System (EAS), via the ABA Web site at www.abanes.org. Alternatively, a paper application form may be mailed to the ABA Secretary at the ABA office.

A paper application form may be printed from the ABA Web site or obtained by writing to the ABA office. Telephone requests are not acceptable.

Filing and Documentation Deadlines

The **standard deadline** for the ABA to receive the completed application and the application fee is December 15 of the year immediately preceding the year in which the written examination is to be administered.

The **late deadline** by which the ABA must receive the completed application with the application fee and a late fee is January 15 of the examination year.

The January 15 late deadline for receipt of a completed application and the appropriate fee is absolute. Regardless of the reason, the ABA will not consider an application it receives after January 15 of the examination year.

The ABA must receive all documentation it requires to make a determination about an applicant's qualifications for admission to examination no later than March of the year in which the written examination is to be administered. This includes but is not limited to references and evidence of medical licensure or of having qualified for such licensure. An application will not be accepted if the required documentation is not received by that date. It ultimately is

the responsibility of every applicant to ensure that the ABA receives all required documentation in a timely manner.

Applicant Acknowledgement and Release

The application form includes the following Acknowledgement, which the applicant shall be required to sign:

I, the undersigned applicant ("Applicant"), hereby apply to The American Board of Anesthesiology, Inc. ("ABA"), for entrance into its examination system for the purpose of obtaining ABA certification status ("Certification"), I acknowledge that my application is subject to the ABA rules and regulations. I further acknowledge and agree that if I withdraw my application or the ABA does not accept it, the ABA will retain the administrative services fee and all late fees and refund only the remainder of my application fee.

I represent and warrant to the ABA that all information contained in this application ("Application") is true, correct and complete in all material respects. I understand and acknowledge that any material misstatement in or omission from this Application shall constitute cause for disqualification from the ABA examination system or from the issuance of an ABA Certificate or to forfeiture and redelivery of such Certificate.

I understand that if the Application is electronically submitted to the ABA, the Acknowledgement portion of the Application will be assigned a number (# _____), which will match the portion of the Application submitted electronically. I agree that the Acknowledgement shall survive the electronic submission of the Application, regardless of whether or not the information or data provided in the Application has been aggregated or reformatted in any manner by the ABA. I also agree that this Acknowledgement precludes me from claiming the Acknowledgement does not relate to the Application.

I acknowledge that I have received a copy of the applicable ABA Booklet of Information and read the Booklet. I agree to be bound by the policies, rules, regulations and requirements published in the applicable Booklet, in all matters relating to consideration of and action upon this Application and Certification should it be granted. In addition, I understand and acknowledge that in the event I have violated any of the ABA rules governing my Application and/or Certification, or in the event I fail to comply with any provisions of the ABA Certificate of Incorporation or Bylaws, such violations shall constitute cause for disqualification from the ABA examination system or from the issuance of an ABA Certificate or to forfeiture and redelivery of such Certificate.

The application form also includes the following Release, which the applicant shall be required to sign:

I, the undersigned applicant ("Applicant"), hereby apply to the American Board of Anesthesiology, Inc. ("ABA") for entrance into its examination system for the purpose of obtaining ABA certification status ("Certification"). I acknowledge that this application ("Application") is subject to the ABA rules and regulations.

In connection with my Application, (if electronically submitted, Application [# _____]), I authorize all persons holding testimony, records, documents, opinions, information and data relevant to or pertaining to my professional competence and ethical conduct and/or behavior (the "Information") to release such Information to the ABA, its employees and agents. This authorization applies whether or not such persons are listed as a reference on my Application. The Information includes any information relating to any abusive use of alcohol and/or illegal use of drugs, and any treatment or rehabilitation related thereto. The purpose of releasing such Information is to determine or verify my qualifications for entrance into the ABA entrance examination and ABA Certification. A copy of this release may accompany any request made by the ABA for such Information.

I authorize the ABA to: (1) report my status in the examination system, including the results of any written or oral examination, to the Director of the program from which I completed my clinical training; (2) use any score in psychometric analyses to confirm observations and reports of suspected irregularities in the conduct of an examination; and (3) respond to any inquiry about my status in the ABA examination system. I also authorize the ABA to use any and all Information for the purpose of conducting longitudinal studies to assess the ABA certification process. Such Information may be reported or released only in the aggregate, and any results of such studies will have no direct bearing on my Application or Certification status. Subject to applicable state and federal law requirements, the ABA shall hold all Information in confidence.

I release and agree to hold harmless each person from any liability to me arising out of the giving or releasing of Information to the ABA. This release and agreement includes liability for the inaccuracy or untruth of the Information, so long as such Information is provided in good faith. I also release and agree to hold harmless the ABA and its agents and employees, including but not limited to its directors, officers and examiners, from any liability to me as a result of any acts or proceedings undertaken or performed in connection with my Application, provided such acts or proceedings are made or conducted in good faith.

Entrance Requirements

At the time of application to enter the examination system of the ABA, the applicant shall be capable of performing independently the entire scope of anesthesiology practice and must:

- A. Have graduated from a medical school in a state or jurisdiction of the United States or in Canada that was accredited at the date of graduation by the LCME, the Committee on Accreditation of Canadian Medical Schools, or the American Osteopathic Association. Graduates of medical schools outside the jurisdiction of the United States and Canada must have one of the following: a permanent (valid indefinitely) certificate from the Educational Commission for Foreign Medical Graduates, comparable credentials from the Medical Council of Canada, or documentation of training for those who entered postdoctoral medical training in the United States via the Fifth Pathway as proposed by the American Medical Association.
- B. Provide evidence satisfactory to the Board of having been awarded a medical or osteopathic degree acceptable to the Board.
- C. Provide evidence acceptable to the Board of having satisfied the licensure requirement for certification. The applicant must inform the ABA of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the ABA will determine whether, and on what terms, the applicant shall be admitted to the ABA examination system.

Residents in training may submit evidence with their application of having qualified on examinations that provide eligibility for medical licensure (eg, United States Medical Licensing Examination Steps 1, 2, and 3) on or before the standard application deadline. Residents who do so must have evidence of permanent, unconditional, unrestricted, and currently unexpired medical licensure on file in the ABA office by November 30 of the year in which the written examination for which they applied is administered.

- D. Have on file in the Board office evidence of having satisfactorily fulfilled all requirements of the continuum of education in anesthesiology before the date of examination and after receiving a

medical or osteopathic degree acceptable to the ABA. Such evidence must include a satisfactory Certificate of Clinical Competence covering the final 6 months of clinical anesthesia training in each residency program. A grace period will be permitted so that applicants completing this requirement by August 31 may apply for the immediately preceding July written examination.

- E. Have on file with the Board documentation attesting to the applicant's current privileges and evaluations of various aspects of his or her current practice of anesthesiology. Such evaluations will include verification that the applicant meets the Board's clinical activity requirement by spending, on average, 1 day per week during 1 of the previous 3 years in the clinical practice of anesthesiology and/or related subspecialties. The ABA may solicit such documentation and evaluations from the residency program director or others familiar with the applicant's current practice of anesthesiology and use them in determining the applicant's qualifications for admission to the examination system. The Clinical Competence Committee report from the department *and* the evaluation of the program director and others will be used as the basis for assessing admission qualifications.
- F. If residency training was completed more than 12 years before the date of application or if a second or subsequent application has been declared void, the applicant must submit proof of having reestablished his or her qualifications for admission to the examination system.

Acceptable proof consists of documentation of having qualified on an entry examination designated by the Board. The Board has designated the examination administered annually by the Joint Council on In-Training Examinations as the entry examination. Information about the entry examination and a registration form may be obtained by writing the Joint Council c/o the American Society of Anesthesiologists.

Alternatively, the applicant may complete 12 consecutive months of additional clinical training in anesthesia as a CA-3 year resident in one ACGME-accredited program with receipt of a satisfactory Certificate of Clinical Competence covering the final 6 months.

The applicant must qualify on the entry examination or satisfactorily complete the year of additional training after the date the ABA declared her or his most recent application void. The applicant must complete the requalifying examination before applying to the ABA. If the applicant will complete the year of additional training by August 31, he or she may apply to the ABA for the immediately preceding July written examination. The applicant must apply to the ABA within 3 years of having reestablished her or his qualifications for admission to examination.

The ABA will not validate or report the results to applicants who sit for the written examination and do not fulfill those conditions by the deadlines.

After an applicant has met all of the entrance requirements listed above, the Board shall determine that entry into the examination system is merited when a judgment of adequate levels of scholarship and clinical competence can be made from the information submitted. The ABA will notify an applicant who is accepted as a candidate for certification after approval of all credentials.

The Board, acting as a committee of the whole, reserves the right not to accept an application. The applicant has the right to seek review of such decision.

The Board reserves the right to correct clerical errors affecting its decisions.

Certificate of Clinical Competence

The Board requires every residency training program to file, on forms provided by the Board, an Evaluation of Clinical Competence in January and July on behalf of each resident who has spent any portion of the prior 6 months in clinical anesthesia training in or under the sponsorship of the residency program and its affiliates. The program director (department chair) must not chair the Clinical Competence Committee.

Entry into the examination system is contingent upon the applicant having a Certificate of Clinical Competence on file with the Board attesting to satisfactory clinical competence during the final period of clinical anesthesia training in or under the sponsorship of each program. The Board, therefore, will deny entry into the examination system until this requirement is fulfilled.

Absence From Training

The total of any and all absences during the Clinical Anesthesia 1 to 3 years of training may not exceed the equivalent of 20 working days per year, or 60 days total. Attendance at scientific meetings, not to exceed 5 working days per year, shall be considered a part of the training program. Duration of absence during the clinical base year may conform to the policy of the institution and department in which that portion of the training is served. Absences in excess of those specified will require lengthening of the total training time to the extent of the additional absence.

A lengthy interruption in training may have a deleterious effect on the resident's knowledge or clinical competence. Therefore, when there is an absence for a period in excess of 6 months, the Credentials Committee of the ABA shall determine the number of months of training the resident will have to complete subsequent to resumption of the residency program to satisfy the training required for admission to the ABA examination system.

Entrance Into the System

The examination system for the ABA's primary certificate has two distinct parts, the written examination and the oral examination. Each is designed to assess different qualities of a Board-certified anesthesiologist.

The **written examination** is designed to assess the candidate's knowledge of basic and clinical sciences as applied to anesthesiology. Written examinations are held annually in locations throughout the United States and Canada on a Saturday in July. A passing grade, as determined by the Board, is required.

It is necessary for candidates to pass the written examination to qualify for the oral examination. Candidates must wait at least 6 months after passing the written examination to be eligible to appear for the oral examination.

The **oral examination** is designed to assess the candidate's ability to demonstrate the attributes of an ABA diplomate when managing patients presented in clinical scenarios. The attributes are sound judgment in decision-making and management of surgical and anesthetic complications, appropriate application of scientific principles to clinical problems, adaptability to unexpected changes in the clinical situations, and logical organization and effective presentation of information. The oral examination emphasizes the scientific rationale underlying clinical management decisions. The ABA conducts oral examinations in the spring and fall of each year at a single location in the United States. Examiners are Directors of the Board and other ABA diplomates who assist as associate examiners. A passing grade, as determined by the Board, is required.

The ABA will not schedule candidates to appear at consecutive oral examinations. Candidates who do not take or do not pass an oral examination for which they are scheduled, for whatever reason,

are not eligible to appear at the next regularly scheduled oral examination.

A. The **duration of candidate status** is limited. Every candidate is given one opportunity per calendar year, for 3 years, to successfully complete each examination requirement. All candidates must satisfy the **written examination** requirement within 3 years of the date of the first examination that follows acceptance of the application. All candidates must satisfy the **oral examination** requirement within 3 years of the date of the first oral examination for which they become eligible. The ABA will declare the candidate's application void if the candidate does not satisfy an examination requirement within the prescribed number of opportunities or time, whichever comes first.

B. The ABA sends **notification of examination opportunity** and a reply form to every candidate eligible to appear for the examination at least 4 months prior to the examination date. The notification is sent to candidates at their address of record on file in the Board office.

Candidates are required to respond to every written and oral examination notice by the response date established by the ABA, whether or not they accept the examination opportunity.

The ABA notifies candidates of the exact date, time, and location of their examination and the rules for its conduct at least 2 months before the date of examination.

The Board office is not responsible for an interruption in communication with a candidate that is due to circumstances beyond its control. Candidates must send the Board written notice of an address change immediately. Candidates must call the Board office if they do not receive an examination notice they are expecting within the timeframe described above. The candidate's social security number is used by the Board for identification purposes and should be included on all correspondence with the Board.

C. The ABA requires every candidate to accept each examination opportunity. The ABA must receive the candidate's reply to the notice of an examination opportunity by the deadline specified in the notification. The candidate forfeits the examination opportunity if the ABA does not receive acceptance of the examination opportunity or a request to be excused from the examination by the response deadline.

The ABA will excuse a candidate from at most one opportunity to satisfy an examination requirement without forfeiture of the opportunity. The candidate must send the ABA a written request to be excused from the examination opportunity. The ABA must receive the written request and the reason for it by the date the reply to the examination opportunity notice is due.

Canceling or not keeping an examination appointment results in forfeiture of the examination opportunity and the examination fee. If an event over which the candidate had no control prevented the candidate from keeping the examination appointment, the candidate may request to be excused from the examination without forfeiting the examination opportunity or examination fee. The candidate's written request must include an explanation and independent documentation of the event.

The ABA must receive the candidate's request no later than 3 weeks after the examination date. The ABA will consider the request only if it is the candidate's first request to be excused from an opportunity to satisfy the examination requirement.

The Board reserves the right to limit the number of candidates to be admitted to any examination. Places in the **oral examination schedule** are assigned randomly when more candidates request the examination than can be accommodated. Candidates who are not given an examination appointment, whether or not they accepted the examination opportunity, are required to appear at the next examination for which they are eligible.

Fees

A \$550 non-refundable **administrative services fee** and a \$400 **written examination fee** must accompany the application for primary certification in anesthesiology.

A \$350 non-refundable **late fee** must accompany applications the ABA receives after the standard deadline and no later than the late deadline.

In the event an application is not accepted, or the application is accepted and subsequently withdrawn by the candidate, the ABA will retain the administrative services fee, and the late fee if one was assessed, and refund the balance of the fee it received. No fee will be remitted if the candidate's notice of withdrawal from the examination system is received in the Board office after the deadline by which candidates must notify the Board of their choice of test center for the first written examination for which they are eligible.

A \$1,725 **oral examination fee** is assessed when candidates are notified of their successful completion of the written examination requirement.

The **reexamination fee** is \$400 for the anesthesiology written examination and \$1,725 for the oral examination. The reexamination fee will be charged candidates whether they have failed a previous examination, canceled a scheduled appointment for examination, or failed to appear for any examination for which they were properly scheduled.

A charge of \$50 will be made whenever a check is returned for nonpayment.

The ABA is a nonprofit organization. The fees for application and examination are computed on a basis of cost of maintaining the functions of the Board. The Board reserves the right to change the fees when necessary.

Reapplication

The ABA declares void the application of a candidate who does not satisfy the examination requirements in the prescribed number of opportunities or time for whatever reason. The physician may reapply by submitting a new application. Such application shall be subject to the fees, rules, privileges, and requirements that apply at the time of reapplication. The applicant who meets existing requirements will be readmitted into the examination system.

The re-applicant for primary certification who has had a second or subsequent application declared void for any cause, or has completed anesthesia residency training more than 12 years before the date of reapplication, must reestablish his or her qualifications for admission to the examination system before filing another application. In all instances, the candidate must pass both the written and oral examinations under the new application.

Status of Individuals

The ABA reserves to itself exclusively the right to define and confer Board eligible status whenever such status refers to an individual's relationship to the ABA examination and certification system. The ABA shall confer Board eligible status only on physicians who are candidates in the ABA examination and certification system. The ABA does not confer Board eligible status indefinitely.

Inquiries about the current status of individuals should be addressed to the ABA office. In addition to the physician's full name, inquiries should include other identification information if available. The ABA responds to inquiries with one of the following statements:

- The physician is certified by the ABA.
- The physician was certified by the ABA from (date of certification) to (date certification expired) and presently is a candidate in the ABA recertification system.

- The physician was certified by the ABA from (date of certification) to (date certification expired) and is not recertified at this time.
 - The physician is Board eligible in anesthesiology.
 - The physician has applied to the ABA, and the ABA is determining whether the applicant meets its requirements to be Board eligible.
 - The physician is neither certified by the American Board of Anesthesiology nor Board eligible.
- The fee for written confirmation of an individual's status is \$35.

Alcoholism and Substance Abuse

The Americans with Disabilities Act (ADA) protects individuals with a history of alcohol or substance abuse who are not currently abusing alcohol or using drugs illegally. The ABA supports the intent of the ADA.

The ABA will admit qualified applicants and candidates with a history of alcohol abuse to its examination system and to examination if, in response to its inquiries, the ABA receives acceptable documentation that they do not currently pose a direct threat to the health and safety of others.

The ABA will admit qualified applicants and candidates with a history of illegal use of drugs to its examination system and to examination if, in response to its inquiries, the ABA receives acceptable documentation that they are not currently engaged in the illegal use of drugs.

After a candidate with a history of alcohol abuse or illegal use of drugs satisfies the examination requirements for certification, the ABA will determine whether it should defer awarding its certification to the candidate for a period of time to avoid certifying a candidate who poses a direct threat to the health and safety of others. If the ABA determines that deferral of the candidate's certification is appropriate because the candidate does currently pose a threat to the health and safety of others, the ABA will assess the specific circumstances of the candidate's history of alcohol abuse or illegal use of drugs to determine when the candidate should write the Board to request issuance of its certification.

Revocation of Certificate

A certificate is issued by the Board with the understanding that it remains the property of the Board during the life of the diplomate. Any certificate issued by the Board shall be subject to revocation in the event that:

- The issuance of such certificate or its receipt by the person so certified shall have been contrary to, or in violation of, any provision of the Certificate of Incorporation of this Board or its By-Laws; or
- The person certified shall not have been eligible to receive such certificate whether or not the facts making him or her ineligible were known to, or could have been ascertained by, the Board or any of the directors at the time of issuance of such certificate; or
- The person certified shall have made any misstatement of fact in his or her application for such certificate or in any other statement or representation to the Board or its representatives; or
- The person certified shall fail to maintain a moral, ethical, or professional standing satisfactory to the Board.

The Board shall be the sole judge of whether or not the evidence or information before it is sufficient to require or permit revocation of any certificate issued by the Board, and the decision of the Board shall be final. The individual has the right to seek review of such decision.

Certification by Other Organizations

The ABA will make no statement about the comparability of the ABA certificate and another organization's certificate. The ABA will not accept certification by another entity as meeting the requirements for entrance into the ABA examination system for specialty or subspecialty certification or recertification.

Records Retention

The ABA retains documents pertaining to an individual's residency training, application for certification, examination opportunities, and examination results for the sole purpose of determining that its requirements for admission to examination and for certification are fulfilled.

In the absence of an application for certification, documents pertaining to the ABA entrance requirements are retained for 7 years from the date of the most recent correspondence to or from the ABA regarding the requirements. Documents pertaining to an unsuccessful application are retained until the individual submits another application to the ABA or the aforementioned 7-year period expires, whichever occurs first. Documentation corroborating the results of a candidate's examination is retained until 6 months after the date of the most recent correspondence to or from the ABA regarding the results. Documentation corroborating the candidate's fulfillment of the ABA certification requirements is retained until 1 year after the date of the most recent correspondence to or from the ABA regarding the candidate's certification by the ABA. The ABA sees to the secure destruction of the documents in its file for an individual when the period specified for retention of the documents has expired.

The ABA retains indefinitely an electronic record for residents who trained in an ACGME-accredited anesthesiology program. This record includes entries that identify the training program, the dates of training, and the faculty's overall evaluation of the resident's performance during training.

The ABA retains indefinitely microfiche and electronic records for candidates issued its certification. These records include documents and entries attesting that each certification requirement was met.

Formal Review Process

The only actions of the ABA that are subject to formal review are a decision not to accept an application, a decision not to grant a request for an examination under nonstandard testing conditions, and a decision to revoke a certificate issued by the ABA.

The individual must give the ABA written notification of the intention to seek formal review within 30 days of receiving notification of the Board's decision. The individual shall address the notice to the ABA Secretary at the Board office and shall set forth the grounds upon which the request for formal review is based. If the individual does not give the ABA written notification of the intent to seek formal review within the time and in the manner prescribed, the individual shall be considered to have accepted the decision of the Board and the decision shall become final.

Upon receipt of notice of a request for formal review within the time and in the manner prescribed, the request will be screened to determine whether or not it meets the standards for a formal review to occur. Minimum criteria for a formal review are grounds that the Board's action was inconsistent with ABA policies or not supported by the evidence available to the Board when the action was taken. If it is determined that there are grounds for a formal review, the ABA shall form a Review Panel and schedule a hearing. Otherwise, the decision of the Board shall become final.

Subspecialty Certification in Critical Care Medicine

A. Definition of Critical Care Medicine

The discipline of critical care medicine has evolved over the last few decades parallel with the development of techniques and technology for acute and long-term life support of patients with multiple organ system derangement. Because problems encountered in the critically ill patient encompass aspects of many different specialties, critical care medicine is a multidisciplinary endeavor that crosses traditional department and specialty lines.

The critical care medicine physician is a specialist whose knowledge is of necessity broad, involving all aspects of management of the critically ill patient, and whose primary base of operation is the intensive care unit (ICU). This physician has completed training in a primary specialty and has received additional training in critical care medicine aspects of many disciplines. This background enables the physician to work in concert with the various specialists on the patient care team in the ICU; to utilize recognized techniques for vital support; to teach other physicians, nurses, and health professionals the practice of intensive care; and to foster research.

B. Certification Requirements

At the time of subspecialty certification in critical care medicine by the ABA, each candidate shall be capable of performing independently the entire scope of anesthesiology critical care medicine practice and must:

- Be a diplomate of the ABA.
- Fulfill the licensure requirement for certification.
- Have fulfilled the requirement of the continuum of education in critical care medicine as defined by the ABA.
- Have satisfied the critical care medicine examination requirement of the ABA.

ABA subspecialty certificates in critical care medicine issued on or after January 1, 2000, are valid for 10 years after the year the candidate passes the examination for certification. It is left to the holder of the certificate when to apply to the ABA for examination and recertification in the subspecialty.

C. Continuum of Education in Critical Care Medicine

The continuum of education in critical care medicine consists of 12 months of full-time training in critical care medicine. The training must be in an anesthesiology critical care medicine program in the United States or its territories accredited by the ACGME from the date the training begins to the date it ends. The training must follow completion of the continuum of education in anesthesiology (ie, Clinical Base and CA 1-3 years) unless the Credentials Committee of the ABA prospectively approves a different training sequence for the fellow.

The ABA will accept no more than 2 months of training in institutions not recognized by the RRC as part of the accredited subspecialty program. Therefore, the ABA requires that fellows complete a minimum of 10 months of training in their ACGME-accredited subspecialty program.

The total of any and all absences during the critical care medicine residency may not exceed the equivalent of 20 working days per year. Attendance at scientific meetings, not to exceed 5 working days during the year of training, shall be considered part of the training program. Absences in excess of those specified will require lengthening of the total training time to the extent of the additional absence.

Training in critical care medicine must not be interrupted by frequent or prolonged periods of absence. When there is an absence for a period in excess of 2 months, the Credentials Committee of the ABA shall determine the number of months subsequent to

resumption of the program that are necessary to satisfy the training requirements for admission to the ABA subspecialty examination system.

D. Entrance Requirements

At the time of application to enter the critical care medicine examination system of the ABA, the applicant shall be capable of performing independently the entire scope of anesthesiology critical care medicine practice and must:

- Be certified by the ABA.
- Submit proof of having fulfilled the licensure requirement for certification. The applicant must inform the ABA of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the ABA will determine whether, and on what terms, the applicant shall be admitted to the ABA examination system.
- Have on file in the ABA office documentation of having fulfilled the requirement of the continuum of education in critical care medicine.
- Have on file with the Board documentation attesting to the applicant's current privileges and evaluations of various aspects of the applicant's current practice of anesthesiology critical care medicine. Such evaluations will include verification that the applicant meets the Board's clinical activity requirement by practicing the subspecialty of critical care medicine, on average, 1 day per week during 1 of the previous 3 years. The ABA may use such documentation and evaluations as part of its assessment of the applicant's qualifications for admission to its critical care medicine examination system.
- If an applicant completed anesthesiology critical care medicine residency training more than 12 years before the date of application, or if an applicant has had a second or subsequent subspecialty application declared void, the applicant must submit proof of having reestablished his or her qualifications for admission to the subspecialty examination system. To fulfill the subspecialty requalification requirement, the applicant must complete 4 more consecutive months of training in the subspecialty. The training must be in an ACGME-accredited anesthesiology critical care medicine program and be completed satisfactorily before applying for examination.

The ABA shall determine that entry into the critical care medicine examination system is warranted when required information submitted by and on behalf of the applicant is satisfactory. The ABA will notify an applicant who is accepted as a candidate for critical care medicine certification after approval of all credentials.

The Board, acting as a committee of the whole, reserves the right not to accept an application. The applicant has the right to seek review of such decision.

The Board reserves the right to correct clerical errors affecting its decisions.

E. Application Procedure

1. Application for admission to the examination system of the ABA must be made to the Secretary upon a form prescribed by the Board.

An application may be made electronically, using the ABA Electronic Application System (EAS), via the ABA Web site at www.abanes.org. Alternatively, a paper application form may be mailed to the ABA Secretary at the ABA office.

A paper application form may be printed from the ABA Web site or obtained by writing to the ABA office. Telephone requests are not acceptable.

2. The application form includes the identical Acknowledgement and Release statements included in the application for primary

certification. The applicant for examination in critical care medicine shall be required to sign each statement.

F. Filing and Documentation Deadlines

The **standard deadline** for the ABA to receive a completed application and the application fee for the critical care medicine examination is February 15 of the examination year.

The **late deadline** for the ABA to receive a completed application with the application fee and a late fee is March 15 of the examination year.

The March 15 late deadline for receipt of a completed application and the appropriate fee is absolute. Regardless of the reason, the ABA will not consider a critical care medicine application it receives after March 15 of the examination year.

The ABA must receive all documentation it requires to make a determination about an applicant's qualifications for admission to the examination no later than May 15 of the examination year. This includes but is not limited to references, evidence of medical licensure, and verification that the training requirement is met. An application will not be accepted if the required documentation is not received by that date. It ultimately is the responsibility of every applicant to assure that the ABA receives all required documentation in a timely manner.

G. Fees

The **application fee** for admission to the critical care medicine examination system is \$1,000. It includes a nonrefundable \$250 **administrative services fee** and must accompany the application. The **late fee** for critical care medicine application is \$200 and is nonrefundable. The application and late fees must accompany applications the ABA receives after the standard deadline and no later than the late deadline.

In the event an application is not accepted, or the application is accepted and subsequently withdrawn by the candidate, the ABA will retain the administrative services fee, and the late fee if one was assessed, and refund the balance of the application fee. No fee will be remitted if the candidate's notice of withdrawal from the examination system is received in the Board office after the deadline by which candidates must notify the Board of their choice of test center for the first critical care medicine examination for which they are eligible.

The **reexamination fee** for the critical care medicine examination is \$750.

A charge of \$50 will be made whenever a check is returned for nonpayment.

H. Examination System

The written examination in critical care medicine is designed to test for the presence of knowledge that is considered essential for the ABA diplomate to function as a practitioner of critical care medicine. The examination analyzes the cognitive and deductive skills as well as the clinical judgment of the candidates.

The critical care medicine examination is administered annually. The ABA will mail notice to all eligible candidates announcing the location(s) and date of the critical care medicine examination approximately 4 months prior to the date of its scheduled administration.

The **duration of candidate status** is limited. Every candidate is given one opportunity per calendar year, for 3 years, to satisfy the critical care medicine examination requirement. The candidate must satisfy the examination requirement within 3 years of the date of the first examination that follows acceptance of the application. The ABA will declare the candidate's application void if the candidate does not pass the examination within the prescribed number

of opportunities or time, whichever comes first. Physicians whose application has been declared void may reapply to the ABA.

I. Status of Individual

Inquiries about the current status of physicians relative to the ABA critical care medicine certification system should be addressed to the ABA office. The ABA will affirm the status of physicians who are certified in critical care medicine by the ABA. For others, the response to the inquiry will be in keeping with the ABA policy.

J. Reapplication

The ABA declares void the application of a candidate who has failed to satisfy the examination requirement in the prescribed number of opportunities or time for any reason. The physician may reapply by submitting a new application. Such application shall be subject to the fees, rules, privileges, and requirements that apply at the time of reapplication. The applicant who is judged to meet existing requirements will be readmitted into the examination system.

Every reapplicant who qualified previously by Temporary Criteria is required to have completed satisfactorily the 1-year continuum of education in critical care medicine before reapplying for the subspecialty certificate.

Subspecialty Certification in Pain Medicine

A. Definition of Pain Medicine

Pain medicine is the medical discipline concerned with the diagnosis and treatment of the entire range of painful disorders. Because of the vast scope of the field, pain medicine is a multidisciplinary subspecialty. The expertise of several disciplines is brought together in an effort to provide the maximum benefit to each patient. Although the care of patients is heavily influenced by the primary specialty of physicians who subspecialize in pain medicine, each member of the pain treatment team understands the anatomical and physiological basis of pain perception, the psychological factors that modify the pain experience, and the basic principles of pain medicine.

B. Certification Requirements

At the time of subspecialty certification in pain medicine by the ABA, each candidate shall be capable of performing independently the entire scope of anesthesiology pain medicine practice and must:

- Be a diplomate of the ABA.
- Fulfill the licensure requirement for certification.
- Have fulfilled the requirement of the continuum of education in pain medicine as defined by the ABA.
- Have satisfied the pain medicine examination requirement of the ABA.

The ABA subspecialty certificate in pain medicine is valid for a period of 10 years after the year the candidate passes the examination for certification. It is left to the holder of the certificate when to apply to the ABA for examination and recertification in the subspecialty.

C. Continuum of Education in Pain Medicine

The continuum of education in pain medicine consists of 12 months of full-time training in acute, chronic, and oncology pain medicine. The training must be in a pain medicine program in the United States or its territories accredited by the ACGME from the date the training begins to the date it ends. The training must follow completion of the continuum of education in anesthesiology (ie, Clinical Base and CA 1-3 years), unless the Credentials Committee of the ABA prospectively approves a different training sequence for the fellow.

The ABA will accept no more than 2 months of training in institutions not recognized by the RRC as part of the accredited

subspecialty program. Therefore, the ABA requires that fellows complete a minimum of 10 months of training in their ACGME-accredited subspecialty program.

The total of any and all absences during the pain medicine residency may not exceed the equivalent of 20 working days per year. Attendance at scientific meetings, not to exceed 5 working days during the year of training, shall be considered part of the training program. Absences in excess of those specified will require lengthening of the total training time to the extent of the additional absence.

Training in pain medicine must *not* be interrupted by frequent or prolonged periods of absence. When there is an absence for a period in excess of 2 months, the Credentials Committee of the ABA shall determine the number of months of training subsequent to resumption of the program that are necessary to satisfy the training requirements for admission to the ABA subspecialty examination system.

D. Entrance Requirements

At the time of application to enter the pain medicine examination system of the ABA, the applicant shall be capable of performing independently the entire scope of anesthesiology pain medicine practice and must:

- Be certified by the ABA.
- Submit proof of having fulfilled the licensure requirement for certification. The applicant must inform the ABA of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the ABA will determine whether, and on what terms, the applicant shall be admitted to the ABA examination system.
- Have on file in the Board office documentation of having fulfilled the requirement of the continuum of education in pain medicine.
- Have on file with the Board documentation attesting to the applicant's current privileges and evaluations of various aspects of the applicant's current practice of anesthesiology pain medicine. Such evaluations will include verification that the applicant meets the Board's clinical activity requirement by practicing the subspecialty of pain medicine, on average, 1 day per week during 1 of the previous 3 years. The ABA may use such documentation and evaluations as part of its assessment of the applicant's qualifications for admission to its pain medicine examination system.
- If an applicant completed anesthesiology pain medicine residency training more than 12 years before the date of application, or if an applicant has had a second or subsequent subspecialty application declared void, the applicant must submit proof of having reestablished his or her qualifications for admission to the subspecialty examination system. To fulfill the subspecialty requalification requirement, the applicant must complete 4 more consecutive months of training in the subspecialty. The training must be in an ACGME-accredited anesthesiology pain medicine program and be completed satisfactory before applying for examination.

The ABA shall determine that entry into the pain medicine examination system is warranted when required information submitted by and on behalf of the applicant is satisfactory. The ABA will notify an applicant who is accepted as a candidate for pain medicine certification after approval of all credentials.

The Board, acting as a committee of the whole, reserves the right not to accept an application. The applicant has the right to seek review of such decision.

The Board reserves the right to correct clerical errors affecting its decisions.

E. Application Procedure

1. Application for admission to the examination system of the ABA must be made to the Secretary upon a form prescribed by the Board.

An application may be made electronically, using the ABA Electronic Application System (EAS), via the ABA Web site at www.abanes.org. Alternatively, a paper application form may be mailed to the ABA Secretary at the ABA office.

A paper application form may be printed from the ABA Web site or obtained by writing to the ABA office. Telephone requests are not acceptable.

2. The application form includes the identical Acknowledgement and Release statements in the application for primary certification. The applicant for examination in pain medicine shall be required to sign each statement.

F. Filing and Documentation Deadlines

The **standard deadline** for the ABA to receive a completed application and the application fee for the pain medicine examination is February 15 of the examination year.

The **late deadline** for the ABA to receive a completed application with the application fee and a late fee is March 15 of the examination year.

The March 15 late deadline for receipt of a completed application and the appropriate fee is absolute. Regardless of the reason, the ABA will not consider a pain medicine application it receives after March 15 of the examination year.

The ABA must receive all documentation it requires to make a determination about an applicant's qualifications for admission to the examination no later than May 15 of the examination year. This includes but is not limited to references, evidence of medical licensure, and verification that the training requirement is met. An application will not be accepted if the required documentation is not received by that date. It ultimately is the responsibility of every applicant to ensure that the ABA receives all required documentation in a timely manner.

G. Fees

The **application fee** for admission to the pain medicine examination system is \$1,000. It includes a nonrefundable \$250 **administrative services fee** and must accompany the application.

The **late fee** for pain medicine application is \$200 and is nonrefundable. The application and late fees must accompany applications the ABA receives after the standard deadline and no later than the late deadline.

In the event an application is not accepted, or the application is accepted and subsequently withdrawn by the candidate, the ABA will retain the administrative services fee, and the late fee if one was assessed, and refund the balance of the application fee. No fee will be remitted if the candidate's notice of withdrawal from the examination system is received in the Board office after the deadline by which candidates must notify the Board of their choice of test center for the first pain medicine examination for which they are eligible.

The **reexamination fee** for the pain medicine examination is \$750.

A charge of \$50 will be made whenever a check is returned for nonpayment.

H. Examination System

The written examination in pain medicine is designed to test for the presence of knowledge that is considered essential for the ABA diplomate to function as a practitioner of pain medicine. The examination analyzes the cognitive and deductive skills as well as the clinical judgment of the candidates.

The pain medicine examination is administered annually. The ABA will mail notice to all eligible candidates announcing the location(s) and date of the pain medicine examination approximately 4 months prior to the date of its scheduled administration.

The **duration of candidate status** is limited. Every candidate is given one opportunity per calendar year, for 3 years, to satisfy the pain medicine examination requirement. The candidate must satisfy the examination requirement within 3 years of the date of the first examination that follows acceptance of the application. The ABA will declare the candidate's application void if the candidate does not pass the examination within the prescribed number of opportunities or time, whichever comes first. Physicians whose application has been declared void may reapply to the ABA.

I. Status of Individuals

Inquiries about the current status of physicians relative to the ABA pain medicine certification system should be addressed to the ABA office. The ABA will affirm the status of physicians who are certified in pain medicine by the ABA. For others, the response to the inquiry will be in keeping with ABA policy.

J. Reapplication

The ABA declares void the application of a candidate who has failed to satisfy the examination requirement in the prescribed number of opportunities or time for whatever reason. The physician may reapply by submitting a new application. Such application shall be subject to the fees, rules, privileges, and requirements that apply at the time of reapplication. The applicant who is judged to meet existing requirements will be readmitted into the examination system.

Every reapplicant who qualified previously by Temporary Criteria is required to have completed satisfactorily the 1-year continuum of education in pain medicine before reapplying for the subspecialty certificate.

Recertification and Maintenance of Certification

A. Background

Initiatives at federal, state, and local levels convinced the ABA that some of its diplomates would need or desire a mechanism to demonstrate their continuing qualifications. In May 1989, the ABA announced its intent to develop a program for continued demonstration of qualifications (CDQ), which would afford its diplomates the opportunity to *voluntarily* demonstrate current knowledge and quality of practice. The ABA approved a policy of time-limited certification in 1994-1995. All certificates issued by the ABA on or after January 1, 2000, will expire 10 years after the year the candidate passed the certification examination. The ABA took this step to reassure the public that the diplomate continues to demonstrate the attributes of a Board-certified anesthesiologist. The American Board of Medical Specialties (ABMS) approved the ABA recertification proposal in March 1996. Subsequently, the ABA changed the name of the CDQ program to recertification.

In 1998, the ABMS approved the ABA proposals for recertification in the subspecialties of critical care medicine and pain medicine. The credentialing requirements, examination, and passing standard are the same for certification and recertification. The ABA administers the subspecialty examinations to recertification candidates annually.

The ABA Recertification Programs include a commitment to continuing education, assessment of the quality of practice in the local environment, and an evaluation of knowledge. Diplomates who hold a certificate that is not time-limited may voluntarily elect to apply to the ABA for recertification. The ABA will not alter the status of their certification if they do not recertify.

The ABMS approved the concept of maintenance of certification (MOC) in 2000. The 24 ABMS Member Boards subsequently endorsed the concept. MOC is a program of continual self-assessment and lifelong learning, along with periodic assessment of professional standing, cognitive expertise, and practice performance. The ABA is committed to evolving its recertification programs to MOC programs.

The ABA presented a proposal for Maintenance of Certification in Anesthesiology (MOCA™) to ABMS in 2002. The transition from the current recertification program to MOCA™ began in 2004. This allows adequate time for diplomates issued a time-limited certificate to satisfy all MOCA™ requirements. The maximum interval between initial certification that is time-limited and successful completion of the requirements to maintain certification for the first time, as well as each time MOC is required thereafter, is 10 years.

B. Voluntary Anesthesiology Recertification Program

The ABA established the voluntary recertification program for diplomates before it began issuing time-limited certificates in anesthesiology. Only diplomates certified in anesthesiology by the ABA before January 1, 2000, are eligible to apply for the recertification program.

The ABA recertification program will not remain open indefinitely. Diplomates certified before 2000 who might have a future need to recertify should consider participating in the program before it closes in 2009. Participation will not jeopardize a participant's diplomate status.

The ABA recertification programs include two major components: an evaluation of the quality of current practice conducted at the local level and a secure written examination.

To be admissible to an ABA recertification examination, the applicant shall be capable of performing independently the entire scope of specialty or subspecialty practice and must:

- Be a physician to whom the ABA previously awarded certification in the specialty or subspecialty.
- Submit proof of having fulfilled the licensure requirement for certification. The applicant must inform the ABA of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the ABA will determine whether, and on what terms, the applicant shall be admitted to the ABA examination system.
- Have on file in the ABA office documentation solicited by the ABA from the hospital/facility chief of staff, or equivalent, attesting to the applicant's current privileges where a substantial portion of the applicant's practice takes place. The documentation includes evaluations of various aspects of the applicant's current practice and verification that the applicant meets the Board's clinical activity requirement by practicing the medical discipline for which recertification is being sought, on average, 1 day per week during 1 of the previous 3 years. If the applicant's practice is entirely office-based, three letters of reference solicited by the ABA from referring physicians should be on file.

The ABA shall issue a recertification certificate to the applicant who is accepted for and satisfies the recertification examination requirement established by the ABA.

C. Application Procedure

Application for admission to the examination system of the ABA must be made to the Secretary upon a form prescribed by the Board.

An application may be made electronically, using the ABA Electronic Application System (EAS), via the ABA Web site at www.abanes.org. Alternatively, a paper application form may be mailed to the ABA Secretary at the ABA office.

A paper application form may be printed from the ABA Web site or obtained by writing to the ABA office. Telephone requests are not acceptable.

The application form includes the identical Acknowledgement and Release statements included in the application for initial certification. The recertification applicant shall be required to sign each statement.

D. Filing and Documentation Deadlines

The **standard deadline** for the ABA to receive a completed **anesthesiology recertification application** and the application fee is December 15 of the year prior to the examination year. The **late deadline** for the ABA to receive a completed application with the application fee and a late fee is January 15 of the examination year.

The **standard deadline** for the ABA to receive a completed **subspecialty recertification application** and the application fee is February 15 of the examination year. The **late deadline** for the ABA to receive a completed application with the application fee and a late fee is March 15 of the examination year.

The late deadlines for receipt of a completed anesthesiology or subspecialty recertification application and the appropriate fee are absolute. Regardless of the reason, the ABA will not consider a recertification application it receives after the late deadline for the examination.

The ABA must receive all the documentation it requires to make a determination about an applicant's qualifications for admission to the anesthesiology recertification examination no later than March 15 of the examination year. The ABA must receive all the documentation it requires to make a determination about an applicant's qualifications for admission to a subspecialty recertification examination no later than May 15 of the examination year. Documentation includes but is not limited to evidence of medical licensure and verification of current credentialing/hospital privileges. An application will not be accepted if the required documentation is not received by that date. It ultimately is the responsibility of every applicant to ensure that the ABA receives all required documentation in a timely manner.

E. Fees

The **application fee** is \$700 for admission to the voluntary anesthesiology recertification program. It includes a nonrefundable **administrative service fee** of \$200. The fee must accompany the anesthesiology recertification application.

The **application fee** is \$1,000 for admission to a subspecialty recertification program. It includes a nonrefundable **administrative service fee** of \$250. The fee must accompany the subspecialty recertification application.

The **late fee** for anesthesiology and subspecialty recertification applications is \$200 and is nonrefundable. The application and late fees must accompany applications the ABA receives after the standard deadline and no later than the late deadline.

In the event an application is not accepted, or the application is accepted and subsequently withdrawn by the candidate, the ABA will retain the administrative services fee, and the late fee if one was assessed, and refund the balance of the application fee. No fee will be remitted if the candidate's notice of withdrawal from the examination system is received in the Board office after the deadline by which candidates must notify the Board of their choice of test center for the first recertification examination for which they are eligible.

The **reevaluation fee** is \$500 for the anesthesiology recertification examination and \$750 for a subspecialty recertification examination.

A charge of \$50 will be made whenever a check is returned for nonpayment.

F. Examination System

The ABA shall determine that admission to the recertification examination is warranted when required information submitted by and on behalf of the applicant is satisfactory. The ABA will notify an applicant who is accepted as a candidate for recertification after approval of all credentials.

The Board, acting as a committee of the whole, reserves the right not to accept an application. The applicant has the right to seek review of such decision.

The Board reserves the right to correct clerical errors affecting its decisions.

The specialty **recertification examination** is designed to assess current knowledge of the breadth of anesthesia practice and presents clinically relevant items that apply to all types of anesthesia practice. The subspecialty recertification examinations are designed to test for the presence of knowledge considered essential for the ABA diplomate to function as a practitioner of the subspecialty.

The recertification examinations are administered once each year. The ABA will mail notice to all eligible candidates announcing the location(s) and date of a recertification examination approximately 4 months prior to the date of its scheduled administration.

The **duration of candidate status** is limited. Every candidate is given one opportunity per calendar year, for 3 years, to satisfy the recertification examination requirement. The candidate must satisfy the examination requirement within 3 years of the date of the first examination that follows acceptance of the application. The ABA will declare the candidate's application void if the candidate does not pass the examination within the prescribed number of opportunities or time, whichever comes first. Physicians whose application has been declared void may reapply to the ABA.

G. Status of Individuals

Inquiries about the current status of physicians should be addressed to the ABA office. For physicians certified by the ABA who subsequently complete the recertification program, the ABA will affirm their diplomate status and the year of their recertification. For others, the response to the inquiry will be in keeping with ABA policy.

H. Reapplication

Physicians, whether previously recertified or not, may apply for recertification at whatever interval they prefer. To reapply, the physician must submit a new application. Such application shall be subject to the fees, rules, privileges, and requirements that apply at the time of reapplication. The applicant who is judged to meet existing requirements will be accepted as a candidate for recertification.

Maintenance of Certification in Anesthesiology Program

The ABA issued diplomates certified on or after January 1, 2000, a certificate that is valid for 10 years. The voluntary recertification program is not open to holders of a time-limited anesthesiology certificate. They must satisfactorily complete Maintenance of Certification in Anesthesiology (MOCA™) before their time-limited certificate expires to maintain diplomate status in the specialty.

MOCA™ is a 10-year program of ongoing self-assessment and lifelong learning, continual professional standing assessment, periodic practice performance assessments, and an examination of cognitive expertise. Each 10-year MOCA™ cycle begins the year after certification or the year the diplomate registers for MOCA™, whichever occurs later. Therefore, if a diplomate does not register for MOCA™ before the end of the first calendar year following his or her

certification, the diplomate's certification will expire before he or she can complete MOCA™.

Physicians should maintain competency in the following general areas: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The MOCA™ requirements for Professional Standing, Lifelong Learning and Self-Assessment, Cognitive Expertise, and Practice Performance are designed to provide assessments of these six general competencies.

A. Professional Standing Assessment

ABA diplomates must hold an active, unrestricted license to practice medicine in at least one jurisdiction of the United States or Canada. Further, all US and Canadian medical licenses that a diplomate holds must be unrestricted at all times.

The ABA assesses a diplomate's professional standing continually. ABA diplomates have the affirmative obligation to advise the ABA of any and all restrictions placed on any of their medical licenses and to provide the ABA with complete information concerning such restrictions within 60 days after their imposition. Such information shall include, but not be limited to, the identity of the medical board imposing the restriction as well as the restriction's duration, basis, and specific terms and conditions. Diplomates discovered not to have made disclosure may be subject to sanctions on their diplomate status in the primary specialty. Professional standing acceptable to the ABA is a prerequisite qualification for cognitive examination and for maintenance of certification.

B. Practice Performance Assessment

The ABA practice performance assessment process consists of attestations of clinical activity, acceptable clinical practice, and participation in practice improvement activities. The ABA minimum clinical activity requirement is the practice of anesthesiology or a recognized anesthesiology subspecialty, on average, at least 1 day per week during 1 of the previous 3 years.

During the 5th and 9th years of a candidate's 10-year MOCA™ cycle, the ABA solicits attestations about a diplomate's clinical practice participation in practice improvement activities from individuals identified by the diplomate as being familiar with his or her current practice of the specialty. Attestations of practice performance will be solicited more frequently if an assessment is not acceptable to the ABA.

Practice performance assessments acceptable to the ABA are a prerequisite qualification for cognitive examination and for maintenance of certification.

C. Lifelong Learning and Self-Assessment

ABA diplomates should continually seek to improve the quality of their clinical practice and patient care through self-directed professional development. This should be done through self-assessment and learning opportunities designed to meet the diplomate's needs and the MOCA™ requirement for Lifelong Learning and Self-Assessment (LL-SA).

The LL-SA requirement for maintenance of certification is 350 credits for continuing medical education (CME) activities. Of the 350 credit total:

1. At least 250 credits must be Category 1 credits for ACCME-approved programs or activities.
2. At most 100 credits may be for programs and activities for which Category 1 credit is not awarded.

The prerequisite qualification for cognitive examination is at least 200 credits.

Diplomates should complete some LL-SA activity in at least 5 years of each 10-year MOCA™ cycle. They are encouraged to

complete some LL-SA activity in each of the six general competencies for physicians.

MOCA™ registrants submit their CME activities and credits to the ABA electronically. CME activities are subject to audit and verification by the ABA within 3 years of their submission. Therefore, diplomates must keep documentation of a CME activity for at least 3 years after they submit it to the ABA for LL-SA credit.

D. Cognitive Expertise Assessment

MOCA™ registrants must demonstrate their cognitive expertise by passing an ABA examination administered via computer under secure, standardized testing conditions. They may take the examination no earlier than the 7th year of their 10-year MOCA™ cycle.

Examination pre-requisites are:

1. Professional standing acceptable to the ABA.
2. Practice performance assessments acceptable to the ABA.
3. At least 200 LL-SA credits submitted to the ABA prior to the examination year.

MOCA™ participants may take the examination at most twice during a calendar year. There is no limit to the number of years they may take the examination.

E. Registration Procedure

Registration for MOCA™ must be made electronically via the ABA Web site at www.abanes.org. Diplomates who are not able to register for MOCA™ electronically should contact the ABA office.

The registration form includes the identical Acknowledgement and Release statements included in the application for initial certification. The MOCA™ registrant shall be required to electronically sign each statement.

A diplomate may register to participate in the MOCA™ system at any time after the ABA confers primary certification. Diplomates with a time-limited certificate should register no later than the year after their certification or their certification status will expire before they complete the MOCA™ program.

The ABA must receive all required information before a diplomate is registered in the MOCA™ system. This includes, but is not limited to, information on professional activities and medical licensure. The ABA also must receive the registration fee. Registration will not be accepted if the required information and payment is not received. It is ultimately the responsibility of every registrant to assure that the ABA receives all required information and payments.

F. Fees

The registration fee for a MOCA™ cycle is \$200. The registration fee is non-refundable. The fee must be submitted electronically during the registration process.

The fee for each secure examination opportunity is \$500.

G. Status of Individuals

The ABA reserves to itself exclusively the right to define an individual's relationship to the ABA maintenance of certification system. Information about a physician's ABA certification status may be obtained at no charge via the ABA Online Diplomate Directory at www.abanes.org or by telephoning the ABA office.

There is a \$35 charge for written confirmation of a physician's ABA certification status. Inquiries about the current status of individuals should be addressed to the ABA office. In addition to the physician's full name, inquiries should include other identification information if available. The ABA responds to inquiries about current and former diplomates with one of the following statements:

- The physician is certified by the ABA.

- The physician was certified by the ABA from (date of certification) to (date certification expired) and is a candidate for Maintenance of Certification in Anesthesiology.
- The physician was certified by the ABA from (date of certification) to (date certification expired) and is not a candidate for Maintenance of Certification in Anesthesiology.

Test Dates and Deadlines

Written Examination

2005 Examination

October 15, 2004—Application cycle begins
December 15, 2004—Standard application deadline
January 15, 2005—Late application deadline
March 15, 2005—Documents deadline
July 9, 2005—Examination date

2006 Examination

October 15, 2005—Application cycle begins
December 15, 2005—Standard application deadline
January 15, 2006—Late application deadline
March 15, 2006—Documents deadline
July 8, 2006—Examination date

Anesthesiology Recertification Examination

2005 Examination

October 15, 2004—Application cycle begins
December 15, 2004—Standard application deadline
January 15, 2005—Late application deadline
March 15, 2005—Documents deadline
July 9-23, 2005—Examination dates

2006 Examination

October 15, 2005—Application cycle begins
December 15, 2005—Standard application deadline
January 15, 2006—Late application deadline
March 15, 2006—Documents deadline
July 8-22, 2006—Examination dates

Oral Examination

2005 Examinations

October 15, 2004—Application deadline
April 11-15, 2005—Examination dates
February 1, 2005—Application deadline
September 26-30, 2005—Examination dates

2006 Examinations

October 15, 2005—Application deadline
April 24-28, 2006—Examination dates
February 1, 2006—Application deadline
September 11-15, 2006—Examination dates

Critical Care Medicine and Pain Medicine Certification Examinations

2005 Examination

December 15, 2004—Application cycle begins
February 15, 2005—Standard application deadline
March 15, 2005—Late application deadline
May 15, 2005—Documents deadline
September 10, 2005—Examination date

2006 Examination

December 15, 2005—Application cycle begins
February 15, 2006—Standard application deadline
March 15, 2006—Late application deadline
May 15, 2006—Documents deadline
September 9, 2006—Examination date

Critical Care Medicine and Pain Medicine Recertification Examinations

2005 Examination

December 15, 2004—Application cycle begins
February 15, 2005—Standard application deadline
March 15, 2005—Late application deadline
May 15, 2005—Documents deadline
September 17 – October 1, 2005—Examination dates

2006 Examination

December 15, 2005—Application cycle begins
February 15, 2006—Standard application deadline
March 15, 2006—Late application deadline
May 15, 2006—Documents deadline
September 16-30, 2006—Examination dates

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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Colon and Rectal Surgery [ABCRS] to ascertain whether the information below is current.)

Qualifications of Candidates

All candidates shall comply with the following regulations:

General Requirements

1. A candidate shall appear personally before the Board and shall submit to the required examinations.
2. A candidate shall limit the majority of his/her practice to colon and rectal surgery.
3. A candidate may be required to deliver to the Board sufficient case reports to demonstrate proficiency in colon and rectal surgery.
4. A bibliography of papers and books published by the candidate shall be submitted to the Board upon its request.
5. The moral and ethical fitness of a candidate must be satisfactory to the Board and in conformity with the *Statements on Principles* of the American College of Surgeons and the *Principles of Medical Ethics* of the American Medical Association. Practices not conforming therewith may result in rejection of an application or in deferral of examination until such matters have been resolved satisfactorily.

Professional Qualifications

1. A candidate must have completed an accredited residency program in colon and rectal surgery following successful completion of general surgical training in an ACGME-accredited residency program.
2. All candidates must have a currently *valid* registered, full, and unrestricted license to practice medicine in a state, territory, or possession of the United States or in a Canadian province and must continue to be licensed throughout the certification process.

3. A candidate must successfully complete the Qualifying Examination of the American Board of Surgery before being admitted to the ABCRS Written Examination (Part I).
4. A candidate must achieve certification by the American Board of Surgery before being admitted to the ABCRS Oral Examination (Part II).

Application for Examination

Each candidate for examination must complete and submit an Application for Examination, which may be obtained from the secretary of the Board. Applications must be submitted before July 15 of each year.

The application must be accompanied by two unmounted, recent photographs of the applicant and the required application fee.

Within 2 weeks after conclusion of the training program, the applicant must submit to the secretary of the Board a prescribed form, listing all operative procedures performed during the training period. This form is available from the secretary of the Board and must be countersigned by the program director.

The acceptability of a candidate for examination depends not only upon completion of the requirements listed under "Qualifications for Candidates" but also upon information available to the Board regarding the candidate's professional maturity, surgical judgment, and technical competence.

Examinations

To achieve certification by the ABCRS, a candidate must pass a Written Examination (Part I) and an Oral Examination (Part II). The Written Examination is offered in the spring of the year, and a candidate is required to pass this examination before being permitted to take the Oral Examination, which is given in the fall of the year.

Examinations are conducted at times and places determined by the Board, and this information may be obtained from the Board office. It is also published in *Diseases of the Colon and Rectum* and in the *Journal of the American Medical Association*. Examinations will be held in one designated city in the United States.

Part I—Written Examination

The Written Examination is an assessment of a candidate's knowledge of the theory and practice of colon and rectal surgery, with a separate Visual Diagnostic examination. The written portion of the examination is a 4-hour test of multiple-choice questions covering the spectrum of colon and rectal surgery and the body of basic science pertinent to it. The Visual Diagnostic portion is a 2-hour test consisting of questions and slide presentations.

Part II—Oral Examination

The Oral Examination is conducted by members of the Board or its designated examiners. Its objective is to evaluate the candidate's clinical experience, problem-solving ability, and surgical judgment and to ascertain the candidate's knowledge of current literature on colon and rectal diseases and surgery. Each candidate will undergo at least three 30-minute oral examinations by three 2-member examining teams.

Examination Results

The Board makes every effort to be as prompt as possible in notifying candidates of their examination results, and letters of notification may be expected within 4 to 6 weeks following the examination.

Reexaminations

A candidate who has failed either the written or oral part of the examination may be reexamined after 1 year has elapsed.

A candidate who fails to pass either the written or oral portion of the examination may repeat that part of the examination twice, thus offering the candidate three opportunities to pass each part of the examination.

A candidate who fails to pass either the written or oral portion of the examination three times may not repeat the examination without satisfactory completion of an approved remedial colon and rectal surgery residency program and submission of a new application for examination. A copy of the Remedial Training Guidelines may be obtained from the Board office upon request.

Status of Applicant

The Board does not use or sanction the terms "Board eligible" or "Board qualified." The status of an applicant with the Board is determined by and varies with the current status of his/her credentials.

A candidate must apply to the Board's certification process within 5 years after completion of approved colon and rectal surgery training.

Applicants who apply after the prescribed 5-year period (late applicants) must observe the Board's late entry policy.

The requirements include submission of a standard Application for Examination, with the required \$750 fee (\$400 regular/\$350 special processing fee). The applicant must also provide updated background and training information, a current list of operative procedures, and documentation of 100 Category I CME credit hours (2 years prior to the application date). Late applicants will undergo a licensure verification to ensure there are no restrictions. Also, a statement of professional and moral character will be requested from the Chief of Surgery of the applicant's institution/hospital.

An Application for Examination may be requested from the ABCRS Administrative Office. The fully completed application and required fees must be submitted by July 15 of each year.

The entire certification process with the Board must be successfully completed within 7 years following approval of the formal application. In addition, a candidate whose application for examination has been approved but who does not take the examination within 3 years must submit a new application.

In exceptional or unusual circumstances, the Board may, at its discretion, waive one or more of the limitations specified under "Status of Applicant."

Fees

Application fee: A nonrefundable fee of \$400 shall accompany the application.

Written Examination fee (Part I): A fee of \$500 is due and payable when the candidate is notified of approval to take the Written Examination.

Oral Examination fee (Part II): A fee of \$700 is due and payable when the candidate is notified of approval to take the Oral Examination.

Reexamination fee: Fees for reexamination are the same as shown above for each examination.

Withdrawal from examination: A candidate who withdraws must notify the Board office at least 10 business days before a scheduled examination. A candidate who fails to appear for examination or who withdraws without giving at least 10 days' notice as defined above will forfeit \$200 of the designated examination fee and will have to resubmit the forfeited amount before being admitted to the next scheduled examination.

Late applications: Recognizing that a situation may arise that prevents an applicant from meeting the July 15 deadline, the Board has a provision for late applications. Late applications are those that are postmarked from July 16 through August 15 each year.

There is a nonrefundable late application fee of \$200, bringing the total processing fee for a late application to \$600. No applications postmarked after August 15 will be accepted.

Fees are subject to change as directed by the Board.

Reconsideration and Appeals

The Board has adopted a policy with regard to reconsideration and appeals of decisions adverse to applicants. A request for reconsideration, which is the first step, must be made in writing and received by the Board office within 60 days of the date of notice from the Board of the action in question. A copy of the Reconsideration and Appeals Policy may be obtained from the Board office upon request.

Certification

A candidate who has met all the requirements and successfully completed the examinations of the ABCRS will be issued a certificate attesting to his/her qualifications in colon and rectal surgery. The certificate shall be signed by the president or vice president and the secretary and shall bear the corporate seal of the Board.

The certificate granted by the Board does not confer privilege or license to practice colon and rectal surgery but is evidence that a physician's qualifications for specialty practice are recognized by his/her peers. It is not intended to define the requirements for membership on hospital staffs, to gain special recognition or privileges for its diplomates, to define the scope of specialty practice, or to state who may or may not engage in the practice of the specialty.

Unless the candidate specifies otherwise, the Board forwards the names of candidates who have achieved certification to the American Board of Medical Specialties (ABMS) for publication in the *Official ABMS Directory of Board Certified Medical Specialists*, published jointly by the ABMS and Elsevier Science.

Time-Limited Certification

Beginning with those candidates who passed the certifying examination in 1990 and thereafter, the ABCRS will issue time-limited certificates. Certificates will be valid for 10 years from the date of certification, after which the certificates will no longer be valid. [Note: Time-limited certification will not affect diplomates holding certificates issued prior to 1990.]

Recertification

The ABCRS offers recertification in the specialty. Certificates can be renewed prior to expiration by fulfilling the requirements for recertification specified by the Board. The recertification examination is offered annually, on a voluntary basis, to all certified colon and rectal surgeons who apply and meet the Board's requirements. A recertification information booklet, which outlines the requirements and procedures, is available by writing to the Board office.

Revocation of Certificates

The filing of an application for examination, participating in examination, and accepting a certificate are voluntary acts. Therefore, the Board assumes no responsibility for any effect that certification or failure to obtain certification may have on the private or professional activities of candidates.

When an application is submitted, candidates are required to sign an agreement, a portion of which reads as follows: "I agree to disqualification from examination or from the issuance of a certificate, and I agree to the forfeiture and redelivery of such certificate in the event that any of the statements herein made by me at this time or at any time in the past or future in regard to my application for a certificate are false or in the event that any of the rules and regulations of the Board governing such examinations and certificate are violated by me."

Certificates that have been issued are subject to the provisions of the Articles of Incorporation and the Constitution and Bylaws of the American Board of Colon and Rectal Surgery, Inc, and may be revoked for violation of any of these provisions.

Examination of Candidates With Disabilities

The ABCRS supports the intent of the Americans with Disabilities Act. The Board will make a reasonable effort to provide Board applicants who have documented disabilities with modifications in its examination process that are appropriate for such disabilities but that do not alter the measurement of the skills or knowledge that the examination process is intended to test.

American Board of Dermatology

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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Dermatology [ABD] to ascertain whether the information below is current.)

Requirements for Eligibility to Take the Examination

Each applicant must satisfy the following requirements before he/she is eligible to take the certifying examination of the Board.

General Qualifications

1. The candidate must have graduated from a medical school in the United States accredited by the Liaison Committee for Medical Education (LCME), an accredited medical school in Canada, or an accredited osteopathic school in the United States; if a graduate of a foreign medical school, the candidate must possess the standard certificate of the Educational Commission for Foreign Medical Graduates (ECFMG). If, however, the foreign medical school graduate is in training in an accredited program in Canada, the Board will recognize the certificate of the Medical Council of Canada.
2. The candidate must hold a currently valid, full, and unrestricted license to practice medicine or osteopathy in either the United States or Canada, but may be denied certification if the candidate's license has been revoked, suspended, restricted, or surrendered in any jurisdiction or if the candidate is subject to adverse licensure proceedings.
3. The candidate must not have engaged in conduct that, in the judgment of the Board, (i) reflects unethical activity relating to the practice of medicine, or (ii) casts significant doubt on the ability of the candidate to practice dermatology in the best interests of patients.

Residency Training Requirements

1. Candidates for certification by the ABD are required to have a total of 4 years of postgraduate training, as described below in Sections (a) and (b).

a. The first year must consist of clinical training in one of the following types of broad-based programs in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or a similar program in Canada accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC): transitional year (formerly called flexible first postgraduate year) or a first-year residency in emergency medicine, family practice, general surgery, internal medicine, obstetrics and gynecology, or pediatrics.

b. Three years of full-time training as a resident in a dermatology residency training program in the United States accredited by the ACGME or 3 years of full-time training as a resident in a dermatology residency training program in Canada accredited by the RCPSC. Accreditation of dermatology training programs in the United States is the responsibility of the Residency Review Committee (RRC) for Dermatology acting with authority delegated to it by the ACGME (accredited dermatology residency training programs and clinical programs for first postgraduate year credit are listed in this *Directory*).

c. At least 75% of the resident's time throughout each year (PGY-2, PGY-3, PGY-4) of dermatology residency training must be related to the direct care of dermatologic outpatients and inpatients; this includes clinical conferences and didactic lectures related to patient care, consultations, and inpatient rounds. During the 3 years of dermatology residency, therefore, 225% of the 300% (100% per year) of training must involve these direct patient care activities. In special training tracks, which are discussed further under d. below, residents must satisfy the 225% requirement over the 3 years (PGY-2, PGY-3, PGY-4), 4 years (PGY-2, PGY-3, PGY-4, PGY-5), or 5 years (PGY-2, PGY-3, PGY-4, PGY-5, PGY-6) of dermatology training. In addition, special-training tracks must include the equivalent of one ½ day clinic per week each year until the 225% requirement is met. Continuity of patient care should be stressed as much as possible in this clinic experience. Rotations on the consultation service, for a period comparable to the time similarly scheduled for general dermatology residents, may be substituted for the clinic time during the special training track years of the residency.

Dermatopathology, microbiology, and other basic science lectures, seminars, and conferences are essential components of the resident's training (see the Program Requirements for Residency Education in Dermatology).

The Board also emphasizes the importance of basic and clinical investigation in the educational experience of trainees. Accordingly, all residents should participate in basic and/or clinical research during their training.

d. For those candidates whose career plans involve a primary commitment to investigative or academic dermatology, a special training track, which must assure adequate clinical education and experience in accordance with the general requirements described above, may also be acceptable. Program directors should contact the executive director of the Board for information concerning this special track, such as eligibility requirements and when and how to submit applications to the Board. The essential elements of such training tracks are as follows:

1) The first year (PGY2) of this track must be at least 75% clinical in character.

2) Investigative or academic experience can be integrated with the required additional clinical training during the second (PGY3) and/or third (PGY4) year(s).

3) Please refer to c. above.

4) Requests for approval of this special track must be submitted prospectively, at least 4 months prior to the beginning of such training. This will be on or before March 1 of the PGY2 year for a special track beginning on July 1 of the PGY3 year, or later if a special training track is to begin later. Requests earlier than January 1 of the PGY2 year will not be considered because the program director must have had an opportunity to judge the clinical potential of the trainee.

The request for consideration of this investigative/academic track must include details of the scheduled program and time commitments during the entire training period of these candidates. It is incumbent upon program directors to select candidates for this special training track whose skills and learning capabilities permit the acquisition of clinical competence as well as the execution of their investigative or academic responsibilities. Moreover, the program director must monitor the training of these residents throughout their residency and must validate their clinical experience at the completion of their residencies.

2. A preliminary registration form must be filed by the candidate and signed by his/her training director shortly after the resident begins residency training in dermatology (ie, by August 1 or within 30 days of the start of training).

3. It is mandatory that the training director submit a yearly report form for each resident to the Board office by August 1 after completion of the first and second year of training and by May 15 for residents who will complete their third year of training on June 30. In order for a candidate to take the certifying examination, the training director must certify that each year of training was completed in a satisfactory manner.

4. Training must be completed within 5 years after the beginning of dermatology residency, except when military service or other compelling circumstances intervene.

5. It is the responsibility of the residency program director to determine if a resident has satisfactorily completed the required 3 years of dermatology training and is therefore eligible to sit for the certifying examination of the ABD.

Guidelines for Determining Adequacy of Clinical Training

The following guidelines are designed to assist program directors in their determination of the adequacy of the clinical training of residents and to assure satisfaction of the eligibility requirements for certification by the ABD. Of special concern are those residents on the special investigative/academic track or those residents whose training experience differs from the standard 36 months of full-time clinical training, as approved for each program by the RRC of the ACGME:

a. In general, high priority should be given to completing 36 continuous months of full-time dermatology training. For most residents, this will consist of full-time clinical training; for residents with a primary commitment to investigative or academic dermatology, this may be a special training track, as defined previously.

b. Any departure from (a), as required, for example, for a medical leave of absence, should be documented and fully justified in the resident evaluation forms filed annually with the Board by the training program director.

c. An absence exceeding 6 weeks in any 1 academic year or a total of 14 weeks over 3 years, including vacation, should be approved only under truly exceptional circumstances. In addition, any resident approved to sit for the certifying examination despite such

an absence should have completed each year of training in an above-average or excellent manner.

- d. Any resident who will have been absent more than 6 weeks in 1 year or 14 weeks over 3 years and whose performance has not been uniformly above average or excellent throughout residency training should be required to complete an additional period of training at least equal in length to the total period of absence in excess of routinely provided total vacation time. If the program director anticipates that this additional training will be completed in a satisfactory manner before August 1, the director may approve the resident to sit for the certifying examination in that year, just as if training had been completed by July 1.

In-Training Examination

An in-training examination (ITE) is administered annually online in April (usually the third Thursday in April) to dermatology residents. The intent of the ITE is to identify knowledge-based strengths and weaknesses in both the training program and the residents in a non-punitive manner. Although participation in the in-training examination program is voluntary, most training programs participate annually because both training directors and residents find the ITE to be a valuable educational experience. The format of the ITE includes only the types of multiple-choice questions that appear on the certifying examination, ie, one best answer, matching, and identification of images.

The examination is a 4-hour Web-based proctored examination administered through the individual dermatology residency training programs. Contact the Board office for the optimal computer requirements.

In 2005, the In-Training Examination will be given on Thursday, April 21. Applications are mailed to training programs in December and the deadline for returning the applications to the Board office is February 1.

Registration for the Examination of the Board

Candidates who have completed the training requirements as outlined above are eligible to apply for examination by the Board. Candidates should request an Application for Certification Form from the office of the executive director of the Board. However, for those candidates who are completing their residency training, application forms will be sent to the program directors for distribution to each candidate. The completed application must be filed with the Board office before March 1 of the year in which the candidate plans to take the examination. Physicians who complete their residency training in dermatology by July 1 of a given year are eligible to apply to take the examination in August of that year. Under the special conditions described previously ("Guidelines for Determining Adequacy of Clinical Training"), candidates completing additional (make-up) training before September 1 may also be eligible to take the certifying examination. It is emphasized that it is the candidate's responsibility to send a completed application form to the Board if he/she plans to take the certifying examination of the Board.

A candidate is not considered an "active" candidate until his/her application has been received and approved by the Board. This approval includes a review of the application and annual evaluation reports from the candidate's training director. After the application is approved, the candidate is required to take the examination within 2 years. Candidates who do not exercise the examination privilege within 2 years of the date they are declared eligible will be required to file a new application and have their eligibility for examination reviewed by the Requirements Committee. If the re-application is approved by the Board, the candidate is again eligible to take the examination for another 3-year period. It should be noted that candidates who have had an extended lapse in clinical

practice or in other activities related to dermatology may be required to submit evidence of their continued involvement with the specialty of dermatology. Alternatively, it may be necessary for such individuals to spend at least 1 year in clinical practice or with an academic department in order to become eligible for the certification examination.

The Board does not use the term "Board eligible" in corresponding with directors of hospitals or others who send inquiries to the Board office. On written request by a candidate and payment of a fee, the Board will send to the candidate a letter stating his/her status with the Board at any given time.

Combined Training in Dermatology and Internal Medicine

The ABD and the American Board of Internal Medicine have jointly approved the *Guidelines for Combined Training in Dermatology and Internal Medicine*, copies of which may be obtained from the Board office or downloaded from the ABD Web site (www.abderm.org).

Program directors interested in establishing a combined training program should write to the Board office for application forms, which must be reviewed and approved by the ABD and the American Board of Internal Medicine. Application forms may also be downloaded from the ABD Web site (www.abderm.org).

Combined Training in Dermatology and Pediatrics

The ABD and the American Board of Pediatrics have conjointly approved the *Guidelines for Combined Training in Dermatology and Pediatrics*, copies of which may be obtained from the Board office or downloaded from the ABD Web site (www.abderm.org).

Program directors interested in establishing a combined training program should write to the Board office for application forms, which must be reviewed and approved by the ABD and the American Board of Pediatrics. Application forms may also be downloaded from the ABD Web site (www.abderm.org).

Board Examination

The certifying examination in dermatology, which is administered over a period of 2 days, includes the following:

1. **Comprehensive Multiple-Choice Examination in Dermatology (Part I):** This is a 3-hour comprehensive examination, and was formerly referred to as the Written examination. It tests the candidate's knowledge of the basic science and clinical aspects of dermatology, including all the related disciplines. Among the topics included in this part of the examination are clinical dermatology, pediatric dermatology, preventive dermatology, entomology, epidemiology, dermatopathology, cutaneous allergy and immunology, dermatologic surgery, cutaneous oncology, sexually transmitted diseases, internal medicine as it pertains to dermatology, medical ethics, photobiology, and cutaneous microbiology, as well as anatomy, physiology, biochemistry, molecular biology, radiation physics, radiation therapy, physical therapy, pharmacology, genetics, and electron microscopy as related to dermatology. Considerable emphasis is placed on comprehensive knowledge of the literature.
2. **Examination in Clinical and Laboratory Dermatology (Part IIA):** Projected Kodachrome slides are utilized in this part of the examination. Candidates must answer multiple-choice-type questions about the projected pictorial material, which is drawn from all areas of clinical and laboratory dermatology. Examples of the types of slides used include photographs of patients; diagrams and illustrative drawings and pictures of dermatologic surgical procedures (including Mohs micrographic surgery, hair transplantation, dermabrasion, sclerotherapy, liposuction, chemical

peels, and tissue augmentation), histopathologic sections, fungal cultures, culture mounts, bacterial cultures, Tzanck preparations, skin scrapings and smears, roentgenograms, histochemical and fluorescent photomicrographs, electron micrographs, dark-field micrographs, and drawings or photographs of organisms, including viruses, rickettsiae, bacteria, and parasites that affect the skin.

3. Examination in Dermatopathology (Part IIB): In this section, candidates are questioned on histopathologic slides that they examine microscopically on microscopes provided by the Board. This section of the examination encompasses the entire spectrum of dermatopathology.

For the purposes of scoring, the Part IIA and Part IIB examinations are combined with the Part IIC examination. Candidates must pass this combined Part II examination as well as the Part I examination in order to be certified. If a candidate fails either the Part I or Part II examination, only the failed component must be repeated.

Upon completion of the certifying examination, candidates will receive a letter notifying them whether they passed or failed. A pass/fail notification letter will also be sent to the candidate's training director.

The examination is given annually over a 2-day period and lasts a total of approximately 10 hours. In 2005, it will be held on August 14 and 15 at the Holiday Inn O'Hare in Rosemont, Illinois, which is in the O'Hare International Airport area of Chicago. In 2006, it will be held on August 12 and 13 at the Holiday Inn O'Hare in Rosemont, Illinois.

Reexamination

With their initial examination application, candidates have a 2-year period during which they may take the examination or any necessary reexamination on either a failed part (see above) or both parts of the examination. For a reexamination, they must notify the Board office by March 1 of the year they plan to retake the examination. If a candidate has not passed or does not take the examination during this 2-year period, he/she must reapply and complete the necessary forms, after which he/she will have another 2-year period of eligibility during which to take the examination or reexamination. For further information concerning this as well as the appropriate fees required, the Board office should be contacted.

Candidates With Disabilities

The ABD supports the intent of the Americans with Disabilities Act (ADA) and, therefore, will provide or allow the use of necessary auxiliary aids, services, or testing conditions that do not fundamentally alter the measurement of the skills or knowledge the Board assessment program is intended to test. In order to implement this policy, notification of the need for special testing circumstances must be given to the ABD by a candidate for certification at the time that he/she submits the application for any of the Board's certifying examinations. This deadline is necessary in order to allow the Board to request the necessary documentation, to review the records, and to verify the disability, if necessary. In addition, since this policy also applies to the In-Training Examination, which is under the jurisdiction of the ABD, appropriate advance notification of the need for special testing circumstances must be provided when the application for the In-Training Examination is submitted by the department.

Upon receipt of such request, the ABD will initiate the appropriate procedural steps, but it should be understood that all special arrangements must be made and agreed upon in advance; special arrangements cannot be made at the time the examination is given.

Therefore, early notification of the need for special testing circumstances is encouraged.

Chemical Dependency or Substance Abuse

A candidate with a chemical dependency or substance abuse problem will not be permitted to take the examination unless he/she can submit evidence, which must be verifiable, that the disorder is being treated and is under control. Individuals with such problems or a history thereof must provide the necessary documentation at the time of application to take the examination. A confirmatory letter from a licensed physician within 1 month of the examination stating that the disorder no longer exists or is currently controlled is also necessary.

Certification

After meeting the above requirements and passing the examination, the candidate will be awarded a certificate that acknowledges that he/she has completed the required course of graduate study and clinical training, has met other specific standards and qualifications, and has passed the examination conducted by the Board. The candidate is then referred to as a diplomate of the American Board of Dermatology, Inc. The names of diplomates of the Board appear in *The Official ABMS Directory of Board Certified Medical Specialists*, published by Elsevier Science in cooperation with the American Board of Medical Specialties (ABMS). The certificate is issued for a 10-year period. Renewal is subject to completion of Maintenance of Certification requirements.

Each certificate is subject to revocation in the event that (a) the diplomate was not eligible to receive the certificate, whether or not the facts concerning ineligibility were known to the Board when the certificate was issued; (b) the diplomate has made any material misrepresentation or omission in the application for certification or in any other statement to the Board or has failed in timely fashion to supplement any response to any question on any application for certification or recertification with respect to criminal conduct, loss or suspension of a medical license, medical staff privileges, or medical society membership; (c) the diplomate is convicted of or pleads nolo contendere to a crime that, in the judgment of the Board, relates to the practice of medicine; (d) the diplomate is found to have engaged in conduct which, in the judgment of the Board, (i) reflects unethical activity relating to the practice of medicine, or (ii) casts significant doubt on the ability of the diplomate to practice medicine in the best interests of patients; or (e) the diplomate is found by the Board to have (i) engaged in irregular behavior in connection with the examination, (ii) had a license to practice medicine revoked or suspended, (iii) been expelled from a medical society for reasons other than nonpayment of dues or failure to attend meetings, (iv) has had medical staff privileges revoked or suspended for reasons relating to the practice of medicine, (v) taken other action reasonably deemed by the Board to be inconsistent with diplomate status, or (vi) willfully and materially violated any rule or policy of the Board.

Review of Adverse Decisions

The ABD recognizes a candidate's right of appeal following an adverse action at any stage of the certification process. Within the residency program, trainees must be accorded due process in compliance with provisions established by the parent institution and as stipulated in the *Essentials of Accredited Residencies in Graduate Medical Education* (July 1, 1982) of the ACGME.

Any candidate for certification (primary specialty or subspecialty) or recertification shall be given prompt written notice of any adverse decision by the Board. Such notice shall briefly state the reason for the adverse decision. It shall advise whether or not the

candidate has a right to appeal the decision and shall include a copy of this document.

A candidate found to have engaged in cheating or other irregular behavior in connection with an examination may appeal the Board's finding, any consequent invalidation of the candidate's examination, and any disbarment from future examinations. Such appeal must be received in the Board office within 30 days of mailing the notification of the finding by the Board.

A. Appealable Decisions

1. Request for Appeal

Any physician (a) whose credentials for eligibility to sit for an ABD examination have not been approved, or (b) who has been denied certification for a reason other than receipt of a failing grade on the examination, or (c) whose certification or recertification has been revoked, or (d) whose application for reinstatement has been denied, shall have a right to appeal the adverse decision by submitting a written request for appeal in compliance with this policy on Review of Adverse Decisions. Such request must contain a concise statement of why the physician believes that the adverse decision was improper, must include any supporting material that the physician wishes to have considered, and must be received in the Office of the Board within 30 days after the date of the Board's notice of an adverse decision. The request may also include a request for a hearing. If a proper request for appeal is not received within 30 days, the adverse decision shall constitute the final decision of the Board.

2. Review by Appeals Committee

Each proper and timely request for appeal will be reviewed by an Appeals Committee consisting of three individuals appointed by the President. No member of the Appeals Committee shall have participated in the adverse decision under review unless that decision was made by the full Board of Directors. The Appeals Committee, after reviewing the request for appeal, shall either (a) affirm, reverse, or modify the adverse decision or (b) grant a hearing if one has been requested and the Committee determines that a hearing might be useful.

If the Appeals Committee determines that a hearing might be useful, it shall schedule a hearing within 60 days after that determination. Not less than 30 days prior to the scheduled date of the hearing, the Appeals Committee shall notify the physician in writing of the date, time, and place of the hearing. The Appeals Committee, at its sole discretion, may determine whether legal counsel for the physician may be present at the hearing and the extent to which such counsel may participate.

The physician's written intent to appear at the hearing must be received in the Office of the Board not later than 14 days before the scheduled date of the hearing. A physician who chooses to appear shall be given the opportunity to make a statement summarizing his/her position. The Appeals Committee shall not be bound by technical rules of evidence usually employed in legal proceedings, but may consider any evidence it deems appropriate. A record of the proceedings shall be kept. A copy of the hearing record shall be made available to the physician upon payment of the cost of reproduction. All expenses incurred by the physician in connection with the hearing shall be borne by the physician.

Following the hearing, the Appeals Committee shall determine whether to affirm, reverse, or modify the adverse decision. The physician shall be promptly notified in writing of the action of the Appeals Committee and the reason for the action. The Committee's action in affirming, reversing, or modifying the adverse decision shall be subject only to ratification by the Board of Directors.

3. Review by the Board of Directors

The action of the Appeals Committee shall be reviewed no later than the next regularly scheduled meeting of the Board of Directors. The Board of Directors shall ratify the action of the Appeals Committee unless it finds that action to have been arbitrary, unreasonable, or not sustained by the record. The physician shall be promptly notified of the Board's decision. The decision of the Board of Directors shall constitute the final action of the Board on the matter.

B. Nonappealable Decisions

1. Decisions by Residency Program or Program Director

Decisions by a physician's residency program, program director, or sponsoring institution regarding credit for training or any other matter shall not be appealable to the Board. Any disagreement by a physician with such decisions should be communicated to the residency program, program director, or sponsoring institution. The Board will not second-guess judgments of these entities. However, the physician may contact the Board to determine what further steps, if any, may be available.

2. Decisions Based on Failure of the Certifying Examination

Adverse decisions based on a physician's receipt of a failing grade on an ABD examination shall not be appealable. Instead, the physician may, within 30 days after the mailing of the examination results, request rescoring of the examination by hand. Such request must be accompanied by payment of a fee of \$35. Upon receipt of a proper and timely request for rescoring, the Board shall have the examination rescored by hand. It shall communicate the rescored results to the physician promptly after receiving those results.

Reapplication After Revocation of Certification or Recertification

A physician whose certification or recertification has been revoked may apply for reinstatement as a diplomate when the physician believes that the circumstances underlying the Board's action have been satisfactorily resolved. The physician shall apply by providing a written statement setting forth in detail the changes in circumstances. The Board shall consider such statement and determine whether to reinstate the physician's certification or recertification. The physician shall be promptly notified of the Board's decision.

Maintenance of Certification/Recertification

The Board began issuing time-limited certificates, valid for 10 years, in 1991, and its process of voluntary recertification was approved by the ABMS in 1994. Recertification examinations were administered in 1999, 2001, 2003, and 2004.

The American Board of Medical Specialties (ABMS) has recently introduced the concept of Maintenance of Certification, a program of continuous professional development that is intended to replace the current process of recertification. Maintenance of certification is an ongoing process through which a diplomate's credentials, licensure, and professional standing are verified and his or her knowledge are evaluated. In the future, when reliable methods are available, practice performance will be evaluated as well. The maintenance of certification process is composed of four components:

1. Evidence of professional standing
2. Evidence of commitment to lifelong-learning and periodic self-assessment
3. Evidence of cognitive expertise
4. Evaluation of performance in practice

The ABD is committed to the gradual conversion of its current process of recertification to a process of maintenance of certification that is consistent with guidelines established by the ABMS and

with the distinctive nature and elements of the specialty of dermatology. In so doing, the Board will strive to plan and implement maintenance of certification as a fair and credible process that will withstand public and professional scrutiny, will be properly considerate of the concerns and responsibilities of its diplomates, and will preserve the high standards of the specialty of dermatology. As the various phases of the maintenance of certification process are being developed and put into place, diplomates will be informed in newsletters and other communications.

At present, the requirements for qualification for Components 1 (Evidence of Professional Standing) and 3 (Evidence of Cognitive Expertise) have been defined and are listed below. The resources of the American Academy of Dermatology and other dermatological organizations will be utilized to ensure adequate opportunities for diplomates to satisfy the requirements of Component 2 (Commitment to Lifelong-Learning and Periodic Self-Assessment). The implementation of Component 4 (Evaluation of Performance in Practice) must await the definition of appropriate standards and methods of assessment.

Component 1: Evidence of Professional Standing

- Valid time-limited or lifetime certification in dermatology from the ABD.
- Currently valid, full, and unrestricted license to practice medicine or osteopathy in the candidate's state or province of residence in the United States or Canada.
- Listing of other current or past state licenses.
- Past or present restrictions, modifications, or suspensions of any state license.
- Letter(s) verifying hospital privileges from the chief of the department/staff at each hospital where privileges are granted, if applicable.
- Letter(s) from local medical society, hospital chief of staff, personal physician, comparable professional society, or ABD-certified dermatologist attesting to the diplomate's moral and ethical character and lack of drug dependency.
- The diplomate should report any changes in professional standing, such as any incidence of expulsion or suspension from a medical society for reasons other than nonpayment of dues, loss of DEA license, and/or conviction for criminal conduct.

Component 2: Commitment to Lifelong Learning and Periodic Self-Assessment

- 90 hours of documented Category 1 CME credit are required in the 3 years preceding the date of the application for recertification but including also the first 3 months of the year of administration of the recertification examination. This CME should be acquired in educational programs that are related to dermatology, such as, but not limited to, those that would be approved by the AAD for its CME award.

Component 3: Cognitive Expertise

- Successful completion of an examination. The current examination is a clinically focused, take-home, open-book examination that is administered online annually.
- The examination is clinically focused and is tailored to the candidate's practice profile through selection of applicable examination modules. In addition to the required General Dermatology module, the candidate must select an elective module from one of the four listed below. In other words, the recertification examination consists of the successful completion of two modules (one required and one elective):
 1. General Dermatology (required)
 2. Medical Dermatology (elective)
 3. Dermatopathology (elective)
 4. Dermatologic Surgery (elective)
 5. Pediatric Dermatology (elective)

- Candidates may choose to take additional elective modules for self-assessment for an additional fee.
- The ABD will modify the recertification examination in the future as required in order to conform to the standards of the maintenance of certification process and to permit the equitable and effective evaluation of its diplomates.

Component 4: Evaluation of Practice Performance

- Implementation currently on hold (see above).
- Deadline for receipt of applications for the recertification examination is January 1.** Requests for applications should be directed to the office of the ABD. Applications may also be downloaded from the Board's Web site (www.abderm.org). **The examination will be available to approved candidates from May 2 to June 16, 2005.** Notification of performance on the examination and other pertinent related information will be mailed to the candidates approximately 8-10 weeks later. Diplomates with time-limited certificates may apply to take the recertification examination any year in which it is offered. However, for formal (official) completion of the recertification process, candidates must take either of the two recertification examinations that immediately precede the expiration of their time-limited certificate. In other words, a diplomate will only be granted a new 10-year certificate after passing the recertification examination in year 9 or 10 of his/her 10-year cycle.

Diplomates with lifetime certification may elect to pursue voluntary recertification in any year the examination is offered. Any questions or correspondence relating to the recertification process should be directed to the executive director of the ABD. Successful completion of the recertification process also provides diplomates with the equivalent of 3 years or 150 hours (90 hours of Category I) of continuing medical education, qualification for the CME Award of the AAD and for the Physician's Recognition Award (PRA) of the AMA. Eligibility for the 3-year AMA PRA certificate is contingent upon and reflects completion of completion of at least 90 hours of AMA PRA Category 1 education. Candidates are responsible for contacting the AAD or AMA for more information.

If the candidate does not successfully complete the recertification process prior to expiration of his/her time-limited certificate, he/she will remain eligible to participate in the recertification process but will cease to be Board-certified until the process is successfully completed and a new time-limited certificate is issued. If the candidate successfully completes the recertification process before expiration of his/her certificate, eg, in year 9 or 10 of the 10-year certificate, the new certificate will be issued for 10 years commencing January 1 of the year immediately following the expiration date of the prior certificate.

Should a diplomate with a time-limited certificate *not* be recertified by the end of the tenth year, the certificate will expire and the physician will lose diplomate status. Once the certificate has expired, the physician may not represent himself/herself to the profession or the public as being certified until successfully recertified by the ABD. The physician may reapply for a future recertification examination, but must meet all the criteria in effect at that time.

Diplomates who require a proctored recertification examination to satisfy state medical licensure requirements may elect to take the Part IIA portion of the certifying examination of the Board. Contact the Board office for further details.

Fees for Examination and Reexamination

The directors of the Board serve without compensation. Fees are based on the actual expenses incurred in administration of the Board office and related activities and on the costs of development

and administration of the Board examinations. For current applicable fees, contact the Board office or go to the Web site (www.abderm.org).

All fees are payable when the application for an examination is submitted and are applied to the first examination of that type given after approval of the application. Except as indicated below, or because of verifiable extenuating circumstances, there will be no refunds of any of these fees. Contact the Board office for the current fee schedule.

All checks are to be made payable to The American Board of Dermatology, Inc.

When a candidate's application for the certifying examination in dermatology or a subspecialty certification examination is disapproved, the Board retains an administrative fee of \$100 and will refund the balance to the candidate.

If a candidate withdraws within 10 days of the examination or fails to appear for the examination and does not provide verifiable evidence of extenuating circumstances that prevented him or her from appearing for the examination, the Board will retain the entire examination fee. On reapplying, such candidates will be required to again submit the examination fee in effect at the time of the application.

Candidates who fail the certifying examination in dermatology retain the right to *apply* to retake the examination in subsequent years. For further information concerning Board policy in effect and for the applicable examination fee, candidates are advised to write or call the Board office (313 874-1088). Candidates who *do not take* the certifying examination at the first opportunity after completion of their training are also advised to contact the Board office for clarification of Board policy and the examination fee if they intend to apply to take the certifying examination in any given year.

Publication

The ABD publishes a booklet of information, which may be obtained from the Board office or downloaded from the ABD Web site (www.abderm.org).

All correspondence should be sent to

Antoinette F Hood, MD
Executive Director
The American Board of Dermatology, Inc
Henry Ford Health System
One Ford Place
Detroit, MI 48202-3450

Subspecialty Certification

The ABD has established certification processes for the subspecialties of dermatopathology, clinical and laboratory dermatological immunology, and pediatric dermatology. These subspecialty certifications have been approved by the American Board of Medical Specialties and its 24 member boards. Surveillance and periodic reviews of the training programs are carried out by the respective RRCs, under the auspices of the ACGME, and/or by the ABD. Although all general dermatology residents receive comprehensive training in each of these subspecialties, candidates who pursue the additional year(s) of training in subspecialty fellowships will have met additional standards and qualifications that will prepare them for specialized careers in teaching, research, and/or the practice of these subspecialties. [Note: It is emphasized also that the additional year(s) of training in clinical and laboratory dermatological immunology and pediatric dermatology must be taken after the candidate has met the full training requirements for certification in the primary specialty of dermatology. Similarly, the additional year(s) of training in dermatopathology must be taken after the

candidate has met the full training requirements for certification in the primary specialty of dermatology or pathology.]

In 2003, a 1-year PGY-5 level fellowship program in procedural dermatology achieved accreditation status by the ACGME. Procedural dermatology includes dermatologic surgery which may be learned in an ACGME-accredited dermatology residency training program. This fellowship program builds on the experience of a dermatology resident and provides surgical training beyond the scope which is expected in a dermatology residency training program (PGY-2 to PGY-4). At the present time, a certification examination in procedural dermatology has not been developed.

Certification in Dermatopathology

Subspecialty certification in Dermatopathology is a joint and equal function of the ABD and the American Board of Pathology (ABP). Such function will relate to qualifications of candidates, standards of examination, and the form of the certificate.

All candidates applying to sit for this certifying examination must hold a currently valid, full, and unrestricted license to practice medicine or osteopathy in either the United States or Canada. The candidate may be denied certification if his/her licensure has been revoked, suspended, restricted, or surrendered in any jurisdiction, or if the candidate is subject to adverse licensure proceedings.

All candidates for this certification must satisfy the following requirements:

Prerequisites

1. Primary certification by both the ABD and the ABP (anatomic pathology or anatomic and clinical pathology).
2. Primary certification by either the ABD or the ABP (anatomic pathology or anatomic and clinical pathology) and the satisfactory completion of 1 year of training in dermatopathology in a program accredited for such training (see below) by the ACGME. This additional training must be taken after the candidate has met the full training requirements for certification in dermatology or pathology. The dermatologist applicant must spend one-half of the required training time in pathology. The pathologist applicant must spend one-half of the required training time in clinical dermatology.

Training

Accredited institutional training programs in dermatopathology are an equal and joint function of the departments of dermatology and pathology of that institution. Training programs in dermatopathology are reviewed and accredited by the Residency Review Subcommittee for Dermatopathology, which includes three members from the RRC for Dermatology and three members from the RRC for Pathology. Upon recommendation by this subcommittee, training programs in dermatopathology are accredited by conjoint action of the RRCs for Dermatology and Pathology acting with authority delegated by the ACGME. Information concerning accredited dermatopathology training programs may be found in this *Directory*.

Examination: Deadline for Application and Date of Examination

Candidates who have satisfied the above requirements are eligible to apply to the Board to take the examination for subspecialty certification in dermatopathology, which is a comprehensive assessment of the candidates' knowledge of dermatopathology, including the related basic sciences, and laboratory and clinical areas pertaining to this discipline.

Candidates planning to take the subspecialty certification examination should request an application from the office of the executive director of the ABD. The deadline for receipt of applications is May 1 of the year in which the candidate plans to take the

examination. In 2005, the examination will be held on Thursday, September 15, in Tampa, Florida.

Pediatric Dermatology Subspecialty Certification

All candidates for subspecialty certification in pediatric dermatology must meet the following requirements:

A. Prerequisites

1. Possession of a medical degree or its equivalent, and a currently valid, full, and unrestricted license to practice medicine or osteopathy in either the United States or Canada. The candidate may be denied certification if his/her licensure has been revoked, suspended, restricted, or surrendered in any jurisdiction, or if the candidate is subject to adverse licensure proceedings.
2. Primary certification in dermatology by the ABD.

B. Education, Training, Experience

Additional specific education and training or experience that must be completed:

1. One or more years of ACGME-accredited residency training in pediatrics followed by the requisite training and certification in dermatology and 1 additional year of fellowship training in pediatric dermatology;
or
2. An ACGME-accredited transitional year or an ACGME-accredited broad-based year of residency training in internal medicine, family practice, obstetrics and gynecology, general surgery, or emergency medicine, followed by the requisite training and certification in dermatology. This track also requires the completion of a final 2 additional years of fellowship training in pediatric dermatology;
or
3. Special interest, experience, and expertise in pediatric dermatology for at least 5 years. This pathway will be open for only 5 years, commencing with the year of the first certifying examination (2004) in this subspecialty.

In the initial phase of certification in this subspecialty, qualified practicing physicians will be eligible for subspecialty certification with a minimum of 5 years of clinical practice in which pediatric dermatology comprises at least 50% of the total practice. Publications and invited lectures in pediatric dermatology may also be submitted as documentation of special expertise. Individuals intending to sit for the certification examination along this pathway would be approved on a case-by-case basis upon application to the ABD. Candidates who trained in pediatric dermatology fellowships prior to the development of approved fellowship training programs would be permitted to sit for the certification examination after approval on a case-by-case basis upon application to the ABD.

The ABD wishes to emphasize that in the pathway described under (B2), sufficient education and experience in pediatrics (equivalent to 6 months of residency training in pediatrics) will be required during the pediatric dermatology fellowship. The entire curriculum outline for subspecialty training in pediatric dermatology is available on the ABD Web site (www.abderm.org).

C. Examination – Date of Examination

Candidates who have satisfied the above requirements are eligible to apply to the Board to take the subspecialty certification examination in pediatric dermatology. The deadline for receipt of applications is April 1 of the year in which the candidate plans to take the examination. *The next examination will be administered in 2006.*

D. Appeals Process

An appeals procedure similar to that described for the certification process in dermatology ("Review of Adverse Decisions") is available

for candidates for subspecialty certification in pediatric dermatology who were declared ineligible by the Board for pediatric dermatology or who failed the subspecialty examination. Candidates submitting such appeals should contact the Board for additional current information.

Clinical and Laboratory Dermatological Immunology Subspecialty Certification

The requirements for subspecialty certification in clinical and laboratory dermatological immunology are as follows:

A. Prerequisites

1. A currently valid, full, and unrestricted license to practice medicine or osteopathy in either the United States or Canada. The candidate may be denied certification if his/her licensure has been revoked, suspended, restricted, or surrendered in any jurisdiction, or if the candidate is subject to adverse licensure proceedings.
2. Primary certification by the ABD and the satisfactory completion of at least 1 year of training in an accredited fellowship in clinical and laboratory dermatological immunology.

B. Training

Information concerning accredited training programs in clinical and laboratory dermatological immunology is available from the office of the ABD. As stated above, a minimum of 1 year of full-time training in a clinical and laboratory dermatological immunology training program is required of all candidates. A preliminary registration form must be filed with the Board by each trainee.

C. Examination

Candidates who have satisfied the above requirements are eligible to apply to the Board to take the subspecialty certification examination in clinical and laboratory dermatological immunology.

D. Appeals Process

An appeals procedure similar to that described for the certification process in dermatology ("Review of Adverse Decisions") is available for candidates for subspecialty certification in clinical and laboratory dermatological immunology who were declared ineligible by the Board for clinical and laboratory dermatological immunology or who failed the subspecialty examination. Candidates submitting such appeals should contact the Board for additional current information.

American Board of Emergency Medicine

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Anne L Harvey, PhD, Certification and Research Director

(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Emergency Medicine [ABEM] to ascertain whether the information below is current.)

Requirements for Certification in Emergency Medicine

An applicant must satisfy all credential requirements at the time the application is submitted. Requirements fulfilled after the date of application will not be considered.

The applicant must have graduated from a medical school approved by the Liaison Committee on Medical Education.

1. Graduates of approved schools of osteopathic medicine in the United States are considered when they have satisfactorily met the credential requirements as outlined.
2. An applicant graduating from a medical school other than one in the United States, its territories, or Canada must provide the Board with a verified and translated diploma.

It is the policy of ABEM that applicants, candidates, diplomates, and former diplomates participating in the Emergency Medicine Continuous Certification (EMCC) process must hold a current, active, valid, unrestricted, and unqualified license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada, and in each jurisdiction in which they practice. Every license an applicant, candidate, diplomate, or former diplomate participating in the EMCC process holds must continuously fulfill these criteria.

The applicant must have successfully completed a total of 36 months of postmedical school training, under the control of an accredited emergency medicine residency program. Emergency medicine programs must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada for Canadian programs.

If the emergency medicine residency training program is structured so that it exceeds the length of training specified above, the resident must successfully complete the requirements of his/her residency program to apply under the emergency medicine residency category of application.

[*Note:* For residents who began their emergency medicine training prior to July 1, 1987, the candidate must have successfully completed a total of 36 months of postmedical school training, at least 24 months of which were under the control of an accredited emergency medicine residency program at the PGY2 level and above.]

The applicant must submit evidence of 50 hours of continuing medical education in emergency medicine annually, acceptable to the Board, starting 1 year from the date of graduation from the emergency medicine residency program and continuing until the date of application. If a resident applies to the Board within 1 year of graduation, no continuing medical education is required.

Combined Training Programs

A special agreement exists between the ABEM and the American Board of Pediatrics whereby an applicant may fulfill the training requirements of both Boards by completing joint training in 5 years. Training programs must be approved prospectively by both Boards. Guidelines for combined training have been approved by both Boards and are available from either Board office. Applicants may not appear for the certifying examination until all training has been satisfactorily completed.

A special agreement exists between the ABEM and the American Board of Internal Medicine whereby an applicant may fulfill the training requirements of both Boards by completing joint training in 5 years. Training programs must be approved prospectively by both Boards. Guidelines for combined training have been approved by both Boards and are available from either Board office. Applicants may not appear for the certifying examination until all training has been satisfactorily completed.

The American Board of Internal Medicine and the ABEM have approved guidelines for 6-year training that, upon completion, will provide physicians the option for certification in internal medicine, emergency medicine, and critical care medicine. These guidelines, approved by both boards in February 1999, are applicable to ACGME-accredited programs and residents entering training in July 1999 and after. The guidelines are available from both Board offices. Applicants may not appear for the certifying examination until all training has been satisfactorily completed.

Applications

Applications are distributed in the spring of each year (mid April) and are available from the Board office. Applications are accepted from April 15 through July 31 of each year. A mailing list is maintained throughout the year for requests received during times when applications are not available.

A nonrefundable processing fee must accompany the application at the time it is submitted.

Applicants wishing to be considered for examination must submit a fully completed application form to the Board. The Board will not be responsible for any opinion expressed concerning the individual's credentials for the examination unless it is in writing and over the signature of the president or secretary of the Board.

Examination Information

The certification examination in emergency medicine is composed of two parts, a written examination and an oral examination.

The written certification examination is a 6.5-hour comprehensive examination that is administered once a year. It includes approximately 335 single-best-answer, multiple-choice test items. Approximately 10% to 15% of the items have a pictorial stimulus.

The oral certification examination is administered twice a year. It includes five simulated patient encounters, each involving one patient, and two simulated situation encounters, each involving more than one patient.

A candidate must successfully complete the fall written examination to be scheduled for either the spring or fall oral examination the following year.

Examination fees are due upon assignment to an examination administration.

Certification

All candidates who successfully complete both the written and the oral certification examinations shall be known as diplomates of the ABEM. Diplomates receive an appropriate certificate, which shall remain the property of ABEM. Certification is for a period of 10 years.

Any certificate issued by the Board shall be subject to revocation at any time, should the Board determine, in its sole judgment, that a candidate who has received a certificate was in some respect not properly qualified to receive or retain it.

Emergency Medicine Continuous Certification

Emergency Medicine Continuous Certification (EMCC) began in 2004.

All diplomates who want to maintain their certification with ABEM beyond the current expiration date must participate fully in the EMCC program.

A full description of EMCC, including details of diplomates' participation requirements, is available on the ABEM Web site at www.abem.org. Questions should be directed to the ABEM office.

American Board of Family Medicine

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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Family Medicine [ABFM] to ascertain whether the information below is current.)

ABFM Official Definition of Family Medicine

Family medicine is the medical specialty which is concerned with the total health care of the individual and the family. It is the specialty in breadth which integrates the biological, clinical, and behavioral sciences. The scope of family medicine is not limited by age, sex, organ system, or disease entity.

Board Eligibility

The ABFM does not recognize or use the term "board eligible" and does not issue statements concerning "board eligibility." The Board informs an applicant of admissibility to an examination to be given on a specified date after a formal application has been reviewed and approved.

Certification Process

The ABFM administers the certification and recertification examinations in various centers throughout the United States on multiple dates in July-August. A second administration is offered in December with limited eligibility. The ABFM certification and recertifi-

cation examinations are computerized tests of cognitive knowledge and problem-solving abilities relevant to family medicine. Appropriate subject areas of the following disciplines are included: adult medicine; care of neonates, infants, children, and adolescents; care of the surgical patient; maternity and gynecologic care; human behavior and mental health; emergent and urgent care; community medicine; and care of the older patient. Elements of the examination include but are not limited to diagnosis, management, and prevention of disease. The Board makes every effort to be as prompt as possible in notifying candidates of their examination results, and notification may be expected within 4 to 6 weeks following the examination.

Eligibility

All candidates for the American Board of Family Medicine Certification Examination must have satisfactorily completed 3 years of training (a full 36 calendar months with 12 months in each of the G1, G2, and G3 years) in a family medicine residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) subsequent to receipt of the MD or DO degree from an accredited institution and, when applicable; a Fifth Pathway year, or receipt of a Standard Certificate from the Educational Commission for Foreign Medical Graduates (ECFMG), or compliance with other ACGME requirements for entry into graduate medical training in the United States. If a physician does not meet the eligibility requirements of the ACGME for residency training in family medicine, his/her training will not be recognized by the Board.

Candidates who obtained their MD degree from medical schools in the United States or Canada must have attended a school accredited by the Liaison Committee on Medical Education or the Committee for Accreditation of Canadian Medical Schools. Candidates who obtained a DO degree must have graduated from a college of osteopathic medicine accredited by the American Osteopathic Association (AOA). All applicants for the Certification Examination are subject to the approval of the Board, and the final decision regarding any applications rests solely with the ABFM. No candidate will be allowed to take the examination until all fees are paid and all requirements have been satisfactorily met.

The Board prefers all 3 years of postgraduate training to be in the same ACGME-accredited family medicine program; however, other training may be considered as equivalent (eg, Flexible/Transitional year, AOA Osteopathic Internship, etc). In these cases, and for physicians who have had international training, each individual's training will be evaluated by the Board. Program directors are responsible for notifying the Board prior to the entry of the transferring resident. If a Program director fails to comply, the Board will determine the amount of transfer credit at the time of its discovery of the transfer. Consequently, the resident may receive less credit toward certification than anticipated and may be required to extend the duration of training.

The last 2 years of family medicine residency training must be completed in the same accredited program. Transfers after the beginning of the G2 year are approved only in extraordinary circumstances.

Verification of satisfactory completion of residency training must be stated in writing by the program director. All applicants for the certification examination are subject to the approval of the Board, and the final decision regarding any application rests solely with the ABFM.

All candidates' education and training experiences are subject to review and approval by the ABFM. Any variance from the above must have prior written approval of the Board. No credit may be given for any previous training as equivalent to family medicine training without the written approval of the Board.

Candidates must complete all training requirements of the Board no later than June 30 of the year of the examination. On-line applications are made available to the residents. Complete written documentation from the program director that the resident has, or is expected to have, satisfactorily completed the residency must be received by the Board by June 30. Any such documentation that is received beyond June 30 will result in the candidate being deferred to the following year's examination off-cycle residents who complete their training must contact the Board for an application.

Continuing Medical Education (CME)

Candidates who apply for the Certification Examination within 3 years of completion of an ACGME-accredited family medicine residency are not required to document any continuing medical education. Candidates who apply after the 3-year period must provide documentation of 50 hours of CME for each subsequent year. A form for documentation of CME and an explanation of the types of CME acceptable to the Board will be provided with the application for those candidates applying after the 3-year period.

Licensure Requirements

All candidates must hold a currently valid, full, and unrestricted license to practice medicine in the United States or Canada. Furthermore, every license to practice medicine held by the candidate in any state or territory of the United States or province of Canada must be currently valid, full, and unrestricted, whether or not the candidate in effect practices in such state, territory, or province. Candidates shall be required to maintain a full and unrestricted medical license in the United States or Canada even if they are out of the country for extended periods of time. Any adverse action by a state licensing agency, agreement between a licensing agency and a physician, or voluntary action by a physician that revokes, restricts, or suspends the physician's medical license is a violation of ABFM policy.

Any candidate whose license to practice medicine has been revoked, suspended, or restricted in *any* state or territory of the United States or province of Canada shall be ineligible for certification until such time as the encumbered license is reinstated in full. Should a license be revoked, restricted, or suspended following the submission of an application for certification but prior to the notification of examination results, the application and certification will be simultaneously invalidated.

It is the responsibility of the candidate to inform the Board immediately upon a change in licensure status. If the candidate fails to notify the Board of any suspension, revocation, restriction, or probation within 60 days after the effective date, he/she shall be ineligible to seek certification for up to 1 year following the reinstatement of full and unrestricted licensure. Candidates should be aware that the ABFM receives periodic *Disciplinary Action Reports* from the American Medical Association of actions by states against medical licenses.

In cases where a physician has changed his or her residency deliberately to avoid prosecution, loss of license, or disciplinary action by a state licensing agency, the Board reserves the right to revoke or suspend diplomate status, and/or prohibit application for certification.

An opportunity for certification will be denied to any physician otherwise eligible who has been involved in the fraudulent misrepresentation of certification by the ABFM. Eligibility to make application for certification will be denied to the offending party for a period not to exceed 6 years from the date of discovery of the offense. In the event the individual appeals or otherwise challenges the declaration of ineligibility, the 6-year period shall be postponed until the action of the Board is determined to be final and

enforceable. Questions about licensure should be presented to the Board in writing.

Osteopathic Physicians

Physicians who have graduated from an American Osteopathic Association (AOA)-approved school of osteopathic medicine in the United States may qualify for certification if they meet all the same requirements as specified for allopathic medical school graduates. They may apply to ACGME-accredited family medicine programs for entry into the first year (G1). Osteopathic physicians who have documented satisfactory completion of an AOA-approved internship (G1) year may receive credit for that portion of the G1 year which meets the American Board of Family Medicine guidelines for Advanced-Level Entry or Interprogram Transfers.

All candidates (MD or DO) must satisfactorily complete at least 36 calendar months of accredited graduate medical education. Only the G1 year may be fulfilled by an AOA-approved internship year. The training beyond the G1 year must be completed in continuity in an ACGME-accredited family medicine residency program.

Reciprocity Agreements

The American Board of Family Medicine has reciprocity agreements with the College of Family Physicians of Canada, the Royal New Zealand College of General Practitioners, and the Royal Australian College of General Practitioners. Diplomates of the ABFM may be eligible to seek certification by these colleges. Members in good standing of these colleges (and the Royal College of General Practitioners of Great Britain) who meet all of the other requirements of the ABFM and reside in the United States may be eligible to take the Certification Examination. Eligibility to sit for the American Board of Family Medicine Certification Examination through reciprocity is available only to physicians who have satisfactorily completed formal family medicine training accredited by a nationally recognized accrediting organization within the country in which they are certified. Effective August 2000, diplomates of the American Board of Family Medicine are no longer eligible to seek certification by the Royal College of General Practitioners of Great Britain.

Canadian Applicants

The following two options are available:

1. Physicians who have satisfactorily completed 2 years of training in a family medicine residency program accredited by the College of Family Physicians of Canada may apply for certification by the ABFM upon the successful completion of a third year of accredited family medicine residency. The third year of training must be satisfactorily completed in an ACGME-accredited family medicine program or, if taken in Canada, must be approved by the College of Family Physicians of Canada. The third year must have prior approval of the American Board of Family Medicine and bring the total residency experience into compliance with the ACGME Program Requirements for Residency Education in Family Medicine. The request must be accompanied by documentation of satisfactory performance of the first 2 years of training (including a description of the curriculum) signed by the program director.
2. Physicians who have passed the College of Family Physicians of Canada Certification Examination in Family Medicine may apply to sit for the American Board of Family Medicine Certification Examination, if they:
 - are members in good standing of the College of Family Physicians of Canada;
 - have completed postgraduate residency training in family medicine accredited by the College of Family Physicians of Canada;

- have been residents of the United States for at least 6 months;
- hold a valid and unrestricted license to practice medicine in the United States; and
- are actively involved in family medicine in the United States.

Registrants of the Royal College of General Practitioners (Great Britain)

Physicians who have been certified by the Royal College of General Practitioners by examination may apply to sit for the American Board of Family Medicine Certification Examination if they:

- are members in good standing of the Royal College of General Practitioners;
- possess a Certificate of Prescribed/Equivalent Experience issued by the Joint Committee on Postgraduate Training for General Practice;
- reside in the United States;
- hold a valid and unrestricted license to practice medicine in the United States; and
- are actively involved in family medicine in the United States.

Members of the Royal New Zealand College of General Practitioners

Physicians who are members of the Royal New Zealand College of General Practitioners may apply to sit for the American Board of Family Medicine Certification Examination if they:

- are members in good standing of the Royal New Zealand College of General Practitioners;
- have completed the General Practice Vocational Training Program;
- reside in the United States;
- hold a valid and unrestricted license to practice medicine in the United States; and
- are actively involved in family medicine in the United States.

Fellows of the Royal Australian College of General Practitioners

Physicians who are fellows of the Royal Australian College of General Practitioners may apply to sit for the American Board of Family Medicine Certification Examination if they:

- are members in good standing of the Royal Australian College of General Practitioners;
- have completed the Royal Australian College of General Practice Training Program;
- reside in the United States;
- hold a valid and unrestricted license to practice medicine in the United States; and
- are actively involved in family medicine in the United States.

Recertification Process

The American Board of Family Medicine confers diplomate status for the 7-year period specified on the certificate. In order to maintain diplomate status, the physician must be recertified before the certificate expires. Although the certificate is dated for 7 years, the Board offers the recertification process electively on a 6-year cycle. This allows a reserve year for those diplomates who for some reason are unable to participate in the sixth year, or in cases where the diplomate fails to receive a satisfactory score in the sixth year. For diplomates who participate in the recertification process during the sixth year and pass, the new certificate of 7 years' duration is dated from the time of that examination.

Should a diplomate not be recertified by the end of the seventh year, the certificate will expire and the physician will lose diplomate status. Once the certificate has expired, the physician may not represent himself/herself to the profession or the public as being certified unless and until successfully recertified by the American Board of Family Medicine. The physician may reapply for

a future recertification examination, but must meet all criteria in effect at that time.

Requirements for Recertification

- A. Submission of a formal online application.
 - B. Documentation of 300 hours of approvable continuing medical education.
 - C. Submission of statement of acknowledgment and compliance with Board policy regarding medical licensure.
 - D. Satisfactory performance on the written test of cognitive knowledge.
- Diplomates will be given advance notice of any changes in the recertification requirements.

Reexamination

Candidates who fail the examination may apply for admission to the December examination or to the next annual examination. There is no limit to the number of times a qualified candidate may take the examination when it is offered, provided the qualifications are met with each reapplication. In addition to valid and unrestricted licensure status, 50 hours per year of CME since the last application are required for reexamination. Full fees are charged for each examination.

Maintenance of Certification for Family Physicians (MC-FP)

The Maintenance of Certification Program for Family Physicians (MC-FP) began in 2004 for those diplomates of the American Board of Family Medicine who certified or recertified in 2003. All other diplomates will continue with the current recertification process until they successfully complete the Recertification Examination and will then enter MC-FP. All diplomates are expected to be in the MC-FP program by 2010.

The MC-FP process is composed of four parts: Part I: Professionalism, Part II, Lifelong Learning; Part III, Cognitive Expertise, and Part IV: Performance in Practice.

The requirements for MC-FP include:

- Part I (Professionalism): The diplomate must show evidence of a full and unrestricted license to practice medicine in the US or Canada;
- Part II (Lifelong Learning): The diplomate must successfully complete one Self Assessment Module (SAM) composed of an online, 60-question assessment and patient simulation on a specific topic each year for 6 years
- Part III (Cognitive Expertise): The diplomate must successfully complete a cognitive examination
- Part IV (Performance in Practice): One Performance in Practice Module (PPM) must be completed during the 7-year MC-FP cycle. This module utilizes a Web-based instrument that assists diplomates with a mini-audit focusing on quality indicators for a specific disease entity, the development of a quality improvement plan, and a repeat audit to measure their improvement.

Certificates of Added Qualifications (CAQs)

The American Board of Family Medicine currently offers Certificates of Added Qualifications (CAQs) in Geriatrics, Sports Medicine, and Adolescent Medicine. These CAQs are offered in conjunction with other medical boards. Successful CAQ candidates will be awarded the ABFM Certificate of Added Qualifications. The certificate will be valid for 10 years, at which time recertification is required for renewal of the certificate.

If for any reason *primary* certification in family medicine is lost (eg, expiration, revocation, etc), the certificate of added qualification will be simultaneously withdrawn. With restoration of the

primary certificate, the CAQ will be reinstated for any remaining period of time on the CAQ certificate.

Questions or comments about the CAQ may be addressed to ABFA staff at 888 995-5700, extension 300.

Geriatric Medicine

In a joint venture, the American Board of Family Medicine and the American Board of Internal Medicine offer a Certificate of Added Qualifications in Geriatric Medicine. The "added certificate" is designed to recognize excellence among those diplomates who provide care to the elderly. Geriatric Medicine Examinations are given annually. Announcements will be made in the *Journal of the American Board of Family Medicine* and on the ABFM Web page concerning exact dates and the application process.

Certification Requirements

1. Family physicians must be certified by the American Board of Family Medicine and must be diplomates in good standing at the time of the examination.
2. The diplomate must hold a currently valid, full, and unrestricted license to practice medicine in the United States or Canada.
3. Diplomates may qualify by satisfactory completion of an ACGME-accredited fellowship training program in geriatric medicine.
4. Diplomates must achieve a satisfactory score on the 1-day Geriatric Medicine Examination.

Recertification Requirements

The recertification process for the geriatric medicine certificate is completed over a 2-year period. It may begin in the eighth year of the 10-year certificate and includes the following requirements:

1. current primary certification in family medicine at the time of the examination;
2. completion of a geriatric medicine recertification preapplication form and submission of a self-evaluation fee;
3. completion of three Self-Evaluation Process (SEP) modules. The SEP modules are at-home, open book examinations of 60 questions each. All candidates must complete three modules to be eligible to sit for the examination. The SEP modules will be scored and incorrect answers will be identified. No references to the literature will be given with the score report. Should a candidate be unsuccessful on any of the SEP modules, the candidate will be required to repeat the particular module until successful;
4. completion of a formal geriatric medicine examination application form and submission of an examination fee;
5. verification that all licenses held in the United States and Canada are currently valid, full, and unrestricted; and,
6. successful completion of a half-day written examination.

Sports Medicine

The American Board of Family Medicine offers certification in sports medicine. The Certificate of Added Qualifications in Sports Medicine is offered annually in conjunction with the American Board of Emergency Medicine, the American Board of Internal Medicine, and the American Board of Pediatrics.

Certification Requirements

1. Family physicians must be certified by the American Board of Family Medicine and must be diplomates in good standing at the time of the examination.
2. The diplomate must hold a currently valid, full, and unrestricted license to practice medicine in the United States or Canada.
3. Family physicians must have satisfactorily completed, or will have completed by June 30 of the examination year, a minimum of 1 year in an ACGME-accredited sports medicine fellowship

program associated with an ACGME-accredited residency in family medicine, emergency medicine, internal medicine, or pediatrics.

4. Diplomates must achieve a satisfactory score on a half-day written examination.

Recertification Requirements

All candidates for recertification must provide documentation which indicates that the immediate past 5 years of their practice consisted of at least 20% professional time devoted to sports medicine, defined as one or more of the following:

1. Field supervision of athletes
2. Emergency assessment and care of acutely injured athletes
3. Diagnosis, treatment, management, and disposition of common sports injuries and illness
4. Management of medical problems in the athlete
5. Rehabilitation of ill and injured athletes
6. Exercise as treatment

A completed Verification of Medical Practice Form, available upon request from the American Board of Family Medicine, must be submitted. This form should be completed by a person in a position such as a coach, high school or college administrator, hospital director, county medical society administrator, or other practitioner who is knowledgeable of the candidate's practice.

Adolescent Medicine

The American Board of Family Medicine offers certification in adolescent medicine. The Certificate of Added Qualifications in Adolescent Medicine will be offered biennially in odd-numbered years in conjunction with the American Board of Pediatrics and the American Board of Internal Medicine.

Certification Requirements

1. Family physicians must be certified by the American Board of Family Medicine and must be diplomates in good standing at the time of the examination.
2. The diplomate must hold a currently valid, full, and unrestricted license to practice medicine in the United States or Canada.
3. Diplomates may apply through one of the plans described below.
4. Diplomates must achieve a satisfactory score on a half-day written examination.

Qualifying Plans for Adolescent Medicine CAQ

Plans II-A, II-B, and III will be available through the 2005 examination only. Currently exams are scheduled for 2003 and 2005. Candidates applying after the 2005 examination must have completed 2 years of approved full-time fellowship training in adolescent medicine. The approval of fellowships not accredited by the ACGME will be the responsibility of the ABFM until such time as accreditation of adolescent medicine fellowships is established by the Residency Review Committee. Adolescent medicine fellowships in pediatrics or internal medicine commencing on or after July 1, 2000, must be accredited by the ACGME.

Plan I—Adolescent Medicine Fellowship Training

A candidate must have completed a minimum of 2 years in an adolescent medicine fellowship program approved by the ACGME or by the American Board of Family Medicine until such time as accreditation of all programs is established by the Residency Review Committee. A Verification of Fellowship Training Form must be completed by the program director. No credit will be given for fellowship training and/or practice experience in adolescent medicine obtained during the core family medicine residency. All training must be completed by September 30, 2001, in order to qualify for the 2001 examination.

Plans II-A and II-B—Partial Adolescent Medicine Fellowship and Practice Route

Candidates may qualify by documenting a combination of approved adolescent medicine fellowship training and practice experience (a minimum of 25% of professional time devoted to the care of adolescents) equal to 5 years as outlined in the two plans listed below. For Plans II-A, II-B, and III, a Verification of Medical Practice Form (provided with the application) must be completed by the chief of family medicine at the hospital or outpatient setting where the applicant practices. Also, for plans I, II-A, and II-B a Verification of Fellowship Training Form (provided with the application) must be completed by the fellowship program director.

II-A—This plan is intended for those physicians who have completed less than 12 months of fellowship training in adolescent medicine acceptable to the ABFM. Following ABFM approval, practice credit will be awarded on a month-for-month basis. For example, a 10-month fellowship would be credited as 10 months of experience; this, added to 4 years and 2 months of adolescent medicine experience (a minimum of 25% of professional time devoted to the care of adolescents), would total 60 months or 5 years.

II-B—This plan is intended for those physicians who have completed 12–23 months of fellowship training in adolescent medicine acceptable to the ABFM. Following ABFM approval, practice credit will be awarded on a two-for-one basis. For example, a 19-month fellowship would be credited as 38 months of experience; this, added to 1 year and 10 months of adolescent medicine experience (a minimum of 25% of professional time devoted to the care of adolescents), would total 60 months or 5 years.

Plan III—Practice Route

Five years of practice experience with substantial portions (a minimum of 25% of professional time devoted to the care of adolescents) is required. A Verification of Medical Practice Form (provided with the application) must be completed by the chief of family medicine at the hospital or outpatient setting where the applicant practices.

Revocation of Diplomate Status

Authority to Revoke Certification

The Board of Directors of the American Board of Family Medicine shall have sole power and authority to determine whether or not the evidence or information before it is sufficient to constitute grounds for revocation of any certificate issued by the Board. The Board of Directors may, however, at its discretion, require any person so certified to appear before the Board of Directors, upon not less than 30 days' written notice by registered mail, and to show cause, at the time and place specified in such notice, why the certificate should not be revoked. The failure of any person so notified to appear as required in such notice shall, at the discretion of the Board of Directors, constitute cause for revocation of the certificate. The decision of the Board of Directors in all such matters shall be final.

Misrepresentations by the Candidate

Each certificate issued by the Board of Directors shall be subject to revocation in any of the following circumstances:

1. The issuance of such certificate or its receipt by the person so certified shall have been contrary to, or in violation of, any provision of the Articles of Incorporation of the American Board of Family Medicine, Inc, or of the Bylaws of the American Board of Family Medicine.
2. The person so certified shall not have been eligible to receive such certificate, irrespective of whether or not the facts constituting such ineligibility were known to, or could have been ascertained by, the Directors of the Corporation or its representatives.

3. The person so certified shall have made a misstatement of fact in the application for such certificate or in any other statement or representation to the Board or its representatives.
4. The person so certified shall at any time have neglected to maintain the degree of competency in the field of family medicine as established by the Board.
5. The person so certified has fraudulently altered, copied, or changed a certificate of the American Board of Family Medicine, or has fraudulently presented, or allowed to be presented on behalf of the individual, an altered, copied or changed certificate of the Board. In such cases, the Board reserves the right to revoke, suspend, and/or prohibit subsequent certification of the offending party for a period not to exceed 6 years from the date of discovery of the offense. In the event the individual appeals or otherwise challenges the suspension, the 6-year period shall be postponed until the action of the Board is determined to be final and enforceable.

Licensure Status

A diplomate of the American Board of Family Medicine is required to hold a currently valid, full, and unrestricted license to practice medicine in the United States or Canada. Furthermore, every license to practice medicine held by a diplomate in any state or territory of the United States or province of Canada must be currently valid, full, and unrestricted, whether or not the diplomate in effect practices in such state, territory, or province. Diplomates shall be required to retain a full and unrestricted medical license in the United States or Canada even if they are out of the country for extended periods of time. Failure to retain a license will result in loss of diplomate status and will result in loss of the ability to make application for certification, recertification, or other examinations offered by the Board.

In the event a diplomate's license to practice in *any* state or territory of the United States or province of Canada is revoked, restricted, or suspended, the diplomate's certificate is simultaneously rescinded at the time of the licensure revocation, restriction, or suspension. The physician must advise the American Board of Family Medicine within 60 days and cease immediately identifying himself/herself in any way directly or indirectly as a diplomate of the American Board of Family Medicine. If the physician fails to notify the American Board of Family Medicine of any revocation, restriction, or suspension within 60 days after the effective date, he/she shall be ineligible to seek reinstatement of diplomate status for up to 1 year following the reinstatement of full and unrestricted licensure. Candidates for recertification and diplomates of the ABFM should be aware that the ABFM receives periodic *Disciplinary Action Reports* from the American Medical Association of actions by states against medical licenses.

Any adverse action by a state licensing agency, agreement between a licensing agency and a physician, or voluntary action by a physician, that revokes, restricts, or suspends the physician's medical license is a violation of ABFM policy. In cases where a physician has changed his or her residence deliberately to avoid prosecution, loss of license, or disciplinary action by a state licensing agency, the Board reserves the right to revoke or suspend diplomate status and/or prohibit application for certification. Questions about licensure should be presented to the Board in writing.

If and when the physician's revoked, restricted, or suspended license is reinstated in full (with no restrictions) and official written documentation of reinstatement is provided, the ABFM will honor the remainder of the current certificate and the diplomate will not be required to be reexamined. If the current certificate has expired prior to the reinstatement of the license, the physician may make application for the next annual examination. Successful compliance

with all application requirements in effect at that time will be expected.

Applications and Additional Information

Applications and additional information may be obtained by writing to:

James C Puffer, MD, Executive Director
 American Board of Family Medicine
 2228 Young Dr
 Lexington, KY 40505-4294

American Board of Internal Medicine

510 Walnut St, Ste 1700
Philadelphia, PA 19106-3699
800 441-ABIM (2246), Ext 3593
215 446-3500
215 446-3590 Fax
E-mail: request@abim.org
www.abim.org

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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Internal Medicine [ABIM] to ascertain whether the information below is current.)

Preface

The Board's decision about a candidate's eligibility for certification is determined by the policies and procedures described in this document. This edition of policies and procedures supersedes all previous publications. The Board reserves the right to make changes in its fees, examinations, policies, and procedures at any time without advance notice. Admission to the Board's examinations will be determined under policies in force at the time of application.

Introduction

The American Board of Internal Medicine (ABIM) was established in 1936 and is a private, not-for-profit corporation. Board members are elected by the Board of Directors and serve 2-year terms. The

Board receives no public funds and has no licensing authority or function.

The mission of the ABIM is to enhance the quality of health care available to the American public by continuously improving the process and maintaining high standards for certifying internists and subspecialists who possess the knowledge, skills, and attitudes essential for the provision of excellent care.

Certification by the ABIM recognizes excellence in the discipline of internal medicine, its subspecialties, and areas of added qualifications. Certification is not a requirement to practice internal medicine, and the Board does not confer privileges to practice. The ABIM does not intend either to interfere with or to restrict the professional activities of a licensed physician based on certification status.

The ABIM administers the certification and maintenance of certification processes by (1) establishing requirements for training and self-evaluation, (2) assessing the professional credentials of candidates, (3) obtaining substantiation by appropriate authorities of the clinical competence and professional standing of candidates, and (4) developing and conducting examinations for certification and recertification.

All ABIM certificates issued in 1990 (1987 for critical care medicine and 1988 for geriatric medicine) and thereafter are valid for 10 years. Dates of validity are noted on the certificates. Certificates issued before these dates are valid indefinitely.

For information about Maintenance of Certification, visit the ABIM Web site, www.abim.org, or contact the Board.

Requirements for Certification in Internal Medicine

To receive a certificate in internal medicine, a physician must complete the required predoctoral medical education, meet the postdoctoral training requirements, demonstrate clinical competence in the care of patients, meet the licensure requirements, and pass the Certification Examination in Internal Medicine.

Predoctoral Medical Education

Candidates who graduated from medical schools in the United States or Canada must have attended a school that was accredited at the date of graduation by the Liaison Committee on Medical Education (LCME), the Committee for Accreditation of Canadian Medical Schools, or the American Osteopathic Association.

Graduates of international medical schools must have one of the following: (1) a permanent (valid indefinitely) certificate from the Educational Commission for Foreign Medical Graduates; (2) comparable credentials from the Medical Council of Canada; or (3) documentation of training for those candidates who entered postdoctoral medical training in the United States via the Fifth Pathway, as proposed by the American Medical Association.

Graduate Medical Education (GME)

To be admitted to the Certification Examination in Internal Medicine physicians must have satisfactorily completed, by August 31 of the year of examination, 36 months of graduate medical education accredited by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada, or the Professional Corporation of Physicians of Quebec. Residency or research experience occurring before completion of the requirements for the MD or DO degree cannot be credited toward the ABIM's requirements.

The 36 months of residency training must include a minimum of 12 months of accredited internal medicine training at each of three levels: R-1, R-2, and R-3.

Content of Training

The 36 months of full-time medical residency education must include:

1. At least 30 months of training in general internal medicine, subspecialty internal medicine, critical care medicine, geriatric medicine, and emergency medicine. Up to 4 months of the 30 months may include training in primary care areas (eg, neurology, dermatology, office gynecology, or office orthopedics).
2. Up to 3 months of leave for vacation time, parental leave, or illness. Vacation or other leave cannot be forfeited to reduce training time.

Training may include up to 3 months of other electives approved by the internal medicine program director.

In addition, the following requirements for direct patient responsibility must be met:

1. At least 24 months of the 36 months of residency education must occur in settings where the resident personally provides, or supervises junior residents who provide, direct care to patients in inpatient or ambulatory settings.
2. At least 6 months of the direct patient responsibility on internal medicine rotations must occur during the R-1 year.

Clinical Competence Requirements

The Board requires documentation that candidates for certification in internal medicine are competent in: (1) patient care (medical interviewing, physical examination, and procedural skills); (2) medical knowledge; (3) practice-based learning and improvement; (4) interpersonal and communication skills; (5) professionalism; and (6) systems-based practice.

Through its tracking process, the Board requires program directors to complete clinical competence evaluations each spring for internal medicine residents. A candidate may be excluded from an ABIM examination if the required components of clinical competence are not satisfactorily documented by the training program.

As outlined in the table below, all residents must receive satisfactory ratings in overall clinical competence and moral and ethical behavior in each year of training. In addition, residents must receive satisfactory ratings in each of the components of clinical competence during the final year of required training. It is the resident's responsibility to arrange for any additional training required.

Program Director Ratings of Clinical Competence

Components and Ratings	R-1 and R-2	R-3	Fellows (Any Year)
Overall Clinical Competence			
Satisfactory	Full credit	Full credit	Full credit
Marginal	Full credit for 1 marginal year; repeat 1 year if both R-1 and R-2 are marginal	Not applicable	
Unsatisfactory	No credit, must repeat year	No credit, must repeat	No credit, must repeat year
Moral and Ethical Behavior			
Satisfactory	Full credit	Full credit	Full credit
Unsatisfactory	Repeat year or, at the Board's discretion, a period of observation will be required	Repeat year or, at the Board's discretion, a period of observation will be required	Repeat year or, at the Board's discretion, a period of observation will be required

Clinical Competence*

Satisfactory	Full credit	Full credit	Full credit
Unsatisfactory	Full credit	No credit, must repeat year	Must repeat year if during final year of required training

*The six required components are: (1) patient care (which includes medical interviewing, physical examination, and procedural skills), (2) medical knowledge, (3) practice-based learning and improvement, (4) interpersonal and communication skills, (5) professionalism, and (6) systems-based practice.

Procedures Required for Internal Medicine

For certification in internal medicine, the ABIM requires that candidates must be judged competent by their program director in the procedures listed below:

1. Interpreting electrocardiograms; and
2. Performing the following procedures, understanding their indications, contraindications, and complications, and interpreting their results:
 - Advanced cardiac life support
 - Abdominal paracentesis
 - Arterial puncture
 - Arthrocentesis
 - Central venous line placement
 - Lumbar puncture
 - Nasogastric intubation
 - Pap smear and endocervical culture
 - Thoracentesis

The Board recommends three to five as the minimum number of directly supervised, successfully performed procedures; confirmation of proficiency is not credible with fewer procedures.

Credit in Lieu of Standard Training for Internal Medicine Candidates

Training Completed Prior to Entering Internal Medicine Residency

The Board may grant credit for some or all of the 12-month requirement at the R-1 level for training taken prior to entering training in internal medicine, as outlined below. The program director of an accredited internal medicine residency program must petition the Board to grant credit in lieu of standard R-1 internal medicine training. No credit will be granted to substitute for 24 months of accredited R-2 and R-3 internal medicine training.

1. Month-for-month credit may be granted for satisfactory completion of internal medicine rotations taken during an accredited non-internal medicine residency program if all of the following criteria are met:
 - a. the internal medicine training occurred under the direction of a program director of an accredited internal medicine program;
 - b. the training occurred in an institution accredited for training internal medicine residents; and
 - c. the rotations were identical to the rotations of the residents enrolled in the accredited internal medicine residency program.
2. For trainees who have satisfactorily completed at least 12 months of accredited training in another specialty, the Board may grant:
 - a. month-for-month credit for the internal medicine rotations that meet the criteria listed under (1) above; plus
 - b. a maximum of 6 months of credit for the training in a family practice or pediatrics program; or

- c. a maximum of 3 months of credit for training in a non-internal medicine specialty program.
- 3. Up to 12 months of credit may be granted for at least 3 years of US or Canadian accredited training in another clinical specialty, and certification by an ABMS member Board in that specialty.*
- 4. Up to 12 months of credit may be granted for at least 3 years of verified internal medicine training abroad.*

* Requires a fee of \$300. Guidelines for proposals are available from the Board.

Training Completed Abroad by Current Full-Time US or Canadian Faculty

Full-time internal medicine faculty members in an LCME-accredited medical school or an accredited Canadian medical school may qualify for admission to the Certification Examination in Internal Medicine if they:

- 1. are proposed by the chair or program director of an accredited internal medicine residency program;*
- 2. have completed 3 or more years of verified internal medicine training abroad;
- 3. hold an appointment at the level of associate professor or higher at the time of proposal; and
- 4. have completed 8 years, after formal training, as a clinician-educator or a clinical investigator in internal medicine with a full-time appointment on a medical school faculty.

* Requires a fee of \$300. Guidelines for proposals are available from the Board.

Training in Combined Programs

The ABIM recognizes internal medicine training combined with training in the following programs:

- Dermatology
- Emergency medicine
- Emergency medicine/critical care medicine
- Family practice
- Medical genetics
- Neurology
- Nuclear medicine
- Pediatrics
- Physical medicine and rehabilitation
- Preventive medicine
- Psychiatry

Guidelines for the combined training programs and requirements for credit toward the ABIM Certification Examination in Internal Medicine are available upon request.

* Requires a fee of \$300. Guidelines for proposals are available from the Board.

Requirements for Certification in Subspecialties and Added Qualifications

General Requirements

In addition to the primary certificate in internal medicine, the Board offers subspecialty certificates and certificates of added qualifications (AQs). Subspecialty certificates are offered in cardiovascular disease; endocrinology, diabetes, and metabolism; gastroenterology; hematology; infectious disease; medical oncology; nephrology; pulmonary disease; and rheumatology.

Certificates of added qualifications recognize special expertise in areas that have a fundamental practice-oriented relationship to an underlying discipline and are offered currently in adolescent medicine, clinical cardiac electrophysiology, critical care medicine, geriatric medicine, interventional cardiology, and sports medicine. Diplomates must maintain a valid underlying certificate to obtain certification and be eligible for recertification in an added

qualification. Information regarding each of the added qualifications examinations is available upon request.

To become certified in a subspecialty, physicians must have been previously certified in internal medicine by the ABIM. To certify in an added qualification, a physician must hold a currently valid certificate in the underlying discipline. For all subspecialties and areas of added qualifications, a physician must also have completed the requisite training, demonstrated clinical competence in the care of patients, met the licensure requirements, and passed the secure examination for that discipline.

No credit will be granted toward certification in a subspecialty or area of added qualifications for training that is not accredited by the ACGME, the Royal College of Physicians and Surgeons of Canada, or the Professional Corporation of Physicians of Quebec.

Fellowship training taken before completing the requirements for the MD or DO degree, training as a chief medical resident, practice experience, and attendance at postgraduate courses may not be credited toward the requirements for subspecialty certification.

To be admitted to an examination, candidates must have completed the required training in the subspecialty or area of added qualifications by October 31 of the year of examination.

Candidates for certification in the subspecialties must meet the Board's requirements for duration of training as well as minimum duration of clinical training. Clinical training requirements may be met by aggregating full-time clinical training that occurs throughout the entire fellowship training period; clinical training need not be completed in successive months. Educational rotations completed during training may not be double counted to satisfy both internal medicine and subspecialty training requirements.

Training and Procedural Requirements

The total months of training required, including specific clinical months, and requisite procedures for each subspecialty and area of added qualifications are outlined by discipline below.

Minimum Months of Training/Clinical Months Required

Subspecialty/AQs	Total Training	Clinical Months
Cardiovascular Disease ¹	36	24
Gastroenterology ²	36	18
Critical Care Medicine; Endocrinology, Diabetes, and Metabolism; Hematology; Infectious Disease; Medical Oncology; Nephrology; Pulmonary Disease; and Rheumatology	24	12
Adolescent Medicine	24	—
Sports Medicine	12	—
Clinical Cardiac Electrophysiology; Geriatric Medicine; and Interventional Cardiology	12	12

¹ Two years of accredited cardiovascular disease training are required for candidates who initiated fellowship training prior to June 1990.

² Two years of accredited gastroenterology training are required for candidates who initiated fellowship training prior to June 1996.

Adolescent Medicine

No required procedures.

Cardiovascular Disease

Advanced cardiac life support (ACLS), including cardioversion; electrocardiography, including ambulatory monitoring and exercise testing; echocardiography; arterial catheter insertion; and right-heart catheterization, including insertion and management of temporary pacemakers.

Clinical Cardiac Electrophysiology

Electrophysiologic studies both with a catheter and intraoperatively; catheter-based and other ablation procedures; and implantation of pacemakers, and cardioverters-defibrillators (a minimum of 150 intracardiac procedures in at least 75 patients, of which 75 are catheter-based ablation procedures, including postdiagnostic testing, and 25 are initial implantable cardioverter-defibrillator procedures, including programming).

Critical Care Medicine

Maintenance of open airway; oral/nasal intubation; ventilator management, including experience with various modes; insertion and management of chest tubes; advanced cardiac life support (ACLS); placement of arterial, central venous, and pulmonary artery balloon flotation catheters; and calibration and operation of hemodynamic recording systems.

Endocrinology, Diabetes, and Metabolism

Thyroid aspiration biopsy.

Gastroenterology

Proctoscopy and/or flexible sigmoidoscopy; diagnostic upper gastrointestinal endoscopy; colonoscopy, including biopsy and polypectomy; esophageal dilation; therapeutic upper and lower gastrointestinal endoscopy; and liver biopsy.

Geriatric Medicine

No required procedures.

Hematology

Minimum ½ day per week in continuity outpatient clinic; bone marrow aspiration and biopsy, including preparation, staining, examination, and interpretation of blood smears, bone marrow aspirates, and touch preparations of bone marrow biopsies; measurement of complete blood count, including platelets and white cell differential, using automated or manual techniques with appropriate quality control; administration of chemotherapeutic agents and biological products through all therapeutic routes; and management and care of indwelling venous access catheters.

Infectious Disease

Microscopic evaluation of diagnostic specimens including preparation, staining, and interpretation; management, maintenance, and removal of indwelling venous access catheters; and administration of antimicrobial and biological products via all routes.

Interventional Cardiology

A minimum of 250 therapeutic interventional cardiac procedures during 12 months of accredited interventional cardiology fellowship training.

Medical Oncology

Minimum ½ day per week in continuity outpatient clinic; bone marrow aspiration and biopsy; administration of chemotherapeutic agents and biological products through all therapeutic routes; and management and care of indwelling venous access catheters.

Nephrology

Placement of temporary vascular access for hemodialysis and related procedures; acute and chronic hemodialysis; peritoneal

dialysis (excluding placement of temporary peritoneal catheters); continuous renal replacement therapy (CRRT); and percutaneous biopsy of both autologous and transplanted kidneys.

Pulmonary Disease

Oral/nasal intubation; fiberoptic bronchoscopy and accompanying procedures; ventilator management; thoracentesis and percutaneous pleural biopsy; arterial puncture; placement of arterial and pulmonary artery balloon flotation catheters; calibration and operation of hemodynamic recording systems; supervision of the technical aspects of pulmonary function testing; progressive exercise testing; and insertion and management of chest tubes.

Rheumatology

Diagnostic aspiration of and analysis by light and polarized light microscopy of synovial fluid from diarthrodial joints, bursae, and tenosynovial structures; and therapeutic injection of diarthrodial joints, bursae, tenosynovial structures, and entheses.

Sports Medicine

No required procedures.

Clinical Competence Requirements

The Board requires documentation that candidates for certification in the subspecialties are competent in (1) patient care (which includes medical interviewing, physical examination, and procedural skills), (2) medical knowledge, (3) practice-based learning and improvement, (4) interpersonal and communication skills, (5) professionalism, and (6) systems-based practice.

Through its tracking process, the Board requires verification of subspecialty fellows' clinical competence from both the subspecialty training program director and the chair of the department of medicine.

As outlined in the "Program Director Ratings of Clinical Competence" table (see "Clinical Competence Requirements" above), all fellows must receive satisfactory ratings of overall clinical competence and moral and ethical behavior in each of the required years of training. In addition, fellows must receive satisfactory ratings in each of the components of clinical competence and the requisite procedures during the final year of required training. It is the fellow's responsibility to arrange for any additional required training.

Dual Certification Requirements**Hematology and Medical Oncology**

Dual certification in hematology and medical oncology requires 3 years of accredited training which must include: (a) a minimum of 18 months of clinical training; (b) a minimum of 12 months in the diagnosis and management of a broad spectrum of neoplastic diseases including hematological malignancies; and (c) a minimum of 6 months of training in the diagnosis and management of a broad spectrum of non-neoplastic hematological disorders.

During the entire 3 years, the fellow must attend a minimum of ½ day per week in continuity outpatient clinic.

The ABIM recommends that the 3 years of training be taken in a combined program in the same institution which is accredited by the ACGME, the Royal College of Physicians and Surgeons of Canada, or the Professional Corporation of Physicians of Quebec. If the combined training must be taken in two different programs, 24 continuous months must be in one institution, and both institutions must be accredited in both hematology and medical oncology.

Candidates must complete all 3 years of required combined training before being admitted to an examination in either subspecialty. Those who elect to undertake an examination in one subspecialty following only 2 years of fellowship training will be required to complete 4 years of accredited training for dual

certification. Candidates who have completed all 3 years of required combined training may take the hematology and medical oncology examinations in the same year or in different years.

Pulmonary Disease and Critical Care Medicine

Candidates seeking dual certification in pulmonary disease and critical care medicine must complete a minimum of 3 years of accredited combined training, 18 months of which must be clinical training. Critical care medicine is an added qualification to the subspecialty of pulmonary disease; thus, certification in pulmonary disease must be achieved before the candidate is eligible to apply for admission to the critical care medicine examination.

Rheumatology and Allergy and Immunology

Dual certification in rheumatology and allergy and immunology requires a minimum of 3 years of training which must include: (a) at least 12 months clinical rheumatology supervised by the director of an accredited rheumatology training program, (b) weekly attendance for 18 consecutive months in an ambulatory care program supervised by rheumatology faculty which must include continuity of patient care within ambulatory clinics, and (c) at least 18 months of allergy and immunology training supervised by the training program director of an accredited program in allergy and immunology. Plans for combined training should be prospectively approved in writing by both the rheumatology and the allergy and immunology training program directors and by the ABIM and the American Board of Allergy and Immunology. Admission to either examination requires (1) certification in internal medicine, (2) satisfactory clinical competence, and (3) completion of the entire 3-year combined program.

Candidates seeking dual certification for other subspecialty combinations should contact the ABIM for information.

Special Candidates for Subspecialties and Added Qualifications

ABIM Diplomates in internal medicine may be proposed for special consideration for admission to a subspecialty or added qualifications examination by the program director of an accredited fellowship program if they:

1. have completed the full training required by ABIM in the subspecialty or area of added qualifications in another country;
2. are a full-time associate professor or higher in the specified subspecialty division of the department of medicine in an LCME-accredited medical school or an accredited Canadian medical school;
3. have served 8 years, after formal training, as a clinician-educator or clinical investigator with a full-time appointment on a medical school faculty; and
4. possess a valid, unrestricted license to practice medicine in a state, territory, commonwealth, province, or possession of the United States or Canada.

Guidelines for proposing candidates for special consideration for admission to the subspecialty and added qualifications examinations are available upon request. Proposals require a fee of \$300.

Certification Using the Research Pathway

The Research Pathway is intended for trainees planning academic careers as investigators in basic or clinical science. The pathway integrates training in clinical medicine with 3 years of training in research methodology. Although prospective planning of this pathway by trainees and program directors is necessary, prospective approval by the Board is no longer a requirement. However, program directors must document the clinical and research training experience each year through the Board's tracking program. The chart below describes the Research Pathway requirements.

The Research Pathway requires a minimum of 36 months of research training in which 80% of time is devoted to research and, at most, 20% of time to clinical work. During the entire 3 years the trainee must attend a minimum of ½ day per week in continuity outpatient clinic.

The Board defines research as scholarly activities intended to develop new scientific knowledge. The research experience of trainees should be mentored and reviewed. Unless the trainee has already achieved an advanced graduate degree, training should include completion of work leading to one or its equivalent. The last year of research training may be taken in a full-time faculty position if the level of commitment to mentored research is maintained at 80%.

During internal medicine research training, 20% of each year must be spent in clinical experiences including a ½ day per week in a continuity clinic. During subspecialty research training, at least ½ day per week must be spent in an ambulatory clinic. Ratings of satisfactory clinical performance must be maintained annually for each trainee in the ABIM Research Pathway.

For additional information, contact the Board.

Internal Medicine Research Pathway

Internal medicine training	24 months
(Direct patient responsibility)	20 months)
Research training (80%)	36 months
Ambulatory clinics during research training (10%)	app ½ day per week
Additional clinical training during research (10%)	app ½ day per week
<i>Total training</i>	<i>5 years</i>
Internal Medicine examination	August, R-5

Subspecialty Research Pathway

Internal medicine training	24 months
(Direct patient responsibility)	20 months)
Subspecialty clinical training (80%)	12-24 months*
Research training (80%)	36 months
Ambulatory clinic during research training (10%)	app ½ day per week
<i>Total training</i>	<i>6 or 7 years*</i>
Internal medicine examination	August, R-4
Subspecialty/AQ examination	November, R-6 or 7*

*Based on subspecialty

Special Training Policies

Disclosure of Performance Information

For trainees planning to change programs, the Board expects the trainee to request that a written evaluation of past performance be sent by the previous program to the new program. Upon request by the new program director, the Board will provide (when available) a summary of the previous performance ratings and the total credits accumulated toward the Board's training requirements for certification. At the trainee's request, the Board will provide the new program director with comments or other information obtained from previous training programs.

Due Process for Evaluations

The responsibility for the evaluation of a trainee rests with the program, not with the Board. The Board is not in a position to re-examine the facts and circumstances of an individual's performance. As required by the ACGME in its *Essentials of Accredited Residencies in Graduate Medical Education*, the educational institution must provide appropriate due process for its decisions regarding a trainee's performance.

Leave of Absence and Vacations

Trainees may take up to 1 month per year of training for vacation, parental or family leave, or illness (including pregnancy-related disabilities). Training must be extended to make up any absences exceeding 1 month per year of training. Vacation leave is essential and cannot be forfeited to make up for a late start to training.

Reduced-Schedule Training

Interrupted full-time training is acceptable, provided that no period of full-time training is shorter than 1 month. In any 12-month period, at least 6 months should be spent in training. Patient care responsibilities should be maintained in a continuity clinic during the non-training component of the year. Board approval must be obtained before initiating an interrupted training plan. Part-time training, whether or not continuous, is not acceptable.

Other Policies

Board Eligibility

The Board does not use, define, or recognize the term "Board Eligible."

Reporting Certification Status

The Board will routinely report through its Web site, mail, or fax whether candidates are certified (including dates) or not certified. If a diplomate was previously certified, this fact and dates of former certification will be reported. If certification is revoked, the Board will report certification status as "Revoked." If certification is suspended, the Board will report "Not Certified."

On a candidate's written request to the Board, the following information will also be provided in writing: (1) that an application is currently in process and/or (2) the year the candidate was last admitted to examination.

Professional Standing of Practitioners

Every 4 years following formal training, the Board requires verification that candidates for certification are recognized as specialists or subspecialists in good standing. Verification is sought from the chief of the medical service at the institutions(s) where the candidate's principal staff appointment is held. Any challenge to good standing, including charges made by a licensing board, must be resolved locally to the Board's satisfaction before admission to the examination. For example, substance abuse, criminal convictions related to medical practice, or substantial disciplinary action by the institution may lead to deferred admission or rejection.

Confidentiality Policy

The ABIM considers the certification or recertification status of its diplomates to be public information.

The ABIM provides a diplomate's certification status and personal identifying information, including city and state of residence and social security number, to the Federation of State Medical Boards (FSMB) and the American Board of Medical Specialties (ABMS), which publishes the *Official ABMS Directory of Board Certified Medical Specialists*. The FSMB and ABMS use personal identifying information, including social security numbers, as a unique internal identifier and do not provide them to anyone without the authorization of the diplomate.

The ABIM provides residency training directors with information about a resident's prior training and pass/fail status on certifying examinations. The ABIM uses performance on examinations and other information for research purposes. In these instances, the Board does not identify specific individuals, hospitals, or practice associations.

The ABIM reserves the right to disclose information it possesses about any individual whom it judges has violated ABIM rules,

engaged in misrepresentation or unprofessional behavior, or shows signs of impairment.

Licensure

All candidates for certification and maintenance of certification must possess a valid, unrestricted, and unchallenged license to practice medicine in the jurisdiction where they practice. Candidates with licenses that are restricted, suspended, revoked, or voluntarily surrendered in lieu of disciplinary action in a jurisdiction will be denied admission to a certifying examination or denied recertification. Restrictions include but are not limited to conditions, contingencies, probation, and stipulated agreements.

Disabled Candidates

The Board recognizes that some candidates have physical limitations that make it impossible for them to fulfill the requirement for proficiency in performing procedures. For such individuals, the procedural skills requirement may be waived. Program directors should write to the Board for an exception before the individual enters training or when the disability becomes established.

The Board is committed to offering suitable examination accommodations for all candidates, including individuals with disabilities. When necessary, alternative arrangements under conditions comparable to those provided for other candidates are offered to disabled individuals. Candidates who need accommodation for a disability during an examination must provide a written request to the Board at the time of application for examination. The Board will then inform the candidate of the documentation that must be received by the Board no later than the examination registration deadline. Reapplication for special accommodation is not required for each examination administration unless a new accommodation is requested. The Board treats requests for accommodations as confidential. For additional information about the process and documentation requirements, please contact Joan Smith at 800 441-2246, extension 3520 or jsmith@abim.org.

Substance Abuse

If a candidate or a diplomate has a history of substance abuse, documentation of at least 1 year of continuous sobriety from a reliable monitoring source must be submitted to the Board for admission to an examination or to receive a certificate. The Board treats such information as confidential.

Suspension and Revocation of Certificates

The Board may, at its discretion, revoke certification if the diplomate was not qualified to receive the certificate at the time it was issued, even if the certificate was issued as a result of a mistake on the part of the Board. It may also revoke the certificate if the diplomate fails to maintain moral, ethical, or professional behavior satisfactory to the Board or engages in misconduct that adversely affects professional competence or integrity. It may revoke or suspend the certificate if (1) the diplomate made any material misstatement of fact or omission of fact to the Board in connection with application or to any third party concerning the diplomate's certification status; or (2) the diplomate's license to practice medicine has been revoked, suspended, restricted, or surrendered in lieu of disciplinary action in any jurisdiction. Reinstatement of suspended certification requires restoration of licensure in the jurisdiction(s) where the physician practices.

Irregular Behavior on Examinations

The Board's examinations are copyrighted and administered in secure testing centers by proctors who are responsible for maintaining the integrity and security of the certification process. Proctors are required to report to the Board any irregular or improper behavior by a candidate, such as giving or obtaining information or aid,

looking at the test material of others, removing examination materials from the test center, taking notes, bringing electronic devices (eg, beepers, pagers, cell phones, etc) into the examination, failing to comply with time limits or instructions, talking, or other disruptive behavior. Irregular or improper behavior that is observed, made apparent by statistical analysis, or uncovered by other means will be considered a subversion of the certification process and will constitute grounds for invalidation of a candidate's examination.

Other actions that the Board may take at its discretion include exclusion from future examinations and informing program director(s), licensing bodies, impaired physicians advocacy groups, or law enforcement agencies of ABIM actions.

Late Applications and Refunds

Candidates are responsible for meeting registration deadlines (see 2005 Schedule of Examinations, below). There is a non-refundable \$300 late fee for any application submitted during the Late Registration period. Candidates who cancel before the cancellation deadline will receive a refund of 85% of the registration fee; those who cancel after the cancellation deadline up to the day of the examination will receive a 50% refund. Candidates whose applications are disapproved will receive a refund of 85%.

Re-examination

Candidates who are unsuccessful on any certification examination may apply for re-examination. There is no restriction on the number of opportunities for re-examination. Once admitted to an examination, candidates will be considered to have fulfilled the training requirements for future examinations in that discipline. All candidates for re-examination must meet the requirements for licensure status and professional standing and any applicable procedural requirements.

ABIM Publications

The following publications are available from the ABIM upon request at no charge. These are not designed to aid in preparation for examinations. To request a publication, send an email to request@abim.org or call 800 441-2246.

The Board has a fact sheet with information about each Certificate of Added Qualifications on:

- *Adolescent Medicine*
- *Clinical Cardiac Electrophysiology*
- *Critical Care Medicine*
- *Geriatric Medicine*
- *Interventional Cardiology*
- *Sports Medicine*

For information about the ABIM Research Pathway, request:

- *Guidelines and Criteria for the ABIM General and Subspecialty Internal Medicine Research Pathway*

The Board offers several tools to assist program directors, faculty, and trainees with the evaluation process:

- *Mini-CEX: Clinical Evaluation Exercise*
- *Documentation Log Book for Internal Medicine Procedures*
- *Residents: Evaluating Your Clinical Competence in Internal Medicine*
- *Attending Physicians: Your Role in Evaluating Internal Medicine Residents*
- *Attending Physicians' Evaluation of Trainees' Competencies*
- *Self-Assessment for Trainees' Competencies*

For information about the ABIM Maintenance of Certification Program, request:

- *Maintenance of Certification: Continuous Professional Development Program*
- *Selecting Self-Evaluation Modules*

For other ABIM Publications, visit our Web site at www.abim.org.

2005 Schedule of Examinations

Certification examination in

Internal Medicine

Date(s): August 23-24, 2005
 Registration Period: December 1, 2004, to February 1, 2005
 Late Registration Period*: February 2 to March 1, 2005
 Fee (US): \$1,000
 Cancellation Deadline: June 1, 2005

Adolescent Medicine¹

Date(s): December 1, 2005
 Registration Period: February 1 to April 1, 2005
 Late Registration Period*: April 2 to May 1, 2005
 Fee (US): \$1,245
 Cancellation Deadline: October 1, 2005

Cardiovascular Disease

Date(s): November 7-8 or 8-9, 2005
 Registration Period: March 1 to May 1, 2005
 Late Registration Period*: May 2 to June 1, 2005
 Fee (US): \$1,245
 Cancellation Deadline: September 1, 2005

Clinical Cardiac Electrophysiology

Date(s): October 31, 2005
 Registration Period: March 1 to May 1, 2005
 Late Registration Period*: May 2 to June 1, 2005
 Fee (US): \$1,245
 Cancellation Deadline: September 1, 2005

Critical Care Medicine

Date(s): November 14, 2005
 Registration Period: March 1 to May 1, 2005
 Late Registration Period*: May 2 to June 1, 2005
 Fee (US): \$1,245
 Cancellation Deadline: September 1, 2005

Endocrinology, Diabetes, and Metabolism

Date(s): October 28, 2005
 Registration Period: March 1 to May 1, 2005
 Late Registration Period*: May 2 to June 1, 2005
 Fee (US): \$1,245
 Cancellation Deadline: September 1, 2005

Gastroenterology

Date(s): November 4, 2005
 Registration Period: March 1 to May 1, 2005
 Late Registration Period*: May 2 to June 1, 2005
 Fee (US): \$1,245
 Cancellation Deadline: September 1, 2005

Geriatric Medicine

Date(s): November 2, 2005
 Registration Period: March 1 to May 1, 2005
 Late Registration Period*: May 2 to June 1, 2005
 Fee (US): \$1,245
 Cancellation Deadline: September 1, 2005

Hematology

Date(s): November 18, 2005
 Registration Period: March 1 to May 1, 2005
 Late Registration Period*: May 2 to June 1, 2005
 Fee (US): \$1,245
 Cancellation Deadline: September 1, 2005

Infectious Disease

Date(s): October 21, 2005
 Registration Period: March 1 to May 1, 2005
 Late Registration Period*: May 2 to June 1, 2005
 Fee (US): \$1,245
 Cancellation Deadline: September 1, 2005

Interventional Cardiology

Date(s): November 1, 2005
 Registration Period: March 1 to May 1, 2005
 Late Registration Period*: May 2 to June 1, 2005
 Fee (US): \$1,245
 Cancellation Deadline: September 1, 2005

Medical Oncology

Date(s): November 17, 2005
 Registration Period: March 1 to May 1, 2005
 Late Registration Period*: May 2 to June 1, 2005
 Fee (US): \$1,245
 Cancellation Deadline: September 1, 2005

Nephrology

Date(s): October 27, 2005
 Registration Period: March 1 to May 1, 2005
 Late Registration Period*: May 2 to June 1, 2005
 Fee (US): \$1,245
 Cancellation Deadline: September 1, 2005

Pulmonary Disease

Date(s): November 15, 2005
 Registration Period: March 1 to May 1, 2005
 Late Registration Period*: May 2 to June 1, 2005
 Fee (US): \$1,245
 Cancellation Deadline: September 1, 2005

Rheumatology

Date(s): October 20, 2005
 Registration Period: March 1 to May 1, 2005
 Late Registration Period*: May 2 to June 1, 2005
 Fee (US): \$1,245
 Cancellation Deadline: September 1, 2005

Sports Medicine²

Dates: July 21, 22, 23, 29, 30, and August 4, 5, 6, 2005
 Registration Period: November 1, 2004, to January 1, 2005
 Late Registration Period*: January 2, 2005, to February 1, 2005
 Fee (US): \$1,245
 Cancellation Deadline: May 1, 2005

Maintenance of Certification (Recertification)

Date(s): Spring 2005**
 Registration Period: December 1, 2004, to February 15, 2005
 Date(s): Fall 2005**
 Registration Period: May 1 to August 1, 2005

* \$300 nonrefundable penalty fee for applications received during the Late Registration Period.

¹Administered by the American Board of Pediatrics.

²Administered by the American Board of Family Practice.

**Check ABIM Web site for information, www.abim.org.

Refund Policy: 85% of exam fee refunded for cancellation before registration closes; 50% of exam fee refunded for cancellations after registration closes, up to the day of the examination.

Note: It is the sole responsibility of the candidate to be aware of and comply with registration deadlines. To register for an examination, go to "online services" at www.abim.org.

American Board of Medical Genetics

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(These criteria and conditions apply to the 2005 certification examination cycle and are subject to change without notice. The American Board of Medical Genetics [ABMG] offers examinations every 2 years; the next examination cycle is August 17-18, 2005. All applicants are advised to contact the Board to ascertain whether the information below is current.)

Purpose and Sponsorship

The ABMG certifies individuals who provide services in medical genetics. The ABMG determines the doctoral degree requirements, the graduate medical training requirements, the medical genetics training requirements, the credentialing requirements, and the examination requirements for ABMG certification. The ABMG offers certification in five primary specialty areas:

- clinical genetics
- PhD medical genetics
- clinical cytogenetics
- clinical biochemical genetics
- clinical molecular genetics

The ABMG is responsible for preparation, administration, and grading of the certifying examinations in medical genetics.

The ABMG provides accreditation for medical genetics training programs. The ABMG accredits medical genetics fellowship programs in the specialties of PhD medical genetics, clinical cytogenetics, clinical biochemical genetics, and clinical molecular genetics. The Residency Review Committee (RRC) for Medical Genetics of the Accreditation Council for Graduate Medical Education (ACGME) accredits genetics residency programs in the specialty of clinical genetics.

The ABMG was incorporated in 1980 under sponsorship of the American Society of Human Genetics, Inc, and has been recognized as a member board of the American Board of Medical Specialties (ABMS) since 1991.

I. Training Requirements for Certification by the American Board of Medical Genetics

Individuals seeking certification by the ABMG must fulfill all requirements for certification as detailed in this document. For an individual who has a doctoral degree earned outside of the US, Canada, or Puerto Rico, or graduate medical training outside of the US

or Puerto Rico, additional requirements may pertain (see Section XII).

A. Doctoral Degree requirements:

Clinical Genetics	MD or DO
PhD Medical Genetics	PhD*
Clinical Cytogenetics	MD, DO, or PhD*
Clinical Biochemical Genetics	MD, DO, or PhD*
Clinical Molecular Genetics	MD, DO, or PhD*

* PhD must be in genetics, human genetics, or a related field, as determined by the ABMG.

B. For applicants for the Clinical Genetics specialty only, graduate medical training requirements are either:

1. Twenty-four months of satisfactorily completed full-time training in an ACGME-accredited residency program in a specialty (other than clinical genetics) that is recognized by the ABMS (eg, pediatrics, ob-gyn, internal medicine)

or

2. Forty-eight months of satisfactorily completed full-time training in an ACGME-accredited 4-year clinical genetics residency. [Note: In this instance the 48 months of training satisfy both the graduate medical training requirement and the medical genetics training requirement];

or

3. Five years of satisfactorily completed full-time training in an ACGME-accredited combined pediatrics/medical genetics residency. Upon successful completion of all requirements of the combined pediatrics and medical genetics residency, a trainee is qualified to apply for certification by either or both the American Board of Pediatrics (ABP) and the ABMG. Applicants must satisfactorily complete the specific credentialing requirements of each Board to be eligible to sit for the examination of that Board. Certification in one specialty is not contingent upon certification in the other.

C. Medical genetics training requirements for all specialties:

1. For certification in any one of the ABMG specialties: 24 months of completed full-time training in an ABMG-accredited fellowship program in that specialty or ACGME-accredited clinical genetics residency.
2. For certification in clinical genetics as an additional ABMG specialty: 24 months of completed full-time training in an ACGME-accredited clinical genetics residency.
3. For certification in each additional ABMG specialty (except clinical genetics): an additional 12 months of completed full-time training in an ABMG-accredited fellowship program in that specialty.

<i>Number of ABMG specialty certifications*</i>	<i>Months of completed ABMG-approved medical genetics training</i>
1	24 months
2	36 months
3	48 months
4	60 months

*Note: Certification in clinical genetics always requires 24 months of completed training in an ACGME-accredited clinical genetics residency.

4. An individual who holds an earned PhD from a training program that also has an ABMG-accredited PhD medical genetics training program may, at the discretion of the program director of the individual's ABMG-accredited medical genetics training program, apply for certification in the PhD medical genetics specialty and one laboratory specialty after 2 years of combined medical genetics training in these two specialties in an ABMG-accredited program, if and only if:

- The earned PhD is from a degree-granting program that is documented to be integrated with a postdoctoral program that is ABMG-accredited for at least PhD medical genetics and one laboratory specialty; and
 - During the degree program, the individual has taken graduate course work including formal medical genetics and mathematical genetics courses, and the individual documents significant participation in clinical genetics: interacting with patients, communicating with referring physicians, and regular attendance at clinical conferences. These activities must be documented and described in detail by the director of the ABMG-accredited medical genetics program and by the institution's director of the PhD program granting the doctoral degree; and
 - The applicant submits two logbooks, one of 150 cases for the laboratory specialty collected during the medical genetics fellowship training and one of 75 cases for the specialty of PhD medical genetics (unrelated to the laboratory specialty) also collected during the medical genetics fellowship training.
- The applicant's proposed medical genetics training program, along with a description of the clinical experience during training for the doctoral degree, must be submitted in writing by the director of the ABMG-accredited medical genetics program to the ABMG in advance of initiating the fellowship and must be approved by the ABMG Credentials Committee.

II. Credentialing Requirements for Certification by the American Board of Medical Genetics

The credentialing process determines an applicant's candidate status for the ABMG certifying examination. All documents required for the credentialing process must be submitted to the ABMG Administrative Office and postmarked by the deadline (see Deadlines, Section IX).

- Four categories of applicants are recognized:
- First-time applicants for ABMG certification
 - ABMG diplomates seeking certification in an additional specialty or specialties
 - Individuals who have been active candidates but who have failed to achieve certification in two consecutive examination cycles or within 6 years of initial application
 - Individuals who have been active candidates but who failed to achieve certification in one cycle and who are reapplicants for the following examination cycle

A. First-time applicants for ABMG certification must submit:

1. A completed and notarized application form.
2. Application review fee (see Fees, Section X).
3. Curriculum vitae with bibliography that includes dates and location of undergraduate education, doctoral education, post-doctoral training, medical genetics training, and professional employment.
4. Documentation of doctoral degree: An official final transcript (including degree earned, field in which the degree was earned, and date the degree was earned). A photocopy of a final transcript is not acceptable.
5. Documentation of required medical genetics training in an ABMG-accredited fellowship or ACGME-accredited clinical genetics residency: "Verification of Training in Medical Genetics" form completed and signed by the trainee's medical genetics fellowship program director or clinical genetics residency director verifying the specialty area(s) of training, inclusive dates of training, satisfactory progress of the trainee, and good character of the trainee.

An applicant completing his/her required medical genetics training by July 31, 2005, may apply for ABMG certification in 2005. If the required medical genetics training is not completed by December 31, 2004, the ABMG Administrative Office will contact the program/residency director at the conclusion of the medical genetics training period for verification of successful completion of training.

6. Three letters of endorsement: Each letter must support the applicant's candidacy for ABMG certification and at a minimum attest to the applicant's honesty, integrity, and good moral character. At least one letter must be from an ABMG diplomate who is a faculty member, other than the program director, in the ABMG-accredited fellowship/ACGME-accredited clinical genetics program in which the applicant trained; the other two letters must be from ABMG diplomates who are in good standing with the ABMG. Each letter of endorsement must be in a sealed envelope and signed by the diplomate over the seal.
 7. Logbook of 150 cases obtained during the inclusive dates of the applicant's medical genetics training for each specialty area in which the applicant is seeking certification: The logbook must be in the format specified by the ABMG with appropriate signatures. (Note the exception from Section I.C.4 above.)

An applicant who has completed his/her entire medical genetics training by December 31, 2004, must submit a completed logbook with the application. An applicant whose training in a specialty is completed between January 1, 2005, and July 31, 2005, must submit a logbook with at least 100 cases by November 30, 2004, and must submit a logbook with the remainder of the cases postmarked by March 1, 2005. [Note: Late fees do not apply to the portion of the logbook submitted between December 1, 2004, and December 15, 2004.]
 8. For applicants in clinical genetics:
 - a. Documentation of 24 months of training in an ACGME-accredited residency other than clinical genetics: Either a letter from the director of the ACGME-accredited residency program (other than clinical genetics) documenting satisfactory completion of 24 months of the ACGME-accredited residency training and/or documentation of board certification in an ABMG-recognized specialty. [Note: Completion of 48 months of training in an ACGME-accredited clinical genetics residency fulfills this requirement.]
 - b. Copy of current, valid, unrestricted license to practice medicine in the US. The license must be valid on the date on which the ABMG certifying examination is taken. A temporary, limited license such as an educational or institutional license or housestaff permit is not acceptable.
- B. ABMG diplomates seeking certification in an additional specialty must submit:**
1. A completed and notarized application form.
 2. Application review fee (see Fees, Section X).
 3. Curriculum vitae with bibliography that includes dates and location of undergraduate education, doctoral education, post-doctoral training, medical genetics training, and professional employment.
 4. Documentation of doctoral degree for applicants whose ABMG certification was prior to 1999: An official final transcript (including degree earned, field in which the degree was earned, date the degree was earned). A photocopy of the final transcript is not acceptable.
 5. Documentation of required medical genetics training in an ABMG-accredited fellowship or ACGME-accredited clinical genetics residency: "Verification of Training in Medical Genetics"

form completed and signed by the trainee's medical genetics fellowship program director or clinical genetics residency director verifying the specialty area(s) of training, inclusive dates of training, satisfactory progress of the trainee, and good character of the trainee.

6. Three letters of endorsement: Each letter must support the applicant's candidacy for ABMG certification and at a minimum attest to the applicant's honesty, integrity, and good moral character. At least one letter must be from an ABMG diplomate who is a faculty member, other than the program director, in the ABMG-accredited fellowship/ACGME-accredited clinical genetics residency in which the applicant trained; the other two letters must be from ABMG diplomates who are in good standing with the ABMG. Each letter of endorsement must be in a sealed envelope and signed by the diplomate over the seal.
7. Logbook of 150 cases obtained during the inclusive dates of the applicant's medical genetics training for each specialty area in which the applicant is seeking certification. The logbook must be in the format specified by the ABMG with the appropriate signatures. An applicant who has completed his/her entire medical genetics training by December 31, 2004, must submit a completed logbook with the application. An applicant whose training in a specialty is completed between January 1, 2005, and July 31, 2005, must submit a logbook with at least 100 cases by November 30, 2004, and must submit a logbook with the remainder of the cases postmarked by March 1, 2005. [Note: Late fees do not apply to the portion of the logbook submitted between December 17, 2004, and March 1, 2005.]
8. Those individuals seeking additional certification in clinical cytogenetics, clinical biochemical genetics, clinical molecular genetics, or PhD medical genetics must submit documentation of 12 months required medical genetics training in an ABMG-accredited fellowship: "Verification of Training in Medical Genetics" form completed and signed by the trainee's medical genetics fellowship program director verifying the specialty area(s) of training, inclusive dates of training, satisfactory progress of the trainee, and good character of the trainee.

An applicant completing his/her required medical genetics training by July 31, 2005, may apply for ABMG certification in 2005. If the required medical genetics training has not been completed by December 31, 2004, the ABMG Administrative Office will contact the program director at the conclusion of the medical genetics training period for verification of successful completion of training.
9. Those applicants seeking additional certification in clinical genetics who have completed 24 months of training in an ACGME-accredited clinical genetics residency must submit:
 - a. Documentation of 24 months of training in an ACGME-accredited residency other than clinical genetics: Either a letter from the director of the ACGME-accredited residency program (other than clinical genetics) documenting successful completion of the 24 months of the ACGME-accredited residency training and/or documentation of board certification in an ABMG-recognized specialty. [Note: Completion of 48 months of training in an ACGME-accredited clinical genetics residency fulfills this requirement.]
 - b. Documentation of 24 months required medical genetics training in an ACGME-accredited clinical genetics residency: "Verification of Training in Medical Genetics" form completed and signed by the trainee's clinical genetics residency program director verifying the inclusive dates of

training, satisfactory progress of the trainee, and good character of the trainee.

An applicant completing his/her required medical genetics training by July 31, 2005, may apply for ABMG certification in 2005. If the required medical genetics training has not been completed by December 31, 2004, the ABMG Administrative Office will contact the residency program director at the conclusion of the clinical genetics residency for verification of successful completion of training.

- c. Copy of current, valid, unrestricted license to practice medicine in the US. The license must be valid on the date on which the ABMG certifying examination is taken. A temporary, limited license such as an educational or institutional license or housestaff permit is not acceptable.
- C. Individuals who have been active candidates, but who have failed to achieve certification in two consecutive examination cycles or within 6 years of initial application:

All such individuals must complete the equivalent of an additional 12 months of full-time medical genetics training in an ABMG-accredited fellowship program in that specialty or in an ACGME-accredited clinical genetics residency. A letter requesting approval for this additional training should be submitted by the program director to the ABMG Credentials Committee at the ABMG Administrative Office prior to the onset of the additional training. This letter must specify the inclusive dates and content of the additional training and must be signed by the trainee and the program director. [Note: It is the applicant's responsibility to assure that this request is submitted before, or no later than 2 months after, commencement of the additional training.]

Individuals who will have completed their additional 12 months of training by July 31, 2005, must submit:

1. A completed and notarized application form.
2. Application review fee (see Fees, Section X).
3. Curriculum vitae with bibliography that includes dates and location of undergraduate education, doctoral education, post-doctoral training, medical genetics training, and professional employment.
4. Documentation of doctoral degree: An official final transcript (including the degree earned, the field in which the degree was earned, and the date the degree was earned). A photocopy of the final transcript is not acceptable.
5. Documentation of the required additional year of medical genetics training in an ABMG-accredited fellowship program or ACGME-accredited clinical genetics residency: "Verification of Training in Medical Genetics" form completed and signed by the trainee's medical genetics fellowship program director or clinical genetics residency director verifying the specialty area(s) of training, inclusive dates of training, satisfactory progress of the trainee, and good character of the trainee.
6. Three letters of endorsement: Each letter must support the applicant's candidacy for ABMG certification and at a minimum attest to the applicant's honesty, integrity, and good moral character. At least one letter must be from an ABMG diplomate who is a faculty member, other than the program director, in the ABMG-accredited fellowship/ACGME-accredited medical genetics residency program in which the applicant trained; the other two letters must be from ABMG diplomates who are in good standing with the ABMG. Each letter of endorsement must be in a sealed enveloped and signed by the diplomate over the seal.
7. A new logbook of 150 additional cases in the specialty area in which the applicant is seeking certification collected during the inclusive dates of the approved additional training period in an ABMG-accredited fellowship/ACGME-accredited clinical

genetics residency program. The logbook must be in the format specified by the ABMG with the appropriate signatures.

An applicant who has completed his/her approved additional medical genetics training by December 31, 2004, must submit a completed logbook with the application.

An applicant whose training in a specialty is completed between January 1, 2005, and July 31, 2005, must submit a logbook with at least 100 cases by November 30, 2004, and must submit a logbook with the remainder of the cases postmarked by March 1, 2005. [Note: Late fees do not apply to the portion of the logbook submitted between December 17, 2004, and March 1, 2005.]

8. Applicants in clinical genetics: Copy of current, valid, unrestricted license to practice medicine in the US. The license must be valid on the date on which the ABMG certifying examination is taken. A temporary, limited license such as an educational or institutional license or housestaff permit is not acceptable.
- D. Individuals who have been active candidates, but who have failed to achieve certification in one cycle and who are reapplicants for the following examination cycle, must submit:
1. A completed and notarized application form.
 2. Reapplication review fee (see Fees, Section X).
 3. Examination fees (see Fees, Section X).
 4. Applicants in clinical genetics only: Copy of current, valid, unrestricted license to practice medicine in the US. The license must be valid on the date on which the ABMG certifying examination is taken. A temporary, limited license such as an educational or institutional license or housestaff permit is not acceptable.

III. Applicants With a Disability Requesting Special Accommodations During the Certification Examination

Applicants with a physical or mental disability who need special accommodations during the certifying examinations must check the "Application for Special Accommodations" box on the application form and must complete and submit the "Application for Special Accommodations" form with the application. The ABMG supports the intent of the Americans with Disabilities Act (ADA) and attempts to make reasonable accommodations for applicants with disabilities. The ABMG offers examinations in a place and manner accessible to individuals with disabilities or offers alternative accessible arrangements for such individuals. Auxiliary aids and services are offered only if they do not fundamentally alter the measurement of the skills and knowledge the examination is intended to test.

The applicant must notify the ABMG Administrative Office immediately if new circumstances arise after submission of the application that cause the applicant to request special accommodations during the certifying examination.

IV. Results of Application Review

- A. If further documentation is required and/or the application is in some manner incomplete, the applicant will be notified.
- B. The Credentials Committee of the ABMG will notify, in writing, each applicant of his/her candidate status.
 1. Active candidate status granted—All credentialing requirements have been satisfied in one or more specialty areas and all application review fees have been paid. The active candidate is eligible to sit the certifying examination(s). The active candidate will be asked to submit the examination fees at this time (see Fees, Section X).

[*Note:* The term "Board eligible" is not used to describe active candidate status. Active candidate status expires at the time that the results of the ABMG certifying examination are released. If a candidate fails to achieve certification for any reason (including withdrawing from the examination process), the individual loses active candidate status.]

2. Active candidate status denied—The applicant has failed to satisfy one or more credentialing requirements.

Applicants who are denied active candidate status and who are considering an appeal may write to the ABMG Administrative Office to obtain a copy of the "Appeal Process for Adverse Decisions Affecting Certification." Appeals of candidate status must be made in writing to the ABMG Administrative Office within 30 days after receipt by the applicant of notice of the adverse decision.

V. ABMG Certifying Examination

The ABMG certifying examination is offered every 2 years, beginning with the 2005 examination. The next ABMG certifying examination will be held in August 2005. Approved applicants will be sent written notification of active candidate status. This letter will also include information on examination fees and deadlines and examination sites and scheduling procedures.

- A. Admission to the examination site: Candidates must bring a current government-issued photo ID (eg, driver's license or passport) to the examination and the scheduling permit that will be mailed to the candidate in March 2005. No one will be admitted to the examination without a government-issued photo identification and the scheduling permit.
- B. The ABMG certifying examination is composed of two parts: a general examination and a specialty examination in one of five specialty areas. An active candidate for ABMG certification must take the general examination and at least one specialty examination. A candidate may only take the specialty examination(s) for which s/he has been credentialed.
- C. An active candidate who is an ABMG diplomate and who is applying for certification in an additional specialty or specialties must take both the general examination and the specialty examination(s) for which s/he has been credentialed.
- D. To be certified by the ABMG, active candidates must pass both the general examination and at least one specialty examination.
- E. Failure to pass the certifying examination is not grounds for appeal.
- F. Candidates must inform the proctor of any difficulties encountered at the examination site. In addition, candidates must inform the ABMG Administrative Office in writing within 1 week of the examination of any such difficulties encountered at the examination site.
- G. The content of the certification examinations is proprietary and strictly confidential information. Applicants must sign a notarized statement agreeing that they will not disclose, either directly or indirectly, any question or any part of any question from the examination to any person or entity. The unauthorized receipt, retention, possession, copying, or disclosure of any certification examination materials, including but not limited to the content of any examination question, before, during, or after the examination may subject the applicant to legal action. Such legal action may result in monetary damages and/or disciplinary action including denial or revocation of certification.

VI. ABMG Certification

A. Time-limited ABMG Certificates

Candidates for ABMG certification who pass the general examination and at least one specialty examination will become

diplomates of the ABMG for a period of 10 years from the date of the certifying examination. A certificate will be mailed to all diplomates in the spring following the examination. This information becomes public information and is listed in the *Official ABMS Directory of Board Certified Medical Specialists*.

B. Revocation of ABMG Certificates

Any certificate issued by the ABMG shall be subject to revocation at any time should the ABMG determine, in its sole judgment, that a candidate who has received a certificate was in some respect not properly qualified to have received it or is in some respect not properly qualified to retain it.

VII. Failure to Achieve ABMG Certification

- A. Individuals who do not pass the ABMG certifying examination, who withdraw from the certifying examination, or who do not appear at the certifying examination site fail to achieve ABMG certification.
- B. No portion of the ABMG certifying examination score will be carried forward to any future certifying examination cycle. Thus, if an applicant has passed either the general examination or a specialty examination, but not both, neither score will be carried forward.

VIII. Request to Withdraw

If an approved applicant withdraws from the examination, examination fees will not be refunded. All fees are nonrefundable.

Active candidate status is not maintained after examination results are released. Such applicants may reapply for "active candidate status." Applicants are required to achieve certification within two successive examination cycles or within 6 years of achieving active candidate status, whichever comes first. Credentials carry an applicant for two cycles. Withdrawing from an examination cycle is counted as failure to achieve certification during that cycle.

IX. Deadline for Applications

- A. The electronic portions of the application must be completed online no later than November 30, 2004, and other nonelectronic materials must be postmarked no later than November 30, 2004. All required fees, documents, letters of endorsement, and other nonelectronic materials must be submitted to the ABMG Administrative Office and must be postmarked no later than November 30, 2004.
- B. Late Fee: Applications electronically submitted and/or postmarked between December 1, 2004, and December 15, 2004, must be accompanied by a late fee (see Fees, Section X).
- C. Applications electronically submitted and/or postmarked December 17, 2004, or later will be returned to the applicant without review.
- D. Notification of Receipt of Applications
 1. Candidates will automatically be notified of the receipt of an online application form.
 2. The ABMG Administrative Office cannot respond to individual inquiries regarding receipt of other application materials. Candidates should send any required written materials via United States Postal Service certified mail with a return receipt of delivery. It is the applicant's responsibility to ensure on-time delivery of the application.

X. Fees

All fees must be paid in US currency by check or money order made payable to the American Board of Medical Genetics. The ABMG does not accept credit card payments. All fees are nonrefundable.

A. Application Review Fee

All application review fees must accompany the application (see Deadlines for Application, Section IX). Fees for all first-time applicants, ABMG diplomates seeking certification in another specialty, and individuals who have failed to achieve certification in two examination cycles or within 6 years:

One specialty	\$550
Two specialties	\$575
Three specialties	\$600
Four specialties	\$625

B. Reapplication Review Fee

Fee for all individuals who have been active candidates, but who failed to achieve certification in one cycle and who are reapplicants within one examination cycle: \$325

C. Late Application Review Fee

Additional fee for any application which is postmarked (or electronically submitted) between December 1, 2004, and December 15, 2004: \$250

D. Examination Fees

1. Examinations Fees:

a) General examination	\$600
b) Specialty examination:	
Clinical genetics	\$650
PhD medical genetics	\$650
Clinical cytogenetics	\$650
Clinical biochemical genetics	\$650
Clinical molecular genetics	\$650

2. First-time applicants for ABMG certification, ABMG diplomates seeking certification in an additional specialty(ies), and individuals who have been active candidates and who have failed to achieve certification in two consecutive examination cycles or within 6 years of initial application must submit the examination fees to the ABMG Administrative Office upon notification of active candidate status.

3. Individuals who have been active candidates but who failed to achieve certification in one cycle and who are reapplicants within one examination cycle must submit the examination fees with the application and the reapplication fee (see Deadline for Applications).

XI. Recognition of Training by the Canadian College of Medical Geneticists (CCMG)-Accredited Programs and ACGME/ABMG-Accredited Programs

A. The ABMG recognizes CCMG specialty certification as evidence of equivalence of successful completion of ABMG- or ACGME-accredited training.

B. Applicants for ABMG certification who are CCMG diplomates or who have received medical genetics training in a CCMG-accredited program must also meet all other applicable credentialing requirements of the ABMG.

C. Individuals trained in a CCMG-accredited training program, but who are not CCMG certified, may apply to the ABMG for certification. Evidence of completion of a prescribed course of accredited training must be submitted by the applicant's training program director. Cases obtained from a CCMG-accredited training program are acceptable and must be submitted in the ABMG log-book format. The ABMG reserves the right to require additional training to ensure that its requirements for certification are met.

D. Three letters of endorsement may be submitted by CCMG or ABMG diplomates, one of whom must be the director of the applicant's medical genetics training program.

E. Applicants are responsible to the ABMG for the full application review fee, examination fee(s), and any other applicable fees (see Section X) and deadlines (see Section IX).

XII. International Doctoral Degrees and International Graduate Medical Training

A. All individuals seeking certification by the ABMG must fulfill all basic requirements for certification detailed above.

B. All individuals with a doctoral degree earned outside of the US, Canada, or Puerto Rico are strongly urged to petition the ABMG Credentials Committee at the ABMG Administrative Office in writing prior to the onset of medical genetics training in an ABMG-accredited fellowship or ACGME-accredited clinical genetics residency program for determination of equivalency of the doctoral degree.

The following should accompany the petitioning letter:

1. Copy of the doctoral diploma and transcript of doctoral degree.
2. Curriculum vitae with bibliography that includes dates and location of undergraduate education, doctoral education, post-doctoral training, and professional employment.
3. For an individual with an MD degree: Copy of a standard certificate from the Educational Commission for Foreign Medical Graduates (ECFMG). This is required for all individuals in the specialty of clinical genetics. This is required for the 2005 examination cycle.
4. It is required for the 2005 examination cycle that an individual with an earned PhD degree from a country in which English is not the primary language must have taken the Test of Spoken English as a Foreign Language (TSE) examination within 2 years of entering an accredited training program or applying for ABMG certification. A minimal acceptable TSE score is 45.

Individuals applying for ABMG certification in 2005 must have the official TSE examination scores sent directly to the ABMG Administrative Office by the Educational Testing Service (Rosedale Rd, Princeton, NJ, 08541; 609 921-9000) no later than November 30, 2004. Applicants must enter the TOEFL code of 8509 on their answer sheet as well as on the Score Report forms (for tests previously taken). These scores will then be sent to the ABMG from the Educational Testing Service.

[Note: Because the Educational Testing Service retains TSE examination scores for only 2 years following the examination, applicants for ABMG certification must have these scores sent to the ABMG Administrative Office within 2 years of taking the examination. The TSE examination scores may be sent to the ABMG Administrative Office before the applicant submits any other portions of the application. It is suggested that official scores be sent to the ABMG Administrative Office as soon as an individual enters a training program.]

C. Individuals interested in entering an ACGME-accredited clinical genetics residency who have received graduate medical training outside the US, Canada, or Puerto Rico should petition the ABMG Credentials Committee at the ABMG Administrative Office in writing prior to beginning training for determination of equivalency of their graduate medical training. The following must accompany the petitioning letter: Copy of certificate of graduate medical training and letter from the director of the graduate medical training program stating the inclusive dates and the amount of time the individual spent in the training program.

The Credentials Committee may grant graduate medical training equivalency for 2 years, 1 year, or no years.

If the Credentials Committee grants 1 year of graduate medical training equivalency, the individual must complete 12 months

of full-time training in an ACGME-accredited residency program (other than clinical genetics).

If no graduate medical training equivalency is granted, the individual must complete 24 months of full-time training in an ACGME-accredited residency program (other than clinical genetics) or 48 months of full-time training in an ACGME-accredited 4-year clinical genetics residency.

XIII. Points Offered to Help Understand the Process of ABMG Certification

- A. Requirements for ABMG certification, including doctoral degree requirements, medical training requirements, medical genetics training requirements, credentialing process, and certifying examinations reside exclusively with the Board of Directors of the ABMG. Any questions that trainees or program directors have about the ABMG certification process must be directed in writing to the ABMG Administrative Office, at 9650 Rockville Pike, Bethesda, MD 20814-3998.
- B. Individuals interested in pursuing ABMG certification must be enrolled in an ABMG-accredited fellowship or an ACGME-accredited clinical genetics residency. The program must be accredited in the specialty(ies) in which the trainee plans to seek certification. The list of ABMG-accredited fellowships and ACGME-accredited clinical genetics residencies is available in the *Training Guide to North American Graduate and Post-Graduate Training Programs in Human Genetics* prepared by the American Society of Human Genetics (<http://www.ashg.org/genetics/ashg/pubs/002.shtml>).
- C. The program director must submit to the ABMG Administrative Office documents verifying the training of each medical genetics trainee planning to seek ABMG certification. Trainees are advised to check with their program director to assure that these forms contain correct information and have been properly filed. The required documents are:
1. The "Trainee Information Sheet," which is submitted to the ABMG Administrative Office by the program director at the onset of the applicant's training. Of note, the specific date, month, and year of the start and conclusion of the trainee's medical genetics training, and the ABMG specialty(ies) for which the trainee is receiving training must be reported on this form.
 2. The annual report of the training program, which is filed each year with the ABMG Administrative Office. The annual report includes for each trainee the inclusive dates of training and the ABMG specialty(ies) for which the trainee is receiving training.
- D. A trainee is only eligible to apply for ABMG certification in 2005 in specialties for which the necessary training will have been completed by July 31, 2005.
- E. An individual who is interested in pursuing medical genetics training and ABMG-certification and who has received a doctoral degree and/or some or all graduate medical training outside of the US, Canada, or Puerto Rico may need to fulfill additional requirements for certification (see Section XII). The interested person and the director of the medical genetics training program should petition the ABMG Credentials Committee in writing via the ABMG Administrative Office to clarify any additional requirements for ABMG certification before that individual commences medical genetics training.
- F. The ABMG limits "active candidate status" to individuals who fulfill the criteria for certification. Those practitioners working in the field of medical genetics who do not meet the specific criteria, despite academic or clinical backgrounds, are not eligible to sit for the ABMG certifying examination.

G. It is strongly recommended that an interested person or trainee whose training does not conform to the training requirements outlined in this document petition the ABMG in writing prior to the onset of medical genetics training to clarify the requirements for certification by the ABMG.

Description of Specialties in Medical Genetics

To be an active candidate for certification by the ABMG, an individual must meet the criteria in the area of desired certification and provide the required supporting documentation. Certification is offered in clinical genetics, PhD medical genetics, clinical cytogenetics, clinical biochemical genetics, and clinical molecular genetics.

Clinical Geneticist

A clinical geneticist is an individual who holds a US- or Canadian-earned, or the equivalent of an earned, MD or DO degree, has had 2 years in an ACGME-accredited clinical residency program in another medical specialty, 2 years in an ACGME-accredited residency in clinical genetics (or 4 years in an accredited clinical genetics residency program), a valid medical license, and demonstrates competence to provide comprehensive genetic diagnostic, management, therapeutic, and counseling services.

These requirements imply that the individual possesses

- broad knowledge in human and medical genetics, including an understanding of heterogeneity, variability, and natural history of genetic disorders;
- diagnostic and therapeutic skills in a wide range of genetic disorders;
- the ability to elicit and interpret individual and family histories;
- the ability to integrate clinical and genetic information and understand the uses, limitations, interpretation, and significance of specialized laboratory and clinical procedures;
- expertise in genetic and mathematical principles to perform risk assessment;
- skills in interviewing and counseling techniques required to (1) elicit from the patient or family the information necessary to reach an appropriate conclusion; (2) anticipate areas of difficulty and conflict; (3) help families and individuals recognize and cope with their emotional and psychological needs; (4) recognize situations requiring psychiatric referral; and (5) transmit pertinent information in a way that is comprehensible to the individual or family; and
- knowledge of available health care resources (community, regional, and national) required for appropriate referral or support.

PhD Medical Geneticist

A PhD medical geneticist is an individual with a US- or Canadian-earned, or the equivalent of an earned, PhD degree in genetics, human genetics, or a related field who demonstrates competence to provide comprehensive genetic diagnostic, management, and counseling services, as well as expertise in complex risk assessments and in the integration of clinical and genetic information.

These requirements imply that the individual possesses

- broad knowledge in human and medical genetics, including an understanding of heterogeneity, variability, and natural history of genetic disorders;
- the ability to elicit and interpret individual and family histories;
- the ability to integrate clinical and genetic information and understand the uses, limitations, interpretation, and significance of specialized laboratory and clinical procedures;
- expertise in genetic and mathematical principles to perform complex risk assessments and paternity and forensic computa-

tions, interpret pedigree analysis (both segregation and linkage), and understand the principles of medical genetics;

- skills in interviewing and counseling techniques required to (1) elicit from the patient or family the information necessary to reach an appropriate conclusion, (2) anticipate areas of difficulty and conflict, (3) help families and individuals recognize and cope with their emotional and psychological needs, (4) recognize situations requiring psychiatric referral, and (5) transmit pertinent information in a comprehensible way to the individual or family; and
- knowledge of available health care resources (community, regional, and national) required for appropriate referral or support.

Clinical Biochemical Geneticist

A clinical biochemical geneticist is an individual with a US- or Canadian-earned, or the equivalent of an earned, doctoral degree (MD, DO, PhD) who can correctly perform and interpret biochemical analyses relevant to the diagnosis and management of human genetic diseases and who acts as a consultant regarding laboratory diagnosis of a broad range of biochemical genetic disorders.

These requirements imply that the individual possesses

- the ability to supervise and direct the operations of a clinical biochemical genetics diagnostic laboratory, including technical expertise and knowledge in quality control and quality assessment procedures;
- broad knowledge of (1) basic biochemistry and genetics, (2) the application of biochemical techniques to the diagnosis and management of genetic diseases, and (3) the etiology, pathogenesis, clinical manifestations, and management of human inherited biochemical disorders;
- an understanding of the heterogeneity, variability, and natural history of biochemical genetic disorders;
- diagnostic and interpretive skills in a wide range of biochemical genetic problems; and
- the ability to communicate biochemical laboratory results in the capacity of consultant to medical genetics professionals and other clinicians and directly to patients in concert with other professional staff.

Clinical Cytogeneticist

A clinical cytogeneticist is an individual with a US- or Canadian-earned, or the equivalent of an earned, doctoral degree (MD, DO, PhD) who can correctly perform and interpret cytogenetic analyses relevant to the diagnosis and management of human genetic diseases and who acts as a consultant regarding laboratory diagnosis for a broad range of cytogenetic disorders, including inherited and acquired conditions.

These requirements imply that the individual possesses

- the ability to supervise and direct the operations of a clinical cytogenetic diagnostic laboratory, including technical expertise and knowledge in quality control and quality assessment procedures;
- broad knowledge in human cytogenetics, including prenatal and postnatal cytogenetic diagnosis, infertility and pregnancy loss, cancer, and leukemia;
- an understanding of the heterogeneity, variability, and natural history of cytogenetic disorders;
- diagnostic and interpretive skills in a wide range of cytogenetic problems; and
- the ability to communicate cytogenetic laboratory results in the capacity of consultant to medical genetics professionals and other clinicians and directly to patients in concert with other professional staff.

Clinical Molecular Geneticist

A clinical molecular geneticist is an individual with a US- or Canadian-earned, or the equivalent of an earned, doctoral degree (MD, DO, PhD) who can correctly perform and interpret molecular analyses relevant to the diagnosis and management of human genetic diseases and who can act as a consultant regarding laboratory diagnosis of a broad range of molecular genetic disorders.

These requirements imply that the individual possesses

- the ability to supervise and direct the operations of a clinical molecular genetics diagnostic laboratory, including technical experience and knowledge in quality control and quality assessment procedures;
- the ability to perform a variety of molecular diagnostic assays;
- an understanding of the heterogeneity, variability, and natural history of molecular genetic disorders;
- a broad knowledge of (1) basic molecular biology and genetics; (2) the application of recombinant DNA techniques and linkage analysis to the diagnosis of genetic diseases; and (3) the etiology, pathogenesis, clinical manifestations, and management of human genetic disorders;
- diagnostic and interpretive skills in a wide range of clinical molecular genetics problems; and
- the ability to communicate molecular diagnostic laboratory results in the capacity of a consultant to medical genetics professionals and other clinicians and directly to patients in concert with other professional staff.

American Board of Neurological Surgery

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Mary Louise Sanderson, Administrator, Houston, Texas

(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Neurological Surgery to ascertain whether the information below is current.)

Diplomates

A list of diplomates and the bylaws of the American Board of Neurological Surgery (ABNS) appear in the *Official American Board of Medical Specialties Directory of Board Certified Medical Specialists*, which can be obtained from Elsevier Science (655 Avenue of the Americas, New York, NY 10010; 888 437-4636; fax 212 633-3820). In addition, a list of new diplomates is published in the *Journal of Neurosurgery* shortly after each oral examination.

Information regarding training programs acceptable for certification can be found in the *Graduate Medical Education Directory*. This directory can be purchased from the American Medical Association (515 N State St, Chicago, IL 60610).

Qualifications

The ABNS evaluates all qualified applicants for their proficiency in neurosurgery.

The minimum educational requirements of the Board do not restrict programs to these standards. To ensure satisfactory competence in neurosurgery, neurosurgical program directors may retain residents in their programs beyond the required 5 years of training.

It is the responsibility of the candidate to seek information concerning current requirements for certification by the ABNS. Even though directors of approved neurosurgical residency programs are well informed regarding requirements for certification, placement in an approved program does not guarantee adequate training for certification. The candidate must make sure he/she receives such training.

Training Prior to Neurosurgery Residency

1. Graduation from a medical school that is acceptable to the Board.

2. Currently valid license to practice medicine in the state, province, or country of residence.
3. Twelve months devoted to acquiring adequate knowledge of fundamental clinical skills. This is known as postgraduate year one (PGY1), general surgery year one, or internship; completion is recommended prior to beginning neurosurgical training but must be done prior to beginning the third year of residency. It may be achieved by 1 year of training in a general surgery program accredited by the Accreditation Council for Graduate Medical Education (ACGME) in the United States or, for applicants entering training programs prior to July 16, 1997, a Canadian equivalent. It may also be acquired during the course of training in an ACGME-accredited neurosurgical residency program in the US or, for applicants entering training programs prior to July 16, 1997, a Canadian equivalent. Such training must include not less than 6 months in surgical disciplines other than neurosurgery. The remaining 6 months must consist of clinical skills considered appropriate by the program director but may not include more than 6 weeks of neurosurgery; however, this portion may include up to 3 months of neurology.

Neurological Surgery Training Requirements

For residents beginning the neurosurgery portion of their training on or after July 15, 1997:

1. Completion of a minimum of 5 years of training following PGY1 in neurosurgical residency programs accredited by the Residency Review Committee for Neurosurgery. For applicants entering residency training prior to July 16, 1997, training programs may be accredited by the Canadian equivalent.
2. At least 36 months of core clinical neurosurgery with progressive responsibility culminating in 12 months served as senior-most resident with major, primary patient management and administrative responsibilities, all as deemed appropriate and designated by the program director.
3. Training in clinical neurosurgery must be progressive and not obtained during repeated short intervals in a number of institutions. At least 24 months of training in core clinical neurosurgery must be obtained in one program.
4. At least 3 months must be devoted to training in clinical neurology as a full-time assigned resident in an accredited neurology training program, or, for residents entering training prior to July 16, 1997, a Canadian equivalent. Six months is recommended. Up to 3 months of this training may be undertaken during PGY1.
5. The unobligated 21 or more months must be devoted to aspects of the basic or clinical neurological sciences which, at the discretion of the program director, may include neurology, neurosurgery, neuropathology, neuroradiology, research, and/or other disciplines related to the nervous system. Trainees are expected to acquire basic knowledge and skills in each of these disciplines.
6. Elective training by residents outside of their parent neurosurgical residency program does not count toward fulfilling training requirements unless specifically arranged by the trainee's program director and approved by the Board in advance. In such instances, the secretary of the Board must be notified in writing of the prospective rotation. Such training may in no way compromise the 36 months of core neurosurgery.
7. Residents are required to record and supply to the Board a log of all operative procedures during all clinical years. NeuroLog, the ABNS Web-based program for logging data, is recommended.
8. The program director must notify the Board of the appointment of each new neurosurgical resident and whether he/she is entering the program with intent to obtain certification. If so, the director must inform the trainee of the requirements necessary to obtain such certification.

9. Prior to acceptance for the certification process, the Board requires a statement from the candidate's program director to the effect that the candidate has met the minimum time requirements, has performed in a satisfactory manner, and is well prepared to enter into the independent practice of neurosurgery.

Exceptional Modifying Circumstances

Upon recommendation of the program director, the Board may at its own discretion consider and give retroactive credit for previous training if a resident, before entering an approved neurosurgical training program, has had substantially more than the prerequisite training in general surgery, medical neurology, or the basic neurological sciences. Such credit is not automatic and must be approved by the Board.

If a resident leaves an accredited neurosurgical training program, the director of the program must indicate in writing to the Board the credit for training, in respect to time and category, he/she is prepared to certify that the trainee successfully completed. Should the individual enter a new neurosurgical residency program, the new program director may or may not honor such credit, depending upon appraisal of the resident's professional and educational progress in the new program; a statement of how much training credit will be accepted must be submitted to the Board by the new program director. Requests for transfers must be handled in the same way and submitted to the Board prospectively.

Training by preceptorship is not considered as fulfilling certification requirements. No credit is given for time spent in such training.

Credit for elective training in foreign or other nonapproved centers may be granted by the Board on an individual basis when this training is carried out as an integral part of the residency program with the advice and approval of the trainee's program director. (See 6, above.) Requests for training away from a parent institution must be submitted in writing to the Board prospectively, not retroactively.

The above provisions in no way alter the basic minimum requirement of 60 months of neurosurgical residency training, including a minimum of 3 months of training in clinical neurology and 36 months of clinical neurosurgery in accredited institutions, 12 months of which must be as senior resident and 24 months in one institution.

Primary Examination

Each applicant for the ABNS oral examination and certification must first pass for credit the Primary Examination, which is prepared by the Board with the assistance of the National Board of Medical Examiners. The examination includes information on neuroanatomy, neurobiology, neurology, neuropathology, neuropharmacology, neurophysiology, neuroimaging, neurosurgery, fundamental clinical skills, and critical care, plus material from other relevant disciplines deemed suitable and important by the Board.

The Primary Examination is given in March of each year at neurosurgery residency programs throughout the United States and Canada. Residents may take it for self-assessment or credit toward certification at the discretion of their program directors. It is also open to all neurosurgeons who have successfully completed training at accredited programs; they may take it as often as desired for self-assessment or credit. Residents beginning training after July 1, 1998, must pass it for credit before the completion of training.

An application must be before mid-December, the deadline for receipt of applications by the Board. It must be accompanied by the fee set by the Board. The fee will be refunded only until the deadline date for receipt of applications. Examinees are required to sign a pledge that states they (1) agree to be bound by the Board's ruling regarding credentials, irrespective of scores on the

examination, (2) grant permission to the ABNS and its testing organization to release the results, either for credit or self-assessment, to the examinee's program director, and (3) will not reproduce or copy the examination in any form in part or in whole.

Practice Requirements

After beginning practice, the candidate shall furnish to the Board the names of three physicians in the community (two neurosurgeons, including one ABNS diplomate) who are knowledgeable about the quality of the candidate's practice. The Board will request reference letters from these physicians and others in the candidate's community. It is also the prerogative of the Board to send representatives to review the candidate's practice.

The candidate shall submit the names and addresses of all hospitals where he/she has or has had privileges. Letters will be requested to advise the Board of the candidate's status regarding admitting and operating privileges in each hospital. At the time of credentialing, each candidate must be in possession of hospital staff privileges in all hospitals in which he/she cares for patients. Such privileges must be unrestricted in respect to the hospital's requirements for a neurosurgeon.

The candidate must also submit a chronological list of all inpatients for whom he/she was the responsible physician or surgeon. Twelve current, consecutive months are required, with a minimum of 100 operative cases. The case material must be signed by the chief of staff, chief of service, president of the medical staff, or hospital administrator of each hospital where the candidate practices in verification of the essential accuracy of the data. These data must be approved by the Board prior to scheduling for oral examination. Beginning in 2005, the Web-based program NeuroLog must be used for logging data.

A candidate must be scheduled for oral examination by the Board within 5 years of completing an accredited training program. Compliance with this regulation requires early submission of applications after training. If a candidate is not scheduled within the 5-year limit, he/she must once again pass the Primary Examination for credit; the candidate will then have 3 years to become certified. Candidates should keep in mind that at least 12 months are required between submission of a complete application and oral examination.

Certification of Those Training in Canadian Programs

Individuals who began neurological residency training in approved Canadian programs before July 16, 1997, and hold a fellowship in neurosurgery from the Royal College of Physicians and Surgeons of Canada are eligible for certification through the same route as candidates training in the United States, as outlined above.

Applications

Applications for oral examination and certification are automatically sent to residents at the end of their last year of training. Additional applications and practice data information are available from the ABNS office. The application should be filled out and returned to the Board as soon as the data have been logged.

A pledge is part of the application for oral examination. By signing the application, the applicant agrees to abide by all the Bylaws and Rules and Regulations of the Board.

Upon receipt of an application, the Board takes such steps as deemed appropriate to verify the statements of facts made therein. Inquiries are made from references and others familiar with the candidate to obtain information relevant to the requirements for examination. Once the year of practice data is received, it is reviewed and, when approved, becomes part of the application.

The Board makes the final decision regarding a candidate's eligibility for oral examination and potential certification after considering all available information pertaining to the entire process of certification.

Application fees are not refunded, even when the application for oral examination is denied.

Oral Examination

Oral examinations—clinical problem-solving and patient-management examinations—are held twice a year. Candidates are given case histories and, where appropriate, x-rays, scans, and other visual aids to augment the presentation and development of cases. The candidate must be able to explain orally how he/she would proceed in evaluating and managing a case, and in planning and performing any proposed operation or operations, if indicated. One hour is devoted to neurological surgery-intracranial diseases; 1 hour to neurological surgery-spinal and peripheral nerve diseases; and 1 hour to a mixture. Neurosurgical neurology is included in all sections. Each of the 3 hours is conducted in an interview setting with two examiners.

A candidate who passes the oral examination is thereby certified and will be forwarded the Board's certificate, once it has been suitably engrossed and signed by the officers of the Board.

Reexamination Rules

A candidate failing the oral examination once may request reexamination within 3 years. A minimum of 1 year must elapse before taking the examination for the second time. A new examination fee must be paid.

A candidate who has failed the oral examination on two or more occasions must pass the Primary Examination for credit again before becoming eligible to retake the oral examination. Two letters of reference from neurosurgeons certifying the nature and quality of the candidate's practice must be submitted to the Board, as well as hospital privilege letters and a year of current practice data. In addition, the candidate must pay the oral examination fee. Under these circumstances, candidates must take the oral examination within 3 years of repassing the Primary Examination. Should the candidate not apply for or fail to appear for oral examination within the 3-year period, he/she must re-pass the Primary Examination before being eligible for the oral examination once again.

Payment of Fees

All fees are determined by the Board and reflect the costs that the Board incurs through obligations associated with the certification process.

Revocation of Certification

Pursuant to the Rules and Regulations established by the ABNS, the Board has the authority to revoke any certificate issued by it for reasons including: the person to whom the certificate was issued is convicted of a felony, his/her license to practice medicine has been lost or encumbered, or he/she gave false information on the application for oral examination. Should revocation be disputed, there is a hearing mechanism for such an action.

American Board of Nuclear Medicine

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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Nuclear Medicine [ABNM] to ascertain whether the information below is current.)

General Requirements for Each Candidate

Assurance that the applicant represents himself/herself to be a specialist in nuclear medicine.

General Professional Education

Graduation from a medical school approved by the Liaison Committee on Medical Education or from a school of osteopathy. If the applicant is a graduate of a medical school outside the United States or Canada, he/she must hold a currently valid ECFMG certificate issued by the Educational Commission for Foreign Medical Graduates, 3624 Market St, Philadelphia, PA 19104-2685; 215 386-5900.

Preparatory Postdoctoral Training

Training required for admission to the certifying examination in nuclear medicine shall be comprised of 1 or more years of preparatory postdoctoral training and 2 or more years of residency training in nuclear medicine.

Preparatory postdoctoral training shall consist of 1 or more years of residency training in programs satisfactory to the ABNM. Such programs shall provide broad experience in clinical medicine in which the primary emphasis is on the patient and his or her clinical problems. Preparatory training may be in any specialty in a residency program in the US that is accredited by the Accreditation Council for Graduate Medical Education (ACGME), or programs in Canada approved by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the Professional Corporation of Physicians of Quebec (PCPQ), or alternative training as approved by the ABNM. Preparatory postdoctoral training must precede the training in nuclear medicine.

Each nuclear medicine residency training program director must ensure that for each resident entering his/her program the preparatory postdoctoral training has been in (1) a US program accredited by the ACGME or (2) a Canadian program approved by the RCPSC

or the PCPQ or (3) an alternative training program as approved by the ABNM.

Postdoctoral Training in Nuclear Medicine

1. After completion of the preparatory postdoctoral training program, there shall be satisfactory completion of a 2-year formal residency training program in nuclear medicine in a nuclear medicine residency training program recognized and approved by the Residency Review Committee for Nuclear Medicine of the ACGME or a Canadian program approved by the RCPSC or PCPQ as competent to provide satisfactory training in nuclear medicine.
2. The 2-year formal residency training program in nuclear medicine must include:
 - a. Training in clinical nuclear medicine which must include, but not be limited to: performance and interpretation of in vivo imaging studies of body organs and systems using radiopharmaceuticals; training and experience in the application of nonimaging procedures, including instruction in principles of immunology; and therapeutic uses of unsealed radiopharmaceuticals, including patient selection, dosimetry, and dose administration in the treatment of cancer and hematologic and metabolic disorders. In vivo studies will include use of external detectors and scintillation cameras, including single-photon tomography and positron emission tomography; cardiovascular nuclear medicine procedures, including exercise and pharmacologic stress testing, as well as management of cardiac emergencies related to such testing; and correlation of nuclear medicine procedures with other imaging modalities, such as computed tomography, ultrasonography, magnetic resonance imaging, and angiography.
 - b. Training in basic and allied sciences, which must include medical nuclear physics; instrumentation; radiopharmaceutical chemistry, including reactor, cyclotron, and generator production of radionuclides; computer sciences; statistics; radiation biology; and radiation safety, including safe management and disposal of radioactive substances. Training in allied sciences may include pathology, physiology, and other basic sciences associated with nuclear medicine. The time spent in training in allied science may be spaced throughout the period of training in nuclear medicine and in a manner that does not exceed 6 months of training.
 - c. For applicants who have completed residency training programs in clinical disciplines closely related to nuclear medicine in residency programs accredited by the ACGME, the RCPSC, or the PCPQ, credit may be given for some of that training. Applicants desiring credit toward the nuclear medicine requirements should write to the Board requesting such credit (see "Applications," below).

Combined Training Programs

1. Nuclear Medicine and Diagnostic Radiology

The ABNM and the American Board of Radiology offer dual certification for candidates who have satisfactorily completed a combined total of 6 years of suitable accredited training in programs approved by both Boards.

To be eligible for dual certification, a resident must obtain residency training in diagnostic radiology and nuclear medicine that must include (a) a preparatory clinical year and (b) 4 years of education in diagnostic radiology program that includes 6 months of nuclear medicine training, followed by (c) 1 year of education in a nuclear medicine or nuclear radiology program. Certifying examinations of each board cannot be taken until all required years of training in each specialty is satisfactorily completed. All training must

be in ACGME-, RCPSC- or PCPQ-accredited programs and approved by the director of each program.

2. Nuclear Medicine and Internal Medicine

The ABNM and the American Board of Internal Medicine offer a training pathway for candidates who have completed 4 years of combined accredited training in internal medicine and nuclear medicine leading to admissibility to certification in both specialties. To meet eligibility for dual certification, the resident must satisfactorily complete 48 months of combined training that is verified by the directors of both training programs. It is strongly recommended that combined training occur in the same institution. Residents will be eligible for admission to the written certifying examination in internal medicine after successfully completing the R-3 year of training and for the nuclear medicine examination after the R-4 year. All training must be in ACGME-, RCPSC-, or PCPQ-accredited programs and approved by the director of each program.

3. Nuclear Medicine and Cardiology

Applicants who have completed an accredited program in internal medicine/cardiology, which includes 3 months in the clinical subspecialties of internal medicine, 3 months of invasive cardiology, and 6 months of noninvasive cardiology (with an emphasis on nuclear cardiology), may apply to take the ABNM examination upon completion of an additional 12 months of nuclear medicine training (with an emphasis on noncardiac aspects of nuclear medicine) in an accredited nuclear medicine program. All training must be in programs accredited by the ACGME, RCPSC, or PCPQ and approved by the director of each program.

4. Nuclear Medicine and Neurology

The ABNM and the American Board of Psychiatry and Neurology offer dual certification for candidates who have completed 5 years of combined accredited training in nuclear medicine and neurology. It is strongly recommended that the participating residencies be in the same institution.

To be eligible for dual certification, the resident must satisfactorily complete 60 months of training, which must be verified by the respective directors of both programs. The certifying examinations may not be taken until all required years of training in both specialties are satisfactorily completed. All training must be in ACGME-, RCPSC-, or PCPQ-accredited programs and approved by the directors of each program.

Evaluation of Clinical Training in Nuclear Medicine

1. The Board considers demonstration of clinical competence in the management of the nuclear medicine patient of paramount importance in its qualification of the applicant to take the certifying examination. The Board designates the directors of nuclear medicine residency programs and their supporting evaluation committees as the authorities who most appropriately can provide to the Board the necessary documentation of competence in clinical nuclear medicine, and requires that all program directors certify to the Board that each applicant from their programs is competent in clinical nuclear medicine. These reports will be reviewed by the Board before accepting an applicant to take the certifying examination.
2. If a residency program director's evaluation indicates an applicant's competence in clinical nuclear medicine is unsatisfactory, the applicant will not be admitted to the examination unless the Board finds that the applicant's overall performance meets its standards. An applicant not admitted to an examination on the basis of these findings may appeal in writing to the Board for a special evaluation of competence in clinical nuclear medicine within 45 days of receipt of notification. The appeal should state

that a request is made for review of the decision not to admit to the examination and why the applicant considers the decision to be in error. Applicants whose clinical competence is judged satisfactory in this evaluation will be admitted to the next examination for which they apply. Applicants judged not satisfactory in this evaluation are advised to spend an additional year in training before applying again for special evaluation of competence.

- Applicants submitting false credentials are subject to disqualification from examination or revocation of certification.

Patient Care Responsibility

Applicants for certification in nuclear medicine will have 1 or more years of training in which the primary emphasis is on the patient and his/her clinical problems.

Canadian Training

Physicians who satisfactorily complete training in Canadian nuclear medicine programs approved by the RCPSC or the PCPQ are eligible for admission to the ABNM certifying examinations.

Completion of Training

All preliminary and nuclear medicine residency training must be completed prior to September 1 of the year the candidate takes the certifying examination.

Licensure Requirement

A valid, unrestricted license to practice medicine in a state, territory, possession, or province of the United States or Canada will be required of all applicants for the certifying examination. If a candidate is licensed in more than one such jurisdiction, each license must be valid and unrestricted. A photocopy of every license held by the candidate must be submitted to the Board.

Approved Residency Training Programs

Residency training programs in nuclear medicine accredited by the ACGME may be found in the *Graduate Medical Education Directory*, published annually by the American Medical Association and the ACGME, or may be obtained by contacting the Secretary, Residency Review Committee for Nuclear Medicine, ACGME, 515 N State St, Ste 2000, Chicago, IL 60610.

Admissibility to Examination

An applicant is admissible to the examination only when all of the preliminary and graduate educational requirements of the Board currently in force at the time of receipt of the formal application have been satisfactorily fulfilled and deemed acceptable.

Examination

An objective type, computer-based examination is administered in a morning and an afternoon session. The examination evaluates the candidate's knowledge of and competence in the management of patients in the area of clinical nuclear medicine, including nuclear imaging, therapy with unsealed radionuclides, the medical effects of exposure to ionizing radiation, and the medical management and disposal of radioactive substances. Also included is an evaluation of the candidate's knowledge in the related sciences of medical nuclear physics, radiation biology, radiation protection, instrumentation, radiopharmaceutical chemistry, computer sciences, and statistics; it may also include pathology, physiology, and other basic sciences associated with nuclear medicine.

Applications

Applicants who wish to be examined by the Board must complete, sign, and file with the Board office an application on the official

form together with the supporting data required by the application. It is the responsibility of the applicant to make certain that the required evaluation forms have been completed by his/her program director and sent to and received by the ABNM.

As soon as determination is made concerning admission or nonadmission to the examination, the applicant will be notified by mail, and, if admitted, assignment of the candidate number and notification of the examination sites will be given. Applications must be complete with *all* required documentation by July 20.

Before the final action on applications, officers, members, and employees of the Board are not authorized to estimate the eligibility of applicants. Applicants are requested not to discuss or write for opinions regarding the status of their applications. The Board decides on eligibility to take the examination only by approving or disapproving individual applications and accordingly has no "Board-eligible" category.

Inquiries concerning the applicability of previous training and experience should be sent with complete documentation of all education and training to the Board office. A copy of the Board's response to these inquiries should be forwarded with any subsequent examination application.

Release of Information

Candidates will receive the results of their examinations (pass/fail letter) approximately 3 months after the examination.

A list of diplomates of the ABNM will be found in the *Official American Board of Medical Specialties Directory of Board Certified Medical Specialists*, published by the American Board of Medical Specialties and Elsevier Science.

Upon request, and with the approval of the Board chairman, the Board releases information on diplomates to federal and state licensing bodies and to educational and professional organizations for specific, limited, and appropriate professional use. An authorization for release of this information is a part of the examination application form.

Policy on Reexamination

Candidates who fail the examination are eligible for reexamination. An examination fee must accompany each completed application for reexamination. If a candidate is disqualified from the examination by reason of dishonesty in the application or in taking the examination and his/her examination is invalidated by the Board, reexamination shall be at the Board's discretion.

Recertification

The ABNM offers its diplomates voluntary recertification based upon fulfillment of certain requirements, including passing an objective cognitive examination. The ABNM will not rescind initial certification granted prior to 1992. Beginning in 1992 certification will be valid for a period of 10 years and may be revalidated by recertification.

Journals Publishing Information on Application and Examination Schedules

Annals of Internal Medicine (Medical News Section)
Journal of the American Medical Association (Examinations and Licensure Monthly Section)
Journal of Nuclear Medicine
Radiology

Changes in Policies and Procedures

The Board reserves the right to make changes in its fees, policies, and procedures at any time and cannot assume responsibility for giving advance notice thereof. The provisions of this publication are

not to be construed as a contract between any candidate and the ABNM.

Fees

The examination fee must accompany the application. If the applicant is rejected by the Board or withdraws prior to August 1, an application processing fee will be retained by the Board. If the applicant withdraws after August 1, the entire examination fee will be retained by the Board.

American Board of Obstetrics and Gynecology

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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Obstetrics and Gynecology [ABOG] to ascertain whether the information below is current.)

Objectives and Purposes

As stated in the Articles of Incorporation, the purposes of the Board include the functions: "To arrange and conduct examinations and/or other procedures to test the qualifications of voluntary candidates for certification and recertification by this Corporation. The criteria for certification and recertification shall be applied equally to all candidates regardless of sex, race, color, or national origin. To issue Certificates or any other evidences of competence to eligible physicians whom this Corporation considers to have demonstrated special knowledge and professional competence relating to Obstetrics and Gynecology, which Certificates or any other evidences of competence may, at the discretion of this Corporation, be valid only for a limited period of time. To determine from time to time whether physicians who have been issued Certificates or other evidences of competence have continued to maintain their professional qualifications and to issue recertification Certificates or other evidences of competence to those physicians who successfully demonstrate continued maintenance of such qualifications."

Definitions

Obstetrician-gynecologists are physicians who, by virtue of satisfactory completion of a defined course of graduate medical education and appropriate certification, possess special knowledge, skills, and professional capability in the medical and surgical care of the female reproductive system and associated disorders, such that it distinguishes them from other physicians and enables them to serve as consultants to other physicians and as primary physicians for women.

Over the years of practice, each obstetrician-gynecologist builds upon this broad base of knowledge and skills and may develop a unique type of practice and changing professional focus. Such diversity contributes to high quality health care for women.

A physician's certification by the ABOG attests to the physician's professional colleagues and to the public that the diplomate possesses special knowledge and professional capability. Each certificate granted or issued does not of itself confer or purport to confer upon any person any degree or legal qualifications, privileges, or license to practice obstetrics and/or gynecology, nor does the Board intend in any way to interfere with or limit the professional activities of any duly licensed physician who is not certified by this Board. The privileges granted physicians in the practice of obstetrics and gynecology in any hospital are the prerogative of that hospital, not of this Board. The Board certifies as specialists those who voluntarily appear before the Board for the purpose of evaluation and certification.

Types of Board Status

Note: The term "Board Eligible" is *not approved* by the Board for any individual seeking Board certification or for those who have only completed residency training.

1. Residency Graduate

An individual is registered with the Board when, upon application, the Board rules that he/she has fulfilled the requirements to take the written examination (see "Requirements" for the written examination).

2. Active Candidate

- An individual achieves active candidate status by passing the written examination.
- To maintain active candidate status, the candidate must fulfill all requirements for admission to the oral examination (see "Requirements") and must not have exceeded the *limitations* to admissibility for the oral examination (see "Limitations").
- Active candidate status that has expired may be regained by repeating and passing the Board's written examination.

3. Diplomate

- An individual becomes a diplomate of the Board when the written and the oral examinations have been satisfactorily completed and the Board's certifying diploma has been awarded.
- Certificates have limited duration of validity (see "Duration").

4. Expired Certificate

- An individual has failed to complete successfully a maintenance of certification examination prior to the expiration date printed on his/her time-limited certifying diploma (see "Duration").
- Individuals in this category are no longer diplomates of the ABOG.
- Former diplomates whose time-limited certificates have expired may re-obtain diplomate status by successfully completing an ABOG Maintenance of Certification process.

5. Retired Diplomate

- An individual has retired from clinical practice at a time when they were a diplomate.
- Individuals in this category are retired diplomates. If they return to active practice after their time-limited certificate has expired, they must complete an ABOG maintenance of certification process in order to reactivate their diplomate status.
- Individuals choosing to be a retired diplomate must notify the Board. Failure to take this action will result in an Expired Certificate status for an individual holding a time-limited certificate that has expired.

Rights of Applicants and Diplomates

Jurisdiction and Venue

The Corporation shall require, as a condition precedent for any person or entity to become a member, director, officer, employee, agent, applicant for examination, a diplomate certified by the Corporation, a committee or division member, whether paid or volunteer (hereinafter, individually and collectively, "Person or Entity"), that such person or entity agree as follows: In any dispute of any kind with the Corporation or any Person or Entity, such Person or Entity shall be subject to suit, if at all, only in the County and State where the Corporation maintains its principal place of business and its headquarters, which is currently Dallas, Dallas County, Texas. Each Person or Entity shall be required to consent to the exclusive jurisdiction and venue of courts located in Dallas, Texas and laws of the State of Texas for the resolution of any and all such disputes. Further, in the event any diplomate engages in any activity or form of conduct which would reasonably diminish the reputation of the Corporation and the value of its certification, the Board may require such diplomate to appear and show cause why his/her certification should not be revoked and diplomate status terminated. The Board of Directors shall establish procedures to assure that any

diplomate required to appear shall be afforded due process and the opportunity to defend himself/herself.

Obligations

The acceptance of an applicant for examination by the Corporation and the granting of diplomate status to a physician who has satisfied the requirements for certification is contingent on the agreement of the applicant or diplomate to abide, at all times, with the rules, Regulations and Directives of the Corporation, its Board of Directors and Officers, of which they are advised or on notice.

Rights

Individuals who are certified as diplomates by the Corporation acquire no property right or vested interest in their certification or in their diplomate status, the duration, terms, and conditions of which may be extended, reduced, modified, or otherwise changed as determined by the Board of Directors, in its absolute discretion to assure greater protection of the public, to recognize knowledge and skills deemed to require further evaluation or to accommodate legal requirements.

Candidate Responsibility

It is the responsibility of the candidate to seek information concerning the current requirements for certification as an obstetrician and gynecologist. The Board does not assume responsibility for notifying a candidate of changing requirements for admissibility to any examination or impending loss of admissibility to any examination. Moreover, candidates must meet the eligibility requirements published in the Bulletin dated for the year in which they are to take the examination.

It is the candidate's responsibility to read the applicable Bulletin, to follow the published requirements, and to meet the published deadlines.

Certification Process

Certification as a specialist in obstetrics and gynecology is the end of a process lasting many years. The required minimum duration of graduate education is 4 years.

Written Examination

During the final year of graduate training, it is necessary to initiate certain measures. Candidates due to complete their graduate training program prior to September 30 should, between September 1 and November 30 of the final year of residency, request and complete the application for the written examination. If ruled admissible to take the examination, the candidate will do so on the last Monday in June of the final year of residency.

For candidates who will complete their residency training after September 30, application for the written examination must be delayed until the following year. If ruled admissible to take the examination, the candidate will do so in June of the following year.

Oral Examination

To be ruled admissible to take the oral examination, candidates are required to provide a list of patients under their care (herein after "case list") for a 12-month period beginning on July 1 of the second year of practice after the written examination is passed. After November 1 of this second year of practice and before the following February 28, candidates should request and complete the application (November 1-February 28).

The examination process is voluntary. The ABOG will not contact you. You are responsible for requesting an application and submitting it in a timely fashion.

The candidate's case list must be mailed to the Board office between July 1 and August 2 following the completion of the 12-month period of patient care. The case lists should not be mailed until the

candidate is notified of approval to submit his/her case list. If ruled admissible, the candidate will be allowed to take the oral examination in November, December, January, or February.

Important Dates in the Certification Process Not Pertaining to the Accelerated Oral Process

I. Final Year of Residency (ending on or before the following September 30)

- A. July 1—Commence
- B. September 1 to November 30—Apply for basic written examination
- C. Last Monday in June—Take basic written examination

II. Practice

- A. First year of practice
 - No Board activities necessary
- B. Second year of practice
 - July 1 to June 30—Patient case list
 - November 1 to February 28—Apply for general oral examination
- C. Third year of practice
 - August 1—Deadline for submission of patient list
 - November, December, January, or February—Take general oral examination

III. Fellowship in Subspecialty

- A. First year (fellowship) (July 1-June 30)
 - No Board activities
- B. Second year (fellowship) (July 1-June 30)
 - No general Board activities
- C. Third year (fellowship) (July 1-June 30)
 - 1. No general Board activities
 - 2. (September 1 to November 30—Apply for subspecialty written examination)
- D. Fourth year—First year of practice (July 1-June 30)
 - 1. July 1 to June 30—Patient case list
 - 2. November 1 to February 28—Apply for the November, December, or January general oral examination
- E. Fifth year—Second year of practice (July 1-June 30)
 - 1. August 1—Deadline for submission of patient list
 - 2. November, December, or January—Take general oral examination
 - 3. January 1 to April 30—Apply for subspecialty oral examination
 - 4. January 1 to December 31—Subspecialty patient case list
- F. Sixth year—Third year of practice (July 1-June 30)
 - 1. January 1—Deadline for submission of thesis
 - 2. January 1 to December 31—Deadline for submission of subspecialty patient case list
 - 3. March or April—Take oral subspecialty examination

IV. Accelerate Oral Examination Process

The length of time between successful completion of the written examination and the oral examination may be shortened by 1 year. Specifically, after completion of the written examination on the last Monday in June, the candidate may begin collection of cases on July 1, but must start prior to September 1. This means that an active hospital practice must be established prior to September 1. After September 1, see "Application for Examination". Individuals who have not completed their residency prior to August 31 will not be allowed to begin case collection until the following July.

No more than 300 total combined candidates from graduating residency programs and from fellowship programs (see V, below) will be allowed to enter this accelerated process each year.

All graduating residents who pass the written examination will be notified by mail prior to August 1 that they have passed the written examination. In this same letter, they will be told that they are eligible to apply for this accelerated process. They must request the application forms and return these with the appropriate fee to the Board office prior to 5:00 PM Central Standard Time on September 15, 2004. If more than 300 completed application forms are received for the 2005-2006 examinations, only 300 candidates will be chosen from the recent resident graduates and the fellows currently enrolled in ABOG-accredited fellowship programs, using a computerized random selection process. All applicants will be notified by October 1 if they are among the 300 candidates chosen for this accelerated process.

If a candidate is selected for this accelerated process, they must meet all other requirements applicable to the oral examination. No late applications will be accepted, and all deadlines and requirements must be met in order to participate in the accelerated program. For those not selected in the randomization process, application fees will be refunded and case collection may be discontinued. For those selected for the process, application fees will not be refunded if the process is cancelled or not successfully completed by the applicant.

It is important to understand that, if accepted into this accelerated program, it is the candidate's responsibility to understand the requirements and to comply with them (see "Case Preparation"). The most important of all requirements is to supply the Board with a current, accurate address. Additionally, all such candidates should request a current Bulletin from the Board office or download a Bulletin from the ABOG Web site.

V. Accelerated Oral Examination for Fellows

Commencing in 2004, fellows currently enrolled in Board-accredited fellowship programs may apply for the accelerated general obstetrics and gynecology oral examination. Such candidates must:

- have their fellowship program director's approval;
- be a second, third, or fourth year fellow at the time of the examination;
- meet all the requirements outlined in this Bulletin, including those outlined above, under IV., and in the following table, and, finally,
- sit for the oral examination only once during their fellowship.

Patients for case lists of candidates in fellowship programs must include those women cared for by the fellow when assigned clinic or night call duties not directly associated with their fellowship program. For example, if an oncology fellow is assigned 1 night per month in a labor and delivery area, those patients cared for by this fellow can be used as cases for his/her case list. Senior residency cases may be included to complete a case list, if necessary.

Recent Resident Graduates

Summary of Dates, Fees, and Late Fees for Accelerated Oral Examination

July 1 of year written exam taken and passed

Candidate begins collection of cases for case list

Prior to August 1, 2004

Candidate will be notified of pass/fail on written examination by the Board office

August 1, 2004-September 15, 2004 (5:00 PM CST)

Candidate must return automated application for oral examination with application fee of \$740

September 15, 2004

No applications accepted after this date

October 1, 2004

Candidates will be notified of acceptance into accelerated process for the 2005 examination

July 2005 - August 1, 2005

Candidates will be notified to submit properly formatted case lists and examination fee of \$860

August 1-19, 2005

Candidates notified by the Board in July to submit their properly formatted case lists and examination fee must include a late fee of 300 (\$860 plus \$300 = \$1160)

August 19, 2005

No case lists or examination fees accepted after this date

November & December 2005, and January 2006

Oral Examination, ABOG Test Center, 2915 Vine Street, Dallas, TX 75204

Fellowship Applicants

Summary of Dates, Fees, and Late Fees for Accelerated Oral Examination

July 1 of 1st, 2nd, 3rd or 4th year

Candidate begins collection of cases for case list

Prior to August 1, 2004

Candidate will be notified of pass/fail on written examination by the Board office

August 1, 2004-September 15, 2004 (5:00 PM CST)

Candidate must return automated application for oral examination with application fee of \$740

September 15, 2004

No applications accepted after this date

October 1, 2004

Candidates will be notified of acceptance into accelerated process for the 2005 examination

July 2005-August 1, 2005

Candidates will be notified to submit properly formatted case lists and examination fee of \$860

August 1-19, 2005

Candidates notified by the Board in July to submit their properly formatted case lists and examination fee must include a late fee of 300 (\$860 plus \$300 = \$1160)

August 19, 2005

No case lists or examination fees accepted after this date

November & December 2005, and January 2006

Oral Examination, ABOG Test Center, 2915 Vine Street, Dallas, TX 75204

Residency Program

- Residents who are candidates for certification are required to complete 4 years of graduate medical education in an obstetrics and gynecology residency program(s) accredited by the Accreditation Council for Graduate Medical Education (ACGME) with not less than 36 months of clinical obstetrics and gynecology.
- The final year of a resident's program must include the responsibilities of a chief (senior) resident in accordance with the description of the program as accredited by the ACGME.
- When a resident's graduate education and clinical experience has been gained in more than one residency program, the application to take the written examination must be accompanied by verification of the candidate's satisfactory performance in each program. Less than 6 months in a program is not acceptable as a part of an approved clinical experience.
- Within the required 48 months of clinical obstetrics and gynecology, education in the basic sciences should be so integrated with clinical experience as to emphasize the application of such related disciplines to total care of the patient. Assignment to another (either laboratory or clinical) discipline that removes the candidate from daily contact with obstetrics-gynecology

is not permitted within the required 36 months of clinical responsibility.

5. Requests to modify training to accommodate clinical training and/or research for individuals preparing for academic careers are encouraged by the Board and will be considered individually if a detailed application is received from the individual and the program director *in advance* of initiation of the program. Annual progress reports of activities performed by individuals so approved are required.
6. An exchange of residents between accredited programs of obstetrics-gynecology is acceptable. Exchange into residences of other specialties cannot be permitted within a 48-month residency program except for accredited primary care rotations.
7. Leaves of absence and vacation may be granted to residents at the discretion of the program director in accordance with local policy. If, within the 4 years of graduate medical education the total of such leaves and vacation, for any reason (eg, vacation, sick leave, maternity or paternity leave, or personal leave) exceeds 8 weeks in any of the first 3 years of graduate training, or 6 weeks during the fourth graduate year, or a total of 20 weeks over the 4 years of residency, the required 4 years of graduate medical education must be extended for the duration of time the individual was absent in excess of either 8 weeks in years 1-3, or 6 weeks in the fourth year, or a total of 20 weeks for the 4 years of graduate medical education.
8. The program director is required to attest to the resident's satisfactory performance, competence, and completion of the program. The program director is expected to sign on behalf of the program, not as an individual.
9. Each resident is required to keep a record of the number and type of obstetric and gynecologic procedures performed during residency to demonstrate the adequacy of his/her operative experience.
10. Resident education must include inpatient and ambulatory primary preventive (generalist) care throughout the duration of residency and provide a continuity of care.
11. Concurrent private practice during residency is not permitted except in rare instances and only after advanced prior approval of the ABOG. This policy does not preclude supervised ongoing longitudinal care of patients over several years of residency training.
12. Resident education must include the diagnosis and management of breast disease.
13. Resident education must include the diagnosis and management of lower urinary tract dysfunction in women.
14. Resident education must include the performance and interpretation of diagnostic abdominal, pelvic, and transvaginal ultrasound.
15. Residents must have acquired decision-making skills and judgment essential for selection of appropriate treatment, as well as the capability to perform, independently, major gynecologic operations and spontaneous and operative obstetric deliveries, to manage the complications thereof, and to be capable of performing the essential diagnostic procedures required of a consultant in obstetrics and gynecology.

Duration of Certificate Validity

Certificates have a limited valid duration for a maximum of 6 years, after which they are no longer valid. Each diplomate must undergo a Board-approved method of maintenance of certification in order to receive a new certificate.

Maintenance of Certification

Maintenance of certification is achieved by a certificate renewal process. Diplomates certified prior to 1986 may sit for voluntary recertification. Beginning in 1986, 10-year time-limited certificates were issued by the Board, and commencing in 2001, such certificates will be limited to 6 years.

Certificate renewal or voluntary recertification may be achieved in one of three different ways. These methods are:

1. a cognitive 3½-hour written examination; or
2. a 1½-hour oral examination; or
3. Annual Board Certification (ABC), a continuous certificate renewal, achieved by reviews of assigned scientific and/or clinical publications.

More specific information about these methods of certificate renewal/voluntary recertification can be obtained by writing Ms Marsha Markham, Maintenance of Certification Coordinator, at the ABOG address or downloading the Bulletin from the Board's Web site, www.abog.org.

The application fees for the written or the oral maintenance of certification examination are due with the application. The application and examination fees for both the written and oral examination are \$885 and \$795, respectively. Both fees are due prior to either the written or the oral examination. The fees for the ABC, a form of continuous certification, will be \$225 per year for general obstetrics and gynecology and \$285 per year for subspecialists (includes general and subspecialty items).

A new application form and application fee are required for each cycle of the written, oral, or ABC examination. *Application fees are not refundable.*

Written Examination

Inquiries, applications, and correspondence must be in English.

All fees must be paid in US currency.

The basic written examination is offered to approved candidates once each year on the last Monday in June. The examination consists of objective, single-best answer, multiple-choice questions. Many of the questions are constructed to be thought provoking and/or problem solving in contrast to "recall" type questions. They contain a continuum of answers. Specifically, all possible answers may be correct, but only one answer is the MOST correct.

The Board publishes the blueprint of the primary written examination outlined below to inform candidates of the content outline of the test. Percentage-wise, approximately 30% of the questions are from topics listed under each of the general headings of gynecology, obstetrics, and office practice-preventive/primary care. The remaining 10% of the questions are based on topics listed under the cross-content area. There is frequent and unavoidable overlap. Categorization of an individual question often is complex. An individual disease process might be considered under multiple topics such as inclusion of endometriosis under acute pelvic pain, chronic pelvic pain, infertility, laparoscopy, major gynecologic surgery, and several others.

The foundation of our specialty is an understanding of the basic sciences upon which clinical evaluation and management are based. Topics in the basic sciences, including genetics, as well as clinical competencies and skills are listed under the cross-content headings.

This blueprint contains a list of major areas of emphasis rather than a detailed and excessively long list of topics. Please note the examples included in parentheses are NOT meant to be an all-inclusive list. Lastly, the relative listing of topics under a major heading is arbitrary and does NOT reflect the relative emphasis of that specific topic in the examination.

This blueprint provides the candidate an overview of the content of the examination and the relative emphasis on gynecology, obstetrics, office practice-preventive/primary care, and cross-content areas.

Blueprint

Obstetrics

1. Preconceptual care and counseling (folic acid, genetic screening)
2. Antepartum care and complications (hyperemesis, second trimester loss)
3. Intrapartum care and complications (fetal monitoring, group B strep, uterine rupture)
4. Postpartum care and complications (lactation, vulvar hematoma)
5. Fetal assessment (well-being, fetal growth restriction)
6. Teratogenics and prenatal diagnosis
7. Preterm labor
8. Premature rupture of membranes (preterm, term)
9. Obstetric hemorrhage (placenta previa, abruption, postpartum hemorrhage)
10. Dystocia and abnormalities of fetal lie and presentation
11. Postterm pregnancy
12. Induction of labor
13. Operative obstetrics (forceps, cesarean, cesarean hysterectomy)
14. Hypertensive disorders of pregnancy (chronic hypertension, preeclampsia, thrombocytopenia)
15. Cardiovascular and/or pulmonary diseases coexisting with pregnancy
16. Renal, dermatologic, and/or neurologic diseases coexisting with pregnancy
17. Hematologic, neoplastic, and/or endocrine diseases coexisting with pregnancy
18. Infections coexisting with pregnancy (pyelonephritis, HIV, varicella)
19. Abnormal fetal growth
20. Diabetes and pregnancy
21. Multifetal gestation
22. Ultrasound, Doppler, and other imaging techniques
23. Surgical conditions coexisting with pregnancy (acute abdomen, adnexal mass, breast mass)
24. Psychiatric disorders during pregnancy and postpartum
25. Care of the neonate
26. Intrapartum and postpartum infection (chorioamnionitis, mastitis)

Gynecology

1. Ectopic pregnancy
2. Endometriosis
3. Uterine myomas
4. Infertility
5. Abnormal uterine bleeding
6. Abnormal cytology
7. Congenital abnormalities of the reproductive tract
8. Early pregnancy loss (spontaneous abortion, recurrent abortion)
9. Pelvic relaxation and defects in pelvic floor
10. Urinary and fecal incontinence
11. Benign conditions of the reproductive tract and breasts (cysts, masses, ulcers)
12. Sexually transmitted infections
13. Pelvic inflammatory diseases (salpingitis, TOA, TB)
14. Acute pelvic pain (adnexal torsion, appendicitis)
15. Chronic pelvic and vulvar pain
16. Diagnostic procedures (colposcopy, endometrial biopsy)

17. Hysteroscopy (diagnostic and operative)
18. Laparoscopy (diagnostic and operative)
19. Pelvic ultrasound
20. Preop evaluation and preparation
21. Minor gynecologic surgery (tubal sterilization, excision of Bartholin gland)
22. Major gynecologic surgery (colpocleisis, myomectomy)
23. Postoperative care, complications, and problems (pulmonary embolus, ileus)
24. Emergency care (vulvar hematoma, hemoperitoneum)
25. Invasive neoplasia of the reproductive tract and breasts
26. Premalignant conditions of the reproductive tract and breasts (endometrial hyperplasia, cervical dysplasia)
27. Trophoblastic diseases
28. Coexisting medical diseases (diabetes, asthma)
29. Concurrent surgical conditions (necrotizing fasciitis, small bowel obstruction)
30. Coexisting psychiatric conditions (depression, personality disorders)

Office Practice—Preventive/Primary Care

1. Age-appropriate periodic assessment, preventive care, and health maintenance (mammography, colonoscopy, immunizations, blood pressure monitoring, counseling for diet and exercise)
2. Family planning (contraception, sterilization)
3. Life style modification (smoking cessation, weight loss, substance abuse treatment)
4. Diagnosis and treatment of uncomplicated medical disease and disorders (headache, asthma, low back pain, irritable bowel, arthritis, acne)
5. Benign breast disorders
6. Urinary tract infections
7. Diabetes mellitus and thyroid disorders
8. Cardiovascular diseases (hypertension, hyperlipidemia, atherosclerosis)
9. Perimenopause and menopause
10. Osteoporosis
11. Polycystic ovarian syndrome
12. Primary and secondary amenorrhea
13. Reproductive endocrinologic disorders (galactorrhea, hirsutism, anovulation, hyperandrogenism)
14. Early pregnancy loss (spontaneous and habitual abortion)
15. Psychiatric conditions (depression, anxiety)
16. Domestic violence and sexual assault
17. Sexuality and sexual dysfunction
18. Problems relating to physiology of menstruation (premenstrual syndrome, menstrual migraine, primary dysmenorrhea)
19. Office surgery
20. Vulvar disease (ulcers, dermatologic conditions, cysts, masses)
21. Vaginal discharge
22. Psychosomatic conditions (tension headache, chronic muscular pain)
23. Pediatric and adolescent gynecology
24. Geriatric gynecology

Cross Content Areas

1. Basic science (maternal and fetal physiology, physiology of reproductive endocrinology, pathology, immunology, microbiology, pharmacology, anatomy, embryology)
2. Genetics
3. Ethics and professionalism
4. Epidemiology and evidence-based medicine
5. Systems-based practice and patient safety
6. Communications

The candidate will be expected to demonstrate skills necessary to apply basic knowledge to the management of clinical problems. These skills include:

1. obtaining of needed information;
2. interpretation and use of data obtained;
3. selection, institution, and implementation of care;
4. management of complications;
5. following and continuance of care.

The areas of information and skills that are examined are described in further detail in the manual *Educational Objectives for Resident Education in Obstetrics and Gynecology*, published by the Council on Resident Education in Obstetrics and Gynecology.

Requirements

1. Degree of Doctor of Medicine, or an equivalent degree, and unrestricted license. An educational or institutional license to practice medicine in any of the states or territories of the United States or a province of Canada meets this requirement.

The requirement of unrestricted licensure in all states in which the candidate holds a medical license must have been met prior to the time that the application is submitted. An educational or institutional license meets this requirement.

Candidates with a DO degree must have graduated from a school of osteopathy accredited by the American Osteopathic Association.

2. The candidate must have unrestricted hospital privileges (excluding preliminary restrictions for newly requested hospital privileges) to practice as an obstetrician-gynecologist in each of the hospitals in which the candidate has patient care responsibilities. If the candidate is under investigation or on probation (for cause), the examination will be deferred until an investigation is completed, the probation is lifted, and full and unrestricted privileges are granted.
3. The candidate will be required to have completed or be near completion (see "Application") of no less than 4 years in clinical obstetrical and gynecological programs accredited by the ACGME or no less than 5 years in clinical obstetrical and gynecological programs accredited by the Council of the Royal College of Physicians and Surgeons of Canada (CRCPSC). Such programs must include at least 36 months of progressive and increasing clinical experience and responsibilities in obstetrics and gynecology, including the usual time as chief (senior) resident in the program. Completion of a year as an intern (PGY-1), plus a 3-year residency program, or a 4-year residency program will fulfill this requirement. A year spent in an ACGME-accredited transitional-year program (PGY-1) sponsored or cosponsored by an ACGME-accredited obstetrics and gynecology program will meet the requirement for PGY-1 year. Presently, there are 35 such transitional programs cosponsored by obstetrics and gynecology departments. If the program consists of more than 4 years, the entire program must be completed.

Time spent in an osteopathic hospital or in any program not accredited in obstetrics and gynecology by the ACGME or the CRCPSC will *not* fulfill this requirement.

4. A statement signed by the program director certifying that the candidate has:
 - a. followed satisfactorily the course of instruction designed for this program.
 - b. taken leaves of absence and vacation not exceeding those described above.
 - c. completed and submitted to the program director a satisfactory list of obstetrical patients with medical and obstetrical complications, as well as operative obstetrical and gynecological procedures performed during all the years of resi-

dency training. This residency experience log may be used to document the adequacy of such technical training.

The experience log or a copy should be kept by the graduate for possible use in the future if needed to supplement their case list which is required for admission to the oral examination (see "Revocation of Diploma or Certificate").

- d. achieved the appropriate knowledge, ability, and judgment in order to provide appropriate clinical care in obstetrics, gynecology, and women's health, as documented by ongoing evaluation during the entire resident program.
- e. demonstrated the necessary technical skills to perform:
 1. major abdominal and vaginal surgical procedures upon the female pelvis and related structures;
 2. major surgical procedures for female urinary and fecal incontinence and other forms of pelvic dysfunction (reconstructive pelvic surgery);
 3. spontaneous and operative obstetric deliveries;
 4. surgical exploration of the abdomen;
 5. pelvic and abdominal endoscopic procedures;
 6. diagnostic evaluations including electronic fetal monitoring, ultrasound, colposcopy, amniocentesis, and urodynamic testing; and
 7. the diagnosis and treatment of complications of the above.
- f. demonstrated good moral and ethical character.

Application for Examination in 2005

A candidate, who completes an accredited residency program on or before September 30, 2005, must apply on or before November 30, 2004, to write the examination on June 27, 2005.

The application form to write the written examination on June 27, 2005, may be obtained by writing to the Board office after September 1, 2004. Each applicant must meet the requirements effective in the year of requested admission to the examination. As a part of the application form, endorsement and verification of the resident's experience, competence, *satisfactory performance*, and confirmation of the scheduled date for completion of the candidate's residency are required to be affirmed by the current director of the obstetrics-gynecology residency program.

The Board will make the final decision concerning the applicant's admission to the examination after considering all circumstances affecting the application.

A candidate's application to write the examination on June 27, 2005, completed in all details, together with payment of the application fee (see "Fees"), must be received in the Board office on or before November 30, 2004. [*Note:* Application fees must accompany the application.] Application fees sent prior to the mailing of an application are subject to late charges. A copy of the candidate's current license showing a current expiration date also is required.

Late fees will be applied to applicants who have not submitted all required materials by November 30, 2004.

The candidate ruled admissible to the examination will be notified by April 11, 2005, that:

1. the examination is scheduled to be written in June,
2. the examination fee is payable and the date the fee must be paid (see "Fees"), and
3. two 2x2 inch photographs should accompany the examination fee.

[*Note:* If a candidate has not been contacted by the Board by April 18, 2005, concerning admissibility for the June 27, 2005, written examination, it is the candidate's responsibility to contact the Board office in writing or by fax no later than April 29, 2005, in order to ascertain why they have not received notification. It also is the candidate's responsibility to inform the Board of a change of address in writing in order to receive notifications in a timely manner.]

If a candidate is found to be involved in litigation or investigation regarding ethical or moral issues, the application will be reviewed. Usually, the Board will defer a decision for entry into the examination to gain further information.

Falsification of data (including case lists) or evidence of other egregious ethical, moral, or professional misbehavior may result in a deferral of a candidate's application for at least 3 years (see "Revocation of Diploma or Certificate"). The candidate must then meet all eligibility requirements in effect at the end of the deferred period.

When the Board rules an applicant not admissible to the written examination, a new application and application fee must be submitted for the next examination. The candidate must fulfill the requirements in effect the year of the new application.

Admission to the Written Examination

The candidate ruled admissible to the examination will be sent an authorization for admission form, which must be presented to the proctor at the time and place of examination. When a candidate is scheduled to complete residency, after submission of the application (but before October of that year), verification that the candidate is completing residency in a satisfactory manner must be reaffirmed by the signature of the director of the residency program on the authorization for admission form, dated within the month the candidate is scheduled to write the examination.

Results of the Examination

The results of the written examination will be reported confidentially to each candidate by August 1. A candidate may grant the Board permission to release the results of their examination to the candidate's program director.

A passing grade on the written examination does not ensure a candidate's admissibility to the oral examination for certification, nor does it allow the use of the term "Board eligible." The term "Board eligible" is *not approved* by the Board for any individual seeking Board certification or for those who have only completed residency training. An individual who has completed residency training, but not yet passed the written examination, should be referred to as a "residency graduate." An individual who has passed the written examination should be referred to as an "active candidate" (see "Types of Board Status" and "Requirements").

Requests for Reexamination

A candidate scheduled to write the examination but who does not do so, as well as the candidate who writes but does not pass the examination, must write to the Board office after September 1 to request reapplication materials for the next examination. It is necessary for each applicant to meet the requirements in effect the year of the requested admission to the examination. The reapplicant must have submitted completed reapplication materials, a copy of current license with a current expiration date, and the reapplication fee prior to the November deadline. There is no limit to the number of times a candidate may take the written examination provided the candidate is not subject to sanctions imposed by the Board for misconduct or misbehavior as elsewhere provided herein.

The application and examination fees (see "Fees," below) must be paid for each year a candidate is to be scheduled to write an examination.

Written Examination Fees

Fees have been computed to cover the costs of examination and administrative expenses. Application fees will not, therefore, be refunded or credited against a future examination. All fees must be paid in United States currency. The candidate's canceled check is to be considered the receipt.

The application fee must be enclosed with each application or reapplication to write the examination. The candidate will be notified by April 11, 2005, of the approval of the application or reapplication, at which time the examination fee will be due. If payment of the examination fee has not been received in the Board office on or before May 9, the candidate will not be scheduled to write the examination in June.

No application fees will be refunded or credited against a future application.

Examination fees may be refunded, provided candidates inform the Board office in writing of their inability to write the examination prior to May 9, 2005.

Dates, Deadlines, Fees, and Late Fees for Written Examination

September 1, 2004-November 12, 2004

Candidate must request in writing an application form

November 15, 2004-November 30, 2004

Application and application fee of \$675 must be received in the Board office

December 1, 2004-January 31, 2005

Application, application fee (\$675), and late fee (\$300) (total \$975) due in the Board office

February 1, 2005-March 31, 2005

Application, application fee (\$675), and late fee (\$730) (total \$1405) due in the Board office

March 31, 2005

No applications accepted after this date

April 11, 2005-May 9, 2005

Candidates will be notified to submit two 2x2 photographs and examination fee (\$620)

May 9, 2005

No examination fees accepted after this date

June 27, 2005

Written examination at various sites

All correspondence, applications, and information directed to the Board must be in English.

All fees must be paid in US currency.

Oral Examination

The oral examination is designed to evaluate the candidate's knowledge and ability to solve clinical problems in obstetrics, gynecology, and women's health. It is emphasized that candidates will be examined in obstetrics, gynecology, and women's health to evaluate actual behavior in independent practice. The examination will consist of questions concerning patient management problems. The candidate's case list will be used by the examiners for this purpose. In addition, other clinical problems will be included in the examination. The remainder of the examination will include basic knowledge in obstetrics, gynecology, and women's health and may include the interpretation of sonograms, operative videos, and video graphics of various conditions.

The fund of knowledge required for passing the oral examination is the same as those categories listed in regard to the written examination.

Recording devices, cellular phones, radio-paging devices, and any other electronic communication devices will not be permitted during the oral examination. If such devices are discovered at any time during the examination, this will result in the candidate's immediate dismissal from the examination.

Candidates will be expected to demonstrate that they have acquired the capability to perform, independently, major gynecologic operations and spontaneous and operative obstetric deliveries, to manage the complications thereof, and to perform the essential diagnostic procedures required of a consultant in obstetrics, gynecology, and women's health.

Candidates will be expected to demonstrate a level of competence that allows them to serve as consultants to physicians who are nonobstetrician-gynecologists in their community.

The report of the examining team will be reviewed by the Board of Directors, and each candidate is passed or failed by vote of the Board.

The examination will be completed within ½ day.

If, at the completion of the oral examination, a candidate believes the examination has not been conducted in a fair and unprejudiced manner, a second examination may be requested.

The request must be made within 1 hour of the completion of the oral examination. To do so, a candidate must telephone the Board office (214 871-1619).

If the request is granted:

- a. a second examination will be provided approximately 1 year later at the next regularly scheduled annual oral examinations at no additional charge;
- b. the repeat examination will be conducted by an entirely different team of examiners, no one of whom shall have previously participated in an examination of the candidate or know that this examination is being conducted as an appeal examination;
- c. neither the questions nor the candidate's answers on the first examination will be known to or taken into account by the second group of examiners; and
- d. the decision of the examiners conducting the second examination will determine the results of the candidate's oral examination.

Requirements

1. Passing grade on the written examination prior to making application for the oral examination.
2. Good moral and ethical character (see "Revocation of Diploma or Certificate").
3. Unrestricted license to practice medicine in any state or territory (United States or province of Canada) in which the candidate has held a medical license since July 1, 2004. (*Note:* An educational or institutional license does not meet this requirement.)
4. A written explanation must be provided with the application of the circumstances involved if a candidate has ever had his or her medical license restricted or revoked in any territory, province, or state in the United States or Canada. A written explanation also must be provided with the application of the circumstances involved if a candidate has ever had his or her hospital practice terminated or restricted because of personal physical/mental impairments or excessive operative complications or for disciplinary reasons.
5. Actively engaged in unsupervised practice, defined as:
 - a. independent continuous, unsupervised patient care in obstetrics and gynecology for at least the time from July 1, 2004, through June 30, 2005, and
 - b. unrestricted hospital privileges to practice as an obstetrician-gynecologist in each of the hospitals in which the candidate has been responsible for patient care during this time. If the candidate is under investigation or on probation (for cause), the examination will be deferred until the investigation is completed, the probation is lifted, and full and unrestricted privileges are granted.
6. Submission of typewritten case lists (three copies) and summary sheets (seven copies) of all patients dismissed from care in all hospitals during the 12 months ending June 30 prior to the scheduled examination, as well as a list of 40 patients from his/her office practice. This information must be received in the Board office prior to August 1. Longer times for collection of a patient case list may be required, or obstetrical cases may be chosen from the candidate's fellowship or last year of residency, if necessary.
7. The candidate must assure that the patient case lists provided have been "de-identified" in accordance with the requirements of Section 164.514(b)(2)(i) & (ii) of the Final Privacy Rule, Standards for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services under the Health Insurance Portability and Accounting Act of 1996 (HIPAA). The information which must be removed from patient, hospital, and other physician records in order for the patient case lists to be deemed "de-identified" under the HIPAA Privacy Rule is detailed in the Appendix.

(*Note:* The candidate is personally responsible for the proper preparation, accuracy, and completeness of the case lists, which will reflect their practice [private or nonprivate] activity.)
8. On the day of the examination the candidate will be expected to sign the following statement: "There have been no restrictions in my hospital privileges, or restrictions placed on any license I have to practice medicine in any country, since the date of my application." Candidates who are unable to sign this statement will not be admitted to the examination until and unless they present evidence that full and unrestricted privileges have been restored.
9. Practice that consists of ambulatory care exclusively will not be considered adequate to fulfill these requirements.
10. Candidates practicing in a country other than the United States or Canada must submit, with the application, a letter(s) from a senior responsible officer in the hospital(s) where the candidate practices, verifying the candidate's responsibility for independent, unsupervised care of patients.

Limitations

Duration of Active Candidate status is limited. Candidates must pass the oral examination within 6 years of passing the written examination and may take the oral examination only three times. Time spent in Board-approved fellowship training is excluded from this 6-year limitation. If a candidate fails the oral examination three times, or fails to pass the oral examination within 6 years, the candidate becomes ineligible to repeat the oral examination at that time. The candidate must repeat and pass the written examination to become admissible to the oral examination again. There is no limit to the number of times the written examination and the 6-year cycle to pass the oral examination can be repeated.

Determination of Qualifications

The Board will require, usually by hospital inquiry, documented evidence concerning a candidate's professional reputation, moral and ethical character, and in-hospital practice privileges from administrative officers of organizations and institutions to whom the candidate and his/her conduct of practice is known.

Time spent as a resident in excess of that necessary to fulfill the requirements to take the written examination is not acceptable. Time spent in a teaching or research appointment, which does not involve appointment to the staff of an approved hospital with unrestricted privileges to practice as an obstetrician and gynecologist, will not be sufficient evidence of responsibility for patient care, ie, acceptable to fulfill the requirement of "independent practice."

Each candidate will be required to furnish the Board with certain prescribed information to the extent permitted by the HIPAA Privacy Rule (see Appendix), concerning performance in practice (eg, maternal mortality rate, perinatal mortality rate, cesarean delivery rate, etc).

If a candidate is involved in litigation or investigation regarding practice activities, or ethical or moral issues, the individual will not be scheduled for examination, and the application will be

reexamined. The Board usually will defer such a decision for 1 year to gain further information.

Falsification of data (including case lists) or evidence of other egregious ethical, moral, or professional misbehavior (see "Revocation of Diploma or Certificate") may result in deferral of a candidate's application for at least 3 years. The candidate must then meet all requirements in effect at the end of the deferred period.

[*Note:* The completeness and accuracy of submitted case lists are subject to audit by the ABOG. All audits will be conducted in accordance with the provisions of the HIPAA Privacy Rule. Permission to conduct on-site audits will be required of each candidate prior to final approval to take the oral examination.]

With the exception of information required to be removed in order to "de-identify" the patient case list as further detailed in the Appendix, patient case lists that fail to provide the required information, or have not been prepared in the required format, or have insufficient numbers of patients, or are inadequately or incompletely prepared, or fail to provide sufficient breadth and depth of clinical problems *may disqualify the candidate from admission to the oral examination.*

Application for Examination in 2005

The form on which to apply to take the oral examinations administered in November and December 2005, and January 2006 and for an extra examination, if needed, must be obtained by writing to the Board office after November 1, 2004. The application, complete in all details, along with payment of the application fee, a copy of each current medical license with current expiration date, and two passport-sized (2 x 2 inches) photographs with the candidate's signature across the front, must be received in the Board office on or before February 28, 2005.

[*Note:* The application fee must accompany the oral examination application. Application fees sent prior to the mailing of an application are subject to a late charge. The deadline date for receipt of applications in the board office is February 28, 2005.]

Late fees will apply for late or incomplete applications.

Admission to the Oral Examination

Applications will be accepted for early examinations for 225 candidates. These 225 candidates will be determined based upon a computerized random selection process. The Board will make the final decision concerning the applicant's admission to the oral examination after considering all circumstances affecting the individual situation.

A candidate ruled admissible to the oral examination in November or December 2005 or January 2006, or for an extra examination, if needed, will be so notified in July 2005. On or before August 1, 2005, the candidate must submit:

- a. Triplicate, typewritten, and verified lists of all patients dismissed from the candidate's care in all hospitals during the 12 months preceding June 30, 2005, and a list of 40 patients (not more and not less) from the candidate's office practice and a minimum of at least 20 obstetrical cases and 20 gynecological cases meeting the requirements as defined below. All case lists of hospital and office practice patients must be "de-identified" as required by the HIPAA Privacy Rule (see Appendix). Seven copies of the summary sheet also must be submitted. The candidate's lists of patients will be used as a basis for questions during the oral examination and will not be returned to the candidate.

and

- b. Payment of the examination fee and late fee, if applicable, by personal check or money order in US funds.

[*Note:* If, but only if, the list of all patients dismissed from the candidate's care during this 12-month period does not achieve the minimum 20 obstetrical and 20 gynecological hospitalized and/or

short-stay patients as defined below, a candidate may choose to submit either an additional list of all patients dismissed from the candidate's care during the 6 months immediately prior to the 12-month period preceding June 30, 2004, or to submit patients from his/her senior year of residency to complete the list of 20 gynecological and/or 20 obstetrical cases. This will require the preparation and submission of separate patient case lists (one of 12 months duration and one of 6 months duration, and/or a case list from the senior year of residency) in triplicate, each with a separate summary sheet, plus seven copies of a combined summary sheet, which includes the cases from all the case lists submitted. The minimum requirement of 20 obstetrical and 20 gynecological patients as defined below must be met. Any patients included on any case list submitted must be "de-identified" in accordance with the HIPAA Privacy Rule.]

Patient Lists for the Oral Examination

Each candidate for the oral examination must prepare the following patient case lists for review by the examiners at the time of examination. The candidate's patient case list will be freely used as a basis for questions that will be patient-management oriented. Questions will be developed which test the ability of the candidate to:

- a. develop a diagnosis including the necessary clinical, laboratory, and diagnostic procedures;
- b. select and apply proper treatment under elective and emergency conditions;
- c. prevent, recognize, and manage complications; and
- d. plan and direct follow-up and continuing care.

Carelessly prepared or incomplete case lists may contribute to failure to pass the oral examination. The ABOG offers a case list collection and reporting software package for the oral examination. E-mail caselist@abog.org or phone 214 871-1619 for price and availability.

The candidate should bring a copy of the "de-identified" patient case list to the oral examination for personal reference. Information should not be included on this duplicate case list that did not appear on the case lists sent to the Board office.

All candidates must have an office and a hospital practice. Thus, case lists must consist of office practice plus hospitalized and day (short-stay) surgery patients in obstetrics and gynecology, or obstetrics alone, or gynecology alone. If a candidate practices both obstetrics and gynecology, case lists must be submitted in (1) office practice, (2) obstetrics, and (3) gynecology. Case lists limited to office practice and obstetrics or gynecology can be submitted *only* by those individuals who limit their practice to either gynecology or obstetrics. In this case, the appropriate and types of gynecological or obstetrical cases must be obtained from the resident's chief residency year, as explained below. The candidate will be examined in all three areas. The case lists must have sufficient numbers and sufficient breadth and depth of clinical experience. All day surgery and hospitalized patients must be reported. The case list must include 40 office practice patients and a minimum of 20 hospitalized or short-stay gynecological and/or 20 hospitalized or short-stay obstetrical patients with significant problems, as defined below. If, but only if, a minimum of 40 such gynecological and obstetrical patients cannot be obtained during the 12-month period from July 1, 2004, through June 30, 2005, the candidate may submit a complete 18-month case list dating from January 1, 2004, through June 30, 2005, and/or submit a list of patients obtained from his/her senior year of residency. This will require the preparation and submission of separate patient case lists, in triplicate, each with a separate summary sheet, plus seven copies of a combined summary sheet, which includes the cases from the 12-month and 6-month case lists, and/or a case list from his/her senior year of residency. The minimum requirement of 30 gynecological and 30 obstetrical patients

will still apply. The clinical problems will vary according to the nature of the candidate's practice. The problems must be of sufficient variety and severity, however, to permit the evaluation of a candidate's ability to function as a consultant.

As mentioned above, a candidate may select gynecological and obstetrical cases from their senior residency experience case log to be added to their case list(s). Obstetrical and gynecological cases should be chosen from the senior residency experience case log, which will meet the requirements listed below and those on the list of appropriate categories. This will require that preparation of a case list in triplicate, with a separate summary sheet, plus three copies of a combined summary sheet, which includes the cases from the 12-month or 6-month and/or senior residency case lists.

For candidates who are in or have successfully completed a Board-approved fellowship and who are active candidates for certification, case lists must contain obstetrical and gynecological cases either from their practice and/or from their fellowship or senior residency case log. All day surgery and hospitalized patients must be reported, including all subspecialty patients. Moreover, the 40 non-office practice cases must represent the breadth and depth of obstetrics and gynecology and be chosen for the categories listed under "Office Practice Categories" and "Gynecological Categories," below. The candidate will be examined in all three areas, and for individuals with a practice limited to gynecologic oncology, maternal-fetal medicine, or reproductive endocrinology/infertility, they must select 20 cases in gynecology and/or 20 cases in obstetrics from their practice and/or from their fellowship or senior residency year that meet the criteria listed under "Gynecological and Obstetrical Categories."

The patients listed must be only those for whom the candidate has had personal responsibility for professional management and care. Recording such professional responsibility implies that the candidate has personally controlled the medical and/or surgical management of each patient listed. In the case of partnership or group practice, the patients listed should be only those managed by the candidate.

The case list must be received in the Board office on or before August 2 preceding the oral examinations, but only after receipt of approval to submit the case list has been granted by the Board.

Procedure

A patient list should be accurately typed across unbound sheets of white paper 8.5 x 11 inches in size. The font must be no smaller than 10 point. The headings must conform in all details and provide the information requested. Three copies of the complete list must be submitted, as well as three copies of the summary sheet.

Standard nomenclature should be used. Only approved abbreviations (see "Acceptable Case List Abbreviations") are acceptable. Only the English language will be accepted.

The triplicate lists of patients will not be returned to the candidate after the examination. The candidate should bring a copy of the case list supplied to the Board to the examination.

1. Office Practice Patients

The list of 40 patients (not more and not less) from the candidate's office practice should be prepared in the requested format. List separately patients who have presented with any of the following problems. List no more than two patients from any one category. Do not include any patients who appear on the hospital lists.

Office Practice Categories

1. Preventive Care and Health Maintenance
2. Counseling for Smoking Cessation and Treatment of Obesity
3. Counseling for Sexual Dysfunction
4. Contraception
5. Psychosomatic Problems

6. Genetic Counseling
7. Primary or Secondary Amenorrhea
8. Hirsutism
9. Infertility
10. Hyperprolactinemia
11. Endometriosis
12. Menopausal Care
13. Office Surgery
14. Abnormal Uterine Bleeding
15. Abnormal Cervical Cytology
16. Pelvic Pain
17. Vaginal Discharge
18. Vulvar Skin Disease
19. Breast Diseases
20. Urinary Incontinence and Pelvic Floor Defects
21. Urinary Tract Infections
22. Sexually Transmitted Diseases
23. Preconceptional Counseling
24. Immunizations
25. Pediatric Gynecology
26. Sexual Assault
27. Spousal Abuse
28. Dysmenorrhea
29. Premenstrual Syndrome
30. Benign Pelvic Masses
31. Abnormal Vaginal Ultrasonography
32. Back Pain
33. Respiratory Tract Diseases
34. Gastrointestinal Diseases
35. Cardiovascular Diseases
36. Endocrine Diseases (Diabetes Mellitus, Thyroid or Adrenal Disease)
37. Hypertension
38. Diagnosis and Management of Hypercholesterolemia and Dyslipidemias
39. Recognition and Counseling for Substance Abuse (Alcohol, Narcotics, etc)
40. Depression
41. Geriatrics

List separately each patient and include the problem (one of the listed categories), diagnostic procedures, treatment, results, and number of office visits during the 12-month period. Group patients together under each separate category.

2. Gynecology Patients

A list of *all* gynecologic patients should be prepared in the requested format accompanying the application and listed in order as follows:

List all gynecologic patients managed during the same 12-month period (or 18-month period, if an extended time case list is submitted and/or patients chosen from the fellowship or senior year of residency).

The preoperative diagnosis should appear for all major and minor surgical procedures. The size of ovarian cysts and neoplasms must be recorded. For nonsurgical conditions, the admission diagnosis should be recorded. The treatment recorded should include all surgical procedures, as well as primary nonsurgical therapy. Surgical diagnosis refers to pathology diagnosis. *For hysterectomy specimens, the uterine weight in grams must be recorded.* In cases without tissue for histologic diagnosis, the final clinical diagnosis should be listed.

Days in hospital on this listing of patients, as well as on all other lists, is the arithmetic difference between date of discharge and date of admission. Specific dates of admission and discharge must not be provided.

A minimum of 20 gynecological patients is required, and a candidate cannot count more than two patients from each of the categories listed below. For example, if a candidate has five patients who have had diagnostic laparoscopies, they all must be reported on the case list, but only two of the five will be counted as meeting the minimum requirement of twenty gynecological cases.

Group patients together under each separate category (1-30), then list the remaining patients who do not "fit into" categories 1 through 30.

Gynecological Categories

1. Abdominal Hysterectomy
2. Laparotomy (other than Tubal Sterilization)
3. Vaginal Hysterectomy (including Laparoscopically Assisted)
4. Diagnostic Laparoscopy
5. Operative Laparoscopy (Other than Tubal Sterilization)
6. Operative Hysteroscopy
7. Uterine Myomas
8. Defects in Pelvic Floor
9. Endometriosis
10. Tubal Sterilization
11. Invasive Carcinoma
12. Carcinoma in situ
13. Infertility Evaluation
14. Infertility Treatment
15. Urinary Incontinence
16. Urinary Incontinence (Surgical Treatment)
17. Ectopic Pregnancy
18. Pelvic Pain
19. Congenital Abnormalities of the Reproductive Tract
20. Pelvic Inflammatory Disease
21. Adnexal Problems excluding Ectopic Pregnancy and Pelvic Inflammatory Disease
22. Abnormal Uterine Bleeding
23. Vulvar Masses
24. Vulvar Ulcers
25. Adenomyosis
26. Postoperative Wound Complications
27. Postoperative Thrombophlebitis and/or Embolism
28. Postoperative Fever for Greater than 48 Hours
29. Rectovaginal or Urinary Tract Fistula
30. Colposcopy

If, but only if, a candidate cannot acquire the necessary 20 gynecological cases in the above categories, they may use an 18-month case list and/or select an appropriate number of cases from their fellowship or senior residency case list.

3. Obstetrical Patients

A list of obstetric patients should be prepared in the requested format. List separately each patient with a complication or abnormality, as well as medical and surgical intervention during pregnancy, labor, delivery, and the puerperium. In addition, a total of the number of normal, uncomplicated obstetric patients managed during the same 12-month period (or 18-month period, if an extended time case list is submitted) should appear on the obstetrical summary sheet and at the beginning of the obstetrical list. These normal, uncomplicated obstetrical patients should NOT be listed individually.

Interpretation of "normal obstetrical patients" for this listing implies that the:

- a. pregnancy, labor, delivery, and the puerperium were uncomplicated, and labor began spontaneously between the 37th and 42nd week of gestation;
- b. membranes ruptured or were ruptured after labor began;
- c. presentation was vertex, position was occiput anterior or transverse, and labor was less than 24 hours in duration;

- d. delivery was spontaneous or by outlet forceps with or without episiotomy, from an anterior position;
- e. infant had a 5-minute Apgar score of 6 or more and weighed between 2500 and 4500 gms and was healthy; and
- f. placental delivery was uncomplicated and blood loss was less than 500 mL.

All deliveries not fulfilling these criteria must be listed individually. Include gestational age at admission.

A minimum of 20 obstetrical patients is required, and a candidate cannot count more than two patients from each of the categories listed below. For example, if a candidate has five patients with diabetes mellitus, they must all be reported on the case list, but only two of the five will be counted as meeting the minimum requirement of 20 obstetrical cases. Group patients together under each separate category (1-27), then list the remaining patients who do not "fit into" categories 1 through 27.

Obstetrical Categories

1. Breech and Other Fetal Malpresentations
2. Intrapartum Infection (Amnionitis)
3. Puerperal Infection
4. Third Trimester Bleeding
5. Multifetal Pregnancy
6. Cesarean Hysterectomy
7. Premature Rupture of Fetal Membranes at Term
8. Preterm Premature Rupture of Membranes
9. Preterm Delivery
10. Hypertensive Disorders of Pregnancy (Chronic Hypertension, Preeclampsia, Eclampsia)
11. Second Trimester Spontaneous Abortion
12. Cardiovascular and/or Pulmonary Diseases Complicating Pregnancy
13. Renal Diseases and/or Neurological Diseases Complicating Pregnancy
14. Hematological Disease and/or Endocrine Diseases Complicating Pregnancy
15. Infections Complicating Pregnancy
16. Postterm Pregnancy
17. Abnormal Fetal Growth
18. Vaginal Birth after Cesarean Delivery
19. Any Maternal Complication that Delayed Maternal Hospital Discharge by 48 or More Hours
20. Any Neonatal Complication that Delayed Neonatal Hospital Discharge by 48 Hours or More
21. Pregnancies Complicated by Fetal Anomalies
22. Pregnancies Complicated by Human Immunodeficiency Virus Infection (HIV)
23. Primary Cesarean Delivery
24. Repeat Cesarean Delivery
25. Inductions and/or Augmentations of Labor
26. Puerperal Hemorrhage
27. Readmission for Maternal Complication Up to 6 Weeks Postpartum

If, but only if, a candidate cannot acquire the necessary 20 obstetrical cases in the above categories, they may use an 18-month case list and/or select an appropriate number of cases from their fellowship or senior residency case list.

The ABOG offers a case list collection and reporting software package for the oral examination (e-mail caselist@abog.org or phone 214 871-1619).

Acceptable Case List Abbreviations

A&P Repair	Anterior and posterior colporrhaphy
Ab	Abortion
AIDS	Acquired immune deficiency syndrome

BS&O	Bilateral salpingo-oophorectomy
CD	Cesarean delivery
cm	Centimeter
D&C	Dilatation and curettage
D&E	Dilatation and evacuation
DHEA	Dihydroepiandrosterone
E	Estrogen
FSH	Follicle stimulating hormone
gms	Grams
HIV	Human immunodeficiency virus
HRT	Hormone replacement therapy
IUD	Intrauterine device
Kg	Kilogram
PAP	Papanicolaou smear
PROM	Premature rupture of membranes
PTL	Preterm labor
SAB	Spontaneous abortion
SVD	Spontaneous vaginal delivery
T	Testosterone
TAH	Total abdominal hysterectomy
TSH	Thyroid stimulating hormone
TVH	Total vaginal hysterectomy
VBAC	Vaginal birth after cesarean
VIP	Voluntary interruption of pregnancy

4. Affidavits

Each patient case list of (1) gynecological (hospitalized and ambulatory) and (2) obstetrical from each hospital should be verified on the form accompanying the application. On this form, the record librarian or similar other hospital official must submit a statement attesting that (1) the patients listed were cared for by the candidate, and (2) that all of the hospitalized patients dismissed from the candidate's care have been separately listed or reported in the totals reported for the period indicated. If the candidate is submitting an extended-time case list, separate attestations must be obtained for each case list. For cases chosen from the fellowship or senior residency year, an attestation sheet must be obtained from the candidate's program director or the medical records librarian.

5. Summary Sheet

Using the form provided for this purpose, prepare a summary of all cases for all hospitals combined. If an 18-month case list is submitted, this will require the preparation and submission of a summary sheet for each year, as well as three copies of a combined summary sheet for both years. The same applies if the candidate chooses to submit obstetrical and/or gynecological cases from their fellowship or senior residency year.

6. Case List Verification and Audit

The list of patients provided by the candidate is subject to independent verification and audit by an agent or employee of the Board. As a condition of candidacy, the candidate agrees to cooperate fully with any audit authorized by the Board, including, but not limited to:

- a. providing full and unrestricted access to the candidate's office records of patients for whom the candidate had personal responsibility for professional management and care during the period for which the lists of patients are required;
- b. authorizing access to such hospital or other institutional records as the Board deems necessary, in its absolute discretion, to verify

the completeness and accuracy of the patient lists submitted by the candidate;

- c. using the candidate's best efforts to obtain, where necessary and possible, written patient consent to the release to the Board of information concerning the patient's condition and treatment.

Any audit undertaken by the Board pursuant to the authority granted by this Section shall be conducted in compliance with the HIPAA Privacy Rule.

Final Approval and Notification of Admission to the Oral Examination

If the examination fee has been paid and the three copies of lists of patients have been submitted and received by August 1, 2005, and are approved by the Board, the candidate will receive an authorization for admission form and hotel reservation information at least 1 month prior to the examination, indicating the day, time, and place to report for the examination. Candidates are advised to keep the Board office informed of their current mailing address.

Ruling Not Admissible

A candidate not admitted to an oral examination may reapply by submitting a new application, paying the application fee, and meeting the requirements applicable at the time of the reapplication (see "Status").

If the candidate was disqualified because the case lists were judged insufficient for a comprehensive examination, the new case lists may be added to those previously submitted. Thus, the requirement of sufficient numbers, breadth, and depth in the case list makes time in practice the variable and experience the constant.

Reexaminations and Postponement

A candidate who is disqualified or postpones or fails to pass the oral examination must reapply by submitting a written request for a new application form and following the instructions listed in the applicable Bulletin.

Oral Examination Fees

Fees have been computed to cover the costs of examination and administrative expenses. They will not, therefore, be refunded or credited against a future examination. All fees must be paid in United States currency. The candidate's canceled check is to be considered the receipt.

The application fee must be enclosed with each application to take the oral examination. A candidate notified in July of admissibility to the oral examination in November, December, January, or February is required to pay the examination fee before being scheduled to take the oral examination. If the examination fee and case list have not been received in the Board office on or before August 1 or if these items, including the late fee, have not been received in the Board office before August 19, the candidate will not be scheduled to take the examination in November, December, January, or at another date, if an extra examination is needed.

No application fees will be credited against a future application or refunded.

Examination fees may be refunded provided candidates inform the Board office in writing of their inability to sit for the examination prior to September 20.

Dates, Deadlines, Fees, and Late Fees for Oral Examination (Does not pertain to the Accelerated Oral Examination)

November 1, 2004

Request application

Deadline for receipt—February 28, 2005

November 1, 2004-February 28, 2005

Application, current medical license, two 2x2 photographs, plus application fee (\$740)

- Deadline for receipt—February 28, 2005
 March 1-April 28, 2004
 Application, current medical license, two 2x2 photographs, application fee (\$740) plus late fee (\$300) = \$1040
 Deadline for receipt—April 29, 2005
 May 2-June 13, 2005
 Application, current medical license, two 2x2 photographs, application fee (\$740) plus late fee (\$730) = \$1470
 Deadline for receipt—June 13, 2005
 June 13, 2005
 No applications accepted after this date
 July 2005
 Candidates notified to submit properly formatted case lists and examination fee (\$860)
 Deadline for receipt—August 1, 2005
 August 2-19, 2005
 Candidates notified by the Board in July to submit their properly formatted case lists and examination fee (\$860), which must include a late fee (\$330) = \$1160
 August 19, 2005
 No case lists or examination fees accepted after this date
 November & December 2005 and January 2006
 Oral Examination, ABOG Test Center, 2915 Vine St, Dallas 75204

Monitoring Oral Examinations

All oral examinations conducted at the ABOG Test Center will be monitored by closed-circuit television and sound in order to improve the oral examination process. Recordings will not be maintained by the Board.

Listings of Certified Diplomates

Each year the Board office notifies the American College of Obstetricians and Gynecologists of the names and addresses of the diplomates certified in that year. A list of the names of the most recently certified diplomates also is sent to the American Board of Medical Specialties with the request that they be included in the next issue of the *Directory of Certified Obstetrician-Gynecologists*.

After this effort to assure initial listings of the newly certified diplomates, the Board assumes no responsibility for a diplomate's listing in subsequent issues of any *Directory*.

Revocation of Diploma or Certificate

1. All Candidates for Certification, Recertification, and Maintenance of Certification and all physicians holding Diplomate Status *must* hold an unrestricted license to engage in the practice of medicine in all of the states and territories in which they are licensed, subject to the exceptions hereinafter specified.
 - a. A physician's license shall be deemed "restricted" for purposes of this policy if, as a result of *final* action by a state or other legally constituted medical board (hereinafter "state medical board"), the physician shall have:
 - (1) had his/her license revoked or surrendered his/her license in lieu of revocation;
 - (2) had his/her license suspended for a specified period of time or until specified conditions have been met and the suspension is not longer in effect;
 - (3) been placed on probation and the probationary period had not expired;
 - (4) been made subject to special conditions or requirements which are still in effect (including, but not limited to, supervision, chaperoning during the examination of patients, additional training beyond that required of all physicians for maintenance of licensure) and regardless of whether or not such conditions or requirements are imposed by order of the state medical board or are the result of a voluntary agreement between the physician and the state medical board.
 - b. Letters of concern or reprimand, *not* resulting in one of the stipulations which are enumerated in Section 1.a of these requirements, shall *not* be considered a restriction on the physician's license, even if such letters are made part of the physician's record. Likewise, a physician who has voluntarily entered into a rehabilitation program for chemical dependency or a practice improvement plan with the approval of a state medical board shall not be considered, for purposes of this policy, to have a restriction on his/her license to practice medicine.
2. Consequences of License Revocation, Restriction, or Surrender
 - a. Upon receipt of notice that the license of a physician seeking to sit for Initial Certification, Recertification, or Maintenance of Certification has been revoked or restricted, as herein defined, such physician shall be disqualified from sitting for any ABOG Certifying Examination until such restriction has been removed or expires.
 - b. Upon receipt of notice that a diplomate's license has been revoked or restricted, as herein defined, the Board has the authority and may, at its discretion, undertake proceedings, consistent with due process to revoke his/her diplomate status. Once revoked, the diplomate status of the physician shall be reinstated only after the revocation or restriction on his/her license has been removed or expires and then only on such terms as the Board deems appropriate, considering, among others things, the period of time the physician has not been able to engage in the unrestricted practice of medicine and his/her specialty.
 - c. Upon receipt of notice that the license of a candidate or diplomate has been revoked or restricted under an order which nevertheless permits him/her to continue to practice medicine, the Board has the authority and shall at its discretion undertake proceedings, consistent with due process, to determine whether or not such restriction is of such nature and extent as to preclude consideration for initial Certification, Recertification, or Maintenance of Certification until the revocation or restriction is removed. In making such determination, the Board must evaluate such restrictions or revocations in accordance with preestablished standards, which are objective and nondiscriminatory and are applied consistently and uniformly.
 - d. The Board shall require each diplomate or any physician seeking to sit for Initial Certification, Recertification, or Maintenance of Certification to provide the Board with complete information concerning revocation or any and all restrictions placed on his/her license within 60 days after its imposition. Such information shall include, but not be limited to, the identity of the state medical board imposing the restriction, as well as the restriction's duration, basis, and specific terms and conditions. The Board shall also periodically review the database of the Federation of State Medical Boards, as appropriate and when available, to identify any candidates or diplomates who have failed to disclose license restrictions in a timely manner. However, the candidate or diplomate has the affirmative obligation to advise the Board of all revocations or restrictions and to inform the Board when such restrictions or revocations expire or are otherwise removed. Candidates or diplomates who are discovered *not* to have made timely disclosure shall be required to show cause why their candidate or diplomate status should not be withdrawn, deferred, or otherwise sanctioned and the Board may defer further consideration or rein-

statement of diplomate status until such showing is satisfactorily made.

3. Each candidate, when making application, signs an agreement regarding disqualification or revocation of his/her diploma, certificate, or other evidence of qualification for cause. Revocation may occur whenever:
 - a. the physician shall not in fact have been eligible to receive the diploma or certificate, irrespective of whether or not the facts constituting such ineligibility were known to or could have been ascertained by this Board, its members, directors, examiners, officers, or agents at or before the time of issuance of such diploma or certificate;
 - b. any rule governing examination for a diploma or certificate shall have been violated by the physician but the fact of such violation shall not have been ascertained until after the issuance of his/her diploma or certificate;
 - c. the physician shall have violated the moral or ethical standards of the practice of medicine then accepted by organized medicine in the locality where the diplomate is practicing and, without limitation of the foregoing, the forfeiture, revocation, or suspension of their license to practice medicine, or the expulsion from or suspension from the rights and privileges of membership in a local, regional, or national organization of their professional peers shall be evidence of a violation of such standards of the ethical practice of medicine;
 - d. the physician shall fail to comply with the rules and regulations of this Board;
 - e. the issuance of or receipt of such diploma, certificate, or other evidence of qualification shall have been contrary to or in violation of the Certificate of Incorporation or the By-laws of this Board; or
 - f. the physician shall have violated any of "The Ethical Considerations in the Practice of Obstetrics and Gynecology" currently published by the American College of Obstetricians and Gynecologists and adhered to by the Board.

Upon revocation of any diploma or certificate by this Board as aforesaid, the holder shall return his/her diploma or certificate and other evidence of qualification to the executive director of the Board and his/her name shall be removed from the list of certified specialists.

Appeals

Appeals from any action of the Board may be initiated by writing to the executive director within 90 days of notification of the action which is being appealed.

Other Considerations

Governmental Services

1. Residency Experience

An applicant, under orders in a hospital conducted by governmental authority, may be credited with time in residency only if that hospital is conducting a residency program in obstetrics-gynecology accredited by the ACGME or by the CRCPSC.

2. Time-in-practice Requirement

A candidate for the oral examination may receive time-in-practice credit for time in government service:

- a. with verification of the duration of active duty;
- b. when practice has involved chiefly the care of obstetrical and gynecological patients;
- c. when the Board has received favorable reports of the candidate's professional activities while in service.

If a candidate for the oral examination has fulfilled a portion of the required obstetrical and gynecological practice as a civilian before entering governmental service, the remainder of the time

needed to fulfill the requirement may be made in governmental service.

Emergency Care and Limitation of Practice

Physicians who assume responsibility for the health of male patients for operative or other care will not be regarded as specialists in obstetrics, gynecology, and women's health, except as this practice is related to governmental services, investigation and management of an infertility problem, diagnosis and treatment of sexually transmitted diseases, provision of family planning services, or care in an emergency. Candidates for certification may, when necessary, participate in general emergency care. What constitutes a satisfactory limitation of practice to the specialty necessarily depends upon the qualifications and experience of the individual, the availability and capabilities of other physicians in the community, and, to some extent, what is customary in local practices. As a rule, the privileges granted physicians in the practice of obstetrics, gynecology, and women's health in any hospital are the prerogative of that hospital, not of this Board.

Certification in Critical Care

On September 18, 1985, the ABOG, Inc was authorized to issue certificates in obstetrics and gynecology with added qualification in critical care. The purpose of certifying in critical care is to recognize those obstetricians/gynecologists who through added education and examination have demonstrated added knowledge and skill in the care of critically ill patients.

An individual who meets the requirements will be issued a certificate in obstetrics and gynecology with added qualification in critical care by the ABOG, Inc. Certificates will bear a date limiting their initial validity to 6 years. A program for renewal certificates will be established.

Requirements

The following qualifications are required for applicants for certification.

1. Certified diplomate of the American Board of Obstetrics and Gynecology, Inc.
2. Good standing with the Board.
3. Satisfactory completion of education in critical care of no less than 12 months' full-time duration. This education must be in a program fulfilling the requirements of the American Board of Surgery for surgical critical care or the requirements of the American Board of Anesthesiology for critical care medicine. These requirements also must be acceptable to the ABOG, Inc.
4. The credentials and training of the candidate must be approved by the ABOG, Inc prior to admission to the examinations in surgical critical care or critical care medicine. Applications must be received at least 6 months prior to the date of the examination.
5. Successful completion of the examination in surgical critical care administered by the American Board of Surgery or the examination in critical care medicine administered by the American Board of Anesthesiology.

Application Procedure

1. A candidate intending to make application for certification of added qualification in critical care must notify the Board office at least 6 months prior to the anticipated start of education in critical care. This letter of intent must be accompanied by a nonrefundable registration fee of \$415.
2. The Board office of the ABOG must receive an affidavit from the program director of the critical care program attesting to the candidate's satisfactory completion of the program.

3. Application for certification in critical care must be made at least 6 months prior to the date of examination. The application fee is \$625 and must accompany the application.
4. The examination may be taken at the conclusion of the education in critical care contingent upon availability of examination by either the American Board of Surgery or the American Board of Anesthesiology, but the examination must be from the Board that approved the fellowship program where the candidate received education.
5. The Surgery or Anesthesia Board must submit a statement on behalf of the candidate indicating that the candidate is in good standing with the Board.
6. Time spent in a critical care fellowship cannot be used to meet the practice requirements for eligibility to take the principal oral examination in obstetrics and gynecology.
7. All respondents should make application to the executive director of the ABOG, Inc.

A Word of Caution

All correspondence should be sent by a service (such as FedEx, UPS, or USPS) that has tracking capability. This is for your use for tracking and verifying the receipt of correspondence, applications, and fees sent to ABOG.

Please note that deadlines set by the ABOG are based upon receipt of the information in the Board office. This is too important for candidates not to have a tracking mechanism!

Appendix

"De-identification" of Patient Case Lists

General. Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Secretary of the Department of Health and Human Services has issued a Final Privacy Rule (HIPAA Privacy Rule) governing the terms and conditions on which health care providers can make available "individually identifiable health information." Under the HIPAA Privacy Rule, candidates would have to obtain the "prior written knowledgeable consent" of their patients before they could release any information concerning those patients that would permit them to be individually identified. The HIPAA Privacy Rule does, however, permit the release of patient information if the information released does **not** permit the patient to be individually identified.

The ABOG has determined that it would be substantially impossible for candidates seeking certification to obtain prior written knowledgeable consent from all patients who might be included on the patient case lists that the Board requires for its oral examinations. Accordingly, the patient lists that candidates are required to submit for their oral examinations **must** be "de-identified", that is, candidates **must exclude** from the records they submit to the Board such information as could permit the identification of the patient.

Requirements. The HIPAA Privacy Rule specifically enumerates the categories of information that must be removed from patient case lists in order for such case lists to be "de-identified" and thereby become available for submission to the Board.

1. Section 164.514(a) provides, in pertinent part, as follows: "Health information that does *not* identify an individual and with respect to which there is *no* reasonable basis to believe that the information can be used to identify an individual *is not individually identifiable health information.*" [Emphasis added]
2. Section 164.514(b) provides that: "A covered entity (physician/candidate) may determine that health information is not individually identifiable health information **only if:** ****The following identifiers of the individual or*

of relatives, employers or household members of the individual are removed:

- a. Names
- b. All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the currently publicly available data from the Bureau of the Census:
 - (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people, and
 - (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
- c. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
- d. Telephone numbers;
- e. Fax numbers;
- f. Electronic mail addresses;
- g. Social Security numbers;
- h. Medical record numbers;
- i. Health plan beneficiary numbers;
- j. Account numbers;
- k. Certificate/license numbers;
- l. Vehicle identifiers and serial numbers, including license plate numbers;
- m. Device identifiers and serial numbers;
- n. Web Universal Resource Locators (URLs);
- o. Internet Protocol (IP) and address numbers;
- p. Biometric identifiers, including finger and voice prints;
- q. Full face photographic images and any comparable images; and
- r. Any other unique identifying number, characteristic, or codes; except as permitted by paragraph (C) of this Section.

This means that Candidates, when preparing the patient case lists required by the Board, should not include any of the information specified in Items (a) through (r) above.

3. Finally, Section 164.514(b)(2)(i)&(ii) stipulates that patient information can *only* be provided to the Board if the "covered entity (physician/candidate) does not have actual knowledge that the information (provided to the Board in the patient case lists) could be used alone or in combination with other information to identify an individual who is the subject of the information."

Warning

The de-identification of patient case lists does not sanction the omission of any cases involving patients under the candidate's care that are otherwise required to be reported. The completeness of the candidate's case list is subject to audit, and the Board has identified and implemented various audit procedures that are consistent with the HIPAA privacy rule. Any effort to use the HIPAA privacy rule to mislead the Board as to the breadth and depth of the candidate's practice, the numbers of patients, or the outcome of their treatment will subject the candidate to disqualification from examination and other discipline as appropriate.

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Governing Rules and Regulations

The Board's Rules and Regulations, which are subject to change from time to time without notice, contain specific provisions concerning eligibility for the examinations administered by the Board; an admission appeals process, which is available under certain circumstances; the application process; the examination processes (initial and renewal); a description of the circumstances under which candidates will be required to reactivate an existing application, or submit a new application, or repeat an examination; a list of occurrences that could lead the Board to revoke a certificate previously issued by it to a diplomate or to place the diplomate on probation; and other matters relating to the Board's examination and certification/maintenance of certification processes. Many, but not all, of those provisions are summarized or described in this document. In the event of any inconsistency between the Board's Rules and Regulations and this document, or any omission from this document of any provision of the Rules and Regulations, the Rules and Regulations shall govern. Copies of the Rules and Regulations are available upon request from the Board's Executive Office.

Certification Requirements

Many physicians write to the Board outlining their training and asking for an estimate of their qualifications and whether further training is required. The Board's requirements, as published herewith, provide this information, and any potential candidate should be able to determine his/her status after studying these requirements. Individual officers or directors of the Board cannot and will not make such determinations. All evaluations of an applicant's status will be made by the Committee on Admissions in accordance with the rules and regulations of the Board, after submission of an application for examination and payment of the registration fee, which must accompany the application.

It is the responsibility of the candidate to seek information concerning the current requirements for certification as an ophthalmologist. The Board does not assume responsibility for notifying a candidate of changing requirements or the impending loss of his/her eligibility to take an examination.

Educational Requirements

All applicants must have graduated from an allopathic or osteopathic medical school.

All applicants, both graduates of allopathic or osteopathic medical schools, entering ophthalmology training programs must have completed a postgraduate clinical year (PG-1) in a program in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or a program in Canada approved by the appropriate accrediting body in Canada. The PG-1 year must be composed of training in which the resident has primary responsibility for patient care in fields such as internal medicine, neurology, pediatrics, surgery, family practice, or emergency medicine. As a minimum, 6 months of this year must consist of a broad experience in direct patient care. It is a requirement of the Board that the program chair ascertain that an individual has completed an accredited PG-1 year in the United States or in Canada prior to the start of the ophthalmology residency.

In addition to a PG-1 year, all applicants must have satisfactorily completed an entire formal graduated residency training program in ophthalmology of at least 36 months duration (PG-4 or better) in either the United States accredited by the ACGME, or in Canada accredited by the Royal College of Physicians and Surgeons of Canada. No other training, including any form of fellowship, is acceptable.

The applicant's chair is required to verify satisfactory completion of an entire formal graduated ophthalmology residency training program in medical and surgical care of at least 36 months' duration.

When a resident's training has been gained in more than one residency program, an interim evaluation must be completed by the first program. The first program may not be able to verify all competencies. It is the responsibility of the second program to obtain the interim evaluation from the first program. The second program, in its Satisfactory Completion document, must evaluate all competencies, taking into account any deficiencies noted in the interim evaluation by the preceding program(s).

Less than 6 months' service in an accredited program is not acceptable as a part of the required training in ophthalmology. The chair's verification form(s) cannot be submitted to the Board until the applicant has completed the entire residency training program.

If a program is disapproved or withdrawn during the course of a resident's training, he/she must complete the remaining required number of months of training in another accredited program.

Only those applicants who have completed their PGY-1 and entire ophthalmology training program, PGY-4 or beyond, by August 1 are eligible to apply for the Written Qualifying Examination given in the spring of the following year.

Licensure

Graduates of United States and Canadian Medical Schools

A person shall be eligible to apply for and to take any examination administered by the Board only if, as of the date of application and at all times throughout certification, the person has a valid and unrestricted license to practice medicine in the United States, its territories, or Canadian province in which the person's practice of medicine is regularly conducted and in each other place in which the person practices or has practiced medicine and has an unexpired license. The applicant must notify the Board of any action taken by a State Medical Board within 60 days of such action. The

definitions of restricted license and the exceptions to these definitions are described in the Board's Rules and Regulations. Individuals in the military will meet the valid and unrestricted licensing condition if they are on full time active duty as a physician at a military installation in any branch of the United States Armed Services and submit a valid and unrestricted military medical license. Accompanying this military license must be a signed document from the individual's commanding officer stating that he/she solely provides medical care and treatment on the military installation to members of the United States Armed Services and their dependents. Information concerning the Board's Rules and Regulations with respect to definitions of an invalid or restricted license is available upon request from the Board's Executive Office.

Other Medical Graduates

An applicant may have graduated from a medical school of a country other than the United States or Canada. Graduates of international medical schools must have a valid and unrestricted license to practice medicine (as defined above and in the Rules and Regulations of the Board); they are also required to have a certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).

Applications

An applicant who wishes to be examined by the Board shall complete, sign, and file with the executive director an application on the official form then in use by the Board. The application shall be considered complete only when all supporting data required by the application, including the chair's verification form, are also filed with the executive director. Applications can be obtained from the chairs of accredited residency programs or from the office of the Board and from the ABO Web site at www.abop.org.

Written Examination Deadline

If an applicant wishes to be considered for a Written Qualifying Examination to be conducted in a particular year, his/her application and all supporting data, including supporting data furnished directly by others with respect to the applicant, must be postmarked between March 1 and August 1, except for the chair's verification form which must be postmarked on or before October 1 of the calendar year immediately preceding the calendar year in which the Written Qualifying Examination is to be conducted. By paying a late fee the deadline for postmarking the completed application may be extended from August 1 to September 1. No other exceptions to, or extensions of, these requirements will be made for any reason. The dates of future examinations can be found on the Internet at www.abop.org.

An applicant who does not receive notification from the Board of office by January 15 of the acceptance or rejection of his/her application must contact the Board office in writing to inquire about the status of the application. Failure to contact the Board office in writing by February 15 will result in such applicant's removal from the examination roster.

If a completed application and all required supporting data are not timely postmarked, the application will not be valid and the application fee shall be returned. It is best not to mail application materials just before the postmark deadline because packets are sometimes postmarked a day or two after mailing. *Caution:* If there is a discrepancy between a metered postmark and an official US Postal Service postmark, the latter will be considered official. The Board advises applicants to send all materials that must be received in the Board office by a specific deadline by registered mail or a traceable courier service.

The application shall be accompanied by a check payable to the Board for the application fee. In addition to checks, the Board

accepts Visa and MasterCard as payment for all Board fees. No application will be considered to be complete until the fee and all required supporting data, including a copy of current registration to practice medicine and two recent photographs for identification at the Written Qualifying Examination and the Oral Examination, have been received by the executive director.

The application form contains a pledge that explains the prohibitions regarding improper conduct before, during, and after examinations. Candidates must certify that the information they provide in their applications is true and accurate. If (1) any misrepresentation is discovered in the application, in any other information submitted to the Board, or in the identity of a person applying to take or taking the examinations, (2) any financial or other benefit is offered by a candidate to any director, officer, employee, proctor, or other agent or representative of the Board in order to obtain a right, privilege, or benefit not usually granted by the Board to similarly situated candidates, or (3) any irregular behavior during the examination such as copying answers, sharing information, using notes, or otherwise giving or receiving aid is discovered by observation, statistical analysis of answer sheets, or otherwise, the candidate in question shall be given written notice of the charges and an opportunity to respond in accordance with the procedures set forth in the Rules and Regulations of the Board. If the Board determines that a violation has occurred, the Board may permanently bar the person(s) involved in the violation from all future examinations, invalidate the results of prior examinations taken by the person(s), withhold or revoke the certificate of the person(s), or take other appropriate action. If sanctions are imposed pursuant to the Rules and Regulations of the Board, the Board may notify legitimately interested third parties of its action.

When the Board determines that irregular behavior has occurred during an examination, the Board will make every effort to withhold the scores of only those candidates directly implicated in the irregularity. Nevertheless, in some instances the evidence of irregularity, though sufficiently strong to cast doubt on the validity of scores, may not enable the Board to identify the specific candidates involved in the irregularity. In such circumstances, the Board may withhold the scores of candidates not directly implicated in the irregularity and, if necessary, may require those candidates to take an additional examination at a later date to ensure the validity of all scores.

The examination booklets used in the Written Qualifying Examination and the illustrative materials and questions asked in the Oral Examination are copyrighted as the sole property of the Board and must not be removed by the candidate from the test area or reproduced in any way. Any reproduction, in whole or in part, of the Written test booklet or Oral Examination materials and questions is a federal offense and also may subject the candidate to the sanctions listed above. No notes, textbooks, other reference materials, scratch paper, or recording devices may be taken into either the Written or the Oral Examinations.

Written Qualifying Examination

In order to qualify for an Oral Examination, each candidate must pass a Written Qualifying Examination. The Written Qualifying Examination consists of 250 multiple-choice questions. The purpose of the Written Qualifying Examination is to evaluate the breadth and depth of the basic science and clinical knowledge of candidates who have satisfactorily completed an accredited program of education in ophthalmology. Candidates who successfully complete the Written Qualifying Examination will be further evaluated in an Oral Examination.

Aspects of the Candidate's Ability That Are Tested:

- recall of information
- understanding and application of basic knowledge
- relation of pathogenesis to disease process
- evaluation of clinical data
- utilization of diagnostic and therapeutic procedures
- anticipation and recognition of complications
- ethics of ophthalmic practice

Topics Covered Include:

1. optics, visual physiology, and correction of refractive errors
2. retina, vitreous, and uvea
3. neuro-ophthalmology
4. pediatric ophthalmology
5. external disease and cornea
6. glaucoma, cataract, and anterior segment
7. plastic surgery and orbital diseases
8. ophthalmic pathology

The Written Qualifying Examination is given simultaneously in designated cities in the United States in the spring of each year.

Oral Examination

Upon successful completion of the Written Qualifying Examination candidates will be sent specific instructions for registration for the Oral Examination. The Oral Examination is designed to simulate how candidates care for patients in a clinical setting. Candidates are assessed with regard to their ability to incorporate the cognitive knowledge demonstrated in the Written Examination with judgment on caring for a patient.

A check payable to the Board for the amount then in effect for the Oral Examination must accompany the completed registration form and be forwarded to the Board office within the appropriate time frame. In addition to checks, the Board accepts Visa and MasterCard as payment for all Board fees.

Information about the examination procedures and scheduling is sent to all candidates after they have been registered for the Oral Examination.

Oral Examination Schedule

It has been the custom of the Board to hold two oral examinations a year with candidates who have passed the Spring Written Qualifying Examination. These candidates are assigned either to a group taking the Oral Examinations in the fall of that year or to a group taking the Oral Examinations in the spring of the following year.

Candidates who pass the April 2005 Written Qualifying Examination will be assigned to either the Fall 2005 oral or the Spring 2006 oral. The Board reserves the right to limit the number of candidates admitted to any scheduled examination and to designate the candidates to be examined.

Oral Examination Subjects

The Oral Examination will cover the subjects listed and described in the following paragraphs. A candidate is presented with a series of props, each of which represents one patient or clinical situation, and is asked to identify how he/she would care for that patient. The examiner assesses a candidate's ability to demonstrate patient care skills in the following areas:

I. Data Acquisition

Recognition by the candidate of depicted abnormalities and diseases that affect the eye, ocular adnexa, and the visual pathways. Candidates will be asked for historical information and examination data that might be obtained on a patient with a particular condition depicted or described.

II. Diagnosis

The ability of candidates to synthesize historical and physical evaluation information, along with the appropriate laboratory data, to arrive at correct diagnoses and differential diagnoses.

III. Treatment

Candidates will be expected to provide a reasonable and appropriate plan for medical and/or surgical management of patients with the conditions depicted or described and be able to discuss the prognosis and/or therapeutic complications for the particular condition.

The oral examination is a timed examination and requires candidates to "care for" a series of patients. All examinations are given by appointment within a half-day period. The half-day period is divided into six examinations to allow multiple examiners to assess the candidate's patient care ability. The pooled group of examiners is referred to as a panel.

Scope of the Examination

The oral examination includes clinical scenarios representative of developmental, dystrophic, degenerative, inflammatory, infectious, toxic, traumatic, neoplastic, and vascular diseases affecting the eye and its surrounding structures, including but not limited to the following information:

Candidates should be familiar with the basic principles of physical and geometrical optics and the operation of standard optical instruments. They should understand the essentials of visual physiology including visual acuity, light and dark adaptation, accommodation, and color vision. They should know the various forms of ametropia, principles and techniques of refraction, principles of lens design, and methods of correction of ametropia including spectacles, contact lenses, intraocular lenses, and keratorefractive surgery.

Candidates should be familiar with the methods for prescribing protective lenses, absorptive lenses, and aids for low vision.

Candidates should be familiar with diseases affecting the eye of infants and children and associated systemic abnormalities. Candidates should understand the anatomy, pathology, and physiology of the neuro-muscular mechanisms subserving ocular motility and binocular vision.

Candidates should be familiar with the methods of examination for detection and assessment of sensory and ocular motor disorders. They should also know the clinical features, differential diagnosis, natural course, and management of the various types of comitant and noncomitant deviations. They should be familiar with the principles and complications of surgery upon the extraocular muscles.

Candidates should know the anatomy of the orbit and the neuro-anatomy of the afferent and efferent visual systems. They should understand the principles and techniques of various diagnostic procedures and be able to interpret visual field testing, visually evoked responses, ultrasonography, conventional X-ray imaging, CT scanning, and magnetic resonance imaging.

Candidates should be familiar with the clinical features, pathology, differential diagnosis, and management of disorders of the orbit, visual pathways, oculomotion system, and pupillomotor pathways, including the indications for, principles of, and complications of orbital surgery.

Candidates should understand the anatomy, embryology, physiology, and pathology of the structures comprising the lacrimal system, lids, cornea, conjunctiva, and sclera. They will be expected to discuss conditions affecting these structures and provide an appropriate differential diagnosis.

Candidates should also be able to describe and discuss medical and surgical treatment for diseases and abnormalities involving

these tissues, including indications for and complications of surgery.

Candidates should know the anatomy, embryology, physiology, and pathology of abnormalities and diseases of the cornea, anterior chamber angle, iris, ciliary body, and lens.

Candidates are expected to discuss conditions affecting these structures and those to be considered in their differential diagnosis. They should also be able to describe and provide indications for medical and surgical therapy directed toward alleviating or curing these conditions.

Candidates should know the anatomy, embryology, physiology, and pathology of abnormalities and diseases of the vitreous, retina, choroid, and posterior sclera.

Candidates are expected to discuss conditions affecting these structures and those to be considered in their differential diagnosis. They should also be able to describe and provide indications for medical and surgical therapy directed toward alleviating or curing these conditions.

Candidates are expected to discuss medical ethics and professionalism in the care of ophthalmological patients.

Candidates are expected to demonstrate judgment pertaining to other aspects of patient care including: ethics/professionalism (such as informed consent, commercial relationships, delegation of authority, communications to the public, surrogacy/autonomy issues, unnecessary surgery); medical error/patient safety; patient regulatory rules; and interaction with other disciplines (such as primary care physicians, pathologists), in discerning appropriate patient care.

Reactivation

Written Qualifying Examination

A candidate shall be required to reactivate his/her application for approval and submit an additional application fee under the following circumstances that relate to the Written Qualifying Examination:

1. if a candidate fails to take the Written Qualifying Examination within 24 months after notice has been sent to him/her that his/her application has been accepted;
2. if a candidate does not repeat the Written Qualifying Examination within 24 months after failing;
3. if a candidate receives two consecutive failures on a Written Qualifying Examination on the same application.

Oral Examination

The grading process of the oral examination is an overall pass/fail grade. The Board requires that each candidate be examined in six separate subsections of the Oral Examination. A percent correct is calculated for each subsection and these six scores are averaged to arrive at a total score. Failure to achieve the necessary overall passing score requires that an individual repeat the entire six subsections of the Oral Examination. Additional information on grading is specified in the "Rules for Grading" which are sent to all candidates at the time of their Oral Examination registration.

A candidate shall be required to reactivate his/her application for approval, submit an additional application fee, and pass another Written Qualifying Examination before being admitted to the Oral Examination under the following circumstances:

1. if a candidate does not take the Oral Examination within 24 months after notice has been sent to the candidate that he/she has passed the Written Qualifying Examination;
2. if a candidate who is eligible to do so fails to repeat the Oral Examination within 24 months after failing such examination;
3. if the candidate does not pass the entire examination in three attempts.

Reactivation Procedure

In order to reactivate an application the following actions must be completed by the postmarked August 1 registration deadline:

- file a new application
- remit the current fee
- submit a copy of a current valid and unrestricted license to practice medicine in the United States, its territories, or a Canadian province
- provide letters of endorsement from two American Board of Ophthalmology-certified ophthalmologists in the community in which the applicant practices

Certification

A candidate who successfully passes both the Written Qualifying and Oral Examinations within the required time limitations herein above set forth, as determined by the Board in its sole discretion, shall be entitled to receive a certificate without further consideration of his/her qualifications by the Board. Physicians who have received the certificate are diplomates of the Board.

Duration of Certification

Certificates issued by the Board after July 1, 1992, are valid for a period of 10 years. Thereafter, a diplomate will be required to satisfactorily complete a designated renewal program every 10 years in order to extend the validity of his/her certificate. Certificates issued prior to July 1, 1992, are valid during the diplomate's lifetime. Diplomates who hold a lifetime certificate are also eligible to participate in the maintenance of certification process.

Maintenance of Certification

Background

The American Board of Ophthalmology's Maintenance of Certification (MOC) replaces the current recertification process. It includes elements that promote a commitment to lifelong learning and practice improvement.

The Board's MOC process was developed according to standards established by the American Board of Medical Specialties (ABMS), the umbrella organization of the 24 medical specialty boards. Maintenance of Certification focuses on six general competencies integral to quality care:

- patient care
- medical knowledge
- practice-based learning and improvement
- interpersonal and communication skills
- professionalism
- systems-based practice

These competencies were identified jointly by the ABMS and the ACGME in an effort to define the skills and information necessary for a physician to deliver high quality patient care. MOC evaluates the competencies through the following four basic components.

1. Evidence of Professional Standing
2. Evaluation of Practice Performance
3. Evidence of a Commitment to Lifelong Learning and Self Assessment
4. Evidence of Cognitive Expertise

Time-limited Certificates

Certificates issued in 1992 and thereafter are valid for a period of 10 years and expire December 31 of the tenth year. Thereafter, a diplomate is required to satisfactorily participate in the MOC process in order to extend the validity of his/her certificate. Certificates issued prior to July 1, 1992, are valid during the diplomate's lifetime. Diplomates who hold a life-time certificate are also encouraged to participate in the MOC process, however, passing or

failing the process does not affect the status of their original certificate.

MOC Components

MOC evaluates the competencies through the four basic components detailed below.

1. Evidence of Professional Standing

As of the date of application and at all times throughout certification the diplomate must hold a valid and unrestricted license(s) to practice medicine in the United States, its territories, or Canadian province in which the applicant's practice of medicine is regularly conducted and in each other place in which the person practices or has practiced medicine and has an unexpired license. A diplomate must notify the Board of any action taken by a State Medical Board within 60 days of such action. The definitions of restricted licensure and the exceptions to these definitions are described in the Board's Rules and Regulations.

Individuals in the Military

Individuals in the military will meet the valid and unrestricted licensing condition if they are on full time active duty as a physician at an installation of the United States Armed Services and submit a valid and unrestricted military medical license. Accompanying this military license must be a signed document from the individual's commanding officer stating that he/she solely provides medical care and treatment on the military installation to members of the United States Armed Services and their dependents.

Individuals Practicing Outside the United States, Its Territories, or Canadian Province

Ophthalmologists practicing outside of the United States, its territories, or Canadian province and who wish to undergo maintenance of certification when it is due states that applicants must:

- maintain a current valid and unrestricted license to practice medicine in the United States, its territories, or Canadian province as of the date of application and at all times throughout the renewal process; and
- submit to the Board at the time of application a current valid medical license in the jurisdiction in which they currently practice.

2. Evaluation of Practice Performance

The Office Record Review (ORR) is a self review of clinical practice. The ORR consists of 32 ophthalmic diagnoses with specific definitions and timeframe requirements (ORR modules). An example of an ORR module definition and timeframe requirement is: Myopia: a new adult patient who presents with myopia, seen by you at least once in the past 12 months.

ORR modules encompass the standards of care and practice patterns related to the specific diagnosis and assess the quality of practice through verification of the documentation of appropriate measurements, diagnosis, management, and follow-up. To complete the ORR, diplomates select three ORR modules. For each of the three ORR modules selected, the diplomate finds five patient records that correspond to the module's definition and timeframe requirement. Diplomates will review 15 of their patient records in all.

Currently, ORR is a paper and pencil take-home review. In 2006, ORR will be available online. ORR must be completed once during the MOC cycle.

3. Evidence of a Commitment to Lifelong Learning and Self Assessment

Part A. Continuing Medical Education (CME)

Diplomates must obtain an average of 30 Category 1 CME credits per year from an Accreditation Council for Continuing Medical Education (ACCME)-approved organization as of the date of certification

and throughout the 10-year MOC cycle. Three CME credits must be in ethics and at least 80% of the Category I CME credits must be relevant to the practice of ophthalmology.

Ultimately, a diplomate must submit a total of 30 credits multiplied by the year he/she is planning to sit for the cognitive examination as a requirement for registration. For example, a diplomate registers for the cognitive exam in the first year they are eligible, year 8: $8 \times 30 = 240$ credits due with registration. However, during the transition from recertification to MOC, diplomates who do not have the required number of CME when they register for the DOCK must submit a total of 300 CME by the December 31 expiration date of their current certificate.

Ethics CME Requirement

Three credit hours must be in ethics. The Board's ethics requirement is designed to encourage ophthalmologists to recognize and resolve the ethical dilemmas that arise which directly impact patient care. While there are no specific guidelines regarding courses that satisfy the ethics requirement, the course should contain the word "ethics" in the title or be designated as ethics by the sponsoring organization.

Ethics courses can be found through various institutions, such as bioethics departments of many universities, community hospitals, and medical centers. The American Academy of Ophthalmology (AAO) also has an active ethics program which offers courses at its annual meeting and has on-line ethics courses at www.aao.org.

Please note, even if an ACCME-sponsored organization designates a specific course as ethics, the Board reserves the right to accept or reject any course submitted as ethics based on course content. Diplomates can submit documentation on the content of CME courses to the Board office for further review as ethics.

Part B. Periodic Ophthalmic Review Tests (PORT)

The PORT is a series of 50-item, Web-based self-review tests in core ophthalmic knowledge (knowledge considered fundamental to the practice of ophthalmology regardless of the practice emphasis) and areas of practice emphasis.

Ultimately, all diplomates will be required to complete two PORTs during the MOC cycle: one in core ophthalmic knowledge and one in a practice emphasis area of choice, as listed below. However, while the Board transitions from recertification to maintenance of certification, the requirements are slightly different for each group of diplomates.

General Ophthalmology	Cataract/Anterior Segment
Cornea/External Disease	Glaucoma
Neuro-ophthalmology and Orbit	Oculoplastics and Orbit
Pediatric Ophthalmology/Strabismus	Retina/Vitreous
Refractive Management/Intervention	Uveitis

There will be three versions of each PORT and there is no limit to the number done each year. An overall score of 80% is required to pass each PORT. Feedback to missed items will be provided in the form of literature sources from which the PORTs are derived. The 50 items will be predominantly of the 4-part multiple choice design. A percentage of PORT questions will appear on the cognitive exam (DOCK).

The PORT will be available through the ABO Web site beginning in January 2006. Eligible diplomates will register for and complete the PORT online and will receive instant feedback. PORT must be completed once during the MOC cycle.

4. Evidence of Cognitive Expertise

Demonstration of Ophthalmic Cognitive Knowledge (DOCK)

The Demonstration of Ophthalmic Cognitive Knowledge (DOCK) is a secure, proctored, 150-item examination administered at over 250 computerized testing centers for a period of 1 month each year in

September. DOCK consists of one 50-item module on core ophthalmic knowledge and two 50-item modules drawn from the following practice emphasis areas:

General Ophthalmology	Cataract/Anterior Segment
Cornea/External Disease	Glaucoma
Neuro-ophthalmology and Orbit	Oculoplastics and Orbit
Pediatric Ophthalmology/Strabismus	Retina/Vitreous
Refractive Management/Intervention	Uveitis

Diplomates can select two of the same practice emphasis areas or two different practice emphasis areas. However, while two modules are available for most practice emphasis areas, some topics will have only one available module. Other areas to be covered in the DOCK include patient safety, environment of medical practice, and ethics. Diplomates for MOC will be required to achieve an overall passing grade based on the combined grades of all three modules.

The DOCK will be offered for the first time in September 2006. Diplomates certified prior to 1998 can complete a pencil and paper application in 2005 to sit for the 2006 DOCK. Beginning in 2006, all eligible diplomates will be able to apply for the DOCK from January-April 1 of each year.

Timeframe and Transition

The ABO MOC process is designed to be completed over the 10-year certification cycle. Ultimately, each component will be completed in a specific timeframe: ORR in years 3-4, PORT in years 5-7, and DOCK in years 8-10. However, in order to transition from recertification to MOC, requirements and timeframes will be slightly different for each group of diplomates. Charts illustrating the requirements and timeframe for all diplomates according to the year they were certified or recertified can be found on the ABO Web site, www.abop.org.

Diplomates who hold timelimited certificates and who have not recertified or diplomates certified prior to 1992 who hold lifetime certificates can apply for MOC during the scheduled application periods and complete the MOC components as they are offered.

Failure to Adhere to Timeframe

Diplomates who fail to take components within the specified timeframe will incur a financial penalty and risk exceeding the 10-year time limit and, therefore, loss of board certification.

Failure to Pass MOC Components

All MOC components can be repeated as often as necessary during the designated years until the MOC process is successfully completed. Repeat examinations or reviews are subject to re-registration fees.

Board Policies

Applicant Disclosure Obligations

At the time a person submits an application to the Board and at all times thereafter, the person shall have a continuing obligation to disclose promptly to the Board the existence or occurrence of any circumstances causing the person to fail to satisfy the foregoing condition of eligibility to apply for and take any examination administered by the Board. A person submitting an application to the Board shall inform the Board on, or in a written submission accompanying, the person's application or in a written submission to the Board before taking any examination administered by the Board, as the case may be, if the person's license to practice medicine in the United States, its territories, or Canadian province has previously been surrendered or not renewed upon its expiration or if the person's practice of medicine or license to practice medicine in the United States, its territories, or Canadian province has previously

been revoked, restricted, conditioned, suspended, limited, qualified, or subject to the terms of probation.

Disabilities

The American Board of Ophthalmology complies with the Americans with Disabilities Act (ADA) to mitigate the effects of the disability on the testing activity. To accommodate individuals with disabilities the Board will make reasonable modifications to its examinations that do not fundamentally alter the requirements of the examination or the measurement of the skills or knowledge the Board examinations are intended to test.

A candidate for Board certification/maintenance of certification who believes that he or she is disabled within the meaning of the ADA, and who requests an examination under nonstandard conditions, shall specify on (or in a supplement submitted with) the application form the existence, the specific nature, and the extent of his/her disability and the specific modification requested. The candidate shall also submit either with the timely filed application, or no later than 30 days after the deadline for applying for a particular examination, all independent documentary evidence substantiating the individual's disabilities.

Documentation includes, but is not limited to:

- Name, address, telephone number, and qualifications of each expert who provides a report documenting the individual's disabilities.
- Dates and locations of all assessments performed and included in the documentation.
- Copies of evaluation reports with scores or ratings for each standard instrument or assessment method used. The Board requires that this documentation be no more than 3 years old.
- A full description of any nonstandard instruments and assessment methods used to determine the disabilities and diagnoses.
- Any diagnoses of the individual's disabilities using standard nomenclature, ie, International Classification of Diseases (ICD), American Psychiatric Association Diagnostic and Statistical Manual (DSM).
- A description of the individual's functional limitations due to any disabilities.
- Reports of any past accommodations on examinations the individual received because of the disabilities.

The ABO will verify the documentation of the disability and reserves the right to have the individual independently evaluated at its own expense.

Examination Fees

Applications shall be accompanied by a check payable to the Board for the application fee then in effect. The ABO also accepts Visa and MasterCard as payment for all Board fees.

The fees for examinations shall be established annually by the Board of Directors on the basis of the actual and anticipated costs of the Board in the examination of candidates and the administration of its business. The directors of the Board serve without compensation except for reimbursement of expenses.

To find out the current fees for the Board examinations, contact the Board office or visit the Board Web site at www.abop.org.

Mailing Procedures

It is best not to mail application materials just before the postmark deadline because packets are sometimes postmarked a day or two after mailing. *Caution:* If there is a discrepancy between a metered postmark and an official US Postal Service postmark, the latter will be considered official. The Board advises applicants to send all materials that must be received in the Board office by a specific deadline by registered mail or a traceable courier service.

Refund Policy

When a candidate registers for an examination, significant costs are incurred by the American Board of Ophthalmology. Therefore, to keep costs down for all candidates, fees for examinations are non-refundable, regardless of the reason. However, in case of cancellation, 50% of the examination fee will be applied to the subsequent examination, if taken within the 2-year time limit for an active application. In addition, all application fees include a \$300 non-refundable administrative fee.

Cancellation of Examination

If the American Board of Ophthalmology is unable to administer or complete the administration of a Written or Oral Examination at the scheduled date, time, and location due to circumstances beyond the Board's control, the examination may be cancelled in the sole discretion of the Board, and if the examination is cancelled, the Board is not responsible for any expense an affected candidate may have incurred in connection with the cancelled examination or for any expense the candidate may incur in connection with any substitute examination.

Results of Examinations

Within a reasonable time after completion of the Written, Oral, and/or Maintenance of Certification Examinations, the candidate shall be notified by the executive director as to the results thereof. The decision of the Board as to these results shall be final and conclusive. Grades are not subject to appeal. Because such is the case, individual directors of the Board or associate examiners should not be contacted about specific examination results. To preserve confidentiality, results of an examination will not be given over the telephone, facsimile, or computer.

AMA Physician's Recognition Award

The American Medical Association (AMA) allows 25 hours to be claimed toward an AMA Physician's Recognition Award (PRA) for specialty board certification and recertification. PRA applications may be obtained from the AMA via telephone at 312 464-4669; fax 312 464-4567; or on the Internet at www.ama-assn.org/go/cme.

Disciplinary Sanctions

The Board shall have the authority to impose disciplinary sanctions upon a candidate or a diplomate for any of the following reasons:

1. violation of rules and regulations of the Board relating to the Written Qualifying, Oral, and Recertification Examinations and applications to take the examinations;
2. substantial misstatement or omission of a material fact to the Board in an application or in any other information submitted to the Board;
3. presenting or distributing, or aiding or assisting another person(s) to present or distribute, a forged document or other written instrument purporting to have been issued by or under the authority of the Board to evidence that a candidate, diplomate, or any other person(s) is currently or was previously certified by the Board when that is not the case, or claiming orally or in writing, or assisting another person(s) to claim, that a candidate, diplomate, or any other person(s) is currently or was previously certified by the Board, when that is not the case;
4. any license of the person to practice medicine is not, or ceases to be, a valid and unrestricted license to practice medicine within the meaning set forth in the Rules and Regulations of the Board;
5. issuance of a certificate contrary to or in violation of the rules and regulations of the Board;
6. ineligibility of the person to whom the certificate was issued to receive the certificate;

7. engaging in any conduct that materially disrupts any examination or that could reasonably be interpreted as threatening or abusive toward any examinee, proctor, or staff.

Statements of Eligibility

The Board does not issue statements of "eligibility" for its examinations. The only information the Board will divulge is whether a physician is or is not certified. Inquiries to the Board by outside agencies about the certification status of physicians who have inactive applications or who hold lapsed certificates will be answered by stating that said physician is not Board certified.

The American Board of Ophthalmology charges a \$35 fee for each formal verification of a physician's certification.

American Board of Medical Specialties

The American Board of Medical Specialties (ABMS) was established in 1933 to serve in an advisory capacity to the American specialty boards and to cooperate with organizations that seek its advice concerning the certification of medical specialists. The American Board of Ophthalmology is officially recognized by the ABMS, and contributes an annual fee of \$2,000 in addition to a per capita fee for each new diplomate certified, as do all other medical specialty boards, to the American Board of Medical Specialties in support of the activities of ABMS.

The American Board of Ophthalmology provides an annual listing of new diplomates for inclusion in the *Official ABMS Directory of Board Certified Medical Specialists* and the ABMS Medical Specialists Plus CD-ROM, published by Elsevier Science and the American Board of Medical Specialties, which are used by credentialing organizations. Each diplomate will be contacted directly by Elsevier Science (Reed Elsevier Publishing) to update biographical information each year. This listing is cost free.

Associates

All Board directors and associates, whether examiners or members of special committees, are informed by the Board that they shall not promote, or permit others to promote, his/her participation in commercial or educational activities (domestic or foreign) under circumstances that exploit, or might be perceived to exploit, his/her familiarity with examinations administered by the American Board of Ophthalmology or otherwise might be perceived to compromise the integrity of those examinations. All computerized educational endeavors should be monitored so that this material does not compromise the Board and the valued role of our associate examiners. It is advisable that associates ascertain in writing an agreement stating that their educational material will not be published or marketed in any way that could jeopardize their relationship with the Board. In addition, Board directors and associates may not exploit their association with the ABO through communications to the public or through self-promotional items. It is, however, acceptable to include a factual reference on a curriculum vitae.

American Board of Orthopaedic Surgery

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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Orthopaedic Surgery [ABOS] to ascertain whether the information below is current.)

I. Introduction

A. Definition

Orthopaedic surgery is the medical specialty that includes the preservation, investigation, and restoration of the form and function of the extremities, spine, and associated structures by medical, surgical, and physical methods.

B. Purpose

The ABOS was founded in 1934 as a private, voluntary, nonprofit, autonomous organization. It exists to serve the best interest of the public and of the medical profession by establishing educational standards for orthopaedic residents and by evaluating the initial and continuing qualifications and competence of orthopaedic surgeons. For this purpose, the Board reviews the credentials and practices of voluntary candidates and issues certificates as appropriate. It defines minimum educational requirements in the specialty, stimulates graduate medical education and continuing medical education, and aids in the evaluation of educational facilities and programs.

The Board does not confer any rights on its diplomates, nor does it purport to direct licensed physicians in any way in the conduct of their professional duties or lives. It is neither the intent nor the purpose of the Board to define requirements for membership in any organization or for staff privileges at any hospital.

C. Directors

The directors of the ABOS are elected from diplomates of the Board who are nominated by the American Orthopaedic Association, the American Medical Association, and the American Academy of Orthopaedic Surgeons. They serve without salary.

D. Organization

Directors of the Board elect a president, president-elect, secretary, and treasurer annually. An executive director, who is a diplomate, serves as an ex officio director of the Board. The president appoints directors to serve on standing committees on credentials, examinations, finance, graduate education, and research. Other committees may be formed as deemed necessary. The Board holds regularly scheduled meetings yearly.

E. Directory

A current directory of certified orthopaedic surgeons is maintained by the Board. The names of diplomates also appear in the *Official ABMS Directory of Board Certified Medical Specialists*, published by the American Board of Medical Specialties.

II. Orthopaedic Surgery Education

The goal of orthopaedic education is to prepare orthopaedic residents to be competent and ethical practitioners of orthopaedic surgery. In fulfillment of this goal, applicants for certification must have received through orthopaedic residency

- education in the entire field of orthopaedic surgery, including inpatient and outpatient diagnosis and care as well as operative and nonoperative management and rehabilitation;
- the opportunity to develop, through experience, the necessary cognitive, technical, interpersonal, teaching, and research skills;
- the opportunity to create new knowledge and to become skilled in the critical evaluation of information;
- education in the recognition and management of basic medical and surgical problems;
- an evaluation of ethical performance.

Orthopaedic residency program accreditation is conducted by the Residency Review Committee for Orthopaedic Surgery (RRC). This committee functions autonomously under the aegis of the Accreditation Council for Graduate Medical Education (ACGME). The RRC has a total of 10 members, three representing each of its three sponsoring organizations—the American Board of Orthopaedic Surgery, Council on Medical Education of the American Medical Association, and American Academy of Orthopaedic Surgeons—and a resident member. The RRC evaluates orthopaedic residency programs with regard to number of residents, training, program organization, educational experience, and institutional responsibility. It makes recommendations to the ACGME, which is responsible for the acts of accreditation for all RRCs. Individual questions regarding qualifications for eventual board certification are addressed by the ABOS, whereas program accreditation questions are addressed by the RRC for Orthopaedic Surgery.

III. Minimum Educational Requirements for Board Certification

The Board has established the following minimum educational requirements for certification. These requirements should not be interpreted as restricting programs to minimum standards.

Throughout these rules, the term "accredited" denotes approval by the ACGME.

A. Time Requirements

- Five years (60 months) of accredited postdoctoral residency are required.

2. Prior to July 1, 2000, 4 of these years (48 months) must be served in a program whose curriculum is determined by the director of an accredited orthopaedic surgery residency. Three of these years (36 months) must be served in an accredited orthopaedic surgery residency program. One year (12 months) may be served in an accredited graduate medical program whose educational content is determined by the director of an accredited orthopaedic surgery residency program.

Beginning on July 1, 2000, 1 year (12 months) must be served in an accredited graduate medical education program whose curriculum fulfills the content requirements for the graduate year 1 (PGY-1) (see B.1, below) and is determined or approved by the director of an accredited orthopaedic surgery residency program. An additional 4 years (48 months) must be served in an accredited orthopaedic surgery residency program whose curriculum is determined by the director of the accredited orthopaedic surgery residency.

3. Each program may provide individual sick and vacation times for the resident in accordance with overall institutional policy. However, 1 year of credit must include at least 46 weeks of full-time orthopaedic education. Vacation or leave time may not be accumulated to reduce the 5-year requirement.
4. Program directors may retain a resident for as long as needed beyond the minimum required time to ensure the necessary degree of competence in orthopaedic surgery. According to the current Program Requirements for Residency Education in Orthopaedic Surgery, the committee must be notified of such retention. This information must also be provided to the Board on the Record of Residency Assignment form.

B. Content Requirements

1. Requirements for PGY-1

Prior to July 1, 2000, a minimum of 9 months during the PGY-1 must be based in clinical services other than orthopaedics. This requirement may be fulfilled by a year of accredited residency in any broad-based program involving patient care.

Beginning on July 1, 2000, the residency program director should be responsible for the design, implementation, and oversight of the PGY-1. The PGY-1 must include

- a. a minimum of 6 months of structured education in surgery to include multisystem trauma, plastic surgery/burn care, intensive care, and vascular surgery;
 - b. a minimum of 1 month of structured education in at least 3 of the following—emergency medicine, medical/cardiac intensive care, internal medicine, neurology, neurological surgery, rheumatology, anesthesiology, musculoskeletal imaging, and rehabilitation;
 - c. a maximum of 3 months of orthopaedic surgery.
2. Orthopaedic requirements beyond the PGY-1
 - a. Minimum distribution. Orthopaedic education must be broadly representative of the entire field of orthopaedic surgery. The minimum distribution of educational experience must include
 - 1) 12 months of adult orthopaedics;
 - 2) 12 months of fractures/trauma;
 - 3) 6 months of children's orthopaedics;
 - 4) 6 months of basic science and/or clinical specialties.

Experience may be received in two or more subject areas concurrently. Concurrent or integrated programs must allocate time by proportion of experience.

- b. Scope. Orthopaedic education must provide experience with all of the following:
 - 1) Children's orthopaedics. The educational experience in children's orthopaedics must be obtained either in an accredited position in the specific residency program in which

the resident is enrolled or in a children's hospital in an assigned accredited residency position.

- 2) Anatomic areas. All aspects of diagnosis and care of disorders affecting the bones, joints, and soft tissues of the upper and lower extremities, including the hand and foot; the entire spine, including intervertebral discs; and the bony pelvis.
 - 3) Acute and chronic care. Diagnosis and care, both operative and nonoperative, of acute trauma (including athletic injuries), infectious disease, neurovascular impairment, and chronic orthopaedic problems including reconstructive surgery, neuromuscular disease, metabolic bone disease, benign and malignant tumors, and rehabilitation.
 - 4) Related clinical subjects. Musculoskeletal imaging procedures, use and interpretation of clinical laboratory tests, prosthetics, orthotics, physical modalities and exercises, and neurological and rheumatological disorders.
 - 5) Research. Exposure to clinical and/or laboratory research.
 - 6) Basic science. Instruction in anatomy, biochemistry, biomaterials, biomechanics, microbiology, pathology, pharmacology, physiology, and other basic sciences related to orthopaedic surgery. The resident must have the opportunity to apply these basic sciences to all phases of orthopaedic surgery.
- c. Options. Twelve months of the 4 required years under the direction of the orthopaedic surgery residency program director may be spent on services consisting partially or entirely of:
- 1) additional experience in general adult or children's orthopaedics or fractures/trauma;
 - 2) an orthopaedic clinical specialty;
 - 3) orthopaedics-related research;
 - 4) experience in an accredited graduate medical education program whose educational content is preapproved by the director of the orthopaedic surgery residency program.

C. Accreditation Requirements

1. The educational experience in orthopaedic surgery obtained in the United States must be in an approved position in programs accredited by the RRC for Orthopaedic Surgery and by the ACGME.

All other clinical education obtained in the United States must be in programs accredited by the ACGME and the appropriate RRC. The *Graduate Medical Education Directory*, published annually by the American Medical Association, 515 N State St, Chicago, IL 60610, lists accredited rotations of 6 months or longer.

2. During the 5 years of accredited residency, a total period of no more than 6 months may be served in unaccredited institutions.
3. Credit for time spent in residency education will be granted only for the period during which the residency program is accredited, and only for time served in an approved position within an accredited program.
4. If an orthopaedic residency program has its accreditation withdrawn by the RRC for Orthopaedic Surgery and the ACGME, no educational credit will be granted past the effective date of withdrawal of accreditation.
5. Educational experience obtained in Canada must be on services approved by the Royal College of Physicians and Surgeons of Canada (RCPSC) and must extend over a minimum of 5 years. The content requirements outlined in III.B must be met.
6. The Board does not grant credit for foreign educational experience, other than as permitted in 2 and 5, above. Also see IV.E.
7. The term "fellow" is not synonymous with the term "resident" for the purpose of obtaining Board credit for educational experience. A resident is an individual enrolled in an approved position in an accredited educational program.

D. Achievement Requirements

1. The director of the program providing general graduate medical education must certify the satisfactory completion of that segment of education.
2. In orthopaedic surgery residency programs, the program director must certify the satisfactory completion of each rotation for which credit is awarded. (See III.F, below.)
3. The program director responsible for the final year of the resident's education must certify that the resident has achieved a satisfactory level of competence and is qualified for the certifying process. This would include sufficient and consistently demonstrated acquisition of medical knowledge with the ability to appropriately apply knowledge to patient care, interpersonal skills and effective qualities needed by an orthopaedic surgeon, manual capabilities, ethics, and professionalism.
4. The certification referred to in 2 and 3, above, must be made on the appropriate Record of Residency Assignment form.
5. Medical practice activity outside of residency duties must not be allowed to interfere with the educational experience. Residents may not engage in such activities without the specific prior approval of the program director. Approval must be based on the judgment that rotations are being completed without compromise and that the circumstances of the resident warrant such activity.

E. Continuity Requirements

The resident should have progressively increasing patient care responsibility. A part-time or piecemeal approach to residency requirements is discouraged. The final 24 months of orthopaedic residency education must be obtained in a single orthopaedic residency program unless prior approval of the Credentials Committee is obtained.

F. Documentation Requirements

1. For orthopaedic education obtained in the United States, the program director must provide the Board with *yearly* documentation during the residency. Each June, program directors will receive by e-mail necessary information to complete each resident's Record of Residency Assignment (RRA) information. Completed RRA forms must be signed by the program director and submitted to the Board office.
2. The Record of Residency Assignment forms are to be completed for each resident as follows:
 - a. Form 1 will be submitted the year the resident enters the program.
 - b. Form 1-A must be submitted at the end of the academic year for each PGY-1 resident.
 - c. Form 2-A must be submitted at the end of the academic year for each PGY-2 through PGY-5 resident.
 - d. Form 3 must be submitted on each resident who graduates or leaves the program prematurely.
3. The original, signed forms are due in the Board office within 30 days of completion of the academic year. Part I examination results for candidates who take the examination in the same year they complete their residencies will not be mailed either to the candidates or to the program directors until the forms have been received in the Board office.
4. When a resident leaves a program prematurely, the program director must notify the Board office in writing within 30 days. The letter must record the reasons for leaving and confirm credit granted for rotations during the academic year in which the resident left. At the end of the academic year, Form 2-A and Form 3 must be completed.
5. Before a resident enters a new program, the new program director must obtain copies of the resident's Record of Residency

Assignment forms from the Board office and review them thoroughly in order to develop an appropriate individual program that will meet the minimum educational requirements and include progressively increasing responsibility.

IV. Requirements for Taking the Certifying Examinations

The certifying examination is divided into two parts. Part I is a written examination, which may be taken at any time after the completion of the educational requirements. Part II is an oral examination, which may be taken after passing Part I, completion of the 22-month practice requirement, evaluation of the applicant's practice, and admission to the examination. A candidate must pass both parts of the certifying examination to be certified.

After taking and passing the written examination, candidates have 5 years to take or retake the oral examination. Candidates who do not pass the oral examination within those 5 years must retake and re-pass the written examination before applying to take the oral examination. Time spent in fellowship education after passing Part I will not count as a part of the 5-year time limit.

An applicant seeking certification by the ABOS must satisfy the educational requirements that were in effect when he/she first enrolled in an accredited orthopaedic residency. For all other requirements, an applicant must meet the specifications in effect at the time of application.

A. Educational Requirements

1. An applicant must satisfactorily complete and document the minimum educational requirements in effect when he/she first enrolled in an accredited orthopaedic residency.
2. Upon successful completion of 54 of the 60 months of required education and on the recommendation of the program director, a candidate may apply to take Part I of the examination.
3. In order to be admitted to the examination, the candidate must complete the full 60 months of required education.
4. An applicant who has received orthopaedic surgery residency education in Canada must have fulfilled the requirements of the ABOS and must have passed the qualifying examination in orthopaedic surgery of the RCPSC before applying for either part of the Board's certifying examination.

B. License Requirement

Applicants who are in practice at the time they apply for Part I and all applicants for Part II must either possess a full and unrestricted license to practice medicine in the United States or Canada or be engaged in full-time practice in the US federal government, for which licensure is not required. An applicant will be rendered ineligible for any part of the certifying examination by limitation, suspension, or termination of any right associated with the practice of medicine in any state, province, or country due to a violation of a medical practice act or other statute or governmental regulation; to disciplinary action by any medical licensing authority; by entry into a consent order; or by voluntary surrender while under investigation or suspension of license. Entry into and successful participation in a nondisciplinary rehabilitation or diversionary program for chemical dependency authorized by the applicable medical licensing authority shall not, by itself, disqualify an applicant from taking a certification examination.

C. Board Eligible Status

Effective July 1, 1996, the Board will recognize those candidates who have successfully completed Part I and are awaiting to take Part II as being "Board eligible." The limit of Board eligibility is the 5 years candidates have to take or retake the oral examination (Part II) after passing Part I. Candidates who do not pass the oral

examination (Part II) within those 5 years will lose their Board-eligible status. (See Section IV.)

D. Practice Requirements

1. The applicant must be continuously and actively engaged in the practice of operative orthopaedic surgery other than as a resident or fellow (or equivalent) for at least 22 full months immediately prior to the Part II examination. *An applicant must have started practice and been granted hospital admitting and surgical privileges on or before September 1, 2003, in order to qualify for the 2005 Part II exam.* An applicant who interrupts the 22 months of practice with a fellowship can count the months of practice that preceded the fellowship as part of the 22-month requirement.
2. The applicant must be in one practice location for a minimum of 12 consecutive months during the required 22-month period. A change in location, type of hospital practice, or practice association may result in deferral. The practice must be located in the United States or its territories, Canada, or a US service installation.
3. The practice must include hospital admitting and surgical privileges (temporary privileges acceptable) for the 22 full months immediately prior to the Part II examination (excluding fellowship time as described in D.1. above) and continue through the date of the examination. The practice must allow independent decision-making in matters of patient care.
4. The applicant must demonstrate professional competence and adherence to acceptable ethical and professional standards. The applicant should not publicize him or herself through any medium or form of public communication in an untruthful, misleading, or deceptive manner. It is the responsibility of the applicant to provide documentation that he/she is an ethical and competent practitioner.
5. An applicant in the United States uniformed services may satisfy the practice requirement if assigned as an orthopaedic surgeon for at least 22 full months prior to the date of the Part II examination, meaning that the applicant must have started practice on or before September 1, 2001. *The applicant must submit a letter from his or her immediate supervisor evaluating his or her capability in the practice of orthopaedic surgery, as well as any other documentation the Credentials Committee may require to demonstrate professional competence and adherence to acceptable ethical and professional standards.*
6. Evaluation of Applicant
 - a. Individuals who do not engage in active orthopaedic surgery cannot be adequately evaluated for the Part II examination and will not be certified.
 - b. Qualifications for taking the Part II examination will be determined by the Credentials Committee after review of the application, letters of recommendation, and other relevant information.
 - c. It is the responsibility of the applicant to provide the information on which the Credentials Committee bases its evaluation of the qualifications of the applicant. This responsibility extends to information that the Credentials Committee requests from other persons. If the Credentials Committee does not receive requested information from the applicant, a program director, a reference, a hospital representative, or another source, the Board will notify the applicant and defer the decision on admission to the examination until the information has been received. The applicant may be required to authorize release of peer review information to the Board.

E. Distinguished Scholar Pathway

An orthopaedic surgeon who received his or her graduate medical education outside of the United States or Canada and does not meet the education requirements of Section III.A. above, but who is engaged in full-time academic practice, may apply and qualify to sit for the certifying examination upon the recommendation of the Credentials Committee and approval of the Board. To be considered for qualification, the applicant must satisfy all the requirements to sit for the Part I and Part II certification examinations, respectively, as specified in the Board's Rules and Procedures, except the education requirements of Section III.A. and, in addition, satisfy the following requirements:

1. Provide documentation of satisfactory completion of an orthopaedic surgery residency program outside the United States or Canada, including a signed attestation by the program director and institution;
2. Provide documentation of having successfully passed the applicable certification examination in the applicant's country of education and prior practice;
3. Be in full-time academic practice and be a member of the teaching faculty of an academic institution with an ACGME-accredited orthopaedic surgery residency program;
4. Been in active practice of orthopaedic surgery in the United States for at least 5 years;
5. Provide a curriculum vitae detailing comprehensive professional accomplishments; and having achieved the rank of associate professor;
6. Provide at least three references attesting to the applicant's exceptional academic and scholarly qualifications, including at least two references from Board-certified academic orthopaedic surgeons not affiliated with the applicant's academic institution or residency program.

V. Impaired Physicians

A. Chemical Dependency

An applicant for either part of the certifying examinations who, within 3 years of his or her application, has been diagnosed as chemically dependent, has been treated for drug or other substance abuse, and/or has entered a nondisciplinary rehabilitation or diversionary program for chemical dependency authorized by the applicable medical licensing authority, will be required to present evidence to the Credentials Committee that he or she (1) has successfully completed the authorized rehabilitation or diversionary program or (2) is successfully enrolled in such a program or is successfully enrolled in or completed a private treatment program and presents attestations from the responsible program administrators and physicians demonstrating, to the satisfaction of the Board, that the applicant has been free of chemical dependency for a period sufficient to establish that the applicant is not currently using illegal drugs and/or that the use of illegal drugs or other substance abuse is not an on-going problem. This documentation must accompany the completed application form.

B. Mental and Physical Condition

Applicants for either part of the certifying examination who have a mental or physical condition that could affect their ability to practice orthopaedic surgery will be required, as part of their demonstration that they meet the practice requirements in IV.D., to present medical evidence from the appropriate physicians, treatment centers, and hospitals demonstrating to the Board that the impairment does not compromise their ability to render safe and effective care to their patients. This documentation must accompany the completed application form.

VI. Procedure for Application for Part I and Part II of the Certifying Examinations

A. Application Dates and Requests

1. The dates, locations, and application deadlines for Part I and Part II of the certifying examination are announced in the *Journal of Bone and Joint Surgery*. They are also listed on the Board's Web site: www.abos.org. Examination dates may be changed at the discretion of the Board. Confirmation of published examination dates can be obtained from the Board's office.
2. To apply for either Part I or Part II of the certifying examination, go to the Board Web site at www.abos.org and follow the directions from there. Printed applications are no longer available.

B. Application Submission and Deadlines

Part I

The postmark and electronic submission deadline for all required documents for application (those submitted electronically and those required to be mailed in) is March 1 of the year of the examination. These include:

1. Electronic submission of a completed application
2. Paper submission to the Board office of:
 - the printed signature page(s)
 - other required documents (if applicable)
 - a nonrefundable examination fee of \$875 in US funds
 Both steps must be completed by the deadline, March 1.

Part II

The postmarked and electronic submission deadline for all required documents for application, those submitted electronically and those required to be mailed in, is October 31 of the year preceding the examination. These include:

1. Electronic submission of a completed application
2. Paper submission to the Board office of:
 - the printed signature page signed in three places
 - signed and notarized hospital/surgery center letters
 - a nonrefundable application and credentialing fee of \$950 in US funds

Both steps must be completed by the deadline, October 31.

Late or incomplete applications

If the application is not submitted, or if any of the required documents are not postmarked by the deadline for Part I or Part II of the certifying examination, the application will not be accepted and the received documents will be returned along with the fee check.

- a. If a Part I applicant wishes to submit the application and required documents by the late deadline of March 31, the examination fee of \$875 and a nonrefundable late fee of \$250 must be enclosed.
- b. If a Part II applicant wishes to submit the application and required documents by the late deadline of November 30, the nonrefundable application and credentialing fee of \$950 and a nonrefundable late fee of \$250 must be enclosed.
- c. No applications will be accepted after the late deadline.

C. Notifying the Board of Application Changes

1. It is the responsibility of all applicants to notify the Board office of any change of address, practice association, or hospital affiliation.
2. If a Part II applicant changes practice location or practice association or acquires new hospital staff affiliations, new references will be solicited by the Board.
3. An applicant is also required to notify the Board of the denial of any request for hospital privileges; of any action to restrict, suspend, or terminate all or any portion of surgical staff privileges;

of any request by a hospital to resign all or any portion of surgical staff privileges; and of any action by a governmental agency that would result in the restriction, suspension, or probation of the applicant's license or any right associated with the practice of medicine, including the entry into a nondisciplinary rehabilitation or diversionary program for chemical dependency whether by order or consent decree by the applicable medical licensing authority or on a voluntary basis.

D. Notifying the Applicant of Examination Admission

1. For Part I, the applicant will receive examination information, an assigned examination number, and an admission card not later than 30 days prior to the examination date.
2. For Part II, the decision of the Credentials Committee is mailed to the applicant not later than 60 days prior to the examination date.

E. Fees

1. For Part I, the nonrefundable examination fee of \$875 must be submitted with the application form.
2. For Part II:
 - a. The nonrefundable application and credentialing fee of \$950 must be submitted with the application form.
 - b. The candidate must also submit an examination fee of \$925 on or before the date specified in the letter of notification of admission to the examination. This fee will be forfeited if the candidate fails to appear for the examination or cancels after being scheduled.
3. There will be a \$50 charge levied for any application or examination fee check that is returned not paid by the Board's bank.
4. The fees paid to the American Board of Orthopaedic Surgery, Inc are not tax deductible as a charitable contribution, but may be deductible under some other provision of the Internal Revenue Service code.

Part I examination fee	\$875
Part II application and credentialing fee	\$950
Part II examination fee	\$925
Late fee	\$250
Returned check service charge	\$50

F. Practice-Based Oral Examination

The Part II examination is practice based. The purpose of the practice-based examination is to evaluate a candidate's own practice as broadly as possible. This exercise will be conducted much as rounds or conferences are during residency, with the candidate presenting his/her cases and responding to the examiner's questions and comments. Applicants are urged to attend to details and follow procedures carefully and exactly to ensure admission to the examination.

1. Case Collection: Cases are collected in a program accessible through the ABOS Web site using the applicant's unique password and user ID. Each applicant will receive his/her password and user ID when logging in to apply for Part II on the Web site. *This case collection program must be used to compile the case list that is submitted to the Board.*

The applicant is to collect all operative cases, including same-day surgery, for which he/she was the responsible operating surgeon for 6 consecutive months beginning July 1 of the year before the Part II examination. If time is taken off during those 6 months, the starting point for the collection period must be backed up by the amount of time missed. For example, case collection for an applicant who took a 2-week vacation in August would begin in mid June.

All cases must be collected from each hospital and/or surgery center at which the applicant has operated during the 6-month period. If the applicant did no cases during the case collection

period, this fact must be verified by a letter from the hospital and/or surgery center. The letter(s) must be sent to the Board office along with the case lists. It is understood, as stated in the Practice Requirements (IV.D), that the applicant during this period has been actively engaged in the practice of operative, orthopaedic surgery with independent decision making in matters of patient care. The case list must reflect this and must demonstrate ample cases to allow selection of material for the oral examination.

Once all cases have been entered the applicant will finalize and print the case lists by hospital. No changes can be made to the case lists after this is done. Each complete hospital list must then be certified by the director of medical records. His/her signature must then be notarized.

2. Case Submission: By January 31 of the year of the Part II examination, the applicant must submit to the Board:
 - a. The finalized, printed case list for the required 6-month period. Each hospital list must be stapled separately and have the required signatures and notarization. *Before mailing, the applicant should make three copies of the complete case list(s) as the copies the applicant must bring to the examination must be of these printed and certified lists.*
 - b. For each hospital or surgery center where no cases were performed, a letter stating that no cases were performed there during the 6-month period.

This information must be sent to the Board office by registered mail or courier of applicant's choice (ie, Federal Express, Express Mail, certified mail, etc) to ABOS, Part II Exam, 400 Silver Cedar Ct, Chapel Hill, NC 27514. Case lists must be postmarked by January 31 of the year of the examination. The Board office will not verify receipt of case lists.
3. Case Selection: The Board will select 12 cases from the applicant's 6-month case list(s). The list of 12 cases selected by the Board will be sent to the candidate in mid May. From the list of 12, the applicant will then select ten cases to bring to the examination for detailed presentation.
4. Exam Materials/Preparation: Once the candidate has received the list of the 12 cases selected by the Board, he or she must gather all of the following to bring to the examination:
 - a. Three copies of the list of 12 selected cases.
 - b. Three copies of the case list summary sheet.
 - c. Three copies of the complication list.
 - d. Three copies of the applicant's complete case list that was submitted to the Board in January.
 - e. Images (including x-rays) for the 10 cases selected by the candidate—the pertinent preoperative, intra- or immediate postoperative, and most recent follow-up x-rays for each case selected by the candidate for presentation. Before the examination begins, x-rays should be arranged in order of presentation and clearly marked in terms of date pre- and postoperative. Pertinent images in CT and MRI panels must also be marked. The candidate must bring hard copies of all image studies even if his/her institution uses a digital image system.
 - f. Three copies of notes for the 10 cases selected by the applicant—this includes admission and discharge notes, operative notes, office notes, and any other patient chart material that will aid in case presentation. All records must be unaltered copies of the original materials.
 - g. Video prints or photographic prints for arthroscopy cases selected that show the initial lesion(s) and the lesion(s) after treatment. (Do not bring videotapes.)
 - h. For selected cases with complications, images (including x-rays) pertinent to the complication and its treatment and three copies of any consultation report(s).

All materials for the examination must be in English. All materials required to be brought to the examination, including all records, notes, and images, must be in their original form. Materials must not be altered or changed in any respect for presentation except as listed in 1 and 2 below:

1. Because the examination is to be anonymous the candidate should remove his or her name from written material brought to the examination, including the 6-month case list(s), the complication sheet, the board's list of 12 selected cases, and the case list summary sheet.
2. To comply with the HIPAA Privacy Rule, candidates should limit the scope of identifiable patient information disclosed at the oral examination to the minimum necessary to conduct the examination. Therefore, you should **not remove** from the case materials you bring to present at the examination:
 - Patient ID number
 - Medical record number
 - Patient name
 - Birth date
 - Medical device identifiers
 - Serial numbers

However, you should **remove** from the case materials you bring to present at the examination:

 - Patient addresses
 - Patient telephone numbers
 - Patient fax numbers
 - Patient e-mail addresses
 - Patient Social Security numbers
 - Health plan beneficiary numbers
 - Biometric identifiers
 - Full-face photographs and comparable images
 - Any other unique identifying characteristic

Failure to bring sufficient materials for the 10 selected cases to enable the examiners to evaluate the cases may result in the disqualification of the candidate, termination of his participation in the examination, or the withholding of scores.

Although the examiners will concentrate on cases brought for presentation, they may also ask questions pertaining to a candidate's case lists or practice. The candidate should not be concerned if all material brought to the examination is not covered. Discussion may focus on one area or candidate and examiners may become involved in a few cases in such detail that time will not allow presentation of all patients. The candidate will not be penalized for this during grading.

Applicants who have questions about materials and procedures for the practice-based oral portion of the Part II examination should call or write the Board office well before the exam. Failure to comply with the steps outlined may invalidate an examination.

VII. Falsified Information and Irregular Behavior

- A. If it is determined that an applicant has falsified information on the application form, case list, or the materials submitted in connection with the cases presented for oral examination or has failed to provide material information, the applicant's case list or the materials submitted will not be considered for either part of the examination not already passed and the applicant must wait 3 years before being allowed to file a new application.
- B. Examination applicants should understand that the following may be sufficient cause to bar them from future examinations, terminate participation in the examination, invalidate the results of an examination, withhold or revoke scores or certificates, or take other appropriate action:
 1. Failure to bring sufficient materials for the 10 selected cases to enable the examiners to evaluate the cases may result in the disqualification of the candidate, termination of his participation in the examination, or the withholding of scores.

1. The giving or receiving of aid in the examination, as evidenced either by observation or by statistical analysis of answers of one or more participants in the examination
 2. The unauthorized possession, reproduction, or disclosure of any materials, including, but not limited to, examination questions or answers, before, during, or after the examination
 3. The offering of any benefit to any agent of the Board in return for any right, privilege, or benefit that is not usually granted by the Board to other similarly situated candidates or persons
 4. The engaging in irregular behavior in connection with the administration of the examination
- C. The following are examples of behavior considered to be irregular and that may be cause for invalidation of the examination or imposition of a penalty:
1. Referring to books, notes, or other devices at any time during the examination. This prohibited material includes written information or information transferred by electronic, acoustical, or other means.
 2. Any transfer of information or signals between candidates during the test. This prohibition includes any transfer of information between the candidate and any other person at any time during the testing period, including bathroom breaks.
 3. Any appearance of looking at the answer sheet or the examination booklet of another candidate during the examination.
 4. Allowing another candidate to view one's answer sheet or examination booklet or otherwise assisting another candidate in the examination.
 5. Taking any examination material outside the examination room. All examination materials are the property of the Board and must be left in the room at the end of the examination.
 6. Breaking of the seal on the examination booklet before being told to do so and/or recording answers on the answer sheet after being told to stop.
- D. Applicants should also understand that the Board may or may not require a candidate to retake one or more portions of the examination if presented with sufficient evidence that the security of the examination has been compromised, notwithstanding the absence of any evidence of a candidate's personal involvement in such activities.

VIII. Credentials Decisions

A. Determining Admission to Examinations

1. The Credentials Committee meets at least once each year to consider applications for the examinations. At this meeting, a decision about each applicant will be made either to approve admission to the next examination, to deny admission, or to defer decision pending further evaluation.
2. A decision approving admission to an examination applies only until the next available examination and does not carry over from one examination until the next. A new application is required for each examination.

B. Deferral of Admission Decision

1. A decision on an applicant's admission to either Part I or Part II of the examination may be deferred if information received by the Credentials Committee is insufficient for the Committee to make a judgment and/or warrants further investigation. Typically, the committee will defer such a decision for 1 year to gain further information. If information is still insufficient, the decision will be deferred for a second year to enable representatives of the Board to conduct a site visit.
2. A denial, reduction, restriction, suspension, termination, or resignation at the request of a hospital of all or any portion of an applicant's surgical staff privileges, or pending action to do so, will

normally result in a deferral until such action is finally resolved and the applicant's practice has stabilized sufficiently for it to be evaluated. A change in location, type of hospital practice or practice association may also result in deferral.

3. A deferral of not more than 2 consecutive years is not viewed by the Board as an adverse action; thus, no appeal of a decision of the Credentials Committee is permitted unless an applicant has been denied admission or has been deferred for more than 2 consecutive years.

C. Site Visit

Representatives of the Board may visit the site of an applicant's practice if the Credentials Committee believes that this is necessary for adequate evaluation of the applicant's work.

D. Appeal of Admission Decision

An applicant denied admission to the examination or deferred for more than 2 years will be informed of the basis for such action and may request a hearing by an appeals committee of the ABOS. (See XII.)

IX. Certificates and Certificate Renewal

A. Awarding Certificates

The ABOS awards a certificate to a candidate who specializes in orthopaedic surgery, has met the educational requirements of the Board, has demonstrated competence in orthopaedic surgery and adherence to ethical and professional standards, and has passed both parts of the certifying examination. Certificates awarded after 1985 are valid for 10 years. This portion of the Board's responsibility is discharged by issuance of a certificate to an individual found qualified as of the date of certification.

B. Certificate Revocation

At its discretion, the Board may revoke a certificate for due causes, including, but not limited to the following:

1. The diplomate did not possess the required qualifications and requirements for examination, whether or not such deficiency was known to the Board or any committee thereof prior to examination or at the time of issuance of the certificate, as the case may be.
 2. The diplomate made an intentional and material misrepresentation or withheld information in the application to either part of the examination or in any other representation to the Board or any committee thereof.
 3. The diplomate made a misrepresentation to the Board or any third party as to his/her status as a diplomate of the Board.
 4. The diplomate engaged in irregular behavior in connection with an examination of the Board (as described under Irregular Behavior, above), whether or not such practice had an effect on the performance of the candidate on an examination.
 5. The diplomate was convicted by a court of competent jurisdiction of a felony or misdemeanor involving moral turpitude and, in the opinion of the Board, having a material relationship to the practice of medicine.
 6. There has been a limitation, suspension, or termination of any right of the diplomate associated with the practice of medicine in any state, province, or country, including the imposition of any requirement of surveillance, supervision, or review due to a violation of a medical practice act, or other statute or governmental regulation, disciplinary action by any medical licensing authority, entry into a consent order, or voluntary surrender of license.
- A diplomate may appeal the revocation of his/her certificates pursuant to the procedures set forth in Section XII.

C. Certificate Reinstatement

Should the circumstances that justified revocation or surrender of the diplomate's certificate be corrected, the Board may reinstate the certificate after appropriate review of the individual's qualifications and performance, using the same standard applied to other applicants for certification.

D. Certificate Renewal

Diplomates are encouraged to renew their credentials periodically through the Board's recertification process. Information about recertification options can be obtained from the Board office or Web site, www.abos.org.

X. Unsuccessful Candidates

Unsuccessful Part I candidates may repeat the examination by submitting a new application form for the examination and again being found admissible. (See VI.B.1.)

Unsuccessful Part II candidates may repeat the examination by submitting a new application form for the examination and again being found admissible. (See VI.B.2 and VIII.) Candidates who do not pass Part II within 5 years (as measured in Section IV) of passing Part I must retake and repass Part I before applying to take Part II.

XI. Program Accreditation

Institutions offering orthopaedic education must meet the Institutional and Program Requirements of the ACGME and the RRC for Orthopaedic Surgery as stated in the *Graduate Medical Education Directory*. (See III.C.)

A. RRC for Orthopaedic Surgery

Program accreditation is issued by the RRC for Orthopaedic Surgery, an autonomous committee composed of three representatives from each of the three sponsoring organizations: the ABOS, the Council on Medical Education of the American Medical Association, and the American Academy of Orthopaedic Surgeons. In evaluating orthopaedic residency programs, the RRC considers the number of residents, training period, program organization, educational experience, and institutional responsibility. The committee meets twice yearly.

B. Changes in Accreditation

Programs seeking changes in accredited positions or institutional affiliations can obtain information and application forms from the secretary of the RRC for Orthopaedic Surgery at the ACGME, 515 N State St, Chicago, IL 60610. Completed forms are to be returned to the secretary at the above address.

C. Program Surveys

Programs applying for accreditation or changes in accreditation will be surveyed at the earliest feasible date by a specialist site visitor or by a field representative for the ACGME. A report of the survey is submitted to the RRC for Orthopaedic Surgery for evaluation and official action. The RRC makes a determination regarding the accreditation of the program under authority delegated by the ACGME, and it notifies the program director and the sponsoring institutions.

D. Number of Residents

The total number of residents assigned to any orthopaedic residency program and the number at each level of education is determined by the RRC for Orthopaedic Surgery.

XII. Appeals Procedure

A. An individual who has received an unfavorable ruling from a committee of the Board may appeal such determination by mailing a notice of appeal to the office of the ABOS within 60 days of the date such ruling was mailed to him or her. Exception: The decisions by the Examinations Committee that a candidate has failed either part of the certifying examination may be appealed only in the manner and to the extent provided in G and H, below.

Decisions by the Credentials Committee that an applicant's admission to either Part I or Part II of the examination has been deferred is not viewed by the Board as an adverse action, and no appeal of the decision is permitted unless an applicant has been denied admission or has been deferred for more than 2 consecutive years.

B. Upon receipt of a notice of appeal, the concerned Board committee shall consider any information submitted therewith by the individual in support of his/her appeal and make such further investigation as it deems appropriate. If the committee then decides in a manner favorable to the individual, it shall so notify the individual. If the committee does not so determine, it shall notify the individual and the president of the ABOS.

C. The individual shall then have the right to an appeals hearing to decide whether the determination of the concerned Board committee shall be confirmed, modified, or overruled in accordance with the hearing process described in this appeals procedure.

1. The president of the ABOS shall appoint an ad hoc appeals committee consisting of three directors of the Board who did not participate in making the determination being appealed, one of whom shall be designated by the president as chairman of the appeals committee.

2. In the event that the subject matter of the appeal involves complex issues of fact or issues not solely dependent upon medical, surgical, or professional standards, the president of the ABOS, at his/her sole discretion, may appoint a hearing officer to conduct the appeals hearing and to submit a full written report and a recommended decision to the ad hoc appeals committee. The hearing officer appointed at the discretion of the president shall be an impartial physician, lawyer, or other professional.

3. The chairman of the appeals committee shall convene a hearing before the appeals committee or the hearing officer, if one is appointed, within a reasonable time after their respective appointments, but not less than 60 days after the appointment of the appeals committee and the hearing officer, whichever is later.

D. Prior to the Hearing

1. The concerned Board committee shall provide the executive director with such written information concerning its decision as it deems appropriate; a list of witnesses, if any, whom it expects to call to testify; copies of any written material that it considered in making the determination appealed (but only if it intends to present such material at the hearing); and a list of information and documents the individual is required to produce at the hearing. This material, together with written notice stating the time and place of the hearing, shall be sent to the individual by the executive director not less than 30 days prior to the hearing. Not less than 7 days prior to the hearing, the concerned Board committee shall provide the executive director and the individual with copies of any written reports, affidavits, or statements of experts that the concerned Board committee intends to present at the hearing.

2. Not less than 7 days prior to the hearing, the individual shall provide the executive director and the concerned Board committee with such written information concerning his/her posi-

tion as he/she deems appropriate; a list of witnesses, if any, whom he/she expects to call to testify; and copies of any written reports, affidavits, or statements of experts that he/she intends to present at the hearing.

3. The executive director shall submit the written material referred to in this section D to the members of the appeals committee or to the hearing officer, if one has been appointed, prior to the hearing. Copies of this material must also be submitted to the individual and to the concerned Board committee no later than the time when submitted to the appeals committee or the hearing officer.
- E. The hearing, whether conducted before the appeals committee or a hearing officer, shall be a hearing de novo. The concerned Board committee and the individual shall have the right to present all relevant information and evidence in support of their respective positions, and neither the concerned Board committee nor the individual shall be limited to the information and evidence considered by the concerned Board committee in making its original determination or its reconsideration of the original decision.
1. The concerned Board committee shall have the burden of proving at the hearing that the determination being appealed should be confirmed. The standard of proof to be applied by the appeals committee and the hearing officer in deciding whether the information and evidence presented at the hearing is sufficient to warrant confirmation of the determination being appealed is by the preponderance or greater weight of the evidence.
 2. At the hearing, the concerned Board committee and its legal or other representatives shall present such relevant information and evidence as it deems appropriate to support its previously made determination. However, the committee shall not have the right to present any information or evidence not previously provided as required in D.1. The committee may call, examine, and cross-examine witnesses.
 3. The individual shall have the right to be represented at the hearing by legal counsel or any person of his/her choice. He/she may present such relevant information and evidence as he/she deems appropriate in support of his/her position. However, the individual shall not have the right to present any information or evidence if not previously provided as required in D.2. The failure of the individual to produce information or documents requested by the concerned Board committee as required in D.2 shall be grounds for upholding and confirming the determinations of the concerned Board committee. The individual may call, examine, and cross-examine witnesses.
 4. The individual and the concerned Board committee may submit written statements at the close of the hearing. A written record of the hearing shall be made available to the individual at one-half the cost of its preparation.
- F. After the Conclusion of the Hearing
1. If the hearing has been conducted before a hearing officer, the hearing officer shall prepare a written report based on the information and evidence presented, including the findings of fact determined by the hearing officer and a recommended decision as to whether the determination being appealed should be confirmed, modified, or overruled. The hearing officer shall submit the written report to the appeals committee and send copies to the individual and the concerned Board committee. The individual and/or the concerned Board committee may file objections to the report and recommendations of the hearing officer with the appeals committee within 10 days after receipt of the report. The opposing party shall then have 10 days to file its response to such objections with the appeals committee.
 2. The appeals committee shall make its decisions following the hearing. If the hearing has been conducted before a hearing officer, the appeals committee will first receive the written report and recommendations of the hearing officer and the objections and responses filed thereto by the parties. If a majority of the members of the appeals committee determine, on the basis of the information and evidence presented, including, when applicable, the report and recommendations of the hearing officer, that the determination of the concerned Board committee should be confirmed or modified, the appeals committee shall so declare. If a majority determines that the concerned Board committee's determination should be overruled, the appeals committee shall so declare. The appeals committee shall inform the individual and the concerned Board committee of its decision in writing within a reasonable time following the hearing, explaining the basis for its judgment. The decision of the appeals committee shall be final and binding.
 - G. A candidate who believes that the Part II examination was administered in an unfair or inaccurate manner or that one or more of his/her oral examiners was acquainted with him or her or was not impartial may immediately, upon completion of the examination, request that he/she be reexamined. The request shall be made to the chairman of the Oral Examinations Committee and reviewed by the president and the secretary. If, after discussing the matter with the candidate and making such other investigation as they may deem appropriate, a majority of the president, the secretary, and the chairman of the Oral Examinations Committee determine that reasonable grounds exist for the candidate's request, he/she shall be immediately reexamined by another panel of oral examiners. In such event, the first oral examination will be disregarded and only the candidate's performance on the reexamination shall be considered in determining his/her score on the examination.
 - H. A candidate who fails the Part I examination may request in writing that his/her examination be rescored by hand to verify the accuracy of the results as reported to him or her. Such a request is to be made within 60 days of his/her being notified of the results of the examination. The request must be accompanied by a check for \$100 payable to the ABOS to cover the cost of hand scoring. There shall be no further appeal of a failure on the Part I examination.

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(This information is published annually by the American Board of Otolaryngology [ABOto] in October and conveys its rules, regulations, and policies at the time of publication. The ABOto reserves the right to alter the procedures and requirements for certification without issuing a new publication. Updates are posted to the ABOto Web site at www.aboto.org as changes occur.)

Important Dates

July 10, 2004	Resident registries due. Fee: None. Late fee: \$200. Operative Experience Report data and printouts due from residents and written applicants. Fee: None. Late fee: \$200. Maintenance of Certification updates due. Fee: \$200. Late fee: \$200.
September 1, 2004	Written applications due. Fee: \$3,050. Late fee: \$200. Neurotology applications, Operative Report data, and printouts due. Fee: \$4,500. Late fee: \$200. OTE site applications available. Fee: \$370. Late fee: \$200. OTE applications available. Fee: \$280 per applicant. Late fee: \$50 each.
September 17, 2004	Last day written applications accepted with late fee.
October 15, 2004	OTE site and candidate applications due. Written and neurotology applicants notified of acceptance. Second and third oral candidate acceptance due. Fee: \$1,625. Late fee: \$200.
November 1, 2004	Medical school transcripts and verification of general surgery forms due from new residents. Fee: None. Late fee: \$200.
March 5, 2005	Otolaryngology training examination

April 15, 2005	Written qualifying examination
April 16 & 17, 2005	Oral certifying examination
April 18, 2005	Neurotology subspecialty examination

General Information Regarding Fees

- Fees are subject to change at the discretion of the Board.
- Fees are not refundable, nor can they be "held over" to a subsequent exam.
- A late fee is applied if the document is not postmarked by the due date.
- All fees must be paid in US funds, drawn on a US bank. Applicants residing outside the United States must submit payment by International Money Order.

Objectives

The objectives of the ABOto are:

1. To establish standards of qualification for otolaryngologist-head and neck surgeons who desire and request Board certification.
2. To determine which candidates fulfill these standards of qualification.
3. To examine such candidates and issue certificates upon satisfactory completion of requirements.
4. To encourage development and maintenance of the highest standards in the teaching and training of otolaryngologist-head and neck surgeons.

The ABOto certificate carries with it no legal qualification or license to practice medicine. There is no intention by the Board to interfere with or limit the professional activities of any licensed physician, whether certified or not. It is neither the intent nor the purpose of the Board to define requirements for membership on the staffs of hospitals or similar institutions or to confer special privileges upon its diplomates.

History

The American Board of Otolaryngology was founded and incorporated in 1924, and is the second oldest of the 24 member boards of the American Board of Medical Specialties (ABMS). The Board is a nonprofit corporation, and the directors and examiners receive no compensation, with the exception of the president and the examination chairs who receive an honorarium.

Founding members included two representatives from each of the following specialty organizations: the American Laryngological Association, American Otological Society, American Laryngological, Rhinological and Otological Society, American Academy of Ophthalmology and Otolaryngology, and Section on Laryngology, Otology and Rhinology of the American Medical Association. This group of 10 founding members, delegated authority by the above organizations, was established as the ABOto.

Since then, several other organizations have become sponsoring organizations: the American Broncho-Esophagological Association (1947), American Society for Head and Neck Surgery (1947), American Academy of Facial Plastic and Reconstructive Surgery (1971), American Society of Ophthalmologic and Otolaryngologic Allergy (1974), American Society of Pediatric Otolaryngology (1989), American Neurotology Society (1991), American Rhinologic Society (1994), Association of Academic Departments of Otolaryngology-Head and Neck Surgery (1995), and Society of University Otolaryngologists-Head and Neck Surgeons (1995).

The ABOto office is located in Houston, Texas, and is separate and distinct from the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) in Alexandria, Virginia, which is the specialty's largest membership organization.

Definition of a Certified Specialist in this Field of Medicine

An otolaryngologist-head and neck surgeon is a physician who has been prepared by an accredited residency program to provide comprehensive medical and surgical care of patients with diseases and disorders that affect the ears, the respiratory and upper alimentary systems, and related structures of the head and neck.

The otolaryngologist-head and neck surgeon should have command of the core knowledge and understanding of:

- The basic medical sciences relevant to the head and neck; the respiratory and upper alimentary systems; the communication sciences, including knowledge of audiology and speech-language pathology; the chemical senses; and allergy/immunology, endocrinology, and neurology as they relate to the head and neck;
- The clinical aspects of diagnosis and the medical and/or surgical therapy or prevention for diseases, neoplasms, deformities, disorders and/or injuries of the ears, the respiratory and upper alimentary systems, the face, jaws, and the other head and neck systems. Head and neck oncology and facial plastic and reconstructive surgery are fundamental areas of expertise.

(Note: This definition is printed in *Which Medical Specialist For You*, a publication of the American Board of Medical Specialties.)

Certification, Rejection, and Revocation

The Board may issue an appropriate certificate of qualification in otolaryngology (or in a subdivision thereof) to those who show themselves worthy of such certification according to the requirements of training and experience as stated in the current *Booklet of Information* of the Board.

All certificates issued by this Board are the property of the Board, and they are issued pursuant to the rules and regulations as outlined in the current *Booklet of Information* of the Board. The Board makes no representations as to whether its certification process will satisfy the recertification or specialty certification requirements of any state medical board. Any such determination must be made by the state medical board.

Each certificate is issued to an individual physician who, by signature, agrees to revocation of the certificate if the Board shall determine that the person involved:

- a. did not possess the required qualifications and other requirements or is not eligible for examination, whether or not such deficiency was known to the Board or any member thereof, or could have been ascertained by the Board prior to examination or at the time of the issuance of a certificate as the case may be;
- b. made a material misstatement or withheld information in his/her application or any other representation to the Board or any committee thereof, whether intentional or unintentional;
- c. has been convicted by a court of competent jurisdiction of any felony;
- d. has been convicted by a court of competent jurisdiction of any misdemeanor involving moral turpitude or, in the opinion of the Board, having a material relationship to the practice of medicine;
- e. had a license to practice medicine revoked or shall have been disciplined or censured by any court or other body having proper jurisdiction or authority, because of any act or omission arising from the practice of medicine, including, but not limited to, a state licensing board, a health care facility, or a medical staff;
- f. has neglected to maintain appropriate professional standards in the practice of the specialty of otolaryngology, as established by the Board, and shall refuse to submit to reexamination by the Board; or
- g. has failed to comply with the Maintenance of Certification process (for those certified in 2002 and thereafter).

The Board may be required and, in any event, reserves the right to report revocation of a diplomate's certificate to accrediting, credentialing, and licensing bodies and government agencies.

If the Board determines to withhold or revoke any certificate for any reason set forth above, the person affected thereby shall be given written notice of the reasons therefor. If circumstances warrant, the Board may require any physician so certified to appear before the board of directors, before any one or more of them, or before an individual designated by the Board upon not less than 20 days written notice, and to show cause at that time and place specified in the notice why the certificate may not be revoked on any one of the grounds specified in such notice. If such a hearing is convened, the physician may bring to this hearing persons or documents in defense of any action. Failure of any physician so notified to appear as required in such notice, without due excuse deemed sufficient to the board of directors, shall constitute cause for revocation of the certificate. The board of directors of the ABOto shall have the sole power, jurisdiction, and right to determine and decide whether the evidence and information before it is sufficient to constitute one of the grounds for withholding or revocation of any certificate issued by the Board. Any such action or determination by the Board shall be regarded as final.

Examination Procedure

The Board vigorously enforces the highest standards of honesty and integrity in its examination processes. Accordingly, the following are considered a breach of ABOto policy and are forbidden, and may be sufficient cause for the ABOto to terminate an applicant's participation in the examination, to invalidate the results of the examination, to withhold an applicant's score or certificate, to bar an applicant permanently from all future examinations, to revoke a certificate, or to take other appropriate action:

1. Falsification of the application or the submission of any falsified documents to the ABOto;
2. The giving or receiving of aid in the examination, including but not limited to, copying answers from another candidate or permitting one's answers to be copied, as evidenced by observation at the time of the examination or by statistical analysis afterward;
3. The offer of any financial or other benefit to any director, officer, employee, proctor, or other agent or representative of the ABOto in return for any right, privilege, or benefit which is not usually granted by the ABOto to other similarly situated candidates or persons;
4. The unauthorized possession, reproduction, recording, discussion, or disclosure of any material, including but not limited to written, oral, or OTE examination questions or answers before, during, or after the examination.

Proctors are required to report any suspected irregularity during an examination. A candidate may be moved to a more isolated area, or his/her participation in the examination may be terminated. Additionally, the ABOto may undertake statistical studies of a candidate's answers compared with the answers of other participants in the examination to provide evidence that would support or fail to support a suspected irregularity. If, in the opinion of the ABOto, there exists a probability that an irregularity occurred, the ABOto will afford the suspected individual(s) procedural due process in order to assure fairness in the determination as to whether an irregularity occurred.

The ABOto will not report scores or grant certification on the basis of scores which it determines to be invalid, and reserves the right to take whatever legal action is indicated with regard to violation of ABOto copyright or examination violations.

Board Eligibility and Status Inquiries

The ABOTO does not recognize or use the term "Board eligible." The Board states whether an individual is certified, is not certified, or is in the process of being examined (ie, between written and oral examinations).

Applicants With Disabilities

The ABOTO fully supports the intent of the Americans with Disabilities Act (ADA). Upon request, ABOTO will make reasonable accommodations in its examination procedures for candidates with documented disabilities. An applicant who believes that he or she is disabled within the meaning of the ADA law should request detailed information concerning ABOTO's policy regarding accommodation so that his or her special needs can be met in a timely manner. Current documentation of the disability must accompany the application.

Otolaryngology Training Examination

Statement of Purpose

The Otolaryngology Training Exam (OTE) is intended to be used as an educational instrument to assist individuals in evaluating their educational progress as compared with others of the same level of expertise or training.

As such, it is appropriate for program directors to use the aggregate performance of their residents when evaluating the strengths and weaknesses of their educational program. It is inappropriate for program directors to use this measure of resident performance as the sole form of assessment when evaluating residents for advancement.

Examination

- The OTE is a closed-book, proctored, timed examination offered once a year to all interested practitioners and residents in the specialty.
- More than 100 test centers administer the exam annually throughout the US, Canada, and limited locations outside North America.
- Any resident, practicing otolaryngologist-head and neck surgeon, or other interested physician may register for the OTE.
- Test scores are confidential for practitioners; resident scores are reported to training programs.

Applications

The OTE application form is mailed to all ACGME programs. Others who wish to participate may download a copy of the application from the ABOTO Web site at www.aboto.org. The application becomes available September 1 of each year.

Certification Examination

The ABOTO certification process consists of two phases: a written qualifying examination and an oral certifying examination.

All candidates must take a written examination, which is offered in the spring of each year on a Friday. All candidates then take an oral exam, offered on Saturday or Sunday. Candidates who do not achieve the qualifying score on the written exam fail, and their oral exam is not scored. They may retake the written and oral exam in a subsequent year.

Oral exam results for candidates who meet or exceed the qualifying score on the written exam are then processed. Candidates are given three consecutive opportunities to take the oral exam. If a passing score is not achieved after three exam cycles, the candidate must reapply to take the written exam.

Written and oral examination scores are not combined. An individual must successfully complete both the written and the oral

exam in order to be certified. A certificate is granted by the ABOTO to a candidate who has met all the requirements and has satisfactorily passed its examinations.

Requests for an appeal regarding a certification decision must be postmarked within 40 days of the date exam results are postmarked at the ABOTO office. A copy of the Appeals Policy as related to the certification process is available upon request.

The Board makes no representation as to whether its certification process satisfies the recertification or specialty certification requirements of any state medical board. Any such determination must be made by the state medical board.

Training Requirements

Training programs in otolaryngology-head and neck surgery in the United States are evaluated by the Residency Review Committee for Otolaryngology (RRC), which consists of representatives from the American Medical Association (AMA), the American College of Surgeons (ACS) and the ABOTO, and are accredited by the Accreditation Council for Graduate Medical Education (ACGME). Information concerning approved educational programs can be found in the *Graduate Medical Education Directory*, published by the AMA.

Individuals who entered otolaryngology-head and neck surgery training between July 1, 2000 – June 30, 2005 must satisfactorily complete a minimum of 5 years of training, as specified below, in an ACGME-approved program(s):

- At least 1 year of general surgical training. It is preferred that the general surgical residency be taken prior to otolaryngologic training, but it may not be taken after otolaryngologic training.
- At least 4 years of residency training in otolaryngology-head and neck surgery. This training must involve increasing responsibility each year and must include a final year of senior experience. This final year must be spent within the accredited program in which the previous year of training was spent, unless prior approval is obtained from the ABOTO.

Individuals who enter otolaryngology-head and neck surgery training on or after July 1, 2005, must satisfactorily complete a minimum of 5 years of training, as specified below, in an ACGME-approved program(s):

- Residency programs must be of 5 years' duration, with at least 9 months of basic surgical, emergency medicine, critical care, and anesthesia training within the first year; including at least 48 months of progressive education in the specialty. This training must include a final year of senior experience. This final year must be spent within the accredited program in which the previous year of training was spent, unless prior approval is obtained from the ABOTO.
- The first year of otolaryngology-head and neck surgery training should include a minimum of 5 months of structured education in at least three of the following: general surgery, thoracic surgery, vascular surgery, plastic surgery, and surgical oncology. In addition, 1 month of structured education in each of the following four clinical areas: emergency medicine, critical care unit, anesthesia, and neurological surgery. An additional maximum of 3 months of otolaryngology-head and neck surgery is optional, and any remaining months of the PGY-1 year may be taken in any clinical service that has an ACGME-approved training program.

All residency training must be completed in a manner acceptable to the director of that residency program.

Leaves of Absence

Leaves of absence and vacation may be granted to residents at the discretion of the program director in accordance with local rules. The total of such leaves and vacation may not exceed 6 weeks in any 1 year. If a longer leave of absence is granted in any year, the

required period of graduate medical education may be extended accordingly.

Foreign Training

An applicant who entered otolaryngologic training in the United Kingdom or the Republic of Ireland prior to July 1, 2000, in a program accredited by the Specialist Advisory Committee, and who received a certificate of accreditation in otolaryngology from the Joint Committee on Higher Surgical Training in the United Kingdom or the Republic of Ireland may be considered for examination.

An applicant who entered otolaryngologic training under the New Zealand program after January 1, 1984, but before July 1, 2000, and who passed the examination leading to Fellowship in the Royal Australasian College of Surgeons may be considered for examination.

An applicant who entered otolaryngologic training under the Australian program after January 1, 1986, but before July 1, 2000, and who passed the examination leading to Fellowship in the Royal Australasian College of Surgeons may be considered for examination.

Individuals who entered otolaryngologic training in Canadian programs prior to July 1, 2000, may be considered for examination.

Prerequisite Requirements

1. Resident Registry

All residents must be registered with the ABOto during the first year of otolaryngology training in order to subsequently apply to take the certification examination.

A New Resident Form must be filed for each new resident by the program director by July 10 of the first year of otolaryngology-head and neck surgery training.

New residents then receive instructions on the procedure and deadline for submitting an official medical school transcript and documentation of previous training (see Section 2 below).

The program director subsequently submits a Resident Evaluation Form for each returning resident by July 10 of each year. It must be noted whether the previous year was successfully completed.

Resident Evaluation Forms become part of the individual's ABOto file, and are a prerequisite for application for the certification examination. Credit may not be granted by the ABOto for any year of training for which an Evaluation Form is not received. Programs not meeting the July 10 deadline for submission of forms will be assessed a late fee.

2. Transcript and Surgical Training Verification

The resident must be a graduate of a medical school approved by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association, and must request that their medical school send an official certified transcript to the ABOto by November 1 of the first year of otolaryngology training. The transcript must show the degree and date conferred. If the transcript is in a language other than English, the resident will subsequently be billed for translation expenses incurred by the ABOto.

The resident must also submit a Verification of Surgery/Verification of Additional Residencies Form to the ABOto by November 1 of the first year of otolaryngology training. Residents not meeting the November 1 deadline for submission of transcripts and surgery forms will be assessed a late fee.

3. Operative Experience Report (OER)

All residents maintain a log of their surgical procedures on the ABOto Web site during otolaryngology-head and neck surgery

training. A record is created at the ABOto office for each new resident, and a password is sent to the resident in early September.

Throughout the year, each resident maintains a record of his or her surgical procedures using the OER Program. All residents upload data to the ABOto by July 10 of each year. A print-out, signed by the resident and the program director, is also submitted by July 10.

Residents who complete a full year of research between years of otolaryngology training and who perform no surgical cases during that year need not submit data for that year. However, a letter must be submitted by July 10 explaining this.

Data from individual reports is transferred to a master database for review by the Credentials Committee.

A late fee is charged for data and/or print-outs not received by the July 10 deadline.

Completion and return of OER data annually is a prerequisite for application for the certification examination.

Credit may not be granted by the ABOto for any year of training for which OER data is not recorded.

Beginning July 1, 2004, the ABOto will no longer collect operative data from residents. Residents will report their operative experience data to the ACGME using their system.

4. Transfers

A resident wishing to transfer from one residency program to another must notify the ABOto in writing at least 6 weeks prior to the date of transfer, and must explain the circumstances of the proposed transfer.

Letters from the current and prospective directors of training must also be submitted:

- The letter from the current program director must verify the exact amount of training successfully completed in the program.
- The letter from the prospective program director must verify that sufficient residency positions, accredited by the Residency Review Committee for Otolaryngology of the ACGME, exist in the program to provide the transferring resident with the training necessary to meet the requirements of the ABOto for certification.

Failure to comply with the transfer requirements may result in loss of eligibility to participate in the ABOto certification process.

Application for Examination

There is no required time interval between completion of the residency program and making application for examination. However, *all residency training must be successfully completed before the date of the examination* in any given year.

Application materials for the written examination in any given year become available June 1 on the ABOto Web site at www.aboto.org and must be completed and postmarked by September 1 of that year. The application consists of the following:

1. Resident Registry Evaluations, submitted annually by the program director.
2. An official certified medical school transcript, submitted directly to the ABOto by the institution, by November 1 of the first year of otolaryngology training. The transcript must show the date the degree was conferred. If the transcript is in a language other than English, the resident will subsequently be billed for translation expenses incurred by the ABOto.
3. Verification of surgery training and additional residencies, if applicable, submitted by November 1 of the first year of otolaryngology training.
4. Application Form, signed by the program director and the program chair.
5. If more than one otolaryngology program was attended, a Verification of Otolaryngology Residency Form must be signed by the

previous program director, attesting to satisfactory completion of training in that program.

6. Verification of *all* licenses to practice medicine, showing nonrestricted status and date of expiration of each. All applicants must submit evidence of medical licensure, with the following exceptions:
 - a. Individuals who have completed residency training but who will enter a fellowship program utilizing an institutional license must submit a statement from the program director as evidence of this fact.
 - b. Individuals who have completed residency training but who will go on to practice medicine in a foreign country not requiring licensure must make a written request to be accepted for the examination without medical license. Such requests must be submitted with the application.
7. Operative Experience Report (data and printout), which lists procedures assisted in and performed by the applicant during otolaryngology residency.
8. The applicant must possess high moral, ethical, and professional qualifications as determined by, and in the sole discretion of, the Board. Additional information may be requested by the Board from the following: Federation of State Medical Boards, local medical society, board-certified otolaryngologists from the geographical area in which the applicant practices, the director of the applicant's training program, hospital chiefs of staff, and/or other individuals and entities who may have knowledge of the applicant's moral and ethical standing, qualifications, or abilities.
9. Applications are approved by the Credentials Committee in October, and applicants are then notified if they have been approved for examination. The Board reserves the right to reject any application.
10. Applications are valid for one written exam and three oral exams. At the conclusion of this period, or upon failure of the written exam, the application expires, and the individual is required to submit new forms.
11. The ABOto maintains the full, legal name of the applicant for its records. If, at any time after submission of the application, the legal name of the applicant changes due to marriage, divorce, or other circumstances, the applicant must provide copies of the official documentation of the change. It is not possible to maintain two names (ie, a legal name and a professional name) for any one individual. At the time of any examination, the name on the official identification (ie, driver's license or passport) must match the name on record at the ABOto.

Purpose of Examination

The purpose of the examination is to determine the candidate's knowledge and understanding of the following:

1. Morphology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, and immunology relevant to the head and neck; the respiratory and upper alimentary systems; the communication sciences, including knowledge of audiology and speech-language pathology; the chemical senses and allergy/immunology, endocrinology, and neurology as they relate to the head and neck
2. Diagnosis and diagnostic methods including audiologic and vestibular assessments, electrophysiologic techniques, and other related laboratory procedures for diseases and disorders of the ears, the respiratory and upper alimentary systems, and the head and neck
3. Therapeutic and diagnostic radiology, including the interpretation of medical imaging techniques relevant to the head, neck, and thorax, including the temporal bone, skull, nose, paranasal

sinuses, salivary and thyroid glands, larynx, neck, lungs, and esophagus

4. Diagnostic evaluation and management of congenital anomalies, allergy, sleep disorders, trauma, and other diseases in the regions and systems mentioned above
5. The cognitive management, including operative intervention with its preoperative and postoperative care, of congenital, inflammatory, endocrine, neoplastic, degenerative, and traumatic states, including:
 - temporal bone surgery
 - paranasal sinus and nasal surgery
 - skull-base surgery
 - maxillofacial surgery including the orbits, jaws, and facial skeleton
 - aesthetic, plastic, and reconstructive surgery of the face, head, and neck
 - surgery of the thyroid, parathyroid, pituitary, and salivary glands
 - head and neck reconstructive surgery relating to the restoration of form and function in congenital anomalies and head and neck trauma and neoplasms
 - endoscopy, both diagnostic and therapeutic
 - surgery of the lymphatic tissues of the head and neck
6. The habilitation and rehabilitation techniques and procedures pertaining to respiration, deglutition, chemoreception, balance, speech, and hearing
7. The current literature, especially pertaining to the areas listed above
8. Research methodology

In order to assist otolaryngology program directors in evaluating their programs, the Board reports each applicant's examination results to the director of the program in which the applicant completed his/her senior resident year.

Neurotology Subspecialty Certification Examination

Objectives of Subspecialty Certification

The objectives of the ABOto with regard to subspecialty certification are:

1. To establish standards of qualification for otolaryngologist-head and neck surgeons who desire and request subspecialty certification in neurotology.
2. To determine which subspecialty candidates fulfill these standards of qualification.
3. To examine such candidates and issue certificates upon satisfactory completion of requirements.
4. To encourage development and maintenance of the highest standards in the teaching and training of neurotologists.

The ABOto subspecialty certificate carries with it no legal qualification or license to practice medicine. There is no intention by the Board to interfere with or limit the professional activities of any licensed physician, whether certified or not. It is neither the intent nor the purpose of the Board to define requirements for membership on the staffs of hospitals or similar institutions or to confer special privileges upon its diplomates.

Definition of a Neurotologist

A neurotologist is an American Board of Otolaryngology-certified otolaryngologist-head and neck surgeon who has been prepared by an ACGME-accredited subspecialty residency program (fellowship) to provide comprehensive medical and surgical care of patients with diseases and disorders that affect the temporal bone, lateral skull base, and related structures of the head and neck.

The neurotologist should have command of the core knowledge and understanding of:

- the basic medical sciences relevant to the temporal bone, lateral skull base, and related structures; the communication sciences, including knowledge of audiology, endocrinology, and neurology as they relate to the temporal bone, lateral skull base, and related structures;
- advanced diagnostic expertise and advanced medical and surgical management skills for the care of diseases and disorders of the petrous apex, infratemporal fossa, internal auditory canals, cranial nerves, and lateral skull base (including the occipital bone, sphenoid bone, temporal bone, mesial aspect of the dura and intradural management), in conjunction with neurological surgery.

A neurotologist has acquired expertise in the medical and surgical management of diseases and disorders of the temporal bone, lateral skull base, and related structures beyond that inherent to the practice of otolaryngology-head and neck surgery by virtue of either:

1. satisfactory completion of an ACGME-accredited neurotology subspecialty training program (Standard Pathway), or
2. satisfactory completion of a neurotologic practice over at least a 7-year period (Alternate Pathway).

Note: The Alternate Pathway will remain valid through the 2012 examination, applications for which are due by July 10, 2011. After which the Standard Pathway will be the only route to neurotology subspecialty certification.

Examination

The ABOto neurotology subcertification process consists of an oral examination. All candidates must successfully complete this examination in order to become certified. A certificate, which is valid for 10 years, is granted by the ABOto to a candidate who meets all requirements and satisfactorily passes this exam.

Requests for an appeal regarding a subspecialty certification decision must be postmarked within 40 days of the date exam results are postmarked at the ABOto office. A copy of the Appeals Policy as related to the subspecialty certification process is available upon request.

The Board makes no representations as to whether its certification process will satisfy the recertification or specialty certification requirements of any state medical board. Any such determination must be made by the state medical board.

Training Requirements

Subspecialty training programs in neurotology in the United States are evaluated by the Residency Review Committee for Otolaryngology (RRC), which consists of representatives from the American Medical Association (AMA), the American College of Surgeons (ACS), and the ABOto, and are accredited by the ACGME. Information concerning approved educational programs can be found in the *Graduate Medical Education Directory*, published by the AMA.

All subspecialty residency training must be completed in ACGME-approved programs in a manner acceptable to the director of that subspecialty residency program.

Pre-requisite Requirements

At this time, there are two pathways to achieving subspecialty certification in neurotology. The pre-requisite requirements for each are outlined below.

A. Standard Pathway

The Standard Pathway is open to ABOto diplomates in good standing who have satisfactorily completed an ACGME-accredited neurotology subspecialty residency program.

Pre-requisite requirements are as follows:

1. Resident Registry

All subspecialty residents must be registered with the ABOto during the first year of neurotology subspecialty training in order to subsequently apply to take the subspecialty certification examination.

A New Subspecialty Resident Form must be filed for each new subspecialty resident by the program director by July 10 of the first year of neurotology training.

The program director subsequently submits a Subspecialty Resident Evaluation Form for each returning subspecialty resident by July 10 of each year. It must be noted whether the previous year was successfully completed.

Subspecialty Resident Evaluation Forms become part of the individual's ABOto file, and are a prerequisite for application for the certification examination. Credit may not be granted by the ABOto for any year of training for which an Evaluation Form is not received. Programs not meeting the July 10 deadline will be assessed a \$200 late fee.

2. Operative Experience Report (OER)

All subspecialty residents maintain a log of their surgical procedures on the ABOto Web site during neurotology subspecialty training.

A record is created at the ABOto office for each new subspecialty resident, and a password is sent to the subspecialty resident in early September. Throughout the year, the subspecialty resident maintains a record of his or her surgical procedures using the OER Program.

All subspecialty residents upload data to the ABOto by July 10 of each year. A printout, signed by the subspecialty resident and the program director, is also submitted by July 10.

Data from individual reports is transferred to a master database for review by the Credentials Committee.

A fee of \$200 is charged for data and/or printouts not received by the July 10 deadline.

Completion and return of OER data annually is a prerequisite for application for the subspecialty certification examination. Credit may not be granted by the ABOto for any year of training for which OER data is not recorded.

Beginning July 1, 2004, the ABOto will no longer collect operative data from residents. Residents will report their operative experience data to the ACGME using their system.

3. Transfers

A subspecialty resident wishing to transfer from one subspecialty residency program to another must notify the ABOto in writing at least 6 weeks prior to the date of transfer, and must explain the circumstances of the proposed transfer.

Letters from the current and prospective directors of training must also be submitted:

- The letter from the current program director must verify the exact amount of training successfully completed in the program.
- The letter from the prospective program director must verify that sufficient subspecialty residency positions, accredited by the ACGME, exist in the program to provide the transferring subspecialty resident with the training necessary to meet the requirements of the ABOto for neurotology certification.

Failure to comply may result in loss of eligibility to participate in the ABOto subspecialty certification process.

4. Leaves of Absence

Leaves of absence and vacation may be granted to subspecialty residents at the discretion of the program director in accordance with local rules. The total of such leaves and vacation may not exceed 6 weeks in any one year. If a longer leave of ab-

sence is granted in any year, the required period of graduate medical education may be extended accordingly.

B. Alternate Pathway

The Alternate Pathway allows ABOto diplomates in good standing who have not completed an ACGME-accredited neurotology subspecialty residency to sit for the neurotology subspecialty certification examination. This pathway is valid only through the 2012 examination, applications for which are due by July 10, 2011. Thereafter, all individuals wishing to sit for the neurotology subspecialty certification exam must utilize the Standard Pathway (see above).

1. The applicant must be an ABOto diplomate in good standing.
2. The applicant must have at least 7 years of clinical practice experience in neurotology.
3. The applicant must demonstrate that he/she has participated in at least 10 cases of intracranial exposures (ie, trans-labyrinthine, middle cranial fossa, infratemporal fossa, and/or posterior fossa) over a 2-year period proceeding the year of application.
4. The applicant must enter and submit his/her operative experiences over the 2-year period immediately preceding the year of application using the on-line Operative Experience Report. The report must be signed by the applicant and the chief of staff or hospital director.

The applicant uploads data to the ABOto and also submits the signed, printed copy by September 1. Data from individual reports is transferred to a master database for review by the Credentials Committee.

A fee of \$200 is charged for data and/or printouts not received by the September 1 deadline.

Application for Examination

At this time, there are two pathways to achieving subspecialty certification in neurotology. The application requirements for each are outlined below.

A. Standard Pathway

There is no required time interval between completion of the subspecialty residency program and making application for examination. However, all subspecialty residency training must be successfully completed before the date of the examination in any given year.

Application materials for the examination in any given year become available June 1 on the ABOto Web site at www.aboto.org and must be completed and returned (postmarked) by September 1 of that year. The application consists of the following:

1. Verification of American Board of Otolaryngology certification.
2. Subspecialty Resident Registry Evaluations, submitted annually by the program director.
3. Application Form, signed by the program director and another ABOto diplomate.
4. If more than one neurotology program was attended, an additional Verification of Neurotology Subspecialty Residency Form must be signed by the previous program director, attesting to satisfactory completion of training in that program.
5. Verification of *all* licenses to practice medicine, showing nonrestricted status and date of expiration of each. All applicants must submit evidence of medical licensure, with the following exception:

Individuals who have completed subspecialty residency training but who will go on to practice medicine in a foreign country not requiring licensure must make a written request to be accepted for the examination without medical license. Such requests must be submitted with the application.

6. Operative Experience Report (data and printout), which lists procedures assisted in and performed by the applicant during

neurotology subspecialty residency, signed by the applicant and the program director.

7. The applicant must possess high moral, ethical, and professional qualifications as determined by, and in the sole discretion of the Board. Additional information may be requested by the Board from the following: Federation of State Medical Boards, local medical society, board certified otolaryngologists from the geographical area in which the applicant practices, the director of the applicant's training program, hospital chiefs of staff, and/or other individuals and entities who may have knowledge of the applicant's moral and ethical standing, qualifications, or abilities.
8. Applications are approved by the Credentials Committee in October, and applicants are then notified if they have been approved for examination. The Board reserves the right to reject any application.

B. Alternate Pathway

Application materials for the examination in any given year become available June 2 on the ABOto Web site at www.aboto.org and must be completed and returned (postmarked) by September 1 of that year. The application consists of the following:

Applications for the Alternate Pathway must be received by September 1, 2011 (for the 2012 exam). After this date, the Alternate Pathway will close, and thereafter, the Standard Pathways will be the only route to Neurotology Subspecialty Certification. The application consists of the following:

1. Verification of American Board of Otolaryngology certification.
2. Application Form, signed by two ABOto diplomates.
3. Verification of *all* licenses to practice medicine, showing nonrestricted status and date of expiration.
4. Operative Experience Report for the 2 years immediately preceding the year of application, signed by the applicant and the hospital chief of staff or director.
5. The applicant must possess high moral, ethical, and professional qualifications as determined by, and in the sole discretion of the Board. Additional information may be requested by the Board from the following: Federation of State Medical Boards, local medical society, board certified otolaryngologists from the geographical area in which the applicant practices, the director of the applicant's training program, hospital chiefs of staff, and/or other individuals and entities who may have knowledge of the applicant's moral and ethical standing, qualifications, or abilities.
6. Applications are approved by the Credentials Committee in October, and applicants are then notified if they have been approved for examination. The Board reserves the right to reject any application.

Applicants With Disabilities

The ABOto fully supports the intent of the Americans with Disabilities Act (ADA). Upon request, ABOto will make reasonable accommodations in its examination procedures for candidates with documented disabilities. An applicant who believes that he or she is disabled within the meaning of the ADA law should request detailed information concerning ABOto's policy regarding accommodation so that his or her special needs can be met in a timely manner. Current documentation of the disability must accompany the application.

Purpose of Examination

The purpose of the subspecialty examination in neurotology is to determine the candidate's knowledge and understanding in the following categories, which exceed that expected of an ABOto diplomate holding a primary certificate in otolaryngology.

1. Morphology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, and allergy and immunology relevant to the temporal bone, lateral skull base, and related structures; the communication sciences, including knowledge of audiology; endocrinology and neurology as they relate to the temporal bone, lateral skull base, and related structures; neurophysiology, neuropathophysiology, diagnosis, and therapy of advanced neurotologic disorders, including advanced audiologic and vestibular testing; evaluation of cranial nerves and related structures; interpretation of imaging techniques of the temporal bone and lateral skull base; and electrophysiologic monitoring of cranial nerves VII, VIII, X, XI, and XII.
2. Audiometric testing including auditory brainstem responses and otoacoustic emissions.
3. Vestibular testing, facial nerve testing, electrophysiologic monitoring strategies, and neuroradiologic procedures used to evaluate the temporal bone, skull base, and related structures.
4. Diagnostic expertise and ability to develop medical and surgical management strategies, including intracranial exposure, and postoperative care necessary to treat congenital, inflammatory, neoplastic, idiopathic, allergic, immunologic, and traumatic diseases of the petrous apex, internal auditory canal, cerebello-pontine angle, cranial nerves, and lateral skull base, including the occipital bone, temporal bone, and craniovertebral junction.
5. Diagnostic evaluation and management of the surgical revision procedures for the treatment of chronic otitis media; disorders of the vestibular system; otosclerosis; profound hearing loss; facial nerve disorders; and congenital, inflammatory, neoplastic, idiopathic, and traumatic disorders of the extradural petrous bone and apex, occipital bone, sphenoid bone, and related structures.
6. Advanced surgical techniques to deal with diseases and disorders of the auditory and vestibular systems; extradural skull base, including the sphenoid bone, temporal bone, and reconstructive techniques for repair of deficits in these areas.
7. The habilitation and rehabilitation techniques and procedures pertaining to vestibular disorders, hearing disorders (including but not limited to, hearing aids, cochlear implants, and assistive listening devices), and cranial nerve neuropathies, as well as the speech rehabilitation of the hearing impaired.
8. The diagnosis and medical and surgical management of congenital, traumatic, inflammatory, degenerative, neoplastic, allergic, immunologic, and idiopathic diseases and other disease states of the temporal bone, occipital bone, sphenoid bone, craniovertebral junction, and related structures are required experiences.
9. The current literature, especially pertaining to the areas listed above.
10. Research methodology.

In order to assist otolaryngology program directors in evaluating their programs, the Board reports each applicant's examination results to the director of the program in which the applicant completed his/her neurotology subspecialty residency training, if appropriate.

Maintenance of Certification

Individuals certified in 2002 and thereafter receive certificates that are valid for 10 years. Revalidation is accomplished by satisfactory completion of the ABOto Maintenance of Certification Process, which is outlined below and meets the guidelines established by the American Board of Medical Specialties.

To remain current in the MOC process, diplomates with time-limited certificates and participants must complete a brief form and submit a fee annually. A penalty fee will be assessed for late

submissions, and nonparticipation may result in default of the Maintenance of Certification process.

1. Professional Standing

Participants in the Maintenance of Certification process must:

- a. hold a valid certificate issued by the American Board of Otolaryngology;
- b. hold a valid, unrestricted license to practice medicine in all locations where licensed, as defined by ABOto policy;
- c. hold privileges to practice otolaryngology-head and neck surgery in hospitals or surgical centers accredited by the Joint Commission on the Accreditation of Health Care Organizations or AAAHC, or must provide a letter of explanation why this requirement cannot be met.

2. Lifelong Learning and Self-Assessment

- a. Participants in the Maintenance of Certification process are required to complete 100 hours of ACCME-approved Category I continuing medical education every 2 years, of which 60% must be specialty related, as evidence of lifelong learning. CME credits are calculated on the calendar year for reporting purposes. Periodic audits will be conducted by the ABOto to assure compliance. It is the responsibility of the individual diplomate to maintain the CME record.
- b. Participation in the AAO-HNSF Home Study Course is a recommended form of participation in lifelong learning with periodic self-assessment.

3. Cognitive Expertise

- a. The Scope of Knowledge Study is the definition of the content for the specialty and will be used for the development of the revalidation examination, which will be conducted in a secure, proctored environment and will be subject to psychometric and statistical analysis.
- b. Candidates will be required to complete a core component examination, which includes knowledge fundamental to the practice of otolaryngology-head and neck surgery, as well as knowledge of practice environment issues such as quality assurance, safety, regulations, ethics of practice, professionalism, legal and reimbursement issues, *and* one module, to be selected by the candidate, which focuses on a specific area. The exact modules are yet to be determined.

4. Evaluation of Performance in Practice

This area remains under development.

American Board of Pathology

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Policies, Procedures, and Requirements

This document supersedes all previous publication of the American Board of Pathology (ABP) concerning its policies, procedures, and requirements for certification. (See ABP Web site for changes made after publication of this document.)

All candidates for ABP certification are admitted to the examinations at the discretion of the ABP.

The admission of a candidate to an ABP certifying examination is governed by the policies, procedures, and requirements in effect during the current application period.

The ABP reserves the right to make changes in its fees, policies, procedures, and requirements at any time, with or without prior notice.

Organizational History

In June 1935, the Section on Pathology and Physiology of the American Medical Association (AMA) and the American Society of Clinical Pathologists (ASCP) appointed committees that together considered the feasibility and desirability of establishing a national certifying board. The joint committee agreed unanimously that such a board should be established and proceeded to draw up bylaws.

In May 1936, the ASCP and the Section on Pathology and Physiology of the AMA accepted the proposed bylaws, authorized the nomination of four members each to the ABP, and suggested incorporation in Michigan. Approval of the ABP was granted by the Advisory Board for Medical Specialties and the Council on Medical Education and Hospitals of the AMA.

On July 19, 1936, the ABP met for the first time in Chicago. The original Trustees were Doctors F W Hartman, E B Krumbhaar, H T Karsner, and J J Moore from the Section on Pathology and Physiology of the AMA, and Doctors A H Sanford, F H Lamb, A G Foord, and R R Kracke from the ASCP.

Officers elected were Doctors A H Sanford, president; F H Lamb, vice president; and F W Hartman, secretary-treasurer.

Cooperating Societies of the ABP

- Academy of Clinical Laboratory Physicians and Scientists
- American Medical Association Section Council on Pathology
- American Society for Clinical Pathology
- American Society for Investigative Pathology
- Association of Directors of Anatomic and Surgical Pathology
- Association of Pathology Chairs

- College of American Pathologists
- United States and Canadian Academy of Pathology, Inc

Mission and Purpose

The mission of the American Board of Pathology, as a member of the American Board of Medical Specialties, is to promote the health of the public by advancing the practice and science of pathology.

The ABP accomplishes its mission through the following principal activities:

1. Establishing certification standards.
2. Assessing the qualifications of those seeking to practice the specialty of pathology.
3. Conducting voluntary primary and subspecialty certification examinations and awarding certificates to successful candidates.
4. Encouraging the maintenance of certification of those practicing pathology.
5. Participating in the review of pathology training programs and supporting the directors and trainees of these programs.
6. Maintaining communication with pathology and other medical organizations, with its diplomates, and with others as appropriate.
7. Encouraging the study of pathology.
8. Maintaining a registry of its diplomates.

The ABP does *not* seek special privileges for its diplomates, *nor* does it:

1. Confer an academic degree.
2. Confer a legal qualification or license to practice pathology.
3. Define hospital privileges.
4. Define the scope of specialty practice.
5. Delineate who may or may not engage in the practice of pathology.

Certification by the ABP

The ABP seeks to improve the quality of training and practice of pathology by continual review of the program requirements of graduate training in conjunction with the Residency Review Committee for Pathology (RRC) and by improving and perfecting the entire certification process. In this way, the ABP serves the public, the profession, and the individual physician.

I. Certification in Anatomic Pathology, Clinical Pathology, or Combined Anatomic Pathology and Clinical Pathology

The granting of a certificate to a physician by the ABP denotes that the pathologist is a physician who:

- A. Successfully completed a graduate medical education program in pathology approved by the RRC and accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPS) **and**
- B. Has been endorsed by the pathology training program director and recommended by other pathologists familiar with the candidate's competence **and**
- C. Has successfully completed a voluntary evaluation process designed and administered by the ABP to assure the public and colleagues that, at the time of certification, the pathologist had knowledge, skills, and other abilities that the ABP deems important for the practice of pathology.

II. Subspecialty Certification

Pathology is a broad discipline; therefore, it is appropriate that some certified pathologists seek greater knowledge and expertise in one of the component areas of pathology. Presently, the ABP issues subspecialty certificates in blood banking/transfusion medicine, chemical pathology, cytopathology, forensic pathology, hematology,

medical microbiology, neuropathology, pediatric pathology, and, in conjunction with the American Board of Dermatology (ABD), subspecialty certification in dermatopathology and, in conjunction with the American Board of Medical Genetics (ABMG), subspecialty certification in molecular genetic pathology.

Certification in a subspecialty requires additional training and an additional examination. Pathologists with subspecialty certification may choose to limit their activities entirely or in part to a specific area of competence or they may place special emphasis on it in their practices. The achievement of subspecialty certification does not reflect on the ability of other pathologists to practice in that area.

III. Maintenance of Certification

It is the position of the ABP that continuing medical education and practice experience are required to maintain general and subspecialty knowledge after successful completion of the certification process. (See Time-Limited Certificates and Voluntary Recertification and Maintenance of Certification.)

Requirements for Certification

All applications for certification are evaluated by the Credentials Committee of the ABP. The evaluation process requires consideration of the following:

- I. Professional Education
- II. Medical Licensure
- III. Training
- IV. The Credentialing Year
- V. Examination

I. Professional Education

A candidate must have graduated from a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education, an osteopathic college of medicine accredited by the Bureau of Professional Education of the American Osteopathic Association, or a medical school outside the United States or Canada acceptable to the ABP.

A graduate of a medical school outside the United States or Canada must submit with the application a notarized copy of the medical school diploma, along with an English translation, showing the medical degree and the date that it was awarded. A certificate showing that the applicant has passed a final examination is *not* acceptable.

II. Medical Licensure

The candidate must hold a currently valid, full, and unrestricted license to practice medicine or osteopathy issued by one of the licensing agencies of the United States or Canada, or, if the candidate is applying for a license to practice medicine, a copy of the application for licensure and evidence of successful completion of USMLE Step 3 or other examination required by the licensing authority must be submitted by the deadline for application. Results of the certification examinations will not be released until a notarized copy of a currently valid, full, and unrestricted license to practice medicine is received by the ABP. Entry into and successful participation in a rehabilitation or diversionary program for chemical dependency authorized by the applicable licensing agency shall not, by itself, disqualify an applicant from taking a certification examination.

A candidate or diplomate must notify the ABP in writing within 30 days of any revocation, suspension, or limitation of his or her license or right to practice by any licensing agency in the United States or Canada; the voluntary surrender of such a license or right in connection with any disciplinary action or consent decree; or the entry into a rehabilitation or diversionary program for chemical

dependency, and must provide the ABP all relevant documentation relating to such action, including any administrative complaints or decisions, consent decrees, or settlement agreements. Failure to report such an action may result in the denial of qualification to sit for a certifying examination or the revocation of any and all certificates issued by the ABP, as applicable. (See Revocation of Certificate.)

III. Pathology Training Requirements

To acknowledge the diverse activities in the practice of pathology and to accommodate the interests of individuals wanting to enter the field, the ABP offers primary certification through one of the following three routes: combined anatomic pathology and clinical pathology, anatomic pathology only, and clinical pathology only. A variety of subspecialty certificates is offered. Primary certification in anatomic pathology or clinical pathology may be combined with some of the subspecialty certifications.

Only pathology training taken in the United States or, in certain circumstances, in Canada is acceptable toward meeting the ABP requirements. The training must be in programs that have been inspected and accredited by the ACGME or the RCPSC or specifically approved by the ABP. The training must have been successfully completed during the 5-year period immediately preceding the final filing date for submission of the application. Verification of the candidate's qualifications by the pathology training program director is required. The program director has the opportunity to observe the candidate's performance over the course of training and the responsibility to evaluate the candidate's overall educational advancement. Therefore, the pathology training program director is asked to verify to the ABP that the training has been appropriate and successfully completed and that the candidate is ready to take the certifying examinations. The ABP solicits written evaluations of the candidate's performance from the pathology training program director(s) and from other persons acceptable to the ABP for such evaluation. This evaluation is a critical factor considered by the ABP in determining the candidate's qualification for examination and certification.

A. Primary Certification

In addition to accredited pathology training, applicants for primary certification must meet the 1-full-year credentialing requirement as defined in Section IV, The Credentialing Year. However, residents who began pathology training in 2002 or later will not have a credentialing year requirement.

1. *Training.* The candidate must satisfactorily complete pathology training in a program accredited by the ACGME or the RCPSC as follows:

a. Combined Anatomic Pathology and Clinical Pathology (AP/CP) Certification

Four full years of full-time, approved training in an accredited APCP-4 program that includes at least 18 months of structured training in anatomic pathology and 18 months of structured training in clinical pathology, *and either* an additional 12 months of full-time, continued training in anatomic pathology and/or clinical pathology *or* 12 months of full-time, approved training in other areas of pathology as part of the defined 4-year accredited AP/CP training program.

b. Anatomic Pathology (AP) Certification

1. Three full years of full-time, approved training in anatomic pathology in an accredited APCP-4 or AP-3 program that includes at least 24 months of structured training in anatomic pathology, *and either* an additional 12 months of full-time, continued training in anatomic pathology *or* 12 months of full-time, approved training in other areas of pathology as part of the defined accredited training program.

2. Primary certification in clinical pathology and 2 full years of full-time, approved training in anatomic pathology in an accredited APCP-4 or AP-3 program, with at least 18 months of structured training in anatomic pathology. Six months may be full-time, approved training in a subspecialty area of anatomic pathology as part of the defined accredited training program.

c. Clinical Pathology (CP) Certification

1. Three full years of full-time, approved training in clinical pathology in an accredited APCP-4 program that includes at least 24 months of structured training in clinical pathology, and either an additional 12 months of full-time, continued training in clinical pathology or 12 months of full-time, approved training in other areas of pathology as part of the defined accredited training program.
2. Primary certification in anatomic pathology and 2 full years of full-time, approved training in clinical pathology in an accredited APCP-4 program, with at least 18 months of structured training in clinical pathology. Six months may be full-time, approved training in a subspecialty area of clinical pathology as part of the defined accredited training program.

2. *Advanced Pathology Training Credit Mechanisms.* Under special circumstances, advanced credit may be given by the mechanisms described hereafter. Advanced credit is any medically relevant, post-baccalaureate, 12-month experience that is not approved by the ACGME for training in pathology and is relevant to the education of pathologists as determined by the ABP and can be applied to satisfy the flexible year in pathology. The acceptance of advanced credits as substitutes for accredited pathology training toward primary certification is *not* automatic and is evaluated on an individual basis. Advanced credit is given only for activities that have occurred in either the United States or Canada. The total combined period of advanced pathology training credit allowed for in paragraphs a and b in this section (III.A.2) will not exceed 12 months and can be applied only to the flexible year of required pathology training necessary for certification in AP/CP, AP, or CP.

Advanced credit cannot be applied to combined primary and subspecialty certification requirements. (See Section III.C, Combined Primary and Subspecialty Certification) To avoid any misunderstanding, potential applicants should communicate with the ABP after sufficient time in a training program to ascertain if credit may be acceptable. The pathology training program director will be asked to assess the proposal and to provide a recommendation as to the amount of credit that the director believes the candidate should receive. The recommendation should be made only after the pathology training program director has observed the performance of the applicant.

The Advanced Credit/Credentialing Requirement Evaluation form should not be submitted if the applicant will be applying for primary certification within 12 months. In addition, if the training or research experience clearly satisfies the requirements listed in Section III.A.2, Advanced Pathology Training Credit Mechanisms, or in Section IV, The Credentialing Year, this form should not be submitted. The information requested on this form is also requested on the application for primary certification.

The ABP will notify the director of the pathology training program of such potential credit. Prior to the candidate's admission to the certifying examination, the director of the final year of training must certify that the candidate is fully qualified to sit for the examination.

- a. For residents entering pathology training programs on or after July 1, 2003, credit for a PhD degree will not be granted.

For residents who entered pathology training programs before July 1, 2003, the following remains in effect: Candidates holding a PhD degree in a special discipline of pathology or a basic science related to pathology may, under certain circumstances, obtain pathology training credit. *The evaluation and granting of the amount of training credit will depend on an assessment by the ABP regarding relevance of the field of study to anatomic pathology or clinical pathology.*

- b. For residents entering pathology training programs on or after July 1, 2003, the ABP will grant up to 6 months of research credit for primary certification. The research must be done during the 4-year pathology training program and with the approval of the program director.

For residents who entered pathology training programs before July 1, 2003, the following remains in effect: Research with a direct application to the practice of anatomic pathology or clinical pathology and not leading to an advanced degree may be considered for credit not to exceed 12 months in combination with other advanced credits. The research must be full-time, and the applicant must be able to demonstrate active participation in the generation of the hypothesis and development of the protocol. No credit is given for research employment as a technician or technologist. The ABP encourages research and believes that candidates should carry on investigation, teaching, and the publication of scientific papers during primary training.

3. *Post-Pathology-Course Fellowship and Student Fellowship Training During Medical School—Criteria for Acceptance.* For students entering post-pathology-course fellowships on or after July 1, 2003, the ABP will not offer qualification credit for successful completion of such programs.

For those who began post-pathology-course fellowships prior to July 1, 2003, the following remains in effect: Under certain circumstances, candidates may receive advanced pathology training credit toward the primary certification requirements for post-pathology-course fellowship training or research in pathology. Such credit is *not* given toward the requirements for subspecialty certification or combined primary/subspecialty certification. The credit is assessed on an individual basis. Granted credit will be assigned only to the flexible year of required primary training. Credit will not be given toward the required 18 months of structured anatomic pathology training or the required 18 months of structured clinical pathology training necessary to qualify for combined anatomic and clinical pathology certification.

If the ABP has approved the fellowship program and has been informed of the candidate's successful completion, an application for advanced credit should *not* be submitted.

Advanced credit toward single certification in anatomic pathology or single certification in clinical pathology will be given toward only the flexible year of required pathology training and not toward the 24 months of required structured training.

The guidelines for acceptable post-pathology-course fellowship training for credit are:

- a. The fellow must have fully and satisfactorily completed the medical school year in which the pathology course is taught.
- b. The fellow must not receive credit for fellowship activities toward the requirements for graduation from medical school.
- c. Training must be full-time in a department of pathology that has a fully accredited pathology training program.
- d. Training must be validated by the director of the student fellowship program and be approved as an acceptable experience by the director of the accredited pathology training program in which the candidate is registered.

- e. No credit is given for electives or for courses that are part of the medical school curriculum.
 - f. Training must be under the direction of the director of the pathology training program or the chair of the department of pathology.
 - g. A description of proposed activities, responsibilities, and assignments for anatomic pathology, clinical pathology, and research must be available and on file prior to the beginning of the fellowship. If a formal institutional program exists, a copy should be filed with the ABP.
 - h. A validation and evaluation report must be submitted on completion of the fellowship by the pathology training program director or chair of the department of pathology if the fellow is seeking credit toward certification requirements.
4. *Interval of Training.* A candidate for primary certification who has *not* been declared qualified for examination within 5 years after the end of the required pathology training must have successfully completed 1 year of additional pathology training (ie, 1 year in AP and 1 year in CP for APCP certification) in a program accredited for such training by the ACGME or RCPSC.
- A candidate for subspecialty certification who has *not* been declared qualified for examination within 5 years after the end of the required training must have successfully completed 1 year of additional subspecialty training in a program accredited for such training by the ACGME.
- The additional training must have occurred during the 5-year period immediately preceding the final filing date for submission of the application.

B. Subspecialty Certification

Candidates may seek certification in only one subspecialty at a time. All candidates applying for subspecialty certification must hold a primary certificate from the ABP or, where indicated, from another member medical specialty board of The American Board of Medical Specialties (ABMS).

Credit is not given for pathology training taken outside of the United States, nor is credit given for subspecialty training that was part of the training program for the primary examination in AP and/or CP.

No advanced credit will be given toward the requirements for subspecialty certification by the mechanisms described in Section III.A.2, Advanced Pathology Training Credit Mechanisms.

1. Blood Banking/Transfusion Medicine (BB/TM)

- a. For applicants who are certified in anatomic pathology and clinical pathology, clinical pathology only, or have a primary certificate plus a subspecialty certificate in hematology from another member medical specialty board of the ABMS: 1 full year of additional training in blood banking/transfusion medicine in a program accredited for such training by the ACGME.
- b. For diplomates of The American Board of Anesthesiology: 1 full year of additional training in blood banking/transfusion medicine in a program accredited for such training by the ACGME.
- c. For applicants, other than those described in 1a or 1b, who are certified by another member medical specialty board of the ABMS: 2 years, full time, in blood banking/transfusion medicine, including 1 year as a trainee in a program accredited for such training by the ACGME and 1 additional year in blood banking/transfusion medicine acceptable to the ABP. ABP approval for the additional year should be obtained before the candidate begins the additional year.
- d. For applicants seeking combined certification in clinical pathology and blood banking/transfusion medicine, see Section III.C, Combined Primary and Subspecialty Certification.

2. Chemical Pathology (Chem P)

- a. For applicants who are certified in anatomic pathology and clinical pathology or clinical pathology only: 1 full year of additional training in chemical pathology in a program accredited for such training by the ACGME.
- b. For applicants, other than those described in 2a, who are certified by another member medical specialty board of the ABMS: 2 full years of full-time training in chemical pathology including 1 year as a trainee in a program accredited for such training by the ACGME and 1 additional year in chemical pathology acceptable to the ABP. ABP approval for the additional year should be obtained before the candidate begins the additional year.
- c. For applicants seeking combined certification in clinical pathology and chemical pathology, see Section III.C, Combined Primary and Subspecialty Certification.

3. Cytopathology (CYP)

- a. For applicants who are certified in anatomic pathology or combined anatomic and clinical pathology: 1 full year of full-time supervised training in cytopathology in a program accredited for such training by the ACGME.
- b. For applicants seeking combined certification in anatomic pathology and cytopathology, see Section III.C, Combined Primary and Subspecialty Certification.

4. Dermatopathology (DP)

Certification in dermatopathology is a joint and equal function of the ABP and the American Board of Dermatology (ABD). Such function relates to qualifications of candidates, standards of examinations, and the form of the certificate.

All candidates applying for certification must hold a currently valid, full, and unrestricted license to practice medicine or osteopathy in the state or jurisdiction of the United States or Canada in which the principal practice or training facility is located.

a. Prerequisites

The ABP and the ABD will qualify candidates for examination for certification in dermatopathology who:

- 1. Are certified by the ABP and the ABD.
- 2. Are certified by the ABP (anatomic pathology or combined anatomic pathology and clinical pathology) or the ABD and have completed at least 1 year of training in dermatopathology in a program accredited for such training by the ACGME. This additional training must be taken after the candidate has met the *full* training requirements for certification in pathology or dermatology.

b. Training

Training programs in dermatopathology are a joint and equal function of departments of pathology and dermatology. The pathologist applicant must spend half of the required training time in clinical dermatology.

5. Forensic Pathology (FP)

- a. For applicants who are certified in anatomic pathology and clinical pathology or anatomic pathology only: 1 full year of additional supervised training in forensic pathology in a program accredited for such training by the ACGME.
- b. For applicants seeking combined certification in anatomic pathology and forensic pathology, see Section III.C, Combined Primary and Subspecialty Certification.

6. Hematology (HEM)

- a. For applicants who are certified in anatomic pathology and clinical pathology, anatomic pathology only, clinical pathology only, or have a primary certificate plus a subspecialty certificate in hematology from another member medical specialty board of the ABMS: 1 full year of additional supervised train-

ing in hematology (pathology) in a program accredited for such training by the ACGME.

- b. For applicants, other than those described in 6a, who are certified by another member medical specialty board of the ABMS: 2 years, full time, in hematology (pathology) including 1 year as a trainee in a program accredited for such training by the ACGME and 1 additional year in hematology acceptable to the ABP. ABP approval for the additional year should be obtained before the candidate begins the additional year.
- c. For applicants seeking combined certification in clinical pathology or anatomic pathology and hematology, see Section III.C, Combined Primary and Subspecialty Certification.

7. Medical Microbiology (MMB)

- a. For applicants who have any primary certificate in pathology or have a primary certificate plus a subspecialty certificate in infectious disease from another member medical specialty board of the ABMS: 1 full year of additional training in medical microbiology in a program accredited for such training by the ACGME.
- b. For applicants, other than those described in 7a, who are certified by another member medical specialty board of the ABMS: 2 full years of full-time training in medical microbiology including 1 year as a trainee in a program accredited for such training by the ACGME and 1 additional year in medical microbiology acceptable to the ABP. ABP approval for the additional year should be obtained before the candidate begins the additional year.
- c. For applicants seeking combined certification in clinical pathology and medical microbiology, see Section III.C, Combined Primary and Subspecialty Certification.

8. Molecular Genetic Pathology (MGP)

Certification in molecular genetic pathology is a joint and equal function of the American Board of Medical Genetics (ABMG) and the ABP. Such function relates to qualifications of candidates, standards of examination, and the form of the certificate. Each candidate applying for certification must be a physician and hold a currently valid, full, and unrestricted license to practice medicine or osteopathy in the United States or Canada.

a. Prerequisites

The ABMG and the ABP will qualify candidates for examination for certification in MGP who:

- 1. Are certified by the ABP and the ABMG.
- 2. Are certified by the ABP (anatomic pathology, clinical pathology, or combined anatomic pathology and clinical pathology) or the ABMG

and

Document MGP practice of at least 25% full-time experience within each of the immediately preceding 5 years or 100% experience over the immediately preceding 2 years to the satisfaction of the ABMG and the ABP

and

Submit a completed application that includes a logbook of 150 cases from the time period indicated above and a completed supplemental information form.

The by-experience pathway will end in 2006, 5 years after ACGME began accreditation of MGP training programs. Unaccredited training in MGP will count as experience.

- 3. Are certified by the ABP (anatomic pathology, clinical pathology, or combined anatomic pathology and clinical pathology) or the ABMG and have completed at least 1 year of training in molecular genetic pathology in a program accredited for such training by the ACGME.

b. Training

Training programs in molecular genetic pathology are a joint and equal function of departments of pathology and medical genetics. The pathologist applicant must participate in the diagnosis, management, and treatment of the patient and the family.

9. Neuropathology (NP)

- a. For applicants who are certified in anatomic pathology and clinical pathology or anatomic pathology only: 2 full years of additional supervised training in neuropathology in a program accredited for such training by the ACGME.
 - b. For applicants who are certified in clinical pathology or are certified by another member medical specialty board of the ABMS:
 - 1. One full year of approved training in anatomic pathology in a program accredited for such training by the ACGME
- and**
- 2. Two full years of additional supervised training in neuropathology in a program accredited for such training by the ACGME.
 - c. For applicants seeking combined certification in anatomic pathology and neuropathology, see Section III.C, Combined Primary and Subspecialty Certification.

10. Pediatric Pathology (PP)

- a. For applicants who are certified in anatomic pathology and clinical pathology or anatomic pathology only from the ABP or anatomic pathology or general pathology from the RCPSC: 1 full year of additional supervised training in pediatric pathology in a program accredited for such training by the ACGME.
- b. The pediatric pathology training or experience should occur after the completion of the full training requirements necessary to qualify for certification in AP/CP or AP.

C. Combined Primary and Subspecialty Certification

Under certain circumstances, subspecialty training may be combined with the primary training requirements, permitting a candidate to qualify for a combined certificate. Applicants for combined certification must also meet the additional credentialing year requirement. (See Section IV, The Credentialing Year.) However, residents beginning pathology training in 2002 or later will not have a credentialing year requirement.

Advanced credit will *not* be given toward the requirements for combined certification (involving primary training and subspecialty training) by the mechanisms described in Section III.A.2, Advanced Pathology Training Credit Mechanisms.

The acceptable combinations of certification and required training are:

- 1. **Anatomic Pathology and Cytopathology**—3 full years of approved training in anatomic pathology in a program accredited for such training by the ACGME and 1 full year of approved training in cytopathology in a program accredited for such training by the ACGME.
- 2. **Anatomic Pathology and Forensic Pathology**—2 full years of approved training in anatomic pathology in a program accredited for such training by the ACGME, 1 full year of approved training in forensic pathology in a program accredited for such training by the ACGME, and 1 additional year of approved training in another area of pathology such as neuropathology, toxicology, or chemical pathology.
- 3. **Anatomic Pathology and Hematology**—2 full years of approved training in anatomic pathology in a program accredited for such training by the ACGME and 2 years, full time, in hematology including 1 year as a trainee in a program accredited for such training by the ACGME and 1 additional year in hematology

acceptable to the ABP. ABP approval for the additional year should be obtained before the candidate begins the additional year.

4. **Anatomic Pathology and Medical Microbiology**—2 full years of approved training in anatomic pathology in a program accredited for such training by the ACGME and 2 full years of approved training in medical microbiology including 1 year as a trainee in a program accredited for such training by the ACGME and 1 additional year in medical microbiology acceptable to the ABP. ABP approval for the additional year should be obtained before the candidate begins the additional year.
5. **Anatomic Pathology and Neuropathology**—2 full years of approved training in anatomic pathology and 2 full years of approved training in neuropathology in a program accredited for such training by the ACGME with adequate experience in diagnostic neuropathology.
6. **Clinical Pathology and Subspecialty Certification**—3 full years of approved training in clinical pathology in a program accredited for such training by the ACGME and 1 full year of approved subspecialty training in blood banking/transfusion medicine, chemical pathology, hematology, or medical microbiology in a program accredited for such training by the ACGME, as defined in Section III.B, Subspecialty Certification
or
 2 full years of approved training in clinical pathology and 2 years, full time, in blood banking/transfusion medicine, chemical pathology, hematology, or medical microbiology, including 1 year as a trainee in a program accredited for such training by the ACGME and 1 additional year in the subspecialty acceptable to the ABP. ABP approval for the additional year should be obtained before the candidate begins the additional year.

IV. The Credentialing Year

Residents beginning pathology training in 2002 or later will not have a credentialing year requirement. All other residents will be expected to satisfy the credentialing year requirement as follows:

The 12-month credentialing year requirement is *in addition* to the required pathology training and can be satisfied only after the candidate has obtained the medical degree (see B1).

The Advanced Credit/Credentialing Requirement Evaluation form should not be submitted if the applicant will be applying for primary certification within 12 months. In addition, if the training or research experience clearly satisfies the requirements listed in Section III.A.2, Advanced Pathology Training Credit Mechanisms, or in Section IV, The Credentialing Year, this form should not be submitted. The information requested on this form is also requested on the application for primary certification.

The requirement can be met by:

- A. One full year of full-time, approved graduate medical education in a transitional year training program or in a clinical area of medicine such as internal medicine, surgery, obstetrics and gynecology, pediatrics, emergency medicine, or family practice
or
- B. One full year of full-time research in pathology or in another clinical discipline, provided that the research was done in the United States or Canada and has clearly defined clinical implications. The guidelines for acceptance of research activity are:
 1. The research activity must have taken place (a) as part of a combined degree program in which the candidate obtains both a recognized medical degree and a doctoral degree in medical sciences without reference to sequence, or (b) after the candidate has obtained a recognized medical degree.
 2. The candidate must have had a clearly defined investigator role in the research program.

3. The research must have directly involved patients, or materials obtained from patients, or techniques that can be applied directly to the diagnosis of human disease or to the understanding of the basic mechanisms of disease.

4. Credit for research activity completed prior to entering a pathology training program must be approved by the director of the pathology training program and the ABP. Such research must have occurred in an institution in the United States or Canada

or

- C. One year of training in one of the recognized subspecialty fields of pathology that includes clinical correlation and patient contact. (This year cannot be used to meet the requirements for both the credentialing year and subspecialty certification.)

or

- D. The satisfactory completion of 1 full year of a combination of clinical training, clinical research, or subspecialty pathology training in addition to the required pathology training necessary to qualify for certification in anatomic pathology and clinical pathology, anatomic pathology, or clinical pathology. The pathology training program director is responsible for defining and justifying this year to the ABP. The ABP recommends that for applicants meeting the credentialing year requirement by combinations of pathways A, B, and C, the periods of activity be at least 4 months in duration wherever possible.

- E. Under certain circumstances, clinical training taken outside the United States and Canada may be acceptable toward meeting the ABP credentialing year requirement of clinical training, provided that the following criteria are fully met and validated:

1. Clinical training taken after the candidate obtained a medical degree acceptable to the ABP.
2. Satisfactory completion of 1 full year of full-time training in clinical medicine in a multidisciplinary training program (internship) or in a training program in internal medicine, pediatric medicine, general surgery, or obstetrics and gynecology.
3. Documentation from the training institution that the program in question has been inspected and accredited for graduate medical education.
4. Indication from the director of the clinical training program that the candidate was registered in the program, completed the training satisfactorily, and was the physician of record in the diagnosis and treatment of patients throughout the full 12 months.
5. Recommendation from the pathology training program director in regard to the person's request.

The acceptability of clinical training toward meeting the ABP requirements is assessed on an individual basis, and it is imperative that an opinion be obtained from the ABP well in advance of the submission of an application for certification. The amount of advanced credit for clinical training outside of the United States and Canada toward the ABP requirements for certification cannot exceed a total of 12 months.

It is the responsibility of the person seeking credit to ensure that all validating items for these criteria are submitted to the ABP for consideration. No assessment of possible credit will be given until all validating and reference information has been received.

V. Examination

The final step is passing an objective written and practical examination designed to evaluate the candidate's factual knowledge of pathology and to assess practical problem solving skills, interpretive skills, and diagnostic abilities.

Application for Examination

Requests for application forms must be made in writing to the ABP. Completed *original* application forms should be returned with the required credentials and the application-examination fee. An application cannot be given consideration unless it is accompanied by the application-examination fee.

Reporting of Results

In December, each program director (primary and subspecialty) will receive a 5-year report of the examination performance of graduates of that training program. Cumulative information will be sent to each program director and will be made available to the RRC for use in the evaluation of program accreditation.

Fees

The application-examination fee schedule for 2004 is as follows:

Anatomic pathology only	\$1,800
Clinical pathology only	\$1,800
Anatomic pathology portion of combined AP/CP	\$1,800
Clinical pathology portion of combined AP/CP	\$1,800
Anatomic pathology portion of combined AP/subspecialty	\$1,800
Clinical pathology portion of combined CP/subspecialty	\$1,800
Combined anatomic pathology and clinical pathology	\$2,200
Subspecialty only	\$1,800
Subspecialty portion of combined AP/subspecialty	\$1,800
Subspecialty portion of combined CP/subspecialty	\$1,800
Anatomic pathology or clinical pathology combined with subspecialty	\$2,200

(For this fee to apply, the application must be for the combined examination as explained in Section.III.C, Combined Primary and Subspecialty Certification. In addition, the examinations must be taken in sequence as offered, AP or CP examination first and the subspecialty examination the next time offered.)

The application-examination fee includes a nonrefundable administrative fee of \$100. If the different divisions of the AP/CP and the combined primary and subspecialty examinations are taken at separate sittings, there is a separate examination fee for each sitting. If the candidate fails in the examination, admission to a repeat examination is permitted, but any reexamination must occur within the period of qualification described under Qualification Period for Examination. The applicant must pay the examination fee according to the current fee schedule before another examination can be taken. If, after having applied for a specific examination, the candidate requests, in writing, a transfer to a future examination prior to the final filing date, there is an administrative fee of \$100.

In the event of the candidate's illness at the time of the examination, validated by the candidate's attending physician, a major portion of the application-examination fee will be either transferred to the next examination or refunded. It is the candidate's responsibility to notify the ABP of any change that may affect a scheduled examination.

Vacation, Maternity, and Other Leave

Each institution sponsoring a pathology training program should develop individual sick, vacation, and other leave policies for the resident. However, 1 year of approved training credit toward ABP certification requirements must be 52 weeks in duration and must include at least 48 weeks of full-time pathology training. Furthermore, unused vacation and other leave time may not be accumulated to reduce the overall duration of training.

Irregular Behavior

In the interest of protecting the integrity of the ABP and its certification examinations, the following irregular behaviors may be sufficient to bar a person from qualification, terminate participation in an examination, invalidate the results of a candidate's examination,

cause the withholding or revocation of scores or certificates, or merit other appropriate action by the ABP:

1. The giving or receiving of aid in the examination as evidenced either by observation or by statistical analysis of candidates' answers; or
2. The unauthorized possession, reproduction, or disclosure of any ABP examination-related materials, including, but not limited to, examination questions or answers, before, during, or after the examination; or
3. The offering of any benefit to any agent of the ABP in return for any right, privilege, or benefit that is not usually granted by the ABP to other similarly situated candidates or persons; or
4. Possession of notes, books, or any other examination aid in the vicinity of the examination room; or
5. The engaging in irregular behavior in connection with the administration of the examination, including but not limited to:
 - a. referring to notes, books, or any other examination aid at any time during the examination, including breaks;
 - b. transferring or receiving information relating to the contents or answers of the examination to or from another candidate or a third party before, during, or after the examination. This prohibition includes any transfer of information between a candidate and another person at any time during the examination, including breaks; and any reconstruction of examination questions and answers and the transfer of information concerning the same after the examination.

In addition, the ABP may withhold a candidate's scores and require that the candidate retake one or more portions of the examination if presented with sufficient evidence that the security of the examination has been compromised, notwithstanding the absence of any evidence of the candidate's personal involvement in such activities.

Chemical Dependency

An applicant for certification who, within 3 years of his or her application, has been diagnosed as chemically dependent, has been treated for drug or other substance abuse, and/or has entered a rehabilitation or diversionary program for chemical dependency authorized by the applicable medical licensing authority will be required to present evidence to the ABP that he or she (1) has successfully completed the authorized rehabilitation or diversionary program or (2) is successfully enrolled in such a program or is successfully enrolled in or has completed a private treatment program. In the latter case, the applicant must present attestations from the responsible program administrators and physicians demonstrating to the satisfaction of the ABP that the applicant has been free of chemical dependency for a period sufficient to establish that the applicant is not currently engaged in the use of illegal drugs or other substance abuse and/or that the use of illegal drugs or other substance abuse is not an on-going problem. This documentation must accompany the completed application form.

Qualification Period for Examination

The ABP does not recognize or use the term "board eligible" and does not issue statements concerning "board eligibility." An applicant is declared qualified for examination only after an application has been received and approved by the Credentials Committee.

- Candidates who have been qualified for a primary examination will be permitted to sit for the examination during a period of 3 years after being declared qualified to take the examination.
- Candidates who have been qualified for a subspecialty examination given every year will be permitted to sit for the examination during a period of 3 years after being declared qualified to take the examination.

- Candidates who have been qualified for a subspecialty examination given every other year will have three opportunities to sit for the subspecialty examination.

At any time after declaring a candidate qualified for examination, the Credentials Committee, at its discretion, may withdraw such qualification or, as a condition, may require satisfaction by the candidate of specified conditions. In the exercise of its discretion under this regulation, the Credentials Committee shall be entitled to act without reason assigned.

If it is determined that a candidate has (a) falsified information or has withheld material information in connection with his or her application or in any other representation to the ABP or any committee thereof, including but not limited to an applicant's failure to report any revocation or suspension of, or limitation to, his or her license as required in Section II, Medical Licensure; (b) misrepresented to any third party his or her status as a diplomate of the ABP; and/or (c) engaged in irregular behavior, the candidate will not be approved for the certifying examination and will be ineligible for a period of up to 3 years before being permitted to file a new application.

Unsuccessful Candidates

Once the initial period of primary or subspecialty qualification has terminated, candidates who have been unsuccessful in any of the certification examinations may apply for one additional period of qualification based on satisfactory experience in the field of pathology in question. This will be granted on submission of appropriate and acceptable documentation of 2 years of full-time experience in the area in which the candidate was unsuccessful, or candidates may apply for one additional period of qualification based on satisfactory completion of 1 additional year of training in an ACGME-accredited training program in the area in which the candidate was unsuccessful.

Candidates who continue to be unsuccessful in certification examinations may apply for an additional period of qualification, which may be granted only to those who submit evidence of satisfactory completion of 1 additional year of training in an ACGME-accredited training program in the area in which the candidate was unsuccessful.

Candidates Qualified for Combined Certification Who Are Successful in Only One of the Examinations

Candidates who are qualified for combined anatomic pathology and clinical pathology must pass both examinations to receive a combined certificate.

Candidates successful in only one of the primary examinations during the initial period of qualification have the option to request the ABP to award a single certificate in the primary area in which they were successful. This option must be exercised within 2 years of expiration of the initial period of qualification. This option is available *only* within this timeframe.

To exercise this option, candidates must complete the application for single certification, which is available on written request. Original applications and any subsequent training will be evaluated with reference to single certificate requirements. All of the requirements for a single certificate must be satisfied as listed in the current *Booklet of Information*.

Training used to satisfy the requirements for a single certificate may not be used subsequently to obtain additional certification. Candidates will be expected to satisfy existing requirements for the other primary certificate at the time of application.

Candidates who are qualified for combined primary and subspecialty certification must pass both examinations to receive a combined certificate.

Candidates successful in the primary examination (AP or CP) but not in the subspecialty examination may apply for the awarding of a single primary certificate (as above).

Candidates successful in the subspecialty examination but not in the primary examination are not eligible for the awarding of a subspecialty certificate. Those candidates must not identify themselves as having subspecialty certification.

Examination Dates

All examinations are computer based. Spring primary examinations will be administered at three computer examination sites in 2004. Fall primary examinations and all subspecialty examinations will be administered at the ABP Examination Center in Tampa, Florida.

Anatomic Pathology and Clinical Pathology Examinations

The Spring 2004 primary examinations will begin on Monday, June 14, 2004, and will continue until all qualified, registered candidates have been examined. Beginning in 2005, all examinations will be given only in Tampa.

Candidates applying for the Spring primary certification examinations must complete their training by July 1 of the year of application.

The Fall 2004 primary examinations will begin on Monday, October 18, 2004, and will continue until all qualified, registered candidates have been examined.

Candidates applying for the Fall primary certification examinations must complete their training by November 1 of the year of application.

Subspecialty Examinations

The subspecialty examinations in chemical pathology, medical microbiology, molecular genetic pathology, neuropathology, and pediatric pathology are given every 2 years.

2004

Blood Banking/Transfusion Medicine—September 8, 2004

Cytopathology—September 9, 2004

Dermatopathology—September 20, 2004

Forensic Pathology—September 13, 2004

Hematology—September 22, 2004

Depending on the number of candidates, it may be necessary to give certain subspecialty examinations on multiple days. In that case, each candidate will be notified of his or her examination date at least 6 weeks prior to the examination date listed.

Final Filing and Cutoff Dates

The final filing dates for receipt of applications or registrations are as follows:

- January 15 for Spring primary examinations
- May 1 for initial applicants of Fall primary examinations
- August 15 for applicants retaking the primary examinations
- June 1 for the molecular genetic pathology examination
- May 1 for other subspecialty examinations

If the candidate cancels an appearance for the examination after these dates or does not appear for the examination, the entire application-examination fee is forfeited.

Examination Date and Location Assignments

Candidates for the primary certification examination will have 4 weeks from notification of their assignment to accept. Candidates may request a transfer to a future examination period, in which case the entire examination fee will be applied to that examination. There will be a \$100 fee assessed for any additional transfer of examination dates. There is no opportunity to change the assignment within a given examination period. If the ABP is not notified within the 4-week period, the assignment will stand.

Issuance of Certificate

On passing the appropriate examination(s) and satisfying all other requirements, a candidate will be issued a certificate by the ABP in those fields of pathology for which the ABP declared the candidate qualified. Thus, a candidate who is qualified for the combined examination in anatomic pathology and clinical pathology, having fulfilled the minimum pathology requirement of 48 months and the credentialing year requirement of 12 months, will receive a certificate only after both parts (anatomic pathology and clinical pathology) of the examination have been passed.

Candidates qualified for examination in anatomic pathology or clinical pathology and a subspecialty area of pathology on the basis of the required training in each area will receive a certificate only after each of the examinations has been passed.

A candidate who has fulfilled all the prerequisites, including the minimum requirement of 36 months of approved training in anatomic pathology only or clinical pathology only, and the credentialing year activity, will receive a certificate after passing the examination in anatomic pathology or clinical pathology.

Candidates qualified for combined AP/CP who pass only the AP portion or the CP portion of the examination may request an application for consideration of awarding a single certificate. Consideration will be given only to candidates who meet the requirements for the single certificate. For additional information on the awarding of single certificates, please contact the ABP.

The ABP does not issue duplicate certificates. If a certificate is lost or destroyed, the diplomate must request a replacement in writing, stating the reason for replacement of the original certificate. The replacement certificate will indicate that the certificate is a replacement and the date of the replacement. A fee of \$50 must accompany the written request.

Revocation of Certificate

At its discretion, the ABP may revoke or suspend a certificate for due cause, including, but not limited to:

- a. The diplomate did not possess the required qualifications and requirements for examination, whether or not such deficiency was known to the ABP or any committee thereof prior to examination or at the time of the issuance of the certificate, as the case may be; or
- b. The diplomate made a material misstatement or withheld information in the application or in any other representation to the ABP or any committee thereof, whether intentional or unintentional; or
- c. The diplomate engaged in irregular behavior in connection with an examination of the ABP (as described under Irregular Behavior), whether or not such practice had an effect on his or her performance on an examination; or
- d. The diplomate was convicted by a court of competent jurisdiction of a felony or of a misdemeanor that involves moral turpitude and that in the opinion of the ABP, has a material relationship to the practice of medicine; or
- e. The diplomate made a misrepresentation to the ABP or any third party as to his or her status as a diplomate of the ABP; or
- f. The ABP receives information that an adverse licensure action has been taken against a candidate or diplomate. For purposes of this policy, "adverse licensure action" shall mean a final action by one of the licensing agencies of the United States or Canada which revokes, suspends, or limits (including the imposition of any requirement of probation, surveillance, supervision, or review) any license or right associated with the practice of medicine issued by one of the licensing agencies of the United States or Canada and which resulted from or is based on misconduct involving patient care and/or ethical practice; or the voluntary

surrender of a license or associated right in connection with or in lieu of any disciplinary action by, or consent decree or settlement agreement with, one of the licensing agencies of the United States or Canada.

A diplomate may appeal a revocation of certificate pursuant to the ABP Appeals Procedure set forth herein.

Update of the ABP Certificate

The ABP will permit its diplomates to retake the examination in the area of pathology in which they are already certified for the purpose of updating their certificate(s). The application-examination fee and the passing requirements are the same as for initial candidates. Successful candidates will be issued new, currently dated certificates.

Time-Limited Certificates

All certificates issued by the ABP after January 1, 2006, will be valid for 10 years. Diplomates may enter a maintenance of certification (MOC) process January 1 of the year following certification. If a diplomate is successful in the MOC process, a new certificate will be issued. If a diplomate does not successfully complete all requirements of the MOC process, the diplomate's certificate will expire 10 years after issuance and he or she will not be listed as a diplomate.

Voluntary Recertification

To enable diplomates to demonstrate maintenance of competence in the practice of pathology, the ABP offers a voluntary process of maintenance of certification. For additional information on this process, please request the ABP booklet on recertification (maintenance of certification).

Maintenance of Certification

This process is under active discussion by the ABP and the Cooperating Societies of the ABP and, although the details are incomplete at this time, the program will be based on four components:

1. Evidence of professional standing, and
2. Evidence of commitment for lifelong learning and involvement in periodic self-assessment (self-learning), and
3. Evidence of cognitive expertise, and
4. Evidence of successful evaluation of performance in practice.

Verification of Certification

Requests for written verification of a pathologist's certification should be made in writing and must include enough information to identify the pathologist in question. Requests must include a check for \$25 made payable to The American Board of Pathology.

The American Board of Pathology (ABP) routinely provides the American Board of Medical Specialties (ABMS) with a listing of diplomates including their full name, Social Security Number (for internal use only), birth date, year of awarding of professional degree, current address, type of certification, and date awarded for inclusion in the ABMS Unified Database. Publication of such a database for use by the public is mandated by the Bylaws of the ABMS and agreed to by each of the Member Boards of the ABMS. To fulfill this mandate, ABMS publishes this information online at www.abms.org for the public, in the directory called *The Official Directory of Board Certified Medical Specialists*, recognized as the official source of certification information, and to various approved organizations for verification of certification status.

This information will also be released to cooperating societies of the ABP (ADASP, APC, ASIP, ASCP, CAP, and USCAP) and upon request to any recognized pathology society.

Diplomates have the option to restrict the address information that ABMS releases to include only the city and state and not the street address.

Limitation of Subspecialty Certificates

Individuals may hold no more than two subspecialty certificates issued by the ABP. As a condition of admission to an examination for subspecialty certification, an individual holding two or more subspecialty certificates (formerly special competence, special qualification, and/or added qualification) must surrender a sufficient number of certificates to reduce their number to one. If the individual fails the examination and the period of board qualification terminates, the surrendered certificate(s) will be restored.

Candidates With Disabilities

1. Policy. The ABP will provide qualified candidates with documented disabilities reasonable accommodations in the administration of its examinations, including auxiliary aids and services, where appropriate, that do not fundamentally alter the measurement of the skills or knowledge the examination is intended to test or result in an undue burden.
2. Documentation of Disability. Candidates requesting accommodation due to a disability must provide documentation of the disability and the appropriateness of the requested accommodation for the documented disability. Such documentation should include a specific diagnosis of the disability and include medical records or other documentation of the diagnosis of the disability by an appropriate medical professional. The ABP reserves the right to verify the disability and to request additional documentation as necessary. All required documentation acceptable to the ABP must be received no later than the application deadline.
3. Type of Accommodation. Candidates requesting accommodation must identify the type of accommodation requested. The ABP, however, will determine the type of accommodation to be made for a candidate with a verified disability. Accommodations that fundamentally alter the measurement of skills or knowledge the examination is intended to test will not be offered.
4. Application Deadline. Candidates requesting accommodations are urged to contact the ABP as far in advance of the examination as possible. Requests for accommodation and documentation of disability must be received no later than the application deadline.

Appeals Procedure

1. An individual who has received an unfavorable ruling from the ABP or a committee of the ABP may appeal such determination by mailing a notice of appeal to the office of the ABP within 60 days of the date such ruling was mailed to him/her; except that a decision that a candidate has failed a certifying examination may be appealed only in the manner and to the extent provided in Paragraph 11.
2. On receipt of a notice of appeal, the applicable ABP committee shall invite the individual to submit in writing such information as the individual feels appropriate in support of the appeal. The committee may make such further investigation as it deems appropriate and may request the individual to submit additional information. The committee, acting on all the information before it, shall reconsider the unfavorable ruling and report its decision to the individual and the president of the ABP. Any notice of unfavorable action shall specify the grounds for the action and inform the individual that he/she may request a hearing before an appeals committee of the ABP by doing so in writing within 30 days of the date the notice of unfavorable action was mailed.
3. On receipt of a request for a hearing, the executive vice president shall inform the president of the ABP, who shall appoint an ad hoc appeals committee consisting of three trustees who are not members of the committee whose determination is being appealed. The chairperson of the ad hoc committee shall convene a meeting of the committee within 90 days of the date of its appointment to conduct a hearing at which the individual may appear in person with legal and/or other representative to present such information deemed appropriate in support of the individual's position.
4. Not less than 30 days prior to the hearing, the executive vice president shall send written notice stating the time and place of the hearing and provide the individual copies of any written material and a list of any witnesses that the concerned committee intends to present at the hearing. The executive vice president shall also specify any information and documents the individual is required to produce at the hearing. Not less than 7 days prior to the hearing, the concerned ABP committee shall provide the executive vice president and the individual with copies of any written reports, affidavits, or statements of experts the concerned ABP committee intends to present at the hearing.
5. Not less than 7 days prior to the hearing, the individual shall provide the executive vice president with such written information concerning his or her position as he or she deems appropriate; a list of witnesses, if any, whom he or she expects to call to testify; and copies of any written reports, affidavits, or statements of experts he or she intends to present at the hearing.
6. The executive vice president shall submit the written material referred to in Paragraphs 4 and 5 to the members of the Appeals Committee prior to the hearing.
7. At the hearing, the concerned ABP committee and its legal or other representatives shall present such relevant information and evidence as it deems appropriate to support its previously made determination. However, the committee shall not have the right to present any information or evidence not previously provided as required in Paragraphs 4 and 5. The committee may call, examine, and cross-examine witnesses.
8. The individual shall have the right to be represented at the hearing by legal counsel or any person of his or her choice. He or she may present such relevant information and evidence as he or she deems appropriate in support of his or her position. However, the individual shall not have the right to present any information or evidence if not previously provided as required in Paragraphs 4 and 5. The failure of the individual to produce information or documents requested by the concerned ABP committee as required in Paragraph 4 shall be grounds for upholding and confirming the determination of the concerned ABP committee.
9. The individual and the concerned ABP committee may submit written statements at the close of the hearing. A written record of the hearing shall be made available to the individual at one-half the cost of its preparation.
10. The decision of the Appeals Committee will be by vote of a majority of the committee members based on the information presented at the hearing. The committee may affirm, modify, or overrule the decision of the ABP committee. The Appeals Committee shall inform the candidate, the concerned committee, and the president of the ABP in writing of its decision and the reasons therefore within a reasonable time of the hearing. The decision of the Appeals Committee shall be final and binding.
11. A candidate who fails a certifying examination may request that the examination be rescored to verify the accuracy of the results as reported. Such request must be made in writing to the executive vice president of the ABP within 90 days of the date of mail-

ing of the results of the examination to the candidate and must be accompanied by a fee of \$50 per certifying examination or part thereof. There shall be no further appeal from failure of an examination.

Test Development and Advisory Committees

Since 1971, the ABP has established test committees for the various areas of pathology. The committees consist of ABP Trustees, as well as other pathologists and physicians who are recognized experts in the various disciplines. In 2001, the role of these committees was expanded to include not only a test development function but also an advisory function for the Board. The current non-Trustee members of the test development and advisory committees are:

Anatomic Pathology

Paul L Auclair, DDS
James L Connolly, MD
Jonathan Epstein, MD
Joel Greenson, MD
Richard Kempson, MD
Stacy E Mills, MD
Samuel A Yousem, MD

Blood Banking/Transfusion Medicine

Kaaron Benson, MD
Susan D Roseff, MD
Toby L Simon, MD
Ronald G Strauss, MD
James R Stubbs, MD
Darrell J Triulzi, MD

Chemical Pathology

Jay Bock, MD, PhD
Susan A Fuhrman, MD
Michael J Kelner, MD
Frederick L Kiechle, MD, PhD

Clinical Pathology

John P Anhalt, MD
Edward R Ashwood, MD
David Chou, MD
Nora V Hirschler, MD
C Darrell Jennings, MD
Ronald Lepoff, MD
Elizabeth M Van Cott, MD
Jeffrey S Warren, MD

Cytopathology

Richard M DeMay, MD
Barbara S Ducatman, MD
Lester J Layfield, MD
Celeste N Powers, MD
Mary K Sidawy, MD

Dermatopathology (Includes ABP and ABD appointees)

Evan R Farmer, MD
Anita C Gilliam, MD
L Frank Glass, MD
Earl J Glusac, MD
Sabine S Kohler, MD
Ronald P Rapini, MD
Glynis A Scott, MD
Mary S Stone, MD
Clifton R White, Jr, MD

Forensic Pathology

Michael D Bell, MD
Karen L Gunson, MD
John D Howard, MD
Donald R Jason, MD
Mary I Jumbelic, MD
Barbara A Sampson, MD

Hematology

Russell K Brynes, MD
Louis M Fink, MD
Jonathan L Miller, MD
LoAnn C Peterson, MD
Nancy S Rosenthal, MD
Steven H Swerdlow, MD

Medical Microbiology/Medical Parasitology

Karen C Carroll, MD
Nancy E Cornish, MD
Thomas E Davis, MD
Ann Marie Nelson, MD
Lance R Peterson, MD
John C Steele, MD
James Versalovic, MD

Molecular Genetic Pathology (Includes ABP and ABMG appointees)

Angela Caliendo, MD, PhD
Carleton T Garrett, MD
Wayne W Grody, MD
David R Hillyard, MD
Anthony A Killeen, MD
Debra G B Leonard, MD, PhD
Cynthia C Morton, PhD
Nicholas T Potter, PhD
Thomas Prior, PhD
Cindy Vnencak-Jones, PhD
Jean Amos Wilson, PhD

Neuropathology

Dawna Armstrong, MD
Andrew W Bollen, MD
Barbara J Crain, MD
Michael N Hart, MD
Roger E McLendon, MD
Joseph E Parisi, MD
Robert L Schelper, MD

Pediatric Pathology

John J Buchino, MD
Milton Finegold, MD
Cynthia G Kaplan, MD
Theodore Pysker, MD
Stephen J Qualman, MD
Beverly B Rogers, MD
Joe C Rutledge, MD

Joint Policy Committee for Dermatopathology

Dwight K Oxley, MD, Chairperson (ABP)
Ronald P Rapini, MD, Vice Chairperson (ABD)
John V Collin, MD (ABP)
Evan R Farmer, MD (ABD)
Robert McKenna, MD (ABP)
Clifford R White, Jr, MD (ABD)

Joint Policy Committee for Molecular Genetic Pathology

James L Madara, MD, Co-Chairperson (ABP)
 Maximilian Muenke, MD, Co-Chairperson (ABMG)
 Stephen D Allen, MD (ABP)
 Robert W McKenna, MD (ABP)
 Stuart Schwartz, PhD (ABMG)
 Jean Amos Wilson, PhD (ABMG)

Accreditation of Pathology Training Programs

The accreditation of all programs in graduate medical education in the United States is the responsibility of the ACGME. The ACGME's member organizations are the American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, and Council of Medical Specialty Societies.

The responsibility for evaluating the quality of residency training programs in pathology is delegated to the RRC for Pathology of the ACGME. Members are appointed by the ACGME on nomination. The committee is also responsible for the preparation of the Program Requirements for Residency Education in Pathology of the Essentials of Accredited Residencies in Graduate Medical Education, as published in the *Graduate Medical Education Directory*.

Review Process

Staff support of RRC work is provided by the ACGME. This staff includes the secretary of the RRC and the field representatives. The secretary is responsible for the administrative matters pertaining to the RRC and its activities. The field representatives perform the on-site surveys of the residency programs and prepare the survey reports. Prior to the survey visit by the field representative, an application-information form is sent to the sponsoring institution. The program director completes this form in accordance with the instructions provided and presents it to the surveyor at the visit. The surveyor examines the information supplied in the form and collects additional information through interviews with the program director, departmental staff, hospital and/or school administrators, residents, and others pertinent to the program.

The survey report, together with the information received from the program director, is reviewed by the RRC, and a formal written notification of action is sent to the program director and administrator(s) of the institution(s) involved.

Written requests in regard to residency programs in pathology should be sent to:

Steven P Nestler, PhD, Secretary
 Residency Review Committee for Pathology
 515 N State St, Ste 2000
 Chicago, Illinois 60610
 312 755-5000
 312 755-7498 Fax

For detailed and specific information in regard to the requirements for residency training programs in pathology, consult the *Graduate Medical Education Directory*.

American Board of Pediatrics

111 Silver Cedar Court
 Chapel Hill, NC 27514-1513
 919 929-0461
 919 929-9255 Fax
 E-mail: abpeds@abpeds.org
 www.abp.org

2005 Members of the Board of Directors

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 A Craig Hillemeier, MD, Hershey, Pennsylvania
 Angela R Holder, JD, Durham, North Carolina
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 Michael R Lawless, MD, Winston-Salem, North Carolina
 Carol J B Lindsley, MD, Kansas City, Kansas
 Stephen Ludwig, MD, Philadelphia, Pennsylvania
 David K Stevenson, MD, Palo Alto, California

(The following information is subject to change. The American Board of Pediatrics [ABP] reserves the right to make changes in its fees, policies, and procedures at any time and will make every effort to give advance notice when such changes are made. All applicants are advised to consult the ABP to ascertain whether any changes have been made, especially before undertaking any variations in training.)

2005 Examinations Schedule

The fees for certification in general pediatrics and the pediatric subspecialties are payable only in US dollars. The American Board of Pediatrics (ABP) reserves the right to make changes in its fees, policies, and procedures at any time and will make every effort to give advance notice when such changes are made. It is the applicant's responsibility to be aware of and to meet all deadlines.

Neurodevelopmental	
Disabilities	Monday-Friday, April 4-8, 2005
Sports Medicine	To be announced;
(all applications submitted online)	potential dates July 21-23; July 28-30; August 4-6
Gastroenterology	Wednesday, August 17, 2005
(all applications submitted online)	
Endocrinology	Thursday, August 18, 2005
(all applications submitted online)	
Pediatric Infectious Diseases (all applications submitted online)	Friday, August 19, 2005
General Pediatrics	Monday, October 31, 2005, and Tuesday, November 1, 2005
(all applications submitted online)	
Nephrology	Tuesday, November 29, 2005
(all applications submitted online)	

Neonatal-Perinatal Medicine (all applications submitted online) Wednesday, November 30, 2005
 Adolescent Medicine (all applications submitted online) Thursday, December 1, 2005

2005 General Pediatrics Certifying Examination

Registration Dates and Fees

It is the applicant's responsibility to be aware of and to meet registration deadlines.

Fees for New Applicants

Regular Registration	December 1, 2004-February 28, 2005
Late Registration	March 1, 2005-May 2, 2005
Processing and Evaluation Examination	\$370
Total New Candidate Fees	\$925
Late Registration Fee	\$1,295
Total Late Registration Fees	\$245
	\$1,540

Fees for Re-registrants

Regular Registration	February 15, 2005-May 2, 2005
Late Registration	May 3, 2005-May 31, 2005
Processing and Evaluation Examination	\$270
Total Re-registrant Fees	\$925
Late Registration Fee	\$1,195
Total Late Registration Fees	\$245
	\$1,440

Application payment for both first-time applicants and re-registrants is required using either a VISA or MasterCard credit card.

2005 Subspecialty Certifying Examination Fees

It is the applicant's responsibility to be aware of and to meet registration deadlines.

Fees for New Subspecialty Applicants

Processing and Evaluation Examination	\$415
Regular Registration	\$1,090
Late Registration Fee	\$1,505
Total Late Registration Fees	\$245
	\$1,750

Fees for Subspecialty Re-registrants

Processing and Evaluation Examination	\$315
Regular Registration	\$1,090
Late Registration Fee	\$1,405
Total Late Registration Fees	\$245
	\$1,650

Application payment for both first-time applicants and re-registrants is required using either a VISA or MasterCard credit card.

Purpose of Certification

The purpose of certification by the ABP is to provide assurance to the public and the medical profession that a certified pediatrician has successfully completed an accredited educational program and an evaluation, including an examination, and possesses the knowledge, skills, and experience requisite to the provision of high quality care in pediatrics.

Definition of Pediatrics and a Pediatrician

The ABP, in conjunction with the American Academy of Pediatrics, has developed the following definition of pediatrics and a pediatrician:

Pediatrics is the specialty of medical science concerned with the physical, emotional, and social health of children from birth to young adulthood. Pediatric care encompasses a broad spectrum of health services ranging from preventive health care to the diagnosis and treatment of acute and chronic diseases.

Pediatrics is a discipline that deals with biological, social and environmental influences on the developing child and with the impact of disease and dysfunction on development. Children differ from adults anatomically, physiologically, immunologically, psychologically, developmentally, and metabolically.

The pediatrician understands this constantly changing functional status of his or her patients incident to growth and development and the consequent changing standards of "normal" for age. A pediatrician is a medical specialist who is primarily concerned with the health, welfare, and development of children and is uniquely qualified for these endeavors by virtue of interest and initial training. Maintenance of these competencies is achieved by experience, training, continuous education, self-assessment, and practice improvement.

A pediatrician is able to define accurately the child's health status as well as to serve as a consultant and to make use of other specialists as consultants. Because the child's welfare is heavily dependent on the home and family, the pediatrician supports efforts to create a nurturing environment. Such support includes education about healthful living and anticipatory guidance for both patients and parents.

A pediatrician participates at the community level in preventing or solving problems in child health care and publicly advocates the causes of children.

General Examination Admission Requirements

An applicant (throughout the document the term "candidate" will be synonymous with "applicant") requesting admission to a certifying examination must meet the following general requirements:

Graduation From Medical School

The applicant must be a graduate of a medical school that has been accredited by the Liaison Committee on Medical Education (LCME) in the United States, by the Royal College of Physicians and Surgeons of Canada (RCPSC) in Canada, or by the American Osteopathic Association (AOA) in the United States. (Note: The training requirements for individuals who graduated from medical school before July 1, 1978, are different from these requirements. Such applicants should contact the ABP for details.) An applicant who is a graduate of a medical school outside the United States or Canada that cannot be accredited by the LCME, RCPSC, or AOA but is listed by the World Health Organization may apply for the examination if he or she has a standard certificate either from the Educational Commission for Foreign Medical Graduates (ECFMG) or the Medical Council of Canada. A copy of the ECFMG certificate must be submitted to the ABP at the time of application.

The graduate of a foreign medical school must submit, at the time of application, a photocopy of the medical school diploma showing the medical degree and the date it was awarded. A certificate showing that the applicant has passed a final examination is not acceptable.

Training Requirements

The applicant must complete 3 years of pediatric training in programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) on the advice of the Residency Review Committee for Pediatrics (RRC) (Note: Hereafter, accreditation will refer to accreditation by the RRC or in programs in Canada accredited by the RCPSC.) The ABP recognizes and defines these three levels of pediatric training (PL-1 through PL-3) as follows:

PL-1

The first postgraduate year in general comprehensive pediatric training in an accredited program.

PL-2

The second postgraduate year, following PL-1, in general comprehensive pediatric training in an accredited program, but with increased responsibility for patient care and for the supervision of junior house staff and medical students.

PL-3

The third postgraduate year, following PL-2, in general comprehensive pediatric training in an accredited program, but with increasing responsibility for patient care and supervision of junior house staff and medical students.

The training curriculum must be compatible with the Program Requirements for Residency Education in Pediatrics, which are published annually in the *Graduate Medical Education Directory*. During this period of training, the applicant is expected to assume progressive responsibility for the care of patients. Supervisory experience must be an integral part of the total 3-year program; the last 24 months of training must include 5 months of direct supervisory responsibility in general pediatrics. All applicants are advised to consult the ABP before undertaking any variations in training.

The ABP requires program directors to verify satisfactory completion of training and to evaluate the acceptability of the applicant as a practitioner of pediatrics.

Licensure Requirement

Applicants requesting admission to a certifying examination must have a valid, current, unrestricted license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada or unrestricted privileges to practice medicine in the United States Armed Forces. If licenses are held in more than one jurisdiction, all licenses held by a physician should meet this requirement.

Foreign nationals practicing abroad may be exempted from this policy upon presentation of proof of licensure equivalency in the country in which they reside. Candidates who practice or plan to practice abroad must submit a letter, in addition to the licensure equivalency, stating that they will not practice in the United States or Canada.

The licensure requirement for the general pediatrics certifying examination may be waived if, during the academic year of the examination, the applicant is in pediatric subspecialty training, nonpediatric specialty training, or is serving as a chief resident (PL-4) in a state, province, or district in which the medical licensing board does not require an unrestricted license. In order to obtain a waiver, the program director of that training must submit written confirmation of the applicant's training to the ABP by the announced date in the application materials.

New applicants for the general pediatrics certifying examination must submit a copy of a valid, current, unrestricted license by October 1, 2005. A candidate who is re-registering for the examination must submit a copy of his or her license by August 15, 2005. The withdrawal deadline is August 15, 2005.

If an applicant has any action pending regarding the right to have an unrestricted license to practice medicine, admission to the examination may be denied.

Credit for Training in Accredited Programs Other Than Pediatrics

A physician transferring to pediatric residency training from another accredited residency (eg, family practice, internal medicine, transitional year) must correspond with the ABP to determine whether partial credit may be awarded for this training. Requests

for credit must be submitted either by the candidate or the pediatric residency program director before the candidate enters pediatric residency training.

Credit for Pediatric Training in Nonaccredited Programs

The ABP has established requirements for a physician who has had at least 3 years of general comprehensive pediatric training in programs not accredited by the RRC or RCPSC (ie, international training or training in accredited osteopathic programs in the United States) who wishes to apply for a waiver of training. The interested physician, department chair, or program director must write to the ABP before training begins to receive approval for credit for this training.

The individual must provide documentation of the successful completion of at least 3 years of general pediatric residency training that includes the actual beginning and ending dates of the training and that is signed by the residency program director. The individual must also provide a copy of his/her medical school diploma and ECFMG certificate. Suggested training for those who receive a waiver of training under this policy is available on the ABP Web site, www.abp.org. Upon review and confirmation by the ABP of this information, the individual may have 1 year of accredited training waived. A full year at the PL-3 level must be completed and, additionally, a year at the PL-1 or PL-2 level or a training combination at both of those levels. (The training must be completed in general pediatrics; subspecialty training may not be substituted.)

The director of the residency program that the individual enters will decide at what level the individual may begin residency and whether the 1 year of waived training will be accepted by the program. Individuals should investigate the licensure requirements in the state in which they wish to seek permanent licensure to ensure they meet the requirements if they choose to shorten pediatric training completed in the United States.

Absences From Residency Training

In order to meet the training requirements to apply for certification by the ABP, an individual must train in an accredited program and the program director must certify that the individual has met the training requirements.

The duration of general pediatrics training is 36 months. Thirty-three months of clinical training are required. One month of absence is allowed each year for leave (eg, vacation, sick, parental leave). Absences greater than 3 months during the 3 years of residency should be made up by additional periods of training. If the program director believes that the candidate is well qualified and has met all training requirements, the program director may submit a petition to the ABP requesting an exemption to the policy. Residents in combined training may not take more than 1 month of leave per year.

Nonaccredited Training Experience

A fundamental concept of the ABP is that a residency training program should provide for properly organized, progressive responsibility for the care of children. The ABP believes that this can be accomplished through continuity of clinical experience under the supervision of attending physicians who are responsible for the care of these children.

No more than a total of 3 months of the required 3 years of residency training may be taken outside of an accredited pediatrics residency program. These experiences must be approved by the program director, must have goals and objectives for training, and must provide an evaluation of the resident's performance.

The substitution of a formal graduate or postgraduate school course that does not carry the essential ingredient of responsibility for patient care is inconsistent with this principle. Accordingly, the ABP will not accept such courses in fulfillment of its training requirements in general pediatrics.

Military Service

Military service, unless as a resident in a military training program that is accredited by the RRC, cannot be substituted for training requirements.

Veterans Administration GI Bill Benefit

As of March 1, 2001, the Veterans Administration (VA) has implemented a new benefit for qualified individuals. Under this benefit, qualified individuals may be reimbursed for the cost of initial certification or maintenance of certification (ie, recertification). See the VA Web site for details of this new benefit (www.gibill.va.gov/Education/LCVets.htm) or view a PDF brochure describing this benefit (www.gibill.va.gov/Education/LNC%20Brochure.pdf).

(Note: This is a benefit offered through the VA. Please do not contact the ABP for application forms for this benefit; all necessary forms and information must be obtained through the VA Web site [www.gibill.va.gov/Education/LCVets.htm].)

Training in Pediatrics/Neurology

A special agreement exists with the American Board of Psychiatry and Neurology (ABPN) whereby an applicant who completes at least 2 years of accredited training in general comprehensive pediatrics and the neurology training necessary to meet the requirements for certification in neurology with special qualifications in child neurology fulfills the training requirements of both the ABP and the ABPN. An applicant may not take the certifying examination of the ABP until all training in both programs has been successfully completed.

Accelerated Research Pathway

The Accelerated Research Pathway (ARP) is designed to accommodate and encourage candidates who are committed to an academic career as physician scientists with a strong research emphasis in a pediatric subspecialty. Candidates entering the ARP may begin subspecialty training after completion of 2 years of general comprehensive pediatric training. The curriculum for the PL-1 and PL-2 years of general pediatrics training should include a broad exposure to the specialty and must include 22 months of clinical experiences, 20 months of which are specified. The specific requirements can be found on the ABP Web site, www.abp.org. Although it may be advantageous for both general pediatrics and subspecialty training to occur in the same institution, this is not a requirement of the pathway.

Subspecialty training must be at least 4 years in duration and in a discipline for which the ABP offers a Certificate of Special Qualifications (CSQ). The duration of clinical training will be dependent on the pediatric subspecialty. It is understood that a minimum of 1 year of clinical training is required. Trainees will be required to meet the same standards for scholarly achievement as defined for those in the standard 3-year subspecialty fellowship training programs.

Candidates for this pathway should be identified early, preferably prior to the start of the PL-1 year but no later than 9 months into the PL-1 year. This is necessary so that the second year of training can be adapted in such a way that specified curricular requirements in general pediatrics will be met. The program director and candidate will not be required to seek prospective approval by the

ABP, but must notify the ABP by means of the tracking roster in May of the PL-1 year.

To meet the eligibility requirements for certification in general pediatrics, the trainee must satisfactorily complete 2 years of core general pediatrics training (22 clinical months) and an additional year (11 months of clinical experience) in the subspecialty fellowship. Verification of clinical competence and training will be required from both the general pediatrics program director and the subspecialty training program director.

Eligibility to take the subspecialty certifying examination will require completion of 6 years of total training (2 years of general pediatrics and 4 years of subspecialty training). The subspecialty program director will be required to verify training dates, as well as clinical and research competence.

Integrated Research Pathway

The Integrated Research Pathway (IRP) was designed to accommodate MD/PhD graduates who would benefit by having the ability to continue ongoing research during their pediatric residency. During the 3 years of general pediatric residency, a maximum of 11 months may be spent in research, with at least 5 months in the PL-3 year and no more than 1 month in the PL-1 year. Individuals must apply for this pathway either before entering an accredited pediatric residency program or during the first 9 months of the PL-1 year. The curricular components of the minimum of 22 months of core clinical pediatric residency must be fulfilled.

A supervisory/review committee must be established by the residency program and the research mentors to ensure that each trainee is meeting the requirements of training and is successfully completing each experience to be continued in the pathway. The general pediatrics program director must provide careful evaluation of clinical training to determine whether the resident is attaining the knowledge and experience necessary to provide independent care of children. A research mentor must oversee the research experiences to ensure that the trainee is accomplishing pathway goals.

To meet the eligibility requirements for certification in general pediatrics, the resident must satisfactorily complete 36 months in the IRP. The pediatric program director must verify that the resident has completed the prescribed training, verify clinical competence, and recommend the individual for the examination. An additional 12 months of pediatric clinical experience must be successfully completed to be eligible to apply for the certifying examination in general pediatrics. This experience must be in an accredited specialty residency or subspecialty fellowship approved by the ABP. The program director of the additional clinical experience will be asked to verify clinical competence and training. The certifying examination may not be taken until the 3-year IRP and the additional 1 year of clinical training have been completed.

Special Alternative Pathway

The ABP recognizes that occasionally an exceptional candidate should be given special consideration to begin pediatric subspecialty or related training after the completion of the PL-2 year of general comprehensive pediatrics. The duration of the pediatric subspecialty training or related training for the Special Alternative Pathway (SAP) must be 3 years. Guidelines are available on the ABP Web site, www.abp.org.

Before the start of the PL-2 year, the department chair or program director must petition that a resident be considered for the SAP, indicating that the candidate has superior overall competence. The subspecialty program director must also provide a letter outlining the clinical and research training proposed, including special requirements to be met during the PL-2 and PL-3 years. In addition,

such candidates will be required to take a screening examination. The application material and the score on the screening examination will be reviewed by the Credentials Committee.

A SAP trainee may take the certifying examination in general pediatrics in the fifth year of training provided that he or she has successfully completed the required 2 years of general pediatrics residency and at least 12 months of clinical rotations in the pediatric subspecialty.

Accreditation of Training Programs

The ABP does not accredit training programs. The ABP approves applicants for admission to its certifying process. Program Requirements for Residency Education in Pediatrics may be found in the *Graduate Medical Education Directory* or on the ACGME Web site at www.acgme.org. Requests for information regarding accreditation should be addressed to the Director, Residency Review Committee for Pediatrics, 515 N State St, Chicago, IL 60610, 312 755-5000.

Special Situations

The ABP recognizes that situations may arise that are not explained by the preceding information. The physician should contact the ABP for further information.

Combined Programs

Medicine/Pediatrics Program

A special agreement exists with the American Board of Internal Medicine (ABIM) whereby an applicant may fulfill the training requirements of both the ABP and the ABIM by completing 2 years of accredited training in general comprehensive pediatrics and 2 years of accredited training in general comprehensive internal medicine in an integrated program, reviewed by both boards. Guidelines for combined training have been approved by both the ABP and the ABIM and are available by contacting either board or visiting either Web site at www.abp.org or www.abim.org.

The 4 years must be completed in the same combined training program; any deviation must be approved prospectively by both the ABP and the ABIM. Continuity clinics in each specialty must be provided throughout the 4 years. A list of institutions offering combined programs is published in the *Graduate Medical Education Directory*. An applicant may not take the certifying examination of the ABP until all 4 years of training have been successfully completed.

Pediatrics/Dermatology Program

A special agreement exists with the American Board of Dermatology (ABD) whereby an applicant may fulfill the training requirements of both the ABP and the ABD by completing joint training in 5 years. All 5 years should be completed in the same combined training program; any deviation must be approved prospectively by both the ABP and the ABD. Guidelines for combined training have been approved by both the ABP and the ABD and are available by contacting either board or visiting the ABP Web site at www.abp.org. The training in programs must also be approved prospectively by both the ABP and the ABD. An applicant may not take the certifying examination of the ABP until all training in both programs has been successfully completed.

Pediatrics/Emergency Medicine Program

A special agreement exists with the American Board of Emergency Medicine (ABEM) whereby an applicant may fulfill the training requirements of both the ABP and the ABEM by completing joint training in 5 years. All 5 years should be completed in the same combined training program; any deviation must be approved

prospectively by both the ABP and the ABEM. Guidelines for combined training have been approved by both the ABP and the ABEM and are available by contacting either board or visiting the ABP Web site at www.abp.org. The training in programs must also be approved prospectively by both the ABP and the ABEM.

An applicant may not take the certifying examination of the ABP until all training in both programs has been successfully completed.

Pediatrics/Medical Genetics Program

A special agreement exists with the American Board of Medical Genetics (ABMG) whereby an applicant may fulfill the training requirements of both the ABP and the ABMG by completing joint training in 5 years. All 5 years should be completed in the same combined training program; any deviation must be approved prospectively by both the ABP and the ABMG. Guidelines for combined training have been approved by both the ABP and the ABMG and are available by contacting either board or visiting the ABP Web site at www.abp.org. The training in programs must also be approved prospectively by both the ABP and the ABMG. An applicant may take the certifying examination of the ABP in the fifth year of training provided that 30 months of required pediatric residency training have been successfully completed.

Pediatrics/Physical Medicine and Rehabilitation Program

A special agreement exists with the American Board of Physical Medicine and Rehabilitation (ABPMR) whereby a physician interested in pediatric rehabilitation can qualify for admission to the certifying examinations of both the ABP and the ABPMR. The integrated residency training can be completed in 5 years in programs accredited by the Residency Review Committees for Pediatrics and Physical Medicine & Rehabilitation. Guidelines for combined training have been approved by both the ABP and the ABPMR and are available by contacting either board or visiting the ABP Web site at www.abp.org. The proposed training in programs must be submitted to the ABP and the ABPMR for approval before a candidate can be accepted into the joint training program. All training should be completed at one academic institution; any deviation must be approved prospectively by both the ABP and the ABPMR. An applicant may take the certifying examination of the ABP in the fifth year of training provided that 30 months of required pediatric residency training have been successfully completed.

Pediatrics/Psychiatry/Child and Adolescent Psychiatry Program

A special agreement exists with the American Board of Psychiatry and Neurology (ABPN) whereby an applicant may fulfill the training requirements for certification in pediatrics, psychiatry, and child and adolescent psychiatry by completing joint training in 5 years. Training includes 24 months of general comprehensive pediatrics, 18 months of child and adolescent psychiatry, and 18 months of adult psychiatry. Guidelines for combined training have been approved by the ABP and the ABPN and are available by contacting either board or visiting the ABP Web site at www.abp.org. Physicians pursuing training in these programs may take the certifying examination of the ABP in the fall of the fifth year of training, provided that all pediatric training (except continuity clinics) is completed by the date of the examination. Credit for training via this route may be obtained only by training in one of the programs reviewed by both boards. Further information concerning these combined training programs may be obtained by contacting the ABPN.

Tracking and Evaluation for Residents and Fellows

The ABP regards the evaluation of trainee competency as a continuum that begins during training and concludes with the certifying examination following formal training. The ABP believes that the program director(s) and faculty play significant roles in the

certification process and are the keys to a responsible system of determining which applicants should be admitted to the certifying examination. The program director is able to provide a meaningful overview of the resident's or fellow's professional competence, especially in skills such as patient care, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice.

The ABP tracking and evaluation program is part of the certifying process of the ABP. The program director is required to indicate annually whether each resident's or fellow's performance is satisfactory, marginal, or unsatisfactory in overall clinical competence and whether the evaluation in professionalism is satisfactory or unsatisfactory. A marginal rating implies that more time and information are needed to determine whether the performance is satisfactory or unsatisfactory.

The following table illustrates the consequences of not receiving a satisfactory evaluation in clinical competence during the first 2 years of training. Residents and fellows must receive a satisfactory rating in each of the components of clinical competence during the final year of required training. It is the resident's or fellow's responsibility to arrange for any additional training required.

Program Ratings of Clinical Competence		
Components and Rating	PL-1 and PL-2	PL-3
Overall Clinical Competence*		
Satisfactory	Full credit	Full credit
Marginal	Full credit for 1 marginal year. Repeat 1 year if both PL-1 and PL-2 years are marginal.	Not applicable
Unsatisfactory	No credit / repeat year	No credit / repeat year
Professionalism		
Satisfactory	Full credit	Full credit
Unsatisfactory	Repeat year, or, at the ABP's discretion, a period of observation will be required.	Repeat year, or, at the ABP's discretion, a period of observation will be required.
*Includes patient care, medical knowledge, interpersonal and communication skills, practice-based learning and improvement, and systems-based practice.		

Ratings for professionalism (which includes moral/ethical behavior) must be either satisfactory or unsatisfactory. If an unsatisfactory evaluation is given for professionalism, the resident or fellow must repeat the year of training or, at the discretion of the ABP and recommendation by the program director, complete a period of observation. A resident or fellow who receives an unsatisfactory evaluation for professionalism receives no credit for that year of training unless the program director provides evidence as to why a period of observation rather than a repeat year of training should be completed.

The tracking system also identifies residents and fellows who transfer from one program to another or to a new specialty and assures that the new program director recognizes those residents and fellows who need remediation. Summary evaluations may be sent to a new training program if a resident or fellow transfers.

Verification of Training by Pediatric Program Directors

Program directors of general pediatrics residencies will be sent Verification of Clinical Competence forms for residents in their last year of training. Program directors of fellowship programs are sent Verification of Competence forms for fellows who have applied for certification. The ABP requires the program director to verify the dates and completion of training and to attest: "I certify that the evaluations on the reverse side of this form are an accurate reflection of this physician's competence as a pediatrician upon completion of residency training."

Possession of certificates of satisfactory completion of training will not automatically admit the person to the ABP's certification process. Most training certificates attest to the achievement of a minimal level of competence or to the fulfillment of an employment contract. Program directors are urged not to issue certificates of successful completion of training when the resident is deemed not to have met those standards. Therefore, the program director's final evaluations on the Verification form will take precedence over the certificate from the hospital. The ABP must have the program director's assurance that an applicant meets the standards expected of a certified pediatrician.

Competencies Expected of All Physicians

In completing the Verification form, a program director should keep in mind the definition of a qualified applicant as determined by the ABP. An applicant shall demonstrate the following competencies as they pertain to infants, children, and adolescents:

Patient Care

- Gathering essential and accurate information; performing a complete history and physical examination; and ordering appropriate diagnostic studies.
- Making informed diagnostic and treatment decisions; analyzing and synthesizing information; and knowing one's limits of knowledge and expertise and when to obtain appropriate consultation.
- Developing and carrying out patient care management plans; prescribing and performing procedures; effectively counseling patients and families and, in so doing, allaying fears and providing comfort.

Medical Knowledge

- Knowing, critically evaluating, and using current medical information and scientific evidence for patient care.

Interpersonal and Communication Skills

- Demonstrating interpersonal and communication skills that result in effective information exchange and teaming collaboration with patients, their families, and professional associates.

Professionalism

- Demonstrating a commitment to carry out professional responsibilities, adhering to ethical principles, and being sensitive to diversity.

Practice-based Learning and Improvement

- Investigating and evaluating patient care practices, appraising and assimilating scientific evidence, and using that evidence to improve patient management; demonstrating a willingness to learn from errors.

Systems-based Practice

- Practicing quality health care that is cost-effective and advocating for patients within the health care system.

An applicant who receives an unsatisfactory evaluation in any one of the competencies will be disapproved for the certifying examination and will be required to complete an additional year of general pediatrics training at the PL-3 level in an accredited training program in the United States or Canada before reapplying to the ABP.

The program director and the applicant must submit a plan for remediation to be reviewed and approved by the ABP. The director of the program where the additional training occurs must complete a separate Verification form.

At the program director's recommendation, and at the ABP's discretion, a period of observation may be required in lieu of additional training for an applicant who receives an unsatisfactory evaluation in professionalism only. A plan for remediation must be submitted for review and approval by the ABP.

Program directors are encouraged to have all residents in their programs take the In-training Examination (ITE). Fellows in subspecialty programs are encouraged to take the Subspecialty In-training Examination (SITE). The results of the ITE and the SITE can provide valuable information for residents, fellows, and programs.

To be compliant with the Program Requirements for Residency Education in Pediatrics and the Program Requirements for Subspecialties of Pediatrics established by the ACGME, the program director and the faculty must develop evaluation procedures for assessment of resident and fellow performance.

Appeals Process

Applicants who wish to appeal evaluations or final recommendations must proceed through institutional due process mechanisms. The ABP is not in a position to reexamine the facts and circumstances of an individual's performance.

Information for All Certifying Examinations

1. An applicant must satisfactorily complete all training before the first day of the month in which the examination is administered. An applicant whose contracted training period does not expire before the first day of the month of the examination will not be eligible for that examination, even if all formal training has been completed earlier and the remaining time is used only for leave.
2. Applications and re-registration forms for all certifying examinations are available only via the ABP Web site, www.abp.org. First-time applicants and re-registrants may apply during the specified registration periods only. If an applicant experiences a technical difficulty, he or she must contact the ABP the same or next business day. Application payment can only be made using either a VISA or MasterCard credit card.
3. Applicants should refer to the Candidate Progress Report (CPR) to monitor the status of their application. A receipt of payment is available to print from the CPR. The CPR will display items missing from the application, acceptance letters, and site assignment, if applicable. It is the applicant's responsibility to check the CPR to ensure the application is complete and to notify the ABP of e-mail and US Postal Service address changes.
4. Applicants for general pediatrics certification who graduated from a medical school outside the US or Canada must submit a copy of the medical school diploma, with translation if necessary, and the ECFMG certificate (or acceptable substitution) by June 30, 2005.
5. The ABP does not sponsor or maintain records about any courses that claim to be review courses in preparation for its certifying examinations, nor does the ABP track continuing medical education credits.
6. The ABP reserves the right to withhold permission for applicants to take its examinations and/or certification in the event of circumstances demonstrating that an applicant is not capable of performing the role of physician and advocate for infants, children, and adolescents. In such instances, the applicant will be notified, and the applicant may appeal the decision to the Credentials Committee of the ABP or the Credentials Committee of the Subboard.
7. The validity of the performance of candidates on the certifying examination of the ABP is secured by every means available.
8. The names of certified pediatricians, but not their scores, will be sent to appropriate organizations, directories, and journals.
9. The certificate awarded for passing a certifying examination of the ABP will reflect the candidate's medical degree awarded at the time of graduation from medical school (eg, MD, DO, MBBS, MBChB, MBBSCh). Degrees awarded either before or after graduation from medical school will not be included on the certificate.
10. For failing candidates who are concerned that their answer sheets were not scored correctly, hand scoring is available for a fee of \$60. However, candidates are not encouraged to request this service since neither mechanical nor computer errors have ever been found. Requests should be made in writing accompanied by a check or money order. Hand scoring is available for 11 months following the date of the examination. Examinations administered at computer testing centers cannot be hand scored.
11. The ABP's examinations are copyrighted and administered in secure testing centers by proctors who are responsible for maintaining the integrity and security of the certification process. Proctors are required to report to the ABP any irregular or improper behavior by a candidate, such as giving or obtaining information or aid, looking at the test material of others, removing examination materials from the test center, taking notes, bringing electronic devices (eg, beepers, pagers, cell phones) into the examination, failing to comply with time limits or instructions, or talking or other disruptive behavior. Irregular or improper behavior that is observed, made apparent by statistical analysis, or uncovered by other means will be considered a subversion of the certification process and will constitute grounds for invalidation of a candidate's examination.
12. The ABP reserves the right to make changes in its fees, policies, and procedures at any time and will make every effort to give advance notice when such changes are made.

2005 General Pediatrics Certifying Examination

Registration Dates and Fees

All applicants must pay the total application fee by using either a VISA or MasterCard credit card.

New Applicants

Withdrawal Deadline August 15, 2005

New Applicant Fees

Processing and Evaluation	\$370
Examination	\$925
Total New Candidate Fees	\$1,295
Late Registration Fee	\$245
Total Late Registration Fees	\$1,540

Regular Registration December 1, 2004-February 28, 2005

Late Registration March 1, 2005-May 2, 2005

An application submitted by February 28, 2005, must be accompanied by the application fee of \$1,295. A nonrefundable penalty fee of \$245 is required for applications submitted March 1, 2005, through May 2; thus, the late registration fee is \$1,540. New applications cannot be submitted after May 2. New applicants must submit a

copy of a valid (current), unrestricted license to practice medicine by October 1, 2005.

Re-registrants

Withdrawal Deadline	August 15, 2005
Re-registrant Fees	
Processing and Evaluation	\$270
Examination	\$925
Total Re-registrant Fees	\$1,195
Late Registration Fee	\$245
Total Late Registration Fees	\$1,440
Regular Registration	February 15, 2005-May 2, 2005
Late Registration	May 3, 2005-May 31, 2005

Re-registration material submitted on-line by May 2, 2005, will require the re-registration fee of \$1,195. Late re-registration begins May 3 and extends through May 31, 2005. A nonrefundable penalty fee of \$245 is required for all re-registration material submitted May 3 through May 31; thus, the late registration fee is \$1,440. Re-registration material cannot be submitted after May 31.

A candidate who is re-registering for the examination must submit a copy of his/her valid (current), unrestricted license to practice medicine by August 15, 2005.

The certifying examination is given once a year in the fall in a number of locations throughout the United States. The 2005 Certifying Examination in General Pediatrics will be administered on October 31 and November 1, 2005. The examination lasts 2 days. Each day there are two sessions, each of 3 hours' duration, with a luncheon break between sessions.

The content of the examination for certification is appropriate for the practice of general comprehensive pediatrics. Emphasis is placed on practical aspects; however, good practice is founded on sound scientific knowledge, and the candidate should be prepared to demonstrate an understanding of basic science.

The examination consists of multiple-choice questions. Examples of the types of questions to be used are mailed to registered candidates before the administration of the examination. Some questions are included in the examination for experimental purposes only. These questions will not contribute to the score.

Each candidate's examination score will be reported to his or her general pediatric program director. Periodically, the ABP conducts research utilizing data it has compiled; the candidate's anonymity is guaranteed in all such cases.

The General Pediatrics Certifying Examination application is available online via the ABP Web site at www.abp.org. Applicants must meet the training requirements of the ABP, and must receive satisfactory evaluations in all areas of competence by their program director(s). In addition, the licensure requirement must be met. It is the applicant's responsibility to be aware of and to meet all deadlines. First-time applicants and re-registrants may apply during registration periods only.

Applications submitted by the deadline will be processed and evaluated, and the ABP will request program directors of general pediatrics training programs to verify successful completion of training. Confirmation of the receipt of the application and payment will be sent by e-mail to the e-mail address provided in the online application. If an applicant does not receive this e-mail within 48 hours of submission of the online application, the ABP should be contacted immediately. A letter acknowledging the receipt of the application and noting any missing items from the application will be posted on the Candidate Progress Report (CPR) located on the ABP Web site within 30 days of the receipt of the application. Access to the CPR requires the same user name and password used when the applicant submitted an application.

Candidates are reminded that the user name and password should remain secure and all candidate activity will be accessed

using the CPR. The ABP cannot acknowledge receipt of licenses and other required material. A letter indicating the acceptance of the application and notification of site assignment will be posted for all qualified candidates by August 10, 2005. It is the applicant's responsibility to check the CPR and submit required material to complete the application.

Diploma, ECFMG, Licensure, and Withdrawal Deadlines

Applicants who are first-time registrants that graduated from a medical school outside the US or Canada must submit a copy of the medical school diploma, with translation if necessary, and the ECFMG certificate (or acceptable substitution) by June 30, 2005.

New applicants must submit a copy of a valid, current, unrestricted license to practice medicine, or meet the requirements for a waiver of the license by October 1, 2005.

Re-registrants must submit a copy of a valid (current), unrestricted license to practice medicine or meet the requirements for a waiver of the license by August 15, 2005.

An applicant may withdraw from the examination and receive a refund of the examination fee (\$925), if written notification is received by the deadline of August 15, 2005.

If a new applicant for the examination does not meet the October 1, 2005, licensure deadline, the application will be disapproved and no refund will be issued. In order for the applicant to receive a refund of the examination fee (\$925), he/she must withdraw from the examination by the deadline of August 15, 2005. A new applicant who takes the certifying examination, but who did not meet the licensure deadline, will have the examination invalidated, all fees forfeited, and the application will be disapproved. A new applicant whose application is disapproved due to failure to meet the licensure requirement must submit a new application via the ABP Web site, www.abp.org, and pay the full application fee to apply for a future examination.

If a re-registrant does not meet the August 15, 2005, licensure deadline, the application will be disapproved and no refund will be issued. In order for the re-registrant to receive a refund of the examination fee (\$925), he or she must withdraw from the examination by the deadline of August 15, 2005. A re-registrant who takes the certifying examination, but who did not meet the licensure deadline, will have the examination invalidated, all fees forfeited, and the application disapproved. A re-registrant who does not meet the licensure requirement may apply for a future examination via the ABP Web site, www.abp.org, during the re-registration application period.

If an application is disapproved for the certifying examination for reasons other than failure to meet the licensure requirement, the examination fee will be refunded. Neither the processing fee and evaluating fee nor the late fee is refundable.

Certification in the Pediatric Subspecialties

The RRC currently reviews and accredits pediatric subspecialty programs in most of the certified specialties. A list of accredited programs is published in the *Graduate Medical Education Directory* or may be found at www.ACGME.org.

Subspecialty Certificates

The ABP issues a certificate of special qualifications in the following subspecialties:

- Adolescent medicine
- Pediatric cardiology
- Pediatric critical care medicine
- Developmental-behavioral pediatrics
- Pediatric emergency medicine
- Pediatric endocrinology
- Pediatric gastroenterology

- Pediatric hematology-oncology
- Pediatric infectious diseases
- Neonatal-perinatal medicine
- Pediatric nephrology
- Pediatric pulmonology
- Pediatric rheumatology

A certificate of added qualifications in sports medicine is offered by the American Board of Family Practice, the ABEM, the ABIM, and the ABP. Further information may be obtained by contacting the ABP.

A certificate of added qualifications in medical toxicology is offered by the ABEM, the ABP, and the American Board of Preventive Medicine. Further information may be obtained by contacting the ABP.

A certificate of added qualifications in neurodevelopmental disabilities is offered by the ABP and the American Board of Psychiatry and Neurology. Further information may be obtained by contacting the ABP.

Subspecialty Fast-tracking

A subspecialty fellow who is believed to have demonstrated meaningful accomplishment in research, either before or during residency, may have a part of the training requirement waived. Evidence of such accomplishment might include a PhD degree in a discipline relevant to the subspecialty or career path of the fellow, or sustained research achievement relevant to the subspecialty or career path of the fellow culminating in the first-authored publication of a research paper in a peer-reviewed journal. The subspecialty program director may ask the Subboard to waive the research requirements or, for those beginning subspecialty training July 1, 2004, and thereafter, the requirement for scholarly activity and to reduce the time of subspecialty training by as much as 1 year. This petition must be made either before the beginning of training or during the first year of training. A candidate for this pathway must have completed 3 core years of pediatrics in an accredited program in the United States or Canada. An individual who enters subspecialty training via the Special Alternative Pathway would not be eligible for subspecialty fast-tracking. Furthermore, a subspecialty fellow who receives a waiver by the Subboard must complete at least 2 years of training in the subspecialty with at least 1 year of broad-based clinical training.

Training Leading to Dual Pediatric Subspecialty Certification

If an individual is certified in one subspecialty, he or she can become eligible to take another subspecialty examination after 2 years of additional training, of which at least 1 year must be broad-based clinical training.

An individual or program director(s) may petition the Credentials Committees of two pediatric subspecialties with a proposal for a 4-year integrated training program that would meet the eligibility requirements for certification in both subspecialties. This petition must be approved before subspecialty training begins or early in the first year of subspecialty training. Guidelines for dual subspecialty training may be obtained from the ABP or can be found on the ABP Web site at www.abp.org.

Training Leading to Eligibility for Combined Subspecialty Certification

An individual who has completed internal medicine-pediatrics training should contact the American Board of Internal Medicine and the ABP regarding opportunities for combined training opportunities (ie, training in both the adult and pediatric subspecialties). Combined training must be prospectively approved by both boards.

Subspecialty Examination Admission Requirements

The applicant must be currently certified in pediatrics by the ABP. An applicant whose time-limited general pediatrics certificate will expire before the examination must complete all requirements for maintenance of certification at least 5 months before the examination date. No credit toward subspecialty qualification will be granted for elective time spent in the subspecialty during the years of general pediatric training.

For candidates for certificates of special qualifications, 3 years of training are currently required. The program director(s) is required to verify completion of training and to sign a statement indicating whether the candidate is recommended to take the certifying examination. In addition, the program director(s) must verify clinical competence and meaningful accomplishment in research or scholarly activity by completing the Verification of Competence form. (Note: The training requirements for candidates who began subspecialty training before January 1, 2002, may differ. Such individuals should contact the ABP or visit the Board's Web site to obtain the eligibility criteria for each subspecialty offered by the ABP.)

An applicant must satisfactorily complete all subspecialty training before the first day of the month in which the examination is administered. An applicant should consult the ABP before undertaking any variations in training.

The applicant must have a valid (current), unrestricted license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada or unrestricted privileges to practice medicine in the United States Armed Forces. If licenses are held in more than one jurisdiction, all licenses held by a physician should meet this requirement.

A copy of the license may be submitted separately from the initial application or re-registration, but it must be submitted by the deadline stated in the application instructions. If an applicant has any action pending regarding the right to have an unrestricted license to practice medicine, admission to the examination may be denied.

An applicant who is practicing the subspecialty abroad must provide proof of licensure equivalency in the country in which he or she resides. This information must be submitted by the deadline stated in the application instructions. Candidates who practice or plan to practice abroad must submit a letter, in addition to the licensure equivalency, stating that they will not practice in the United States or Canada.

2005 Subspecialty Certifying Examinations

Each subspecialty certifying examination in those subspecialties offering certificates of special qualifications is administered every 2 years. Dates of the examinations and other information may be found on the ABP Web site, www.abp.org.

Application material for admission to a subspecialty examination, with the exception of the neurodevelopmental disabilities examination which must be obtained by contacting the ABP, are available online for all applicants. Please check the ABP Web site, www.abp.org, for information. Application forms are available only during the registration period for that examination.

If an applicant is not accepted to take a certifying examination, the examination fee will be refunded. Neither the processing and evaluating fee nor the late fee is refundable.

The examinations last a half-day, have a time limit of 4½ hours, and consist of multiple-choice questions. There is a 15-minute tutorial and a 15-minute survey in addition to the 4½-hour time limit. A content outline is available on the ABP Web site, www.abp.org.

After an application has been accepted, the candidate is expected to take the next examination offered. A candidate who

withdraws from the examination by the published withdrawal deadline will be issued a refund of the examination fee. A candidate who withdraws after the published withdrawal deadline will forfeit all fees paid. To register for a future examination, payment of a re-registration fee will be required. If a new applicant whose application is disapproved wishes to pursue certification in the future, he or she will be required to complete a new application and submit the full fee again.

Each candidate's examination score will be reported to the subspecialty program director where training was completed.

The names of those certified are sent to the American Board of Medical Specialties (ABMS) for publication in the *Directory of Certified Pediatricians* and to various pediatric journals.

It should be noted that these criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Pediatrics to ascertain whether the information they have is current.

General Criteria for Certification in the Pediatric Subspecialties

In addition to the training requirements, which are specific to each of the pediatric subspecialties, the following are required of candidates seeking certification in the pediatric subspecialties of adolescent medicine, cardiology, critical care medicine, developmental-behavioral pediatrics, emergency medicine, endocrinology, gastroenterology, hematology-oncology, infectious diseases, neonatal-perinatal medicine, nephrology, pulmonology, and rheumatology. Each candidate must be familiar with specific subspecialty training requirements as well as the policies stated in the current Booklet of Information.

A. Certification by the American Board of Pediatrics (ABP)

An applicant must be currently certified in general pediatrics to be eligible to apply for a pediatric subspecialty certifying examination. Applicants whose time-limited certification will expire before the examination must complete the requirements for maintenance of certification at least 5 months before the examination date.

B. Licensure

An applicant must have a valid (current), unrestricted license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada in which he/she practices or have unrestricted privileges to practice medicine in the US Armed Forces. If licenses are held in more than one jurisdiction, all licenses held by a physician should meet this requirement.

An applicant who is practicing the subspecialty abroad may be exempted from this license requirement upon presentation of proof of licensure equivalency in the country in which he or she resides. Candidates who practice or plan to practice abroad must submit a letter, in addition to the licensure equivalency, stating that they will not practice in the United States or Canada. A copy of the unrestricted license must accompany the application material.

C. Verification of Training

An applicant will be asked to list the program(s) where fellowship training occurred as well as the name(s) of the program director(s). The ABP will send a Verification of Competence Form to the program director(s) for completion. (*Note:* For new subspecialties, alternatives to the usual training requirements, such as practice experience, will be acceptable as criteria for admission to the examination. Candidates should refer to the specific subspecialty eligibility criteria for details.) The role of the program director in the certification process is to verify completion of training, evaluate clinical competence including professionalism, and provide

evidence of the trainee's meaningful accomplishment in research or scholarly activity.

An applicant must have the Verification Form(s) on file at the ABP in order to be admitted to the subspecialty examination. If an applicant's training is not verified or if the applicant receives an unsatisfactory evaluation in any of the competencies (with the exception of professionalism alone), the applicant will be required to complete an additional period of subspecialty fellowship training before reapplying. The director of the program where the additional training occurred must complete a separate Verification of Competence form. If the unsatisfactory evaluation is in professionalism only, the applicant will be required to complete an additional period of fellowship training or, at the program director's recommendation and at the ABP's discretion, a period of observation may be required in lieu of additional training. A plan for remediation must be submitted for review and approval by the ABP.

Appeals Process: Applicants who wish to appeal evaluations must proceed through institutional due process mechanisms. The ABP is not in a position to reexamine the facts and circumstances of an individual's performance.

Transfer of Fellowship Training: For continuity of training experiences, mentoring, and assurance of meeting training requirements, it is best that a fellow complete all training in the same program. Occasionally, a fellow may need to transfer to another program for compelling reasons. In such circumstances, it is incumbent that the program directors of the current program and the proposed program communicate to ensure that the fellow who transfers will meet all requirements if he/she desires to apply for a certifying examination in the subspecialty. A Fellow Transfer Information (FT11) form should be completed by the current program director and submitted to the ABP with a copy to the proposed new program. Fellow evaluations should be submitted to the proposed program as well. Months of credit for clinical experience and research or scholarly activity completed must be clearly communicated. For those fellows beginning training July 1, 2004, and thereafter, the ABP must be informed of the plan to ensure continued appropriate mentoring for scholarly activity upon transfer, including the role of the Scholarship Oversight Committee.

An applicant must satisfactorily complete all subspecialty training before the first day of the month in which the examination is administered. An applicant whose contracted training period does not expire before the first day of the month of the examination will not be eligible for that examination, even if all formal training has been completed earlier and the remaining time is used only for leave.

No credit will be given for subspecialty training during the core general pediatric residency or a chief residency.

An applicant seeking certification in another pediatric subspecialty or a non-ABP specialty (eg, allergy/immunology) on the basis of practice and/or training may not apply the same period of time toward fulfillment of these requirements.

D. Research/Scholarly Activity

The ABP will continue to require scholarly activity during fellowship training, but the requirement for meaningful accomplishment in research has been modified to accommodate a wider variety of academic scholarly activities. The new scholarly activity training requirements (as outlined in Section F, below) will apply to fellows beginning subspecialty training July 1, 2004, and thereafter. Those fellows who have completed training by June 30, 2004, must meet the requirement for meaningful accomplishment in research, which was in place at the time they entered training (as outlined in Section E, below).

The ABP will allow two options for those fellows who are currently in training or who have interrupted training, ie, those who

began training prior to July 1, 2004, and who will not have completed training by June 30, 2004. These options are:

- Fulfill the requirement for meaningful accomplishment in research, which was in place at the time training began. Approval of the research submission will be made by the ABP.
- Meet the new training requirements for scholarly activity provided there is a Scholarship Oversight Committee in place for a minimum of 24 months to oversee the activity and judge whether it meets the requirements of the ABP.

The program director is responsible for notifying all fellows of the research/scholarly activity requirements necessary for certification upon entry to the subspecialty training program. Furthermore, in the description of the candidate's research performance or scholarly activity on the Verification of Competence form, the program director must provide a description of the experiences on which the acceptable evidence of research or scholarly activity is based.

E. Principles Regarding the Assessment of Meaningful Accomplishment in Research (for those who began training prior to July 1, 2004)

The general requirements for research and scholarly activity in pediatric subspecialties approved by the ACGME for program accreditation must be met as evidence of research experience. Currently these are as follows:

"Subspecialty residents must be instructed in the scientific and ethical bases of clinical research, including study design, modeling and methodology, statistical concepts, and data collection and analysis. The institution must provide the support necessary for a subspecialty resident to participate in such scholarly activities.

Research experience must begin in the first year and continue for the entire period of training to allow adequate time for the development of research skills, completion of research projects, and presentation of results to the medical community. Each subspecialty resident must actively participate in the design, conduct, evaluation, and preparation for publication of a clinical or laboratory research project in his/her subspecialty area.

Subspecialty residents also should have experience and be given guidance in the critical evaluation of pertinent medical literature, the process of grant application, preparation of scientific articles, and medical writing. In addition, they should be required to conduct research seminars and prepare reports of their research activities. These efforts should be reviewed and evaluated by supervising faculty."

Additional evidence of meaningful accomplishment in research must be submitted, including one or more of the following:

- First author of a hypothesis-driven research paper accepted for publication in a peer-reviewed journal deemed acceptable by the Subboard. A reprint of the paper, or a copy of the letter of acceptance by the journal and a copy of the manuscript, must be submitted. This paper should be a product of the fellowship training.
- A PhD degree in a field of science. A copy of the degree certificate must be provided.
- A thesis accepted as partial fulfillment of the requirements for a postgraduate degree in a field relevant to the subspecialty. The thesis or a research progress report as described in 2(e) must be submitted for review.
- First author of a hypothesis-driven research paper that has been submitted but not yet accepted for publication in a peer-reviewed journal deemed acceptable by the Subboard. A letter from the journal confirming the receipt of the manuscript must be included, as well as a copy of the submitted manuscript.
- A research progress report (signed by both the applicant and mentor) no more than five pages in length that must include (a) a statement of hypothesis, (b) delineation of methodology, (c) results and analysis, and (d) significance of the research. A re-

search progress report may not be used to meet the requirement if an applicant is more than 2 years beyond completion of fellowship training unless there are extenuating circumstances that may have prevented submission of a manuscript.

The Credentials Committee of each subspecialty will review submitted research accomplishment materials and decide whether the requirement has been met.

F. Principles Regarding the Assessment of Scholarly Activity (for those who began training July 1, 2004, and thereafter)

In addition to participating in a core curriculum in scholarly activities, all fellows will be expected to engage in projects in which they develop hypotheses or in projects of substantive scholarly exploration and analysis that require critical thinking. Areas in which scholarly activity may be pursued include, but are not limited to: basic, clinical, or translational biomedicine; health services; quality improvement; bioethics; education; and public policy.

In addition to biomedical research, examples of acceptable activities might include a critical meta-analysis of the literature, a systematic review of clinical practice, a critical analysis of public policy, or a curriculum development project with an assessment component. Involvement in scholarly activities must result in the generation of a specific written "work product." Examples include, but are not limited to:

- A peer-reviewed publication in which a fellow played a substantial role
- An in-depth manuscript describing a completed project
- A thesis or dissertation written in connection with the pursuit of an advanced degree
- An extramural grant application that has either been accepted or favorably reviewed
- A progress report for projects of exceptional complexity, such as a multi-year clinical trial

Review of scholarly activity and the written work product will occur at the local level with each fellow having a Scholarship Oversight Committee responsible for overseeing and assessing the progress of each fellow and verifying to the ABP that the requirement has been met.

Details of the scholarly activity requirement have been published by the ABP in a document entitled *Training Requirements for Subspecialty Certification* (January 2004). This document can be obtained directly from the ABP. Detailed information is also available on the ABP's Web site at www.abp.org.

Program Requirements for Residency Education in the Subspecialties of Pediatrics

Program Requirements for Residency Education in adolescent medicine, pediatric cardiology, pediatric critical care medicine, developmental-behavioral pediatrics, pediatric emergency medicine, pediatric endocrinology, pediatric gastroenterology, pediatric hematology-oncology, pediatric infectious diseases, medical toxicology, neonatal-perinatal medicine, pediatric nephrology, neurodevelopmental disabilities, pediatric pulmonology, pediatric rheumatology, and sports medicine have been approved by the ACGME or by the RCPSC. Copies of the Program Requirements and lists of accredited programs are available from the office of the Residency Review Committee for Pediatrics, 515 N State St, Chicago, IL 60610 or on the ACGME Web site at www.acgme.org, or the Office of Training and Evaluation, the Royal College of Physicians and Surgeons of Canada, 74 Stanley, Ottawa, Ontario, K1M 1P4. This information is published in the *Graduate Medical Education Directory* or in the RCPSC booklets of general information.

Training Leading to Dual Pediatric Subspecialty Certification

If an individual is certified in one subspecialty, he/she can become eligible to take another subspecialty examination after 2 years of additional training, of which at least 1 year must be broad-based clinical training. The individual must meet the meaningful accomplishment in research or scholarly activity requirement during one of the fellowship training periods.

An individual or program director(s) may petition the Credentials Committees of two pediatric subspecialties with a proposal for a 4- or 5-year integrated training program that would meet the eligibility requirements for certification in both subspecialties. This petition must be approved before subspecialty training begins or early in the first year of subspecialty training. Guidelines for dual subspecialty training may be obtained from the ABP or can be found on the ABP Web site at www.abp.org.

Training Leading to Eligibility for Combined Subspecialty Certification

An individual who has completed internal medicine/pediatrics training should contact the American Board of Internal Medicine and the American Board of Pediatrics regarding opportunities for combined training opportunities (ie, training in both the adult and pediatric subspecialties). Combined training must be prospectively approved by both boards.

Subspecialty "Fast-tracking"

A subspecialty fellow who is believed to have demonstrated meaningful accomplishment in research, either before or during residency, may have a part of the training requirement waived. Evidence of such accomplishment might include a PhD degree in a discipline relevant to the subspecialty or career path of the fellow, or sustained research achievement relevant to the subspecialty or career path of the fellow culminating in the first-authored publication of a research paper in a peer-reviewed journal. The subspecialty program director may ask the Subboard to waive the research requirements and to reduce the time of subspecialty training by as much as 1 year. This petition must be made either before the beginning of training or during the first year of training. A candidate for this pathway must have completed 3 core years of pediatrics in an accredited program in the United States or Canada. An individual who enters subspecialty training via the Special Alternative Pathway would not be eligible for subspecialty fast-tracking. Furthermore, a subspecialty fellow who receives a waiver by the Subboard must complete at least 2 years of training in the subspecialty with at least 1 year of broad-based clinical training.

It should be noted that these criteria and conditions are subject to change without notice. All applicants should be familiar with the current Booklet of Information. Applicants are advised to contact the ABP to ascertain whether the information they have is current.

Eligibility Criteria for Certification in Adolescent Medicine

It should be noted that these criteria and conditions are subject to change without notice. All applicants should be familiar with the current Booklet of Information. Applicants are advised to contact the ABP to ascertain whether the information they have is current.

Admission Requirements

Physicians who entered training in adolescent medicine on or after July 1, 2000, are required to complete their training in a program accredited for training in adolescent medicine by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered adolescent medicine training before January 1, 1995, may apply for admission on the basis of completion of 2 years of fellowship training in adolescent medicine.

Only those adolescent medicine training programs that were operated in association with general comprehensive pediatrics or internal medicine residency programs accredited by the ACGME or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in adolescent medicine is required for fellows entering training on or after January 1, 1995. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began adolescent medicine training on or after January 1, 1995, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research" or the criteria stated in the "Principles Regarding the Assessment of Scholarly Activity" as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 1995, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Pediatric Cardiology

The ABP has established a procedure for certification in pediatric cardiology. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements

Physicians who entered training in pediatric cardiology on or after January 1, 1965, are required to complete their training in a program accredited for training in pediatric cardiology by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric cardiology training before January 1, 1988, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric cardiology. Only those pediatric cardiology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based subspecialty fellowship training in pediatric cardiology is required for fellows entering training on or after January 1, 1988. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric cardiology training on or after January 1, 1988, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;

- The fellow must meet either the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research" or the criteria stated in the "Principles Regarding the Assessment of Scholarly Activity" as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 1988, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Pediatric Critical Care Medicine

The ABP has established a procedure for certification in pediatric critical care medicine. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements

Physicians who entered training in pediatric critical care medicine on or after January 1, 1992, are required to complete their training in a program accredited for training in pediatric critical care medicine by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric critical care medicine training before January 1, 1988, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric critical care medicine. Only those pediatric critical care medicine training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based subspecialty fellowship training in pediatric critical care medicine is required for fellows entering training on or after January 1, 1988. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric critical care medicine training on or after January 1, 1988, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research" or the criteria stated in the "Principles Regarding the Assessment of Scholarly Activity" as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A subspecialty fellow who is certified in anesthesiology by the American Board of Anesthesiology may apply for admission on the basis of completion of 2 years of subspecialty fellowship training in pediatric critical care medicine.

A fellow beginning part-time training after January 1, 1988, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Developmental-Behavioral Pediatrics

The ABP has established a procedure for certification in developmental-behavioral pediatrics. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements

To qualify for admission to the examination, an applicant must have completed one of the following:

A. Training

Physicians who enter training in developmental-behavioral pediatrics on or after January 1, 2005, are required to complete their training in a program accredited for training in developmental-behavioral pediatrics by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered developmental-behavioral pediatrics training before January 1, 2002, may apply for admission on the basis of completion of 2 years of fellowship training in developmental-behavioral pediatrics in a program under the supervision of a director who is certified in developmental-behavioral pediatrics or, lacking such certification, possesses appropriate educational qualifications. Only those developmental-behavioral pediatrics training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC will be considered.

Three years of full-time, broad-based fellowship training in developmental-behavioral pediatrics is required for fellows entering training on or after January 1, 2002. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began developmental-behavioral pediatrics training on or after January 1, 2002, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research" or the criteria stated in the "Principles Regarding the Assessment of Scholarly Activity" as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 2002, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

B. Practice Experience

Five years of broad-based practice experience in developmental-behavioral pediatrics is required. A minimum of 50% of full-time, focused professional activity (and a minimum of 20 hours a week) must have been spent in the practice of developmental-behavioral pediatrics to receive credit. It is assumed that night and weekend time would be distributed in the same manner as regular time. These 5 years should be of such type and quality that they substitute for the clinical exposure one might have encountered during subspecialty fellowship training. All developmental-behavioral pediatrics practice experience must be accrued before December 31, 2006. No foreign developmental-behavioral pediatrics experience

will be accepted by the Credentials Committee in fulfillment of the requirements.

For an individual utilizing the developmental-behavioral pediatrics practice experience route (B), an Evaluation Form(s) will be required from the developmental-behavioral pediatrics program director (if there is a subspecialty training program) or the pediatric department chair or the chief of pediatrics in the hospital(s) where the applicant is now or has been practicing developmental-behavioral pediatrics.

C. Partial Subspecialty Training and Practice

A combination of subspecialty fellowship training and practice experience equal to 5 years as outlined below may be utilized. These 5 years must be accrued before December 31, 2006. No credit for partial training will be given for fellowship training that began on or after January 1, 2002.

A fellow completing less than 12 months of fellowship training in developmental-behavioral pediatrics may receive practice credit on a month-for-month basis. For example, a 9-month subspecialty fellowship would be credited for 9 months of experience; this, added to 4 years and 3 months of developmental-behavioral pediatrics practice experience, would total 60 months or 5 years.

A fellow completing 12 to 23 months of subspecialty fellowship training in developmental-behavioral pediatrics may receive credit on a two-for-one basis. For example, an 18-month subspecialty fellowship would be credited for 36 months of experience; this, added to 24 months of developmental-behavioral pediatrics practice experience, would total 60 months or 5 years.

For an individual utilizing the combination training and practice experience route (C), a Verification Form(s) will be required from the director(s) of the applicant's developmental-behavioral pediatrics training program(s), and an Evaluation Form(s) will be required from the developmental-behavioral pediatrics program director (if there is a subspecialty training program) or the pediatric department chair or the chief of pediatrics in the hospital(s) where the applicant is now or has been practicing developmental-behavioral pediatrics.

The completed Verification and Evaluation Form(s) should be sent directly to the ABP.

Eligibility Criteria for Certification in Pediatric Emergency Medicine

The ABP in collaboration with the American Board of Emergency Medicine (ABEM) has established a procedure for certification in pediatric emergency medicine. To be eligible for this subspecialty examination, a physician must be certified in either pediatrics by the ABP or emergency medicine by the ABEM. This document provides the requirements of the ABP. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification. (*Note:* A candidate who has a primary certificate from the ABEM should contact the ABEM regarding its eligibility criteria.)

Admission Requirements

To qualify for admission to the examination, an applicant must have completed one of the following:

A. Training

Physicians who entered training in pediatric emergency medicine on or after July 1, 2001, are required to complete their training in a program accredited for training in pediatric emergency medicine by the RRC for Pediatrics or the RRC for Emergency Medicine in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric emergency medicine training before January 1, 1995, may apply for admission on the

basis of completion of 2 years of fellowship training in pediatric emergency medicine. The program and the training must conform to the Program Requirements for Residency Education in Pediatric Emergency Medicine. Only those pediatric emergency medicine training programs that were operated in association with general comprehensive pediatrics or emergency medicine residency programs accredited by the ACGME or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric emergency medicine is required for fellows entering training on or after January 1, 1995. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric emergency medicine training on or after January 1, 1995, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research" or the criteria stated in the "Principles Regarding the Assessment of Scholarly Activity" as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 1995, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Dual Certification

A candidate who is certified by the ABP in general pediatrics and the ABEM in emergency medicine may apply via this pathway. A candidate who has met the certification requirements of the ABP and the ABEM before January 1, 1999, may apply via this pathway. For a candidate utilizing the dual certification pathway, the certificate number and year of certification for each board must be provided.

Eligibility Criteria for Certification in Pediatric Endocrinology

The ABP has established a procedure for certification in pediatric endocrinology. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements

Physicians who entered training in pediatric endocrinology on or after January 1, 1987, are required to complete their training in a program accredited for training in pediatric endocrinology by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric endocrinology before January 1, 1988, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric endocrinology. Only those pediatric endocrinology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric endocrinology is required for fellows entering training on or after January 1, 1988. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director

believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric endocrinology training on or after January 1, 1988, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research" or the criteria stated in the "Principles Regarding the Assessment of Scholarly Activity" as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 1988, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Pediatric Gastroenterology

The ABP has established a procedure for certification in pediatric gastroenterology. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements

Physicians who entered training in pediatric gastroenterology on or after January 1, 1996, are required to complete their training in a program accredited for training in pediatric gastroenterology by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric gastroenterology training before January 1, 1990, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric gastroenterology. Only those pediatric gastroenterology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric gastroenterology is required for fellows entering training on or after January 1, 1990. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric gastroenterology training on or after January 1, 1990, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research" or the criteria stated in the "Principles Regarding the Assessment of Scholarly Activity" as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 1990, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Pediatric Hematology-Oncology

The ABP has established a procedure for certification in pediatric hematology-oncology. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements

Physicians who entered training in pediatric hematology-oncology on or after January 1, 1987, are required to complete their training in a program accredited for training in pediatric hematology-oncology by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric hematology-oncology training before January 1, 1986, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric hematology-oncology. Only those pediatric hematology-oncology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric hematology-oncology is required for fellows entering training on or after January 1, 1986. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric hematology-oncology training on or after January 1, 1988, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research" or the criteria stated in the "Principles Regarding the Assessment of Scholarly Activity" as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 1988, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Pediatric Infectious Diseases

The ABP has established a procedure for certification in pediatric infectious diseases. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements

Physicians who entered training in pediatric infectious diseases on or after January 1, 2000, are required to complete their training in a program accredited for training in pediatric infectious diseases by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric infectious diseases training before January 1, 1995, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric infectious diseases. Only those pediatric infectious diseases training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or the RCPSA are acceptable.

Three years of full-time, broad-based fellowship training in pediatric infectious diseases is required for fellows entering training on or after January 1, 1995. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric infectious diseases training on or after January 1, 1995, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research" or the criteria stated in the "Principles Regarding the Assessment of Scholarly Activity" as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 1995, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Medical Toxicology

The ABP in collaboration with the American Boards of Emergency Medicine and Preventive Medicine offers a certificate of added qualifications in medical toxicology. This document provides the requirements of the ABP. [Note: A candidate who has a primary certificate from one of the other two boards should contact that board of fice for its eligibility criteria.]

Admission Requirements

A. Certification by the American Board of Pediatrics (ABP)

An applicant must be currently certified in general pediatrics to be eligible to apply for a pediatric subspecialty certifying examination. Applicants whose time-limited certification will expire before the examination must complete the requirements for maintenance of certification at least 5 months before the examination date.

B. Licensure

An applicant must have a valid (current), unrestricted license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada in which he/she practices or have unrestricted privileges to practice medicine in the US Armed Forces. If licenses are held in more than one jurisdiction, all licenses held by a physician must meet this requirement.

An applicant who is practicing the subspecialty abroad may be exempted from this licensure requirement upon presentation of proof of licensure equivalency in the country in which he/she resides. Candidates who practice or plan to practice abroad must submit a letter, in addition to the licensure equivalency, stating that they will not practice in the United States or Canada. A copy of the unrestricted license must accompany the application material.

C. Medical Toxicology Subspecialty Training

For a fellow who began medical toxicology training on or after July 1, 2000, 2 years of fellowship training must be completed in a program accredited for training in medical toxicology by the RRC for Emergency Medicine or Preventive Medicine.

An applicant must complete a fellowship in medical toxicology of 24 months' duration. Combined absences/leave in excess of 2 months during the 2 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 2 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

The training program should be sponsored by and be based within a reasonable geographical proximity of an accredited residency program in emergency medicine, pediatrics, preventive medicine, or any combination of these programs. An institution is discouraged from sponsoring more than one accredited medical toxicology program.

D. Verification of Training

An applicant will be asked to list the program(s) where fellowship training occurred as well as the name(s) of the program director(s). The ABP will send a Verification of Competence Form to the program director(s) for completion. The role of the program director in the certification process is to verify completion of training and evaluate clinical competence including professionalism.

An applicant must have the Verification Form(s) on file at the ABP in order to be admitted to the subspecialty examination. If an applicant's training is not verified or if the applicant receives an unsatisfactory evaluation in any of the competencies (with the exception of professionalism alone), the applicant will be required to complete an additional period of subspecialty fellowship training before reapplying. The director of the program where the additional training occurred must complete a separate Verification of Competence form. If the unsatisfactory evaluation is in professionalism only, the applicant will be required to complete an additional period of fellowship training or, at the program director's recommendation and at the ABP's discretion, a period of observation may be required in lieu of additional training. A plan for remediation must be submitted for review and approval by the ABP.

Appeals Process: Applicants who wish to appeal evaluations must proceed through institutional due process mechanisms. The ABP is not in a position to reexamine the facts and circumstances of an individual's performance.

Transfer of Fellowship Training: For continuity of training experiences, mentoring, and assurance of meeting training requirements, it is best that a fellow complete all training in the same program. Occasionally, a fellow may need to transfer to another program for compelling reasons. In such circumstances, it is incumbent that the program directors of the current program and the proposed program communicate to ensure that the fellow who transfers will meet all requirements if he/she desires to apply for a certifying examination in the subspecialty. A Fellow Transfer Information (FT11) form should be completed by the current program director and submitted to the ABP with a copy to the proposed new program. Fellow evaluations should be submitted to the proposed program as well. Months of credit for clinical and research experience completed must be clearly communicated.

An applicant must satisfactorily complete all subspecialty training before the first day of the month in which the examination is administered. An applicant whose contracted training period does not expire before the first day of the month of the examination will not be eligible for that examination, even if all formal training has been completed earlier and the remaining time is used only for leave.

No credit will be given for subspecialty training during the core general pediatric residency or a chief residency.

An applicant seeking certification in another pediatric subspecialty or a non-ABP specialty (eg, allergy/immunology) on the basis of practice and/or training may not apply the same period of time toward fulfillment of these requirements.

Eligibility Criteria for Certification in Neonatal-Perinatal Medicine

The ABP has established a procedure for certification in neonatal-perinatal medicine. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements

Physicians who entered training in neonatal-perinatal medicine on or after January 1, 1986, are required to complete their training in a program accredited for training in neonatal-perinatal medicine by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered neonatal-perinatal medicine training before January 1, 1989, may apply for admission on the basis of completion of 2 years of fellowship training in neonatal-perinatal medicine. Only those neonatal-perinatal medicine training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in neonatal-perinatal medicine is required for fellows entering training on or after January 1, 1989. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began neonatal-perinatal medicine training on or after January 1, 1989, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research" or the criteria stated in the "Principles Regarding the Assessment of Scholarly Activity" as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 1989, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Pediatric Nephrology

The ABP has established a procedure for certification in pediatric nephrology. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements

Physicians who entered training in pediatric nephrology on or after January 1, 1987, are required to complete their training in a

program accredited for training in pediatric nephrology by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric nephrology training before January 1, 1987, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric nephrology. Only those pediatric nephrology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric nephrology is required for fellows entering training on or after January 1, 1987. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric nephrology training on or after January 1, 1988, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research" or the criteria stated in the "Principles Regarding the Assessment of Scholarly Activity" as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 1988, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Eligibility Criteria for Certification in Neurodevelopmental Disabilities

The ABP, in collaboration with the American Board of Psychiatry and Neurology (ABPN), offers a certificate of added qualifications in neurodevelopmental disabilities. This document provides the requirements of the ABP. [*Note:* A candidate who has a primary certificate from the ABPN should contact the ABPN regarding its eligibility criteria.]

Admission Requirements

A. Certification by the American Board of Pediatrics (ABP)

An applicant must be currently certified in general pediatrics to be eligible to apply for a pediatric subspecialty certifying examination. Applicants whose time-limited certification will expire before the examination must complete the requirements for maintenance of certification at least 5 months before the examination date. Once training in an accredited neurodevelopmental disabilities program is required, the applicant must be currently certified by both the ABP, in general pediatrics, and the ABPN, in neurology with special qualifications in child neurology. After the 2007 examination, all applicants must apply through ABPN.

B. Licensure

An applicant must have a valid (current), unrestricted license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada in which he/she practices or have unrestricted privileges to practice medicine in the US Armed Forces. If licenses are held in more than one jurisdiction, all licenses held by a physician must meet this requirement.

An applicant who is practicing the subspecialty abroad may be exempted from this license requirement upon presentation of proof

of licensure equivalency in the country in which he or she resides. Candidates who practice or plan to practice abroad must submit a letter, in addition to the licensure equivalency, stating that they will not practice in the United States or Canada. A copy of the unrestricted license must accompany the application material.

C. Training or Practice Pathways

To qualify for admission to the examination, an applicant must have completed one of the following:

Training

For a period of 6 years following the date of the initial administration of the examination in neurodevelopmental disabilities (2001), the satisfactory completion of at least 24 months of formal training in neurodevelopmental disabilities acceptable for subspecialization in neurodevelopmental disabilities is required. Combined absences/leave in excess of 2 months during the 2 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 2 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee. To qualify for admission to the examination after 2007, the applicant must have completed training in neurodevelopmental disabilities in an ACGME-accredited neurodevelopmental disabilities program.

For an applicant using the neurodevelopmental disabilities fellowship training pathway, a Verification of Competence Form(s) will be required from the director(s) of the fellow's neurodevelopmental disabilities program(s).

Practice Experience

For a period of 6 years following the first date of administration of the examination in neurodevelopmental disabilities (2001), a minimum of 50% of practice time devoted to neurodevelopmental disabilities for the previous 5 years is required. The experience in neurodevelopmental disabilities must consist of broad-based and focused professional activity (a minimum of 20 hours a week). These 5 years should be of such type and quality that they substitute for the clinical exposure one might have encountered during subspecialty fellowship training. No foreign neurodevelopmental disabilities experience will be accepted by the Credentials Committee in fulfillment of the requirements.

For an applicant utilizing the neurodevelopmental disabilities practice experience pathway, an Evaluation Form(s) will be required from the neurodevelopmental disabilities program director (if there is a subspecialty training program) or the pediatric department chair or chief of pediatrics in the hospital(s) where the applicant is now or has been practicing in neurodevelopmental disabilities.

Partial Subspecialty Training and Practice

For a period of 6 years following the first date of administration of the examination in neurodevelopmental disabilities (2001), the satisfactory completion of 12 months of formal training in neurodevelopmental disabilities acceptable for subspecialization in neurodevelopmental disabilities and 50% of practice time devoted to neurodevelopmental disabilities for the previous 2.5 years is required.

For an individual utilizing the combination of subspecialty training and practice experience, a Verification Form(s) will be required from the director(s) of the applicant's neurodevelopmental disabilities training program(s), and an Evaluation Form(s) will be required from the neurodevelopmental disabilities program director (if there is a subspecialty training program) or the pediatric chair or chief of pediatrics in the hospital(s) where the applicant is now or has been practicing in neurodevelopmental disabilities.

The completed Verification and Evaluation Form(s) should be sent directly to the ABP.

An applicant entering the examination via neurodevelopmental disabilities nonaccredited training, practice experience, or the combination of subspecialty training and practice experience must be approved for the examination by 2007. After 2007, all applicants must complete the accredited training pathway to subcertification in neurodevelopmental disabilities.

D. Verification of Training

An applicant will be asked to list the program(s) where fellowship training occurred as well as the name(s) of the program director(s). The ABP will send a Verification of Competence Form to the program director(s) for completion. The role of the program director in the certification process is to verify completion of training and evaluate clinical competence including professionalism.

An applicant must have the Verification Form(s) on file at the ABP in order to be admitted to the subspecialty examination. If an applicant's training is not verified or if the applicant receives an unsatisfactory evaluation in any of the competencies (with the exception of professionalism alone), the applicant will be required to complete an additional period of subspecialty fellowship training before reapplying. The director of the program where the additional training occurred must complete a separate Verification of Competence form. If the unsatisfactory evaluation is in professionalism only, the applicant will be required to complete an additional period of fellowship training or, at the program director's recommendation and at the ABP's discretion, a period of observation may be required in lieu of additional training. A plan for remediation must be submitted for review and approval by the ABP.

Appeals Process: Applicants who wish to appeal evaluations must proceed through institutional due process mechanisms. The ABP is not in a position to reexamine the facts and circumstances of an individual's performance.

Transfer of Fellowship Training: For continuity of training experiences, mentoring, and assurance of meeting training requirements, it is best that a fellow complete all training in the same program. Occasionally, a fellow may need to transfer to another program for compelling reasons. In such circumstances, it is incumbent that the program directors of the current program and the proposed program communicate to ensure that the fellow who transfers will meet all requirements if he/she desires to apply for a certifying examination in the subspecialty. A Fellow Transfer Information (FT11) form should be completed by the current program director and submitted to the ABP with a copy to the proposed new program. Fellow evaluations should be submitted to the proposed program as well. Months of credit for clinical and research experience completed must be clearly communicated.

An applicant must satisfactorily complete all subspecialty training before the first day of the month in which the examination is administered. An applicant whose contracted training period does not expire before the first day of the month of the examination will not be eligible for that examination, even if all formal training has been completed earlier and the remaining time is used only for leave.

No credit will be given for subspecialty training during the core general pediatric residency or a chief residency.

An applicant seeking certification in another pediatric subspecialty or a non-ABP specialty (eg, allergy/immunology) on the basis of practice and/or training may not apply the same period of time toward fulfillment of these requirements.

Eligibility Criteria for Certification in Pediatric Pulmonology

The ABP has established a procedure for certification in pediatric pulmonology. In addition to the specific admission requirements

listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements

Physicians who entered training in pediatric pulmonology on or after January 1, 1992, are required to complete their training in a program accredited for training in pediatric pulmonology by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric pulmonology training before January 1, 1986, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric pulmonology. Only those pediatric pulmonology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric pulmonology is required for fellows entering training on or after January 1, 1986. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric pulmonology training on or after January 1, 1988, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research" or the criteria stated in the "Principles Regarding the Assessment of Scholarly Activity" as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 1988, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Subcertification in Pediatric Pulmonology and Allergy/Immunology

A candidate who is certified in pediatrics may qualify for subcertification in both pediatric pulmonology and allergy/immunology with a shorter total period of training than that presently required (3 years of pediatric pulmonology plus 2 years of allergy/immunology). This compression of training by 1 year can be accomplished by successfully completing research training relating to the requirements of both the Subboard of Pediatric Pulmonology and the Conjoint Board of Allergy/Immunology.

The total training program would require no less than 4 years (48 months) with at least 1 year spent in clinical pulmonology training and 1 year in clinical training for allergy/immunology. The minimum research requirement is 12 months in an environment and project relevant to both pulmonology and allergy/immunology. The fourth year would be spent in training acceptable to the Subboard of Pediatric Pulmonology and may be in clinical training or relevant additional research training.

Training in pediatric pulmonology may precede or follow training in allergy/immunology.

The candidate must train in pediatric pulmonology and allergy/immunology programs accredited by the RRC; the two programs do not necessarily have to be at the same institution. The research

project selected by the trainee must be discussed with and approved by both training program directors.

The trainee must supply written details of any research project for which he/she plans to seek joint approval of both the Subboard of Pediatric Pulmonology and the Conjoint Board of Allergy/Immunology before or early in the course of his/her first year in a subspecialty program. The Subboard and Conjoint Board, in turn, will provide a preliminary written opinion to the trainee concerning the acceptability of the research project. This early approval is no guarantee of acceptance of the final research product.

The trainee is required to satisfy both the General Eligibility Requirements for Certification in Pediatric Subspecialties and the Eligibility Criteria specific to the Subboard and Conjoint Board as listed in the *Graduate Medical Education Directory*. Final admission to either certification examination is granted by the Credentials Committees after completion of training, fulfillment of the research competence requirements, and review of all application materials submitted by the candidate.

Eligibility Criteria for Certification in Pediatric Rheumatology

The ABP has established a procedure for certification in pediatric rheumatology. In addition to the specific admission requirements listed below, there are general eligibility criteria for all ABP subspecialties that must be fulfilled to be eligible for certification.

Admission Requirements

Physicians who entered training in pediatric rheumatology on or after January 1, 1999, are required to complete their training in a program accredited for training in pediatric rheumatology by the RRC for Pediatrics in the United States or the RCPSC in Canada.

A subspecialty fellow who entered pediatric rheumatology training before January 1, 1992, may apply for admission on the basis of completion of 2 years of fellowship training in pediatric rheumatology. Only those pediatric rheumatology training programs that were operated in association with general comprehensive pediatric residency programs accredited by the RRC or by the RCPSC are acceptable.

Three years of full-time, broad-based fellowship training in pediatric rheumatology is required for fellows entering training on or after January 1, 1992. Combined absences/leave in excess of 3 months during the 3 years of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 3 months is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

For a fellow who began pediatric rheumatology training on or after January 1, 1992, the following must be accomplished in order to become certified in the subspecialty:

- A Verification of Competence Form must be completed by the program director(s) verifying satisfactory completion of the required training, evaluating clinical competence including professionalism, and providing evidence of meaningful accomplishment in research/scholarly activity;
- The fellow must meet either the criteria stated in the "Principles Regarding the Assessment of Meaningful Accomplishment in Research" or the criteria stated in the "Principles Regarding the Assessment of Scholarly Activity" as described in the General Criteria for Certification in the Pediatric Subspecialties;
- The fellow must pass the subspecialty certifying examination.

A fellow beginning part-time training after January 1, 1992, may complete the required training on a part-time basis not to exceed 6 years. No continuous absence of more than 1 year will be permitted.

Subcertification in Pediatric Rheumatology and Allergy/Immunology

A candidate who is certified in pediatrics may qualify for subcertification in both pediatric rheumatology and allergy/immunology with a shorter total period of training than that presently required (3 years of pediatric rheumatology plus 2 years of allergy/immunology). This compression of training by 1 year can be accomplished by successfully completing research training relating to the requirements of both the Subboard of Pediatric Rheumatology and the Conjoint Board of Allergy/Immunology.

The total training program would require no less than 4 years (48 months) with at least 1 year spent in clinical rheumatology training and 1 year in clinical training for allergy/immunology. The clinical rheumatology training should also include at least another 2 years of at least ½ day/week of an outpatient rheumatology experience plus 1 month/year of inpatient rheumatology service to assure longitudinal exposure to rheumatologic problems in children. The minimum research requirement is 24 months in an environment and project relevant to both rheumatology and allergy/immunology, particularly immunologically related research.

Although training in clinical pediatric rheumatology may precede or follow training in allergy/immunology, such training should occur at latest in the second year of this combined fellowship. An integrated training program may be developed that must be prospectively approved by both boards.

The candidate must train in pediatric rheumatology and allergy/immunology programs accredited by the RRC. The two programs should preferably be in the same institution, but programs in the same city may be acceptable.

The research project selected by the trainee must be discussed with and approved by both training program directors. The trainee must supply written details of any research project for which he/she plans to seek joint approval of both the Subboard of Pediatric Rheumatology and the Conjoint Board of Allergy/Immunology before or early in the course of his/her first year in a subspecialty program. The Subboard and Conjoint Board, in turn, will provide a preliminary written opinion to the trainee concerning the acceptability of the research project. This early approval is no guarantee of the acceptance of the final research product.

The trainee is required to satisfy both the General Eligibility Requirements for Certification in Pediatric Subspecialties and the Eligibility Criteria specific to the Subboard and Conjoint Board as listed in the *Graduate Medical Education Directory*. Final admission to either certification examination is granted by the Credentials Committees after completion of training, fulfillment of the research competence requirements, and review of all application materials submitted by the candidate.

Eligibility Criteria for Certification in Sports Medicine

The ABP in collaboration with the American Boards of Family Practice, Internal Medicine, and Emergency Medicine offers a certificate of added qualifications in sports medicine. This document provides the requirements of the ABP. [Note: A candidate who has a primary certificate from one of the other three boards should contact that board office for its eligibility criteria.]

Admission Requirements

A. Certification by the American Board of Pediatrics (ABP)

An applicant must be currently certified in general pediatrics to be eligible to apply for a pediatric subspecialty certifying examination. Applicants whose time-limited certification will expire before the examination must complete the requirements for maintenance of certification at least 5 months before the examination date.

B. Licensure

An applicant must have a valid (current), unrestricted license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada in which he/she practices or have unrestricted privileges to practice medicine in the US Armed Forces. If licenses are held in more than one jurisdiction, all licenses held by a physician must meet this requirement.

An applicant who is practicing the subspecialty abroad may be exempted from this licensure requirement upon presentation of proof of licensure equivalency in the country in which he/she resides. Candidates who practice or plan to practice abroad must submit a letter, in addition to the licensure equivalency, stating that they will not practice in the United States or Canada. A copy of the unrestricted license must accompany the application material.

C. Training

Physicians who entered training in sports medicine on or after January 1, 2001, are required to complete their training in a program accredited by the RRC for either Family Practice, Emergency Medicine, Internal Medicine, or Pediatrics.

An applicant who began training before January 1, 2001, must have completed a minimum of 1 year in a sports medicine training program that is associated with an accredited residency program in family practice, emergency medicine, internal medicine, or pediatrics.

Combined absences/leave in excess of 1 month during the 1 year of training, whether for vacation, parental leave, illness, etc, must be made up. If the program director believes that combined absences/leave that exceeds 1 month is justified, a letter of explanation should be sent by the director for review by the Credentials Committee.

D. Verification of Training

An applicant will be asked to list the program(s) where fellowship training occurred as well as the name(s) of the program director(s). The ABP will send a Verification of Competence Form to the program director(s) for completion. The role of the program director in the certification process is to verify completion of training and evaluate clinical competence including professionalism.

An applicant must have the Verification Form(s) on file at the ABP in order to be admitted to the subspecialty examination. If an applicant's training is not verified or if the applicant receives an unsatisfactory evaluation in any of the competencies (with the exception of professionalism alone), the applicant will be required to complete an additional period of subspecialty fellowship training before reapplying. The director of the program where the additional training occurred must complete a separate Verification of Competence form. If the unsatisfactory evaluation is in professionalism only, the applicant will be required to complete an additional period of fellowship training or, at the program director's recommendation and at the ABP's discretion, a period of observation may be required in lieu of additional training. A plan for remediation must be submitted for review and approval by the ABP.

Appeals Process: Applicants who wish to appeal evaluations must proceed through institutional due process mechanisms. The ABP is not in a position to reexamine the facts and circumstances of an individual's performance.

Transfer of Fellowship Training: For continuity of training experiences, mentoring, and assurance of meeting training requirements, it is best that a fellow complete all training in the same program. Occasionally, a fellow may need to transfer to another program for compelling reasons. In such circumstances, it is incumbent that the program directors of the current program and the proposed program communicate to ensure that the fellow who transfers will meet all requirements if he/she desires to apply for a certifying examination in the subspecialty. A Fellow Transfer

Information (FT11) form should be completed by the current program director and submitted to the ABP with a copy to the proposed new program. Fellow evaluations should be submitted to the proposed program as well. Months of credit for clinical and research experience completed must be clearly communicated.

An applicant must satisfactorily complete all subspecialty training before the first day of the month in which the examination is administered. An applicant whose contracted training period does not expire before the first day of the month of the examination will not be eligible for that examination, even if all formal training has been completed earlier and the remaining time is used only for leave.

No credit will be given for subspecialty training during the core general pediatric residency or a chief residency.

An applicant seeking certification in another pediatric subspecialty or a non-ABP specialty (eg, allergy/immunology) on the basis of practice and/or training may not apply the same period of time toward fulfillment of these requirements.

2005 Subspecialty Examinations

Registration & Fees

Application payment for both first-time applicants and re-registrants is required using either a VISA or MasterCard credit card.

The Neurodevelopmental Disabilities subspecialty examination will be administered in various cities throughout the United States on April 4-8, 2005.

Registration is by paper applications only.

New Applicants

Regular Registration	July 1-August 31, 2004
Late Registration	September 1-September 30, 2004

Re-Registrants

Regular Registration	September 1-November 1, 2004
Late Registration	November 2-November 30, 2004

The Sports Medicine examination will be administered by the American Board of Family Practice in various cities throughout the United States on the following dates:

July 21-23, 2005 / July 28-30, 2005 / August 4-6, 2005

Pediatric subspecialty examinations administered in August 2005 will be held at computer testing centers throughout the United States:

August 17, 2005—Gastroenterology

August 18, 2005—Endocrinology

August 19, 2005—Infectious Diseases

New Applicants

Regular Registration	September 15-November 15, 2004
Late Registration	November 16-December 15, 2004

Re-Registrants

Regular Registration	December 16, 2004-February 15, 2005
Late Registration	February 16-March 15, 2005

Pediatric subspecialty examinations administered in November 2005 will be held at computer testing centers throughout the United States:

November 29, 2005—Nephrology

November 30, 2005—Neonatal-Perinatal Medicine

December 1, 2005—Adolescent Medicine

New Applicants

Regular Registration	February 1-March 31, 2005
Late Registration	April 1-May 2, 2005

Re-Registrants

Regular Registration	March 14-May 16, 2005
Late Registration	May 17-June 16, 2005

New Applicant Subspecialty Fees

Processing and Evaluation	\$415
Examination	\$1,090
Regular Registration	\$1,505
Late Registration Fee	\$245
Total Late Registration	\$1,750

Re-registrant Subspecialty Fees

Processing and Evaluation	\$315
Examination	\$1,090
Regular Registration	\$1,405
Late Registration Fee	\$245
Total Late Registration	\$1,650

Maintenance of Certification (Formerly Recertification)

In November 1985, the ABP established a policy of time-limited certification. This policy became effective for those individuals certified in general pediatrics and in the pediatric subspecialties after May 1, 1988. Initial certificates expire after 7 years except medical toxicology, neurodevelopmental disabilities, and sports medicine, which are valid for 10 years.

Diplomates certified before May 1, 1988, were not affected by the policy of time-limited certification; however, those choosing to achieve certification renewal on a voluntary basis may do so. Their permanent certification is not affected by this change. Pediatric Critical Care Medicine has been time-limited since 1987. Pediatric Pulmonology has been time-limited since 1986.

Maintenance of Certificates in General Pediatrics

Beginning in 2003, diplomates who wish to renew an ABP certificate in general pediatrics must successfully complete the Program for Maintenance of Certification in General Pediatrics® (PMCP-G®). Five PMCP-G requirements are contingent upon the ending date listed on a certificate, ie, expiration date of the certificate.

If a certificate has an ending date prior to 2010, only the licensure and examination activities are required to renew the certificate for another 7 years. If a certificate has an ending date of 2010 and beyond, all PMCP-G requirements must be completed prior to the ending date of the certificate in order to renew the certificate for another 7 years. For a complete listing of PMCP-G requirements, please refer to the ABP Web site, www.abp.org.

Maintenance of Certificates in Pediatric Subspecialties

Beginning in 2003, recertification in the subspecialties will occur through the Program for Maintenance of Certification in Pediatric Subspecialties (PMCP-S®). The details will vary from PMCP-G, but the basic components will be similar.

Diplomates are not required to maintain their general pediatric certificates in order to maintain certification in a subspecialty; however, diplomates desiring to maintain both certificates may be eligible for reduced fees. Please see the ABP Web site for more information on PMCP-S.

Policies

Board Status

The ABP follows the long-standing recommendations of the American Board of Medical Specialties to its member boards not to use the term "board eligible" because of continuing confusion about the term. The allegation by an applicant that he or she has completed

the required training and, therefore, is board eligible, without review and approval by the ABP, is not acceptable.

If an inquiry is made to the ABP regarding the status of an individual, the response will be only whether the individual has or has not been certified. Upon receipt of a signed release form, provided by the ABP, information will be released regarding whether an individual's application to take a general or subspecialty certifying examination was accepted and when.

Time Limit to Certification

Candidates who have met the training requirements and whose applications to take the certifying examinations have been accepted by the ABP have unlimited time to become certified, subject to their continued compliance with ABP policies and requirements, which are subject to change.

Expiration of Board Certificates

All ABP time-limited certificates expire on December 31 of the year of expiration.

Test Accommodations

An applicant who wishes to request test accommodations to take a certifying examination due to a disability is urged to notify the ABP in writing of the need for accommodations as early as possible during the application period even if they have received accommodations on a prior examination. The ABP policy on disabilities is available on the ABP Web site or upon request. The deadline for receipt of the questionnaire and supporting documentation is the examination registration deadline.

Maintenance of an Active License

A diplomate's certificate will remain valid and effective only as long as all licenses to practice medicine are valid and unrestricted. Foreign diplomates must maintain equivalent licensure in their country of practice.

Applicants for initial general pediatrics certification may receive a waiver of the license requirement if, during the academic year of the examination, the applicant is completing acceptable training or a chief residency in a state, province, or district in which the medical licensing board does not require an unrestricted license.

Applicants for both initial general pediatrics and subspecialty certification who are practicing abroad or who plan to practice abroad may receive a waiver of the license requirement if proof of licensure equivalency in the country in which they reside is provided.

Revocation of Certificates

All certificates issued by the ABP are subject to the provisions of the articles of incorporation and the bylaws of the ABP. Each certificate is subject to possible revocation in the event that:

1. the issuance of such certificate or its receipt by the physician so certified shall have been contrary to or in violation of any of the provisions of the ABP's articles of incorporation or bylaws; or
2. the physician so certified shall not have been eligible to receive such certificate, irrespective of whether the facts constituting him or her so ineligible were known to any or all of the members of the ABP at the time of the issuance of such certificate; or
3. the physician so certified shall have made any misstatement of fact in his or her application for such certificate or in any other statement or representation to the ABP, its members, representatives or agents.

If the ABP obtains probable cause to believe that a certificate should be revoked for any of the reasons set forth above, it may institute proceedings for revocation by mailing written notice to the holder of such certificate. The steps to be taken to appeal this

determination are outlined in the Rules of Appellate Procedure of the ABP, which may be obtained by writing to the ABP.

Reinstatement of Certificates

When a certificate issued by the ABP has been revoked, the certificate may be restored once the physician has submitted a request for reinstatement and the Credentials Committee's recommendation for reinstatement is approved by the Board of Directors.

American Board of Physical Medicine and Rehabilitation

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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Physical Medicine and Rehabilitation [ABPMR] to ascertain whether the information below is current. It is the applicant's responsibility to seek information concerning the current requirements for certification in PM&R. The most current requirements supersede any prior requirements and are applicable to each candidate for certification.)

General Requirements

- A. Requirements for graduates of educational institutions within the United States or Canada
 1. Prior to entry in a residency training program: graduation from a United States or Canadian medical school approved by the Liaison Committee on Medical Education (LCME) or graduation from an osteopathic medical school approved by the American Osteopathic Association (AOA);
 2. Possession of a current, valid, unrestricted license to practice medicine or osteopathy in a United States licensing jurisdiction or Puerto Rico, or licensure in Canada will be required prior to issuance of the certificate. Evidence of unrestricted licensure in all states where a license is held will be required prior to issuance of the certificate;
 3. Satisfactory completion of the requirements of the Board for graduate education and experience in PM&R as set forth below. A resident is expected to complete training in PM&R in a single accredited program except when significant extenuating circumstances make a change advisable; and
 4. Satisfactory compliance with rules and regulations of the Board pertaining to the completion and filing of the application for examination and payment of required fees.
- B. Requirements for graduates of educational institutions outside the United States or Canada
 1. Possession of a valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to entry into a PM&R residency training program. Also accepted is a Fifth Pathway certificate and evidence of satisfactory comple-

tion of the United States Medical Licensing Examination (USMLE), parts 1 & 2;

2. Possession of a current, valid, unrestricted license to practice medicine or osteopathy in a United States licensing jurisdiction or Puerto Rico, or licensure in Canada will be required prior to issuance of the certificate. Evidence of unrestricted licensure in all states where a license is held will be required prior to issuance of the certificate;
3. Satisfactory completion of the Board's requirements for graduate education and experience in PM&R as set forth below. A resident is expected to complete training in a single accredited program except when significant extenuating circumstances make a change advisable; and
4. Satisfactory compliance with rules and regulations of the Board pertaining to the completion and filing of the application for examination and the payment of required fees.

Residency Training Requirements

Applicants for the certification examinations must have satisfactorily completed 48 months (4 years) of training in a PM&R residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC). The 48 months of training must be completed after the completion of medical school.

Twelve of the 48 months must consist of a coordinated program of experience in fundamental clinical skills such as an accredited transitional year, or include 6 months or more in accredited training in family practice, internal medicine, obstetrics and gynecology, pediatrics, or surgery, or any combination of these patient care experiences. The remaining months of this year may include any combination of accredited specialties or subspecialties.

Accredited training in any of the specialties or subspecialties must be for a period of at least 4 weeks. No more than 8 weeks may be in non-direct patient care experiences. Training in fundamental clinical skills must be completed within the first 2 years of the 4-year training program.

The program director and the Credentials Committee of the Board, at the beginning of the residency, will make the decision regarding the acceptability for credit of the 12 months of training in fundamental clinical skills approved by the ACGME, the RCPSC, or the AOA.

The program must include 36 months in PM&R in a training program accredited by the ACGME or the RCPSC. This format is mandatory for all residents who entered training in 1985 or subsequently. A resident is expected to complete training in a single accredited program except when significant extenuating circumstances make a change advisable. In the event of a transfer, the resident is expected to complete all of the PM&R program requirements as outlined by the RRC. All required training and experience as stated above must be taken in the United States, Puerto Rico, or Canada.

The training program must include a significant amount of time spent in primary responsibility for the direct patient care management of hospitalized patients on the PM&R service. Residents must devote at least one-third of their residency experience to the care of these hospitalized PM&R patients. They must spend at least one-third of the training in the care of outpatients, including a significant experience in the care of musculoskeletal problems.

During PM&R training, the resident must develop comprehensive basic and clinical knowledge, skills, experience, and measurable competencies in areas such as:

- history and physical examination pertinent to PM&R;
- assessment of neurological, musculoskeletal, and cardiovascular-pulmonary systems;

- determining impairment and disability; data gathering and interpreting of psychosocial and vocational factors;
- achievement of basic qualifications in the performance and interpretation of electrodiagnostic evaluations;
- physiatric therapeutic and diagnostic injection techniques;
- prescriptions for orthotics, prosthetics, wheelchair and ambulatory devices, special beds, and other assistive devices;
- prescriptions with specific details appropriate to the patient for therapeutic modalities and therapeutic exercises;
- understanding of coordinated psychologic and vocational interventions and tests;
- familiarity with the safety, maintenance, and actual use of medical equipment common to the various therapy areas and laboratories;
- formal experience in evaluation and application of cardiac and pulmonary rehabilitation as related to physiatric responsibilities;
- inpatient and outpatient pediatric rehabilitation;
- collaboration with other medical professionals and members of the allied health team, including management techniques consistent with the resident's team leadership role, and the treatment program management role of the physiatrist;
- geriatric rehabilitation;
- sports medicine rehabilitation; and
- injury, illness, and disability prevention.

Also, the resident must achieve the ability to accept progressive responsibility in diagnosing, assessing, and managing the conditions commonly encountered by the physiatrist in the rehabilitative management of conditions, such as:

- acute musculoskeletal pain syndromes;
- chronic pain management;
- congenital or acquired myopathies, peripheral neuropathies, and motor neuron and motor system diseases;
- neurorehabilitative care of traumatic brain injury, cerebrovascular accident, and other brain disorders;
- hereditary, developmental, and acquired central nervous system disorders;
- rehabilitative care of spinal cord trauma and diseases;
- rehabilitative care of patients with amputations for both congenital and acquired conditions in patients of all ages;
- sexual dysfunction common to the patient with physical impairment;
- post-fracture care and rehabilitation of post-operative joint arthroplasty;
- pulmonary, cardiac, oncologic, and other common medical conditions seen in persons with physical disabilities;
- geriatric diseases, impairments, and functional limitations;
- rheumatologic disorders treated by the physiatrist;
- medical conditions or complications commonly seen and managed in the physiatric patient;
- medical conditioning, reconditioning, and fitness; and
- soft tissue disorders.

The Program Requirements for Residency Education in PM&R in the current *Graduate Medical Education Directory* provides additional details of PM&R residencies. This book, published annually by the AMA, cites specific programming by the individual residency and its institutional base.

Credit for Other Specialty Training

Physicians who have satisfactorily completed 1 or more years of training (up to and including certification) in a program accredited by the ACGME, the RCPSC, or the AOA in related relevant specialties may receive up to a maximum of 12 months of non-PM&R training credit upon recommendation of the program director and at the discretion of the Board.

These relevant specialties include internal medicine, neurology, obstetrics and gynecology, orthopedics, pediatrics, family practice, and surgery. Completion of 36 months of training in an ACGME-accredited PM&R residency is still mandatory.

The Board will consider approval for non-PM&R training credit only upon recommendation of the residency training program director. Alternatively, upon the recommendation of the program director, the Board may accept a non-coordinated ACGME-approved "transitional" year or an ACGME-accredited year of training. This alternative training may be in family practice, internal medicine, obstetrics and gynecology, pediatrics, neurology, orthopedics, or surgery.

No credit will be given toward shortening the basic required 4-year program for non-ACGME-accredited residencies, fellowships, or internships, for Fifth Pathway in a United States AMA-designated training institution, or for hospital house physician experience. No credit will be allowed for fellowships prior to or during residency training.

All of the required training and experience as stated above must have been taken in the United States, Puerto Rico, or Canada. If a candidate wishes to complete an elective rotation at an international site or at any other location not accredited by the ACGME, the RCPSC, or the AOA, this must be accomplished during the 6 weeks of leave time allowed for each resident.

Absence From Training

A resident should not be absent from the residency training for more than 6 weeks (30 working days) yearly. Regardless of institutional policies regarding absences, any leave time beyond 6 weeks would need to be made up by arrangement with the program director.

"Leave time" is defined as sick leave, vacation, maternity or paternity leave, leave for locum tenens, or work in another program that is not ACGME-accredited. A candidate may not accumulate leave time or vacation to reduce the overall duration of training.

Clinical Investigator Pathway

The ABPMR provides an opportunity for interested residents to participate in a Clinical Investigator Pathway (CIP) during their training. The ABPMR's criteria for certification as a Clinical Investigator require that a resident complete a 5-year residency program that integrates training in PM&R and clinical research.

The purpose of the CIP is to increase both quality and capacity of physiatric research nationally by enabling a select group of clinically and research-minded residents to become well trained in physiatric practice and research. The CIP is intended for PM&R residents in PM&R programs that have a strong emphasis on physiatric research.

Planning

Trainees interested in a research career should work with their residency program director and research mentor to design an appropriate training plan that will provide an adequate clinical experience and meet the Board's requirements. Ideally, planning for their pathway should occur during PGY-1, and the Board must be notified of and approve a trainee's intention to pursue such training by the end of PGY-2.

Training

The first year of the 5-year program is devoted to fundamental clinical skills as required for a PM&R training program. The following 4 years of residency training combine clinical and investigative training. Training should preferably occur at one institution.

PM&R Training

All trainees in the CIP must satisfactorily complete 2 years of accredited PM&R training.

Research Training

Two years of research training at 80% commitment is required. The Board defines research as scholarly activities intended to develop scientific knowledge.

The research experience of trainees should be mentored and reviewed; training should include completion of work leading to a graduate degree (if not already acquired). The last year of research training may be undertaken in a full-time faculty position if the level of commitment to mentored research is maintained at 80%.

Clinical Experience during Research Years

During PM&R research training, 20% of each year must be spent in clinical experiences. Ratings of satisfactory clinical performance must be maintained annually for each trainee in the CIP.

Certification Examination in PM&R

Trainees in the PM&R clinical investigator pathway may apply for the Part I (computer-based) certification examination in PM&R after successful completion of 4 years of training, which must include 24 months of accredited training in PM&R and 12 months of research training. Trainees may apply for the Part II (oral) examination after successful completion of 5 years of residency training.

The ABPMR certification examinations and the Board certificate are the same for all Board candidates whether they pursue the clinical investigator pathway or standard PM&R training. A table illustrating the requirements for the ABPMR Clinical Investigator Pathway follows.

PM&R Clinical Investigator Pathway Requirements

Fundamental skills training	12 months
PM&R training	24 months
Research training (80%)	24 months
Clinical training during research (20%)	1 day/week
Total training	5 years

Dual Specialty Certification

Residents may elect to pursue integrated training in PM&R and another specialty by enrolling in a combined training program. The ABPMR currently approves three types of combined training: Pediatrics and PM&R, Internal Medicine and PM&R, or Neurology and PM&R. All three programs require completion of at least 36 months of accredited training in general comprehensive PM&R.

The proposed program agreed to by the respective residency training program directors should be submitted by the program directors to both Boards for approval. Admissibility to Part I of the PM&R certification examination may be sought during the last year of training.

A full year of clinical practice, fellowship, research, or a combination of these activities, consisting of at least 6 months of clinical practice in PM&R, is required for admissibility to the Part II certification examination in PM&R. Guidelines for program directors interested in developing such a program are available through the ABPMR office.

Combined Training in Pediatrics and PM&R

A special agreement exists between the American Board of Pediatrics (ABP) and the ABPMR whereby a physician interested in dual specialty certification in pediatrics and PM&R can qualify for admission to the certification examinations of both Boards. The individual resident must be registered in an approved combined Peds/

PM&R residency training program no later than the end of the R-2 year of the combined program.

The programs are designed to be completed in a minimum of 60 months. Vacation is shared pro rata between the training time spent in pediatrics and that spent in PM&R. The non-PM&R 12-month segment of the 4-year PM&R residency will be credited based on satisfactory completion of the regular first year of pediatric residency.

The ABP requires a minimum of 36 months of general comprehensive pediatric training with 6 months' credit for pediatric rehabilitation within the PM&R training. The ABPMR requires a minimum of 36 months of an accredited PM&R residency with 6 months' credit for related rotations during the pediatric training. These rotations could include developmental pediatrics, neonatology, pediatric neurology, pediatric neurosurgery, or pediatric orthopedics.

Six months' full-time equivalent (FTE) of pediatric rehabilitation is required. Twenty-four months of the 36 months PM&R training must be in adult PM&R.

It is recommended that all training be completed at one academic institution; any deviation will require prospective approval by both Boards. When two separate institutions are involved, there should be evidence of adequate coordination to provide an appropriate educational experience.

Combined Training in Internal Medicine and PM&R

A special agreement exists between the American Board of Internal Medicine (ABIM) and the ABPMR whereby a prospective resident interested in dual specialty certification in internal medicine and PM&R can qualify to apply for admission to the certification examination of each Board. Admissibility is determined by satisfactory completion of a preplanned, combined, and integrated program that could be designed to be completed in a minimum of 60 months. The individual resident must be registered in an approved combined internal medicine/PM&R residency training program no later than the end of the R-2 year of the combined program.

The non-PM&R 12-month segment of the 48 months of PM&R residency concerned with basic fundamental clinical skills will be credited on the basis of satisfactory completion of the regular first year of internal medicine residency.

In addition, the ABPMR requires a minimum of 36 months of accredited PM&R residency with 6 months' credit for internal medicine rotations. These rotations may be in such areas as rheumatology, endocrinology, cardiovascular, or pulmonary subspecialties of internal medicine.

During the 30 months in PM&R, the resident must satisfactorily complete 24 months of hospital and outpatient clinical management of patients receiving PM&R services. Physical medicine and rehabilitation training includes basic and advanced knowledge of musculoskeletal and neuromuscular anatomy and physiology as related to kinesiology, exercise, and functional activities as well as to immobilization and inactivity. Applications and prescription of therapeutic exercise, orthotics, prosthetics, assistive, and supportive devices for ambulation and mobility are essential.

The following segments of training in PM&R are also required: experience with inpatient or outpatient pediatric rehabilitation, adequate training to achieve basic qualifications in electromyography and electrodiagnosis, and opportunities to achieve understanding of special aspects of rehabilitation of patients in geriatric age groups.

The 3-year internal medicine residency requirements are met in part by the ABIM recognizing 6 months' credit for PM&R residency training involving PM&R management of patients with problems related to internal medicine. Such problems include those occurring in patients with rheumatologic, cardiovascular, pulmonary, stroke, and oncologic conditions.

It is recommended that all training be completed at one academic institution. If two separate institutions are involved, there should be evidence of adequate coordination to provide an appropriate educational experience. Any deviation requires prospective approval by both Boards. After the program is approved, the resident's registration form is submitted. Vacation is shared pro rata between the two training programs.

Combined Training in Neurology and PM&R

The American Board of Psychiatry and Neurology (ABPN) and the ABPMR have an agreement that residents interested in dual certification in neurology and PM&R can qualify to apply for admission to the certification examinations of each Board. This is accomplished by satisfactory completion of an integrated program planned and approved by both Boards before the end of the R-2 year, designed to be completed in a minimum of 72 months.

For purposes of this dual certification, both specialty Boards require a 12-month basic clinical skills segment in internal medicine. The ABPMR requires a minimum of 36 months of accredited PM&R residency, and the ABPN requires 36 months of accredited neurology residency.

In order to decrease the total training time to 72 months (a reduction of 1 year), 12 months of training in areas that satisfy the special requirements in neurology and in PM&R must consist of 6 months of training in PM&R acceptable to the program director in neurology and 6 months of training in neurology acceptable to the program director in PM&R.

It is recommended that all training be completed at one academic institution. If two institutions are involved, adequate coordination should provide an appropriate educational experience that meets the requirements and approval of each Board. Before the end of the R-2 year of training in either specialty, both program directors sign and submit a training plan for a given resident to the ABPMR for approval. After the program is approved, the resident's registration form is submitted. Vacation is shared pro rata between the two training programs.

Application Requirements and Fees

Part I

- The application forms for Part I (computer-based testing) may be obtained by downloading them from the ABPMR Web site (www.abpmr.org), or by submitting a written request to the Board office. The completed application must include a copy of the medical degree diploma or certificate, the program director's statement that the applicant has or is anticipated to have satisfactorily completed an approved graduate program, and the names of three or more physiatrists or other physicians to whom the Board can write for professional and character references.
- In order to have the application considered for examination, the applicant must be scheduled to complete the graduate medical education requirements on or before August 31 following the scheduled examination date for which he or she has applied. Satisfactory completion of the educational and training requirements in force at the beginning of the resident's training in an accredited program will be considered acceptable for application for admissibility to the certification examinations.
- A form included in the application materials is a professional reference form, to be completed and submitted to the Board office by the applicant's residency program director. The applicant should supply this form to the program director, who then should promptly send it to the ABPMR office.

Final admissibility is contingent upon receipt of the final-year evaluation by the program director, due July 1 in the examination year. If a resident is placed on probationary status during the final

year of the residency program, this status must be rescinded by the program director before July 1 for the resident to be admissible.

No decision regarding an applicant's admissibility to the examinations will be made until the physician references are received. All references will remain confidential and will not be disclosed to the applicant without the permission of the physician providing the reference. Strict confidentiality of references submitted is required to ensure that the Board will receive complete and accurate evaluations of all applicants.

Part II

Part II of the ABPMR certification examination is an oral examination. To be admissible to Part II, applicants are required to complete at least 48 weeks of full-time PM&R clinical practice, PM&R-related clinical fellowship, PM&R-related research fellowship, or a combination of these activities after satisfactory completion of an accredited PM&R residency training program.

The applicant must complete a form provided by the ABPMR that describes the professional time spent during his or her 48 weeks of full-time PM&R clinical practice, PM&R-related fellowship, PM&R-related research, or a combination of these.

The applicant must also submit statements from two physicians (from the applicant's local or regional area), preferably Board-certified physiatrists, verifying the applicant's clinical practice, fellowship, research, or combination of these according to acceptable professional, ethical, and humanistic standards. Only references from persons unrelated to the applicant will be accepted.

The applicant is required to submit copies of all current, valid, unrestricted licenses to practice medicine or osteopathy in a United States licensing jurisdiction or Puerto Rico, or licensure in Canada.

For an applicant to be considered for examination, he or she must have passed Part I before applying for Part II. Applicants must be scheduled to complete the clinical practice requirements on or before August 31 following the scheduled examination date for which he or she has applied.

Deadlines

Part I

The appropriate fees and the completed application materials for admissibility must be postmarked and mailed by March 1 preceding the scheduled examination. This applies to initial applications or reapplications.

An additional \$500 late fee will be required for consideration of applications postmarked between March 2 and March 30. Any application postmarked March 30 or later will not be accepted. The postmark applied by the United States Postal Service (or the appropriate national postal service for non-US citizens) is the date of mailing and takes precedence over postmarks applied by in-house mailing equipment.

Part II

The appropriate fees and completed application materials for admissibility must be postmarked and mailed by November 15 preceding the scheduled examination. This applies to initial applications or reapplications.

An additional \$500 late fee will be required for consideration of applications postmarked between November 16 and December 15. Any application postmarked December 16 or later will not be accepted. The postmark applied by the United States Postal Service (or appropriate national postal service for non-US citizens) is the date of mailing and takes precedence over postmarks applied by in-house mailing equipment.

Fees

All fees must accompany the application for examination.

Part I

An applicant who plans to take Part I must submit a fee of \$1,250 with completed application materials, \$600 of which is an application processing fee and is not refundable.

Part II

An applicant who plans to take Part II must submit a fee of \$1,700 along with the required documentation for Part II application, \$600 of which is an application processing fee and is not refundable.

Late Fee

An additional nonrefundable \$500 is required after the March 1 deadline for Part I and after the November 15 deadline for Part II.

Reapplication

Physicians who have failed either Part I or Part II can apply for admittance for re-examination during any subsequent examination period. The same requirements will be in effect for reapplication as for initial admittance. Currently, there is no limit to the number of times a physician may apply for repeat examinations.

Refunds and Forfeiture of Fees

Except as hereafter provided, no fees paid will be refunded. The Board will return the refundable portion of the fee only in the event that

- an applicant withdraws the application prior to the meeting of the Board to act thereon, or
- an applicant is declared not admissible to the examination.

Once an applicant has been declared admissible and is a candidate, the fees will be forfeited if the candidate withdraws for any reason, or does not appear for the scheduled examination for which he or she applied.

The ABPMR does not assume responsibility for notifying an applicant of the impending loss of admittance due to an incomplete application or incomplete qualifications.

The Board is a nonprofit organization, and the candidates' fees are used solely for defraying the actual expenses of the Board. The directors of the Board serve without remuneration. The Board reserves the right to change the fees when necessary.

Board Admissibility

"Board admissible" is a term used by the ABPMR to define the status of an applicant who has been accepted by the ABPMR as a candidate to take the examination for which he or she has applied. Designation of "Board admissible" does not continue beyond the date such an examination is given, regardless of results. The Board does not accept any use of the term "Board eligible" in lieu of documented admittance.

The Examination

As part of the requirements for certification by the ABPMR, candidates must demonstrate satisfactory performance in an examination conducted by the Board covering the field of PM&R. The examination for certification is given in two parts, computer-based (Part I) and oral (Part II).

Part I and Part II of the Board examination are given once each year at such times and places as the Board designates. While Part I of the examination is administered simultaneously at Pearson Professional Centers nationwide, Part II is administered only in Rochester, Minnesota.

Additional information provided in several brochures, *Preparing for Your Computer-Based Exam* and *Computer-Based Testing Fact*

Sheet, and *Preparing for the ABPMR Oral Examination*, may be of interest to applicants. Copies of all publications are available from the Board office.

Exam Irregularity and Non-Disclosure Policy and Acknowledgement/Cooperation Agreement

All ABPMR certification exams, including the content and wording of exam questions, constitute confidential ABPMR information protected by copyright law. Any unauthorized receipt, possession, or transmission of ABPMR written, computer-based, or oral examination questions, content, or materials, either before the examination, on-site, or in the future, is strictly forbidden. Use of ABPMR examination materials for the purpose of examination preparation or training is also strictly forbidden.

Violation of the ABPMR Exam Irregularity and Non-Disclosure Policy, or the giving or receiving of aid in any ABPMR examination as evidenced either by observation at the time of the examination or by statistical analysis, or engaging in other conduct that subverts or attempts to subvert the examination or the ABPMR certification process, is sufficient cause for the ABPMR to:

- Bar an individual from the examination,
- Terminate participation in the examination,
- Withhold and/or invalidate the results of the examination,
- Withhold a certificate,
- Revoke a certificate, or
- Take other appropriate action.

Residents, candidates, and diplomates in physical medicine and rehabilitation will be required to sign a Non-Disclosure Agreement acknowledging and agreeing that all ABPMR examinations are confidential and are protected by copyright law. The Non-Disclosure Agreement expressly prohibits disclosing, publishing, reproducing, or transmitting any ABPMR examination content, in whole or in part, in any form by any means, verbal or written, electronic or mechanical, for any purpose.

Part I

The computer-based examination is divided into morning and afternoon periods, each allowing 3 ½ hours. An on-screen tutorial is available at the beginning of the first session, allowing examinees to become familiar with both the computer and the format of the examination.

The examination questions are designed to test the candidate's knowledge of basic sciences and clinical management as related to PM&R and will be in the form of objective testing. The Part I examination is based on the content areas in the Part I examination outline, available from the ABPMR office or online in the *Certification Booklet of Information*.

Part II

As currently structured, the oral examinations consist of three examiners examining the candidate, with each examiner conducting a 40-minute segment of the total 120-minute examination. Two 5-minute breaks divide the three portions of the oral examination.

Candidates will be expected to present in a concise, orderly fashion evidence of their proficiency in the management of various clinical conditions that come within the field of PM&R. During the oral examination, the examiner will ask questions about diagnostic procedures, therapeutic procedures, and patient management.

The candidate should be prepared to demonstrate familiarity with the literature of basic and clinical research, giving evidence of application of the literature to evidence-based medicine. Conciseness and clarity of statements are expected. Evidence of the professional maturity of the candidate in clinical procedures and of factual knowledge will be sought.

In addition to clinical PM&R, the oral examination may cover certain aspects of the basic sciences. The basic science components of the examination may include anatomy, physics, physiology, pathology, and other fundamental clinical sciences and competencies as listed under Residency Training Requirements.

The Certificate

Upon approval of the application and the candidate's successful completion of the examinations, the ABPMR will grant a certificate to the effect that the candidate has met the requirements of the ABPMR. The recipient of a certificate will be known as a diplomate, or a certificant, of the American Board of Physical Medicine and Rehabilitation.

The Board began issuing 10-year, time-limited diplomate certificates in 1993. The expiration date for these certificates is June 30 of the given year. Maintenance of Certification procedures and requirements are described briefly in a following section and in depth in a separate *Booklet of Information* available upon request from the Board office or may be downloaded from the ABPMR Web site, www.abpmr.org. Certificates issued prior to 1993 have no time-limited stipulations; however, holders of these pre-1993 certificates may voluntarily participate in the Maintenance of Certification program.

Residents entering a training program are hereby informed and must be aware that time-limited certification for PM&R began in 1993 for all diplomates certified thereafter.

A certificate granted by this Board does not of itself confer or purport to confer any degree or legal qualifications, privileges, or license to practice PM&R. The Board does not limit or interfere with the professional activity of any duly licensed physician who is not certified by this Board. Privileges granted physicians in the practice of PM&R in any hospital or clinic are the prerogatives of that hospital or clinic, not of this Board.

Certification is a voluntary process by which the ABPMR grants recognition to a physician specialist who has met predetermined qualifications specified by the ABPMR. Many qualities are necessary to be a competent physician, and many of these qualities cannot be quantified or measured. Thus, certification is not a guarantee of the competence of the physician specialist.

Communication

Published Listing of Certified Diplomates

The names of diplomates of the ABPMR appear in *The Official ABMS Directory of Board Certified Medical Specialists*, published by Elsevier Science, St Louis, MO, and other authorized ABMS publications. A listing of newly certified ABPMR diplomates appears annually in the July issue of the *Diplomate News*.

Reporting Changes in Information

Once certified, diplomates are asked to notify the ABPMR office of any changes in address, place of employment, telephone or fax number, or personal name. Such information must be submitted in writing by fax, e-mail, mail, or the form provided on the ABPMR Web site. For name changes, a copy of the official documentation is required. Diplomates are responsible to notify the Board office regarding any changes in licensure status.

Board Policies

Accommodations for Persons With Disabilities

The ABPMR supports the Americans with Disabilities Act (ADA) and makes reasonable accommodations in examination procedures for individuals with documented disabilities. Applicants with disabilities may request modifications in the administration of the

examination. The ABPMR will grant such requests unless the modifications would place undue burden on the ABPMR or would fundamentally alter the measurement of the knowledge and skills that the examination is intended to assess.

Applicants considering the need for modifications are urged to obtain a copy of *Procedures for Requesting Accommodations under the ADA*. This publication, available from the ABPMR, outlines the documentation required of applicants with disabilities who request examination modifications.

All required documentation must be submitted to the ABPMR office by the date specified in the application materials. Applicants anticipating the need for accommodations should contact the ABPMR well in advance of the date specified in the application materials in order to allow sufficient time to submit any required documentation.

Unethical or Irregular Behavior

Applicants for an examination must certify that the information provided in their applications is true and accurate, and must also agree not to engage in any unethical or irregular behavior intended to subvert the integrity of the exam. Examples of unethical or irregular behavior include, but are not limited to, situations where:

1. any misrepresentation is discovered in the candidate's application, in any other information submitted to the Board, or in the identity of a person applying to take or taking the examination;
2. any financial or other benefit is offered by a candidate to any director, officer, employee, proctor, or other agent or representative of the ABPMR in order to obtain a right, privilege, or benefit not usually granted by the ABPMR to similarly situated candidates;
3. any irregular behavior during the examination such as copying answers, sharing information, using notes, or otherwise giving or receiving aid is discovered by observation, statistical analysis of computer-based testing results, or violation of the Exam Irregularity and Non-Disclosure Policy; or
4. the on-site proctor of the computer-based examination or the oral examiner deems any portion of the candidate's absence from the designated examination room for whatever reason and any duration as unexcused or otherwise impermissible.

If the ABPMR determines that unethical or irregular behavior has occurred prior to, during, or after the examination, the ABPMR may permanently bar the involved person(s) from all future examinations, invalidate the results of or refuse to score prior examinations taken by the person(s), withhold or revoke the certificate(s) of the person(s), and/or take other appropriate action. If sanctions are imposed pursuant to the Board policy, the ABPMR may notify legitimately interested third parties of its action. The person in question shall be given written notice of the charges and an opportunity to respond in accordance with the rules and regulations of the ABPMR.

In the event of such a determination, the ABPMR will make every effort to withhold the scores of only those candidates directly implicated in the irregularity. In some instances, the evidence of irregularity, though sufficiently strong enough to cast doubt on the validity of scores, may not enable the Board to identify the specific candidates involved in the irregularity. In such circumstances, the Board may withhold the scores of candidates not directly implicated in the irregularity and, if necessary, may require those candidates to take an additional examination at a later date to ensure the validity of all scores.

All examinations administered by the ABPMR are copyrighted as the sole property of the ABPMR and must not be reproduced or retained in any manner. Any collection of administered test items, in whole or in part, is a federal offense and also may subject the candidate to the sanctions listed above. No notes, computer disks,

textbooks, other reference materials, scratch paper, or electronic devices may be taken into either the computer-based or oral certification examinations.

Misrepresentation

Misrepresentation or alleged misrepresentation of a person as a diplomate of the American Board of Physical Medicine and Rehabilitation, or as having obtained a status of eligibility to take the certification examination will be investigated and acted upon by the ABPMR. The Board will seek verifiable evidence of such misrepresentation from the individual in question and other sources. Once sufficient evidence for reasonable verification of such misrepresentation has been obtained, the Board will notify the individual and each related licensing agency of the evidence it has been able to obtain. Such misrepresentation may include, but is not limited to, inclusion of an uncertified physician's name in a listing of other certified physicians, whether in newspapers, telephone yellow pages, or other means of soliciting patients, with the implication that all so listed are certified in PM&R.

Substance Abuse

If a history of substance abuse exists, candidates must provide documentation that they can safely and effectively perform the duties and responsibilities of a Board diplomate. The Board treats this information as confidential. Such documentation may consist of

1. evidence of a successful completion of a supervised treatment program,
2. evidence of a documented period of abstinence, or
3. evidence of current participation in a supervised rehabilitation program combined with evidence that the candidate is no longer engaged in the abuse of drugs and/or alcohol.

Revocation of Certification

Any certificate issued by the ABPMR remains the property of the Board. Any certificate issued by the ABPMR shall be subject to revocation at any time if the Board determines, in its sole judgment, that the diplomate holding the certificate was in some respect not properly qualified to receive or retain it. The Board may, at its discretion, revoke a certificate for due cause, including, but not limited to, the following:

1. The diplomate made any material misstatement or omission to the Board;
2. The diplomate did not possess the necessary qualifications and requirements to receive the certificate at the time it was issued, whether or not the Board knew of such a deficiency;
3. The diplomate engaged in unethical or irregular behavior in connection with an examination of the ABPMR, whether or not such practice had an effect on the performance of the candidate on that examination. Examples of unethical or irregular behavior may include, but are not limited to, copying answers from or knowingly giving answers to another individual, using notes during an examination, copying or distributing examination questions, or any violation of the ABPMR Exam Irregularity and Non-Disclosure Policy;
4. The diplomate misrepresented his or her status with regard to Board certification, including any misstatement of fact about being Board certified in any specialty or subspecialty;
5. The diplomate engaged in conduct that violated the moral or ethical standards of medical practice accepted by organized medicine in the locality where the diplomate is practicing, resulting in a revocation, suspension, qualification, or other limitation of his or her license to practice medicine, or the expulsion, suspension, disqualification, or other limitation from membership in a local, regional, national, or other organization of his/her professional peers; or

6. The diplomate's license to practice medicine has been revoked, suspended, qualified, or limited in any jurisdiction.

If the Board determines to revoke any certificate for any reason, the person affected thereby shall be given written notice of the reasons for the proposed revocation.

Upon revocation of certification, the holder shall return the ABPMR certificate and other evidence of certification to the Board, and his or her name shall be removed from the list of certified physiatrists.

Appeal of Decisions

An appeal process is available to individuals who disagree with the ABPMR's decisions regarding their admissibility to examinations, requests for special accommodations, accuracy of scoring procedures, or revocation of certification. A copy of the ABPMR Appeal Policy and Procedure is available upon request from the ABPMR office.

Certificate Reinstatement

Should the circumstances that justified revocation of the certificate be corrected, the Board may, at its discretion, reinstate the certificate after appropriate review of the individual's licensure and performance, using the same standards and requirements applied to the applicants for certification.

Maintenance of Certification

Beginning in 1993, the Board issued time-limited certificates that are valid for 10 years. To maintain certification beyond the 10-year period, diplomates certified since 1993 must participate in the Maintenance of Certification (MOC) program.

The guiding principle of the ABPMR MOC program is to foster the continuing professional development of quality patient care and all aspects of the practice of PM&R by its diplomates. Through its MOC program, the ABPMR seeks to encourage, stimulate, and support its diplomates in a program of self-directed, life-long learning through the pursuit of continuing medical education.

The MOC process permits diplomates to demonstrate that they continue to meet the requirements of the ABPMR. Maintenance of Certification also provides patients and their families, funding agencies, and the public in general with assurance of the continuing up-to-date knowledge of PM&R diplomates.

- To participate in the MOC program, an ABPMR diplomate must:
- hold a current, valid, unrestricted license to practice medicine or osteopathy in a United States licensing jurisdiction or Puerto Rico, or licensure in Canada. Evidence of unrestricted licensure in all states where a license is held will be required;
 - pay an annual \$100 fee;
 - provide evidence of an average of 50 continuing medical education (CME) credits annually, for a total of 500 CME hours over the 10-year period (with all such CME credits being recognized by the AMA or AOA); and
 - successfully complete a written or computer-based examination. Beginning in 2006, this will be a proctored examination.

Diplomates are automatically enrolled in the MOC program upon issuance of their time-limited certificates. Those who do not pay their fees or do not report CME credits for 4 or more years are considered nonparticipants. The Board office will notify nonparticipants when their certificates have expired.

Currently, the MOC examination is an open-book, take-home test consisting of 200 multiple-choice questions. Diplomates have 10 weeks to complete the examination and return it to the ABPMR. The examination content is organized into modules; All participants complete a core module, and select two additional modules from specific subspecialty areas in PM&R. In February 2006, the MOC examination will be administered as a proctored, computer-based test

given at Pearson Professional Centers nationwide. For complete information on the MOC process and requirements, refer to the current *Maintenance of Certification Booklet of Information* on the ABPMR Web site at www.abpmr.org, or by contacting the ABPMR office.

Subspecialty Certification

Spinal Cord Injury (SCI) Medicine

The authority to grant subspecialty certification in SCI medicine was granted to the ABPMR by the ABMS in March 1995, with the first examination given in October 1998. The application and information on the examination process for subspecialization in spinal cord injury medicine are available to all diplomates of ABMS Member Boards.

The SCI Medicine examination is administered as a computer-based test at Pearson Professional Centers nationwide. After the 2007 examination, the SCI Medicine examination will be offered in alternate years (ie, 2009, 2011, 2013, and so on).

Applications for the SCI medicine examination are available after April 1 in the year the examination will be given. Completed applications are due by July 1 of the same year. The *Subspecialty Certification in Spinal Cord Injury Medicine Booklet of Information* which summarizes the training and/or practice requirements and the application process, including deadlines and fees, is available from the ABPMR office or via the ABPMR Web site.

Pain Medicine

In March 1998, the ABPMR and the American Board of Psychiatry and Neurology (ABPN) joined the American Board of Anesthesiology (ABA) in recognition of pain management (pain medicine) as an interdisciplinary subspecialty with a single standard of certification. The ABA administers the examination, which covers the various content areas of pain medicine. The examination is administered as a computer-based test, and future pain medicine examinations are slated for September each year at testing centers nationwide. Contact the Board office for specific dates.

Applications for each pain medicine examination are available in January, and the completed applications are due by February 15 of the year in which the examination will be given. The *Subspecialty Certification in Pain Management Booklet of Information*, which summarizes the training requirements and the application process, including deadlines and fees, is available from the ABPMR office and via the ABPMR Web site.

Pediatric Rehabilitation Medicine

The authority to grant subspecialty certification in pediatric rehabilitation medicine (PRM) was granted to the ABPMR by the ABMS in March 1999, with the first examination given in November 2003. The application and information on the examination process for subspecialization in PRM is available to all ABPMR diplomates.

The PRM examination is administered as computer-based testing at Pearson Professional Centers nationwide. Applications for each year's PRM examination are available after April 1. Completed applications are due by July 1 of the year in which the exam will be taken. The *Subspecialty Certification in Pediatric Rehabilitation Medicine Booklet of Information*, which summarizes the training and/or practice requirements and the application process, including deadlines and fees, is available from the ABPMR office or via the ABPMR Web site.

American Board of Plastic Surgery

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The members listed below were nominated from the American Association of Plastic Surgeons (AAPS), the American Society of Plastic Surgeons (ASPS), the American Society for Aesthetic Plastic Surgeons (ASAPS), the American Association of Hand Surgeons (AAHS), the American Society for Surgery of the Hand (ASSH), and the American Society of Maxillofacial Surgeons (ASMFS).

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 Gwen A Hanuscin, Examination and Projects Coordinator
 Maggie M Prendergast, Oral Examination Coordinator
 Jennifer M Wise, Administrative Assistant
 Melissa M Rinnier, Staff Assistant

(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Plastic Surgery, Inc [ABPS], to ascertain whether the information below is correct.)

Introduction

The ABPS, which was organized in June 1937 by representatives of various groups interested in this type of surgery, received recognition as a subsidiary of the American Board of Surgery (ABS) in May 1938. The ABPS was given the status of a major specialty board in May 1941 by action of the Advisory Board for Medical Specialties as approved by the Council on Medical Education of the American Medical Association (AMA), which has designated certain specialty fields as being suitable to be represented by specialty boards.

The Board is organized under the laws of the State of Illinois for charitable, scientific, and educational purposes. No part of its net earnings shall inure to the benefit of any private member, director, officer, or other individual, nor shall the Board ever declare or make to any such persons any dividend or other distribution. Nothing herein, however, shall prevent the payment of reasonable compensation for services rendered or the reimbursement of reasonable expenses incurred in connection with the Board's affairs.

Plastic surgeons certified by the Board are listed in the *Official ABMS Directory of Board Certified Medical Specialists*, published by Elsevier Science in cooperation with the American Board of Medical Specialties (ABMS).

Mission Statement

The mission of the ABPS is to promote safe, ethical, efficacious plastic surgery to the public by maintaining high standards for the education, examination, certification, and recertification of plastic surgeons as specialists and subspecialists.

Description of Plastic Surgery

Plastic surgery deals with the repair, reconstruction, or replacement of physical defects of form or function involving the skin, musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk, external genitalia, or cosmetic enhancement of these areas of the body. Cosmetic surgery is an essential component of plastic surgery. The plastic surgeon uses cosmetic surgical principles both to improve overall appearance and to optimize the outcome of reconstructive procedures.

Special knowledge and skill in the design and surgery of grafts, flaps, free tissue transfer, and replantation is necessary. Competence in the management of complex wounds, the use of implantable materials, and in tumor surgery is required. Plastic surgeons have been prominent in the development of innovative techniques such as microvascular and craniomaxillofacial surgery, liposuction, and tissue transfer. Anatomy, physiology, pathology, and other basic sciences are fundamental to the specialty.

Competency in plastic surgery implies an amalgam of basic medical and surgical knowledge, operative judgment, technical expertise, ethical behavior, and interpersonal skills to achieve problem resolution and patient satisfaction.

Sponsoring Organizations

The ABPS consists of at least 20 directors who manage the affairs of the organization. The Board elects one director from names submitted by the American Board of Surgery (ABS). Public member(s) are elected from nominations submitted by the directors. The Board elects at least 19 directors from names submitted by the following 20 sponsoring organizations:

- The Aesthetic Surgery Education & Research Foundation, Inc
- Association of Academic Chairmen of Plastic Surgery
- The American Association for Hand Surgery
- The American Association of Plastic Surgeons
- The American Association of Pediatric Plastic Surgeons
- The American Burn Association
- The American Head and Neck Society
- American Society Cleft-Palate Craniofacial Association
- American Association for the Peripheral Nerve
- The American Society for Reconstructive Microsurgery
- The American College of Surgeons
- The American Society for Aesthetic Plastic Surgery, Inc
- The American Society for Surgery of the Hand
- The American Society of Maxillofacial Surgeons
- The American Society of Plastic and Reconstructive Surgeons
- The American Surgical Association
- The Canadian Society of Plastic Surgeons
- The Council of Regional Societies of Plastic and Reconstructive Surgery
- The Plastic Surgery Research Council
- Plastic Surgery Education Foundation

Once elected to the Board, that person's obligation will be primarily to the Board and not to the sponsoring organization.

In addition, one director is elected by the Board from names submitted by the ABS.

These individuals are the directors of the Board. Surgeons who fulfill the requirements of the Board and who are granted certification by the Board are known as diplomates of the ABPS.

Purposes

The essential purposes of the Board are

1. to establish requirements for the qualifications of applicants who request a certificate of their ability in the field of plastic surgery in its broadest sense;

2. to conduct examinations of approved candidates who seek certification by the Board;
3. to issue certificates to those who meet the Board's requirements and pass the respective examinations;
4. to do and engage in any and all lawful activities that may be incidental or reasonably related to any of the foregoing purposes.

The Board is not an educational institution, and certificates issued by the Board are not to be considered degrees. The certificate does not confer on any person legal qualifications, privileges, or license to practice medicine or the specialty of plastic surgery.

Standards of certification are clearly distinct from those of licensure; possession of a Board certificate does not indicate total qualification for practice privileges, nor does it imply exclusion of others not so certified. The Board does not purport in any way to interfere with or limit the professional activities of any licensed physician, nor does it desire to interfere with practitioners of medicine or any of their regular or legitimate activities.

It is not the intent nor has it been the function of the Board to define requirements for membership on the staff of hospitals or to define who shall or shall not perform plastic surgical operations. The Board is not a primary source of censure or primary review of ethical problems.

Policies

It is the Board's prerogative to determine the professional, ethical, moral, physical, and mental fitness of any candidate for its certificate.

The Board will consider opinions expressed concerning an individual's credentials only if they are in writing and signed.

It is the policy of the Board to maintain its autonomy and independence from political and economical considerations that might affect plastic surgery.

Advertising Requirements

The Board recognizes the role of legitimate advertising in the changing medical scene, but it does not approve of advertising that arouses unrealistic expectations, is false or misleading, minimizes the magnitude and possible risks of surgery, or solicits patients for operations that they might not otherwise consider.

Such advertising is improper and inconsistent with the high standards of professional and ethical behavior implied by certification by the ABPS. Misstatements regarding Board status are also inconsistent with the minimum ethical standards of the certified physician. The Board may penalize individuals misstating their status.

Although in the examination process, candidates may not advertise any status with the Board until certified after passing the Oral Examination. This includes, but is not limited to, statements, forms, or images that express or imply that one is a candidate, admissible, eligible, qualified, or affiliated with the Board prior to achieving certification.

Candidates are required to submit photocopies of all advertising materials to the Board. Examples of practice advertisements include, but are not limited to, business cards, letterhead, brochures, curriculum vitae, Web site content listing the candidate's qualifications, telephone book (yellow page) advertisements, and other print advertisements such as announcement flyers, magazines, and newspapers.

Candidates also may not represent themselves as members of the American Society of Plastic Surgeons (ASPS) by statements or use of the Society symbol as this can be regarded by the public as evidence of certification by the Board. The Board recommends that candidates and senior partners contact the marketing department of ASPS to determine adherence to the Society's policies before placing practice advertisements in print.

A candidate will be deferred from the examination process for at least 1 year if the Board receives written documentation of such advertising.

General Requirements

The following requirements for admissibility are in agreement with those promulgated by the ABMS:

1. The Board will accept only those persons whose major professional activity is limited to the field of plastic surgery.
2. The person must maintain an ethical standing in the profession and moral status in the community acceptable to the ABPS in conformity with the Board's Code of Ethics. Moral and ethical practices that do not conform with the Board's Code of Ethics may result in rejection of an application or in deferral of examination until such matters have been resolved satisfactorily.

The Board may deny a candidate the privilege of sitting for an examination, or may refuse issuance of a certificate, if it is found by additional disclosures or a recent change in status that the candidate no longer meets the general or professional requirements.

Professional Requirements

The Board considers the requirements detailed in the sections on prerequisite training and training requirements to be minimal. Candidates are encouraged to take advantage of broadening experiences in other fields.

The Board reserves the right to

1. request lists of operations performed solely by the candidate for 1 or more years;
2. request special and extra examinations: written, oral, or practical;
3. request any specific data concerning the candidate that may be deemed necessary before making a final decision for certification;
4. consider evidence that a candidate's practice after completion of training is not in accord with generally accepted medical or ethical standards, which may result in rejection of the application or deferral of the examination until such time as the matter has been satisfactorily resolved.

Undergraduate Medical or Osteopathic Education

Before prerequisite training, candidates must have graduated from a medical school in a state or jurisdiction of the United States that is accredited at the date of graduation by the Liaison Committee for Medical Education (LCME), a Canadian medical school accredited by the Committee on Accreditation of Canadian Medical Schools (CACMS), or a US osteopathic school accredited by the American Osteopathic Association (AOA).

Graduates of medical schools located outside the jurisdiction of the United States and Canada must possess a currently valid standard certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) or have completed a Fifth Pathway program in an accredited school of medicine in the United States.

Official Evaluation of Prerequisite Training

Official evaluation of prerequisite training by the Board is required prior to the initiation of residency training in plastic surgery for residents in independent programs and after the first year of residency for those in integrated plastic surgery programs. This simple preliminary step will prevent later disappointment. It is the responsibility of all residents in plastic surgery to obtain this evaluation. The Request for Evaluation of Training Forms are mailed upon request throughout the year. There is no deadline for submission of material to the Board office. Each prospective candidate must obtain a Request for Evaluation of Training Form from the Board

office prior to completion of prerequisite training. The completed Request for Evaluation of Training Form, a \$150 nonrefundable processing fee (made payable to The American Board of Plastic Surgery, Inc, in US Funds), and a copy of the prospective candidate's medical school diploma is required upon submission.

A Confirmation Letter will be sent directly to the resident upon review and approval of the prerequisite training. The Plastic Surgery Matching Program does require the Board's Confirmation Letter for the Match Application. Prospective candidates should be aware of the Match Application deadline, usually in the fall. Please allow 6 weeks for the processing of the Request for Evaluation of Training Forms and mailing of the Confirmation Letter from the Board office.

Directors of accredited residency training programs in plastic surgery must require all prospective trainees to have an official evaluation and approval of their prerequisite training by the Board before they begin plastic surgery training.

Approval for residency training in plastic surgery will be provided to those individuals who clearly meet the Board's established training requirements. Further information for detailed credential review will be obtained on all other individuals where training was in other than accredited programs.

Official evaluations will be made by the Credentials and Requirements Committee. Individual officers or members of the Board cannot and will not make such estimates or rulings. It should be emphasized that the answers to many questions require a decision by one or more of the committees of the Board. This applies particularly to evaluation of training and questions of admissibility. Decisions are referred to the entire Board at the next scheduled Board meeting.

The process of reaching a final decision may require several months, since the full Board meets only twice annually. March 1 and September 1 are the deadline dates for receipt of written submission of special requests, documentation, and required fee for consideration by the Credentials and Requirements Committee.

The Board will issue neither a letter verifying prerequisite training nor an Application for Examination and Certification Form until the Request for Evaluation of Training Form has been received and approved.

Training Requirements

There are two major pathways toward obtaining acceptable graduate level training in plastic surgery: the independent model and the integrated model.

In an independent model, the candidate must complete both (1) prerequisite training and (2) requisite training (plastic surgery). In an integrated model, no such distinction exists.

Residents may transfer, prior to the last 2 years, from an independent type of program to another independent program and from an integrated type of program to another integrated program, but they may not exchange accredited years of training between the two different models without specific prior approval by the Residency Review Committee for Plastic Surgery. The candidate must also provide written notification to the Board of anticipated transfers and obtain prior approval by the Board.

The minimum acceptable residency year, for both prerequisite and requisite training, must include at least 48 weeks of full-time training experience per year.

1. Independent Model

This model includes programs with 2 or 3 years of plastic surgery training. The Independent Model has *two options*. The first option has two variations. Each of the pathways described satisfy the requirements of the Board for entry into the certification process.

1. *Option 1, variation A* requires at least 3 years of clinical general surgery residency training to complete the prerequisite requirements of the Board. Residents must complete a minimum requirement of 36 months of training including specific rotations, which are noted in the Booklet of Information. This requirement of the Board stipulates that a minimum of 3 years of clinical training in general surgery, with progressive responsibility, in the *same* program must be completed *before* the resident enters a plastic surgery residency.

Option 1, variation B is the "combined" or "coordinated" residency. This option is the same as option #1A, with the exception that medical students are matched into a general surgery training program with a noncontractual understanding that they will become plastic surgery residents at the same institution after satisfactorily completing the 3-year minimum prerequisite requirement in general surgery. During this time they are considered residents in general surgery with an "expressed" interest in plastic surgery, but are not considered plastic surgery residents by the RRC-PS, AACPS, or ABPS until completing the prerequisite training program and entering the requisite years. These programs are not differentiated in the *Graduate Medical Education Directory* (the "Green Book"), but rather are found listed among general surgery and independent plastic surgery programs. Prerequisite and requisite requirements are completed at the same institution in this model.

2. *Option 2* is available for residents who have satisfactorily completed a formal training program (and are board admissible or certified) in general surgery, otolaryngology, neurological surgery, orthopedic surgery, urology, or oral and maxillofacial surgery (the latter requiring 2 years of clinical general surgery training in addition to an MD/DDS). Successful completion of these ACGME- or ADA-accredited programs fulfills the prerequisite training requirement.

Residents can officially begin a plastic surgery training program (requisite training) after completion of any of these prerequisite options, all of which require confirmation by the Board (Request for Evaluation of Training Form with confirmation letter regarding the acceptability of the prerequisite training for the Board's certification process).

In the Independent Model options, only the requisite period of training in the Independent Model is under the supervision of the RRC-PS. Note that the education in the Independent Model is accredited by the RRC-PS. However, in the "combined" model, the general surgery years are accredited by the RRC for General Surgery and not the RRC-PS.

Prerequisite Training

For United States or Canadian doctors of medicine or osteopathy with their medical degree or osteopathic degree granted in the United States or Canada, and international medical graduates, one of the following pathways must be taken:

1. A minimum of 3 years of clinical training in general surgery with progressive responsibility in the same program is required. Programs must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC). Rotating internships will not be accepted in lieu of a clinical year in general surgery. Broad surgical training experience is required.

A total of 36 months of general surgery is required. A minimum of 18 months must be devoted to rotations in the primary and secondary in the primary and secondary components of general surgery as listed in Categories 1 through 12 below:

1. General surgery
2. Alimentary tract surgery
3. Abdominal surgery

4. Breast surgery
5. Head and neck surgery
6. Vascular surgery
7. Endocrine surgery
8. Surgical oncology
9. Trauma
10. Critical care
11. Pediatric surgery
12. Transplant

During the 36 months of general surgery, no more than a total of 12 months may be served in the other areas of surgical training such as:

1. Gynecology
2. Neurologic surgery
3. Ophthalmology
4. Orthopedic surgery
5. Otolaryngology
6. Urology
7. Anesthesia
8. Burns
9. Surgical pathology
10. Surgical dermatology
11. Oral and maxillofacial surgery
12. Cardiothoracic surgery

During the 36 months of general surgery no more than 1 month can be spent on pathology or dermatology and no more than 2 months on oral and maxillofacial surgery.

During the 36 months of general surgery no more than 3 months may be spent on a single rotation of the other subspecialties and no more than 6 months may be assigned on the combination of plastic surgery and hand surgery rotations.

This program must be approved by the Residency Review Committee (RRC) for Surgery and accredited in the United States by the ACGME or in Canada by the RCPSC for full training. The minimum of 3 years of clinical training with progressive responsibility in the same program in general surgery must be completed before the candidate enters a plastic surgery residency. The satisfactory completion of this requirement must be verified in writing by the general surgery program director (see "Verification of Prerequisite Training," below). *Or*

2. An accredited residency training program in neurological surgery, orthopedic surgery, otolaryngology, or urology. Prospective candidates may initiate residency training in plastic surgery following satisfactory completion of the entire course of training in the United States or Canada, as prescribed for certification by the American Board of Neurological Surgery, the American Board of Orthopaedic Surgery, the American Board of Otolaryngology, or the American Board of Urology. They must meet and comply with the most current requirements in these specialties. Satisfactory completion of training must be verified in writing by the training program director (see "Verification of Prerequisite Training," below) and evidence of current admissibility to the respective specialty board's examination process in the United States is required.

For prospective candidates with an MD degree obtained in the United States or Canada combined with a DMD or DDS degree Satisfactory completion of a residency program in oral and maxillofacial surgery approved by the American Dental Association (ADA) is an alternate pathway for prerequisite training prior to plastic surgery residency. The satisfactory completion of this training must be verified in writing by the oral and maxillofacial surgery program director. This program may include the integration of a medical school component resulting in a doctor of medicine (MD)

degree or the Medical Degree may be obtained before or after residency training in oral and maxillofacial surgery.

This combined training must also include a minimum of 2 years of only clinical general surgery training progressive responsibility under the direction of the general surgery program director after obtaining the MD degree. These 24 months may be devoted only to those rotations in the 13 primary and secondary components of general surgery as listed previously. The general surgery program director must verify in writing the completion of 2 years of general surgery training, the level of responsibility held, inclusive dates, and specific content of rotation. Rotations in general surgery during medical school, prior to the MD degree, will not be considered as fulfilling any part of the 24-month minimum requirement. If the general surgery component is completed at an institution other than the sponsoring institution of the oral and maxillofacial surgery residency, then this training must be completed consecutively, with all 24 months spent in the same general surgery program that has been reviewed by the RRC for Surgery and is accredited by the ACGME in the United States.

Verification of Prerequisite Training

To obtain written verification from the program director under whom the candidate completed prerequisite training, the Board office will mail a verification form to the program director for completion and return by the program director. It is the candidate's responsibility to determine that the form has been completed and returned to the Board office.

Requisite Training

Graduate Education in Plastic Surgery

Two years of plastic surgery training is required, and the final year must be at the senior level. Residents entering a plastic surgery residency accredited for 3 years of training must complete the entire 3 years, including 1 year of senior responsibility.

Prospective candidates are required to complete both years of a 2-year program in the same institution or the last 2 years of a 3-year program in the same institution. In either instance, the final year must be at the senior level.

Training in plastic surgery must be obtained in either the United States or Canada. The Board recognizes training in those programs in the United States that have been approved by the RRC for Plastic Surgery and accredited by the ACGME or those programs approved by the RCPSC.

Content of Training

Candidates must hold positions of increasing responsibility for the care of patients during these years of training. For this reason, major operative experience and senior responsibility are essential to surgical education and training.

An important factor in the development of a surgeon is an opportunity to grow, under guidance and supervision, by progressive and succeeding stages to eventually assume complete responsibility for the surgical care of the patient.

It is imperative that a resident hold positions of increasing responsibility when obtaining training in more than one institution, and 1 full year of experience must be at the senior level. The normal training year for the program must be completed. No credit is granted for part of a year of training.

The Board considers a residency in plastic surgery to be a full-time endeavor and looks with disfavor upon any other arrangement. The minimum acceptable training year is 48 weeks. Should absence exceed 4 weeks per annum for any reason, the circumstances and possible makeup time of this irregular training arrangement must be approved by the RRC for Plastic Surgery, and documentation of this approval must be provided to the Board by the program director. No credit but no penalty is given for military,

maternity/paternity, or other leaves during training. Residents or Candidates in the examination process called to active military duty do not need to submit a reapplication if 5 years expire during the active duty period.

Training in plastic surgery must cover the entire spectrum of plastic surgery. It should include experience in both the functional and cosmetic management of congenital and acquired defects of the head and neck, trunk, and extremities. Sufficient material of a diversified nature should be available to prepare the trainee to pass the examination(s) of the Board after the prescribed period of training.

This period of specialized training should emphasize the relationship of basic science—atomy, pathology, physiology, biochemistry, and microbiology—to surgical principles fundamental to all branches of surgery and especially to plastic surgery. In addition, the training program must provide in-depth exposure to the following subjects: the care of emergencies, shock, wound healing, blood replacement, fluid and electrolyte balance, pharmacology, anesthetics, and chemotherapy.

Accredited Residency Programs

Information concerning accredited training programs for the independent model may be found in the *Graduate Medical Education Directory* (the "Green Book") published by the American Medical Association (AMA) under the aegis of the ACGME. Copies of this directory are available at many medical schools and libraries, or candidates may order the directory directly from the AMA by calling toll-free 800 621-8335, or by writing to Order Department OP416702, American Medical Association (AMA), PO Box 930876, Atlanta, GA 31193-0876; www.ama-assn.org. The Board does not inspect or approve residencies. The RRC for Plastic Surgery inspects and makes recommendations for or against approval of a residency training program in plastic surgery only after the director of the residency has filed an application for approval by the RRC for Plastic Surgery. For information contact the office of Doris A Stoll, PhD, 515 N State St, Chicago, Illinois 60610; 312 464-5505; www.acgme.org.

The RRC consists of nine members, three representatives from each of the following: the ABPS, the ACS, and the AMA.

Neither the Board nor its individual members can be responsible for the placement of applicants for training. The Board does not maintain a list of available openings in programs. Prospective candidates seeking accredited training in plastic surgery should correspond directly with the directors of those training programs in which they are interested.

Most plastic surgery residencies participate in a special Plastic Surgery Matching Program. For information, contact Plastic Surgery Matching Program, PO Box 7584, San Francisco, California 94120-7584; 415 447-0350; www.sfmach.org.

Nonapproved Residencies

No other residencies in the United States, Canada, or other countries are acceptable in lieu of those specified above. This in no way implies that quality training cannot be acquired elsewhere, but the Board has no method of evaluating the quality of such programs and must be consistent in its requirements.

The Board grants no credit for training, residency, and/or experience in disciplines other than those named.

2. Integrated Model

United States Program

Candidates must have a medical or osteopathic degree granted in the United States or Canada by an institution accredited by the LCME or the AOA.

Graduates of allopathic medical schools in the United States or its territories not accredited by the Liaison Committee for Medical

Education (LCME) who have successfully completed the licensure requirements in a US jurisdiction are deemed to have appropriate undergraduate medical credentials.

Graduates of schools of medicine from countries other than the US or Canada must present evidence of final certification by the Educational Commission for Foreign Medical Graduates (ECFMG). Information on this certification can be obtained by writing to ECFMG, 3624 Market St/4th Fl, Philadelphia, PA 19104-2688; 215 386-5900; www.ecfm.org.

Accreditation by the ACGME is required for all years of the training program.

Training in the Integrated Model requires no less than 5 years of RRC-PS accredited residency under the authority and direction of the plastic surgery program director. The curriculum includes the basic experience as detailed above under "prerequisite training" and is determined by the plastic surgery program director and accredited by the RRC-PS. No less than 2 years of this program must be concentrated in plastic surgery, and the final 12 months must entail senior clinical plastic surgery responsibility. The last 2 years of training must be completed in the same program.

Transfers to Integrated Programs

A resident transfer into a vacant position in an Integrated Program must be approved by the program director, the RRC-PS and the ABPS. The following documentation must be provided to the Board office for review and approval:

1. Letter from the RRC-PS approving the opening in the integrated program;
2. Letter from the general surgery program director indicating the exact dates of training that will be completed at the time of the transfer;
3. Letter from the integrated plastic surgery program director indicating the acceptance of the resident; and
4. Completed Request for Evaluation of Training Form, \$150 Processing Fee, and photocopy of medical school diploma from the resident.

Canadian Combined Program

This requirement will pertain to all those applying for admission to the ABPS examination process beginning in the year 2000, but candidates may begin such a course of training before then if they so desire.

The third year of training in the Canadian 5-year combined program must consist of varied rotations of a general surgery nature demonstrating progressive responsibility at a third-year level. This program must be approved by the RCPSC for full training.

Rotations may include the alimentary tract; the abdomen and its contents; the breast, skin, and soft tissue; the head and neck, including trauma, vascular, endocrine, congenital, and oncologic disorders, particularly tumors of the skin, salivary glands, thyroid, parathyroid, and oral cavity; the vascular system, excluding the intracranial vessels, the heart, and those vessels intrinsic and immediately adjacent thereto; the endocrine system; surgical oncology, including coordinated multimodality management of the cancer patient by screening surveillance, surgical adjunctive therapy, rehabilitation, and follow-up; comprehensive management of trauma, including musculoskeletal, hand, and head injuries (responsibility for all phases of care of the injured patient is an essential component of general surgery); and complete care of critically ill patients with underlying surgical conditions in the emergency room, intensive care unit, and trauma/burn units. No more than 6 months of this training may be spent on any single subspecialty surgical service, such as a burn unit, during the 3 years.

A Request for Evaluation of Training Form must be completed and returned by the candidate to the Board office along with a \$150

nonrefundable processing fee in US funds (made payable to The American Board of Plastic Surgery, Inc).

A Verification Form must be completed and signed by both the director of postgraduate education for the university's department of surgery and the director of the university's training program in plastic surgery. After completion of plastic surgery training, the director of postgraduate surgical education and the plastic surgery program director will be required to complete and sign the last page of the Application for Examination and Certification Form.

Applying for Examination and Certification

The prime purpose of the Board is to evaluate the education, training, and knowledge of broadly competent and responsible plastic surgeons. The Board cannot issue letters attesting to admissibility to the examination process to any person, institution, or organization until this formal application, along with the required supporting documents, have been received and approved.

The Application Process

In order to be admitted to the examination process leading to Board certification, prospective candidates should write to the Board office requesting application materials no later than December 30 of the final year of their plastic surgery residency by one of the following methods:

- submitting the Senior Resident Form provided by the Board to each plastic surgery program director
- writing, faxing, or sending an email to the Board office requesting Application Materials
- submitting a Web site application request at www.abplsurg.org

A Senior Resident Form may be obtained from the residency program director, who will receive these post cards in December. Upon this written request, an Application for Examination and Certification Form will be provided and should be completed and submitted to the Board office by the deadline indicated in the application cover letter.

Prospective candidates must submit a completed Application for Examination and Certification Form to the Board office within 2 years after completion of their residency in plastic surgery in order to be considered for admission to the examinations leading to Board certification. Prospective candidates with disabilities requesting special accommodations for the examination process must do so in writing and provide documentation of the disability when submitting the Application for Examination and Certification Form (refer to "Examination of Candidates with Disabilities").

Deadline for Submission of Application Material

Applications for admission to the written examination must be received in the Board office by the deadlines listed in the *Booklet of Information*.

Licensure

All candidates must have a current, valid, registered, full, and unrestricted license to practice medicine in a state, territory, or possession of the United States or in a Canadian province, and they must continue to be licensed throughout the certification process. A temporary limited license, such as an educational, institutional, or house permit, will be acceptable for the first year of admissibility to the Written Examination until full licensure is achieved. Candidates must submit a photocopy of an active registration certificate bearing a date that will be valid at the time of examination(s), with each Reply Form submitted.

Commissioned officers of the medical service of the armed forces of the United States or Canada on active duty need not present evidence of current registration of licensure but must provide appropriate information regarding their status.

Restrictions to Medical Licensure

It is the candidate's responsibility to report, in a timely manner, all disciplinary actions to medical licenses from any and all state medical boards. The following sanctions by any and all state medical licensing boards where the candidate holds a license are considered a restricted license and will delay a candidate's admissibility to the Written or Oral Examination:

1. Limitation on practice or parts of practice
2. Probation
3. Probation with monitoring
4. Probation with supervision
5. Suspension

Other sanctions to a candidate's medical license such as reprimands, fines, community service, or a stayed suspension must be reported to the Board and will be considered by the Ethics Committee before a candidate is admissible to the Written or Oral Examination.

Hospital Privileges

Candidates must provide evidence of active operating privileges in plastic surgery in a hospital throughout the examination process. Exceptions may be made for Written Examination candidates at the initiation of practice in plastic surgery or those pursuing additional fellowship training. Privileges held exclusively in outpatient facilities are not acceptable.

Letters of Recommendation

If a candidate has completed training in more than one program in plastic surgery, the program director of the first year of training must verify to the Board, in writing, the satisfactory completion of that year of training. Additionally, the Board may require favorable evaluations and verification from other surgeons.

Residency Graduation Form (US Programs)

A Residency Graduation Form will be mailed by the Board office directly to the plastic surgery program director for completion at the end of the resident's training in plastic surgery. A single form will be sent for each resident and will require signatures in two places. The first signature, by the program director, will attest that the resident has completed a residency training program in plastic surgery accredited by the RRC for Plastic Surgery or by the RCPSC under his/her direction and that the accredited number of years included a year of senior responsibility. The second signature will signify that the program director recommends the resident for admission to the examination process of the Board.

The Board requires each program director to complete a Residency Graduation Form for each graduating resident by July 15 of the year of residency completion.

If the program director elects not to sign either statement, the director is required to provide a full written explanation of the reason the required signature(s) is not provided. The individual's application cannot be processed, nor will the individual be admitted to the examination process of the Board, without both required signatures.

The program director must record any deficiencies that were responsible for the lack of signature(s) and discuss these with the individual. This written communication must be given to the individual and a copy must be forwarded to the Board office. If further educational training or experience is completed, the program director should request, within 30 days, that another Residency Graduation Form be sent for the required signature(s). If the individual is still felt to be deficient and not recommended for admission to the examination process of the Board, the program director again must communicate the cause for the lack of signature(s) to the Board office.

Failure on the part of the program director to complete the Residency Graduation Form within the stipulated framework will be

considered an abrogation of the responsibility of the program director, and the RRC for Plastic Surgery or the RCPSC shall be so notified.

Notification of Admissibility

Candidates have unlimited opportunities to successfully complete the Written and Oral Examinations. Candidates must reapply every 5 years to remain admissible to the examination process. Candidates deferred from the examination process may contact the Board office in writing to request Reapplication Materials for admissibility to the Written Examination. Candidates must adhere to the Board's Advertising Requirements, listed earlier, as well as the Code of Ethics.

All candidates must comply with the current requirements in effect for the year in which the examination is taken regardless of the time the original application was approved.

It is the responsibility of candidates to seek information concerning the current requirements for certification by the Board. These requirements are delineated annually in the *Booklet of Information*. The Board does not assume responsibility for notifying candidates of changing requirements. The Board recommends that candidates visit the Board's Web site or contact the Board annually by email to obtain a *Booklet of Information* for the current requirements and deadline dates.

All candidates taking an examination of The American Board of Plastic Surgery, Inc. must complete the *entire* examination.

Certification by any other specialty Board does not exempt candidates from any part of the examination process.

Fellowship training does not affect admissibility to the Written Examination. However, active practice in plastic surgery is required for admissibility to the Oral Examination.

Written Examination: October 17, 2005

Requirements for the Written Examination

1. Candidates must hold medical staff privileges in plastic surgery in a United States, Canadian, or foreign hospital throughout the examination process. Verification of current plastic surgery privileges must be provided to the Board from the medical staff office(s) of each institution(s).
2. Candidates must have a valid, unrestricted license to practice medicine. Restrictions or sanctions to any medical license must be reported to the Board within 60 days of the restriction. Details of license restrictions are listed earlier in this document. Restrictions will delay the candidate's progress through the examination process.

The Written Examination will be conducted in the fall each year or at any other time deemed suitable by the Board. The examination will be given on 1 day throughout the United States and Canada. No exceptions will be made, and special examinations will be given only under unusual circumstances (see Special Situations).

The Written Examination is a Computer-Based Test (CBT) offered at Prometric Testing Centers (PTC). The Board cannot guarantee scheduling for specific test centers.

Test Centers for CBT

Prometric provides services for professional licensure, academic assessment, and certification for various other professional and academic needs. Prometric administers testing programs for educational institutions, corporations, professional associations, and other organizations.

All Prometric Test Centers are set up similarly. This not only helps enhance security, but also provides the same standards of comfort and uniformity for all candidates. Locations of Prometric Test Centers available for the Written Examination can be found at

the Prometric Web site, under the "Test Takers" & "Locate a Test Site" buttons. In the Test Center Locator drop down field under "Select your area of study," chose Professional Licensure and Certification. Select your test state on the right drop down field. Click "NEXT." Scroll down the client/program list to American Board of Plastic Surgery. Click next and ABPS-PS-WE Plastic Surgery Written Examination will appear. The list of test centers in your selected state will appear.

Admissibility to the Written Examination

Candidates will be admissible to the Written Examination in the fall following successful completion of residency in plastic surgery, provided the Application for Examination and Certification is approved.

The Board reserves the right to defer a candidate in the examination process for consideration of ethical or other issues. Refer to the Board's Code of Ethics.

Admission to Examination

Candidates will not be accepted for admission to the Written CBT Examination if the Reply Form (green), medical license, verification of hospital privileges in plastic surgery, and Examination Fee are not received by the deadline date indicated in the Announcement Letter. *Reply Forms that are incomplete will be subject to a Missing Items Penalty Fee.*

Announcement Information

Reply Form and Examination Fee Deadline

Two groups of candidates are taking the examination in 2005. These include those who completed residency before 2005 and have an approved Application for Examination and Certification and those who complete residency on June 30, 2005. The instructions and deadlines below pertain to these two groups.

Candidates Approved for Examination

An Announcement Packet will be sent in January to candidates approved for the examination process on or before December 31, 2004. The Reply Form (green) deadline for the Written Examination is the close of the business day on March 3, 2005. The Examination Fee of \$1,250 and all required materials must accompany the Reply Form (green) in order to be scheduled for the Written Examination. A late penalty fee of \$500 must accompany the Reply Form and Examination Fee if received by the Board office from March 4, 2005, up to and including the close of the business day on March 15, 2005. Reply Forms (green), Examination Fees, and documents noted above received March 4 to March 15 will be considered only on a space available basis.

Senior Resident Candidates

An Approval Letter and Announcement Packet will be sent in July 2005 for candidates approved for the examination process after June/July 2005. The Reply Form (green) deadline for the Written Examination is the close of the business day on July 20, 2005. The Examination Fee of \$1,250, and all required materials must accompany the Reply Form (green) on July 20, 2005. This deadline for candidates completing residency on June 30, 2005, is absolute. No late Reply Forms will be accepted.

Reply Forms (green) and Examination Fees received in the Board office after the close of the business day on March 15 or July 20 as noted above, will not be accepted for admission to the 2005 Written Examination.

Important: Both sides of the Reply Form (green) *must* be completed. Candidates will not be scheduled for examination without a complete listing of hospital or academic appointments. Please note

on the Reply Form if these privileges are pending with a full explanation of details.

Candidates are responsible for their own travel and expenses to test center sites.

A guaranteed delivery service is recommended to insure receipt of materials by the deadline dates.

Receipt of the Scheduling Permit

Upon receipt and approval of all required materials, candidates will be scheduled for the examination. Candidates will be sent a Scheduling Permit (orange) approximately 4 to 6 weeks before the examination. The Scheduling Permit (orange) will include the date of the examination, instructions, a scheduling number, candidate identification number (CIN), and toll free phone number for making an appointment at a Prometric Test Center. Contact the Board office immediately if the name on the Scheduling Permit is not an *exact* match to that listed on the photographic identification that was submitted to the Board office with the Reply Form.

Scheduling a Test Center Appointment

Candidates should contact Prometric immediately upon receipt of the Scheduling Permit in order to schedule an appointment. *Candidates must have the Scheduling Permit in hand to schedule the appointment.* Appointments are assigned on a first-come, first-served basis. (If a candidate delays scheduling an appointment, he/she may not receive the preferred location.) When calling, a Prometric representative will ask for information from the Scheduling Permit and provide details regarding the test centers and location specified by the candidate. If a preferred test center is not available, the candidate will be advised of other nearby test centers where a testing appointment is available. Prometric does not make appointments prior to the provision of the permit to candidates.

Testing Day Requirements

Advise the Board office *immediately* by telephone if the Scheduling Permit is lost prior to the examination. Candidates will not be admitted to the Prometric Test Center without the scheduling permit and a valid government-issued photograph identification. The candidate's name as listed on the Scheduling Permit must be an *exact* match to that listed on the photographic identification. Contact the Board immediately if there is a difference in name. Candidates must present the following items to the Prometric Test Center:

1. Scheduling Permit (orange)
2. Photographic Identification

Withdrawal From Examination

The Board office must receive a letter from the candidate indicating the intent to withdraw from the examination at least 30 calendar days before the date of the examination. Candidates will be refunded \$550, the Examination Fee less a processing charge of \$700. Candidates who *withdraw* from the examination after this date or who fail to appear for the examination will *forfeit* the entire Examination Fee. Withdrawal is final. No rescheduling will be considered.

Registration and Administration of the Written Examination

All candidates must take the entire examination on the same day. Individual Prometric Test Center issues will be handled on site with final approval by the Board.

If for any reason candidates are delayed or cannot arrive on time, they must notify the Board office immediately and the Board will contact the Prometric Test Center. If candidates are unable to attend the examination, they must notify the Board office either by letter or by telephone. Any candidate who is more than 30 minutes late may not be admitted to the examination.

Candidates are not permitted to bring any notes, textbooks, clipboards, pocketbooks, personal digital assistants (palm pilots, etc),

electronic devices, or other reference materials into the test center. Cell phones and beepers must be turned off. Scratch paper is not permitted.

Examination questions are prepared by and/or at the direction of The American Board of Plastic Surgery, Inc, are the sole and exclusive property of the Board, and said examination items are protected under the copyright laws of the United States and other countries. The examination items may only be used for such purposes as are designated from time to time by the Board and other than such designated purposes. The Board reserves all other rights.

Copying, by any means, of all or any part of such examination items or unauthorized use in any way whatsoever of said examination items is strictly prohibited.

Change of Address

If a candidate's address, as it appears on the Scheduling Permit, is incorrect or will change before the "Result Mailing Date," please contact the Board office immediately.

Examination Schedule

Candidates are advised to read the Announcement Letter for possible changes in the Written Examination format.

The Written Examination Computer-Based Test will consist of the following format:

- 15-minute optional tutorial.
- 400 multiple-choice questions formatted in four blocks of 100 questions. Each block is 1 hour and 40 minutes in length.
- Total break time of 35 minutes (optional).
- Total testing time is 6 hours and 40 minutes. Total time at the test center is no longer than 7 hours and 30 minutes.

All candidates will have the same number of questions and the same time allotment. Within each block, candidates may answer questions in any order and review and/or change their answers. When exiting a block, or when time expires, no further review of questions or changing of answers within that block is possible.

Candidates will have 35 minutes of total break time, which may be used to make the transition between blocks and for a break. A break may only be taken between each block of questions.

Examination Tutorial

A tutorial is provided which reviews each screen and 10 to 20 inactive items for practice. This is provided to relieve anxiety about the mechanics of computer-based testing. The tutorial also reviews the process of marking items for review at the completion of each section or block of the examination. Once a section has been completed, candidates may not access questions from the previous section or block of items. The tutorial is available for downloading to personal computers from the Board's Web site in the Examination Information section. The Board strongly recommends that candidates preview the tutorial a number of times to become familiar with the CBT format.

Content of the Written Examination

The Examination consists of multiple-choice (one best answer) questions. In general, each test item consists of a question, a case history, or a situation, followed by a list of possible answers. Instructions for completion of questions are provided in the computer program, which candidates will receive at the start of the examination.

The subjects covered in the examination are listed below and will cover the entire field of plastic surgery:

1. Gross and functional anatomy, and embryology.
2. Basic knowledge of pathology, eg, the biologic behavior of neoplasms, inflammation, and repair.
3. Basic techniques, wound healing, microsurgery, transplantation.

4. Burns, sepsis, metabolism, trauma, resuscitation, nutrition, endocrinology, shock, hematology.
5. Pre- and postoperative care, anesthesia, cardiorespiratory care, complications, and clinical pharmacology.
6. Cosmetic and breast surgery.
7. Tumors of the head and neck, skin, and breast, including treatment by radiation therapy, immunotherapy, chemotherapy, and surgery.
8. Trunk, lower extremity, musculoskeletal system, pressure ulcers, rehabilitation.
9. Hand, peripheral nerves, rehabilitation.
10. Maxillofacial and craniofacial surgery and microsurgery.
11. Congenital anomalies, genetics, teratology, facial deformity, speech pathology, gynecology, and genitourinary problems.
12. Psychiatry, and legal medicine.

The questions for the examination cover subjects considered to be of fundamental importance to competent performance in the field of plastic surgery. Every effort is made to avoid "trick" questions, ambiguity, and questions involving irrelevant facts. All questions are analyzed by psychometric methods to assure their quality.

Candidates will *pass* or *fail* on the strength of their performance on the entire CBT format Written Examination.

Result Letters

Written Examination result notification letters (*pass* or *fail*) will be mailed on December 22. The time period between administration of the examination and notification of the results is necessary to allow for extensive analysis and to assure that individual results are reliable and accurate.

Results of the examination will be divulged to no one until after the result letter has had time to reach candidates. If a week has elapsed after the "Result Mailing Date" and candidates still have not received the result letter, they may then call the Board office for the examination results. Information will be given only to the candidate. No designees will be accepted. The Board staff will verify the candidate's identity before releasing results by telephone.

Each candidate will receive a single final grade (*pass* or *fail*) for the entire examination. The score (*pass* or *fail*) on the examination will be determined by the total number of alternatives answered correctly. Therefore, candidates are encouraged to answer all items.

Pass

If a candidate passes the Written Examination, he/she will be informed in writing.

Fail

If a candidate fails the Written Examination, he/she will be informed in writing. A candidate who has received a failing result must repeat the entire Written Examination.

Score Validation (\$200)

Score Validation of the Written Examination is available upon written request. To request score validation, candidates must write to the Board office within 30 days of the date on the result letter. The Score Validation Fee is \$200.

The Written Examination is scored and analyzed by the National Board of Medical Examiners (NBME), which has extensive experience in the field of medical examinations.

Cancellation of Examination

Should The American Board of Plastic Surgery, Inc, in its sole discretion, cancel the Written Examination, or as a result of events beyond its control be unable to administer the Written Examination at the appointed date, time, and location; or should the Board fail to conclude a candidate's Written Examination, the Board is not responsible for any expense the candidate may have incurred in connection with the canceled Written Examination, nor for any

expense the candidate may incur for any substitute Written Examination.

Oral Examination: November 10, 11, 12, 2005

Case Collection Instructions Requirements and Information

Prior to becoming admissible to the Oral Examination, candidates must have passed the Written Examination.

Candidates admissible to the Oral Examination will be sent an Information Letter annually, including registration instructions to obtain an individual user name, password, and requirements for case list compilation. The case list compilation program is a Web-based application hosted by DataHarbor.com. A common portal for data collection called Tracking Operations and Outcomes in Plastic Surgery (TOPS) is used by the Board and the American Society of Plastic Surgeons (ASPS). The program provides a standardized case list format that facilitates the Board's review. The data submitted to the Board is strictly confidential and will not be shared with ASPS. These standardized data collection fields will be familiar to candidates in the future when presenting data to ASPS for membership and research activities.

Candidates must have Internet access to complete the case list compilation. It is strongly recommended that candidates dedicate at least 30 minutes to thoroughly review all requirements for case list compilation and case report preparation before beginning the case collection process.

Admissibility to the November 2005 Oral Examination

Candidates are required to submit a 7-month case list collected during the period beginning September 1, 2004 through March 31, 2005, the \$540 nonrefundable Case List Review Fee, and advertising materials by the April 22, 2005 deadline to be sent an Announcement Packet for the November 2005 Oral Examination.

Candidates have unlimited opportunities to successfully complete the examination process. Candidates must reapply every 5 years to remain admissible to the Examination process. Candidates deferred from the Examination process may contact the Board office in writing to request Reapplication Materials for admissibility to the Oral Examination.

The Board reserves the right to defer a candidate from the Examination process for consideration of ethical or other issues.

Practice Requirements for Oral Examination

1. Candidates must be actively engaged primarily in the practice of plastic surgery before, during, and after the case collection period and throughout the examination process.
2. Candidates must hold medical staff privileges in plastic surgery in a United States, Canadian, or foreign hospital throughout the case collection and examination process. Current verification of hospital privileges in plastic surgery must be provided from *all* medical staff offices of every institution with the Reply Form.
3. Candidates must have a valid, unrestricted license to practice medicine. Restrictions or sanctions to any medical license must be reported to the Board within 60 days of the restriction. Details of license restrictions are listed earlier in this document. Restrictions will delay the candidate's progress through the examination process.
4. A fellowship is not considered independent practice. Case collection may not occur during fellowship training.

The Board reserves the right to defer a candidate from the examination process for consideration of ethical or other issues. The candidate is urged to refer to the Advertising Requirements and the Board's Code of Ethics.

Case List Compilation

Candidates for the November 2005 Oral Examination are required to provide the Board with a compilation of all operative cases and hospitalized patients during the 7-month period beginning September 1, 2004 and ending March 31, 2005. Case lists, fees, and advertising materials are due in the Board office by the close of the business day on April 22, 2005. The Board utilizes the data provided to become familiar with the candidate's practice and to select five cases for the case report session of the examination.

[*Note:* Candidates should make address corrections on the Data Harbor Web site. An address correction upon first entry onto the TOPS site will generate an email notification to the Board office of any address changes. Notification can also be made by email to oral@abplsurg.org. Candidates should not assume that address changes entered later in the candidate data fields will automatically alert the Board office to address changes.]

The printed case list will be in chronological order for each institution (hospital, office-based surgery, etc) and will include: patient's initials, hospital (or other) identifying number, age in years calculated from date of birth, gender, date of operation, case classification, diagnosis, procedure(s) performed (if any), CPT codes plus modifiers (identical to those used for billing on that case), outcome (including complications), site of operation (ie, inpatient vs outpatient facility), and duration of procedure. Affidavits for each institution are automatically printed out on the last page of each institution's list of cases. The Candidate Affidavit, printed as a separate document, attests that the case list contains all cases performed during the 7-month period. The Candidate Affidavit also attests that the CPT codes listed are an exact representation of those submitted, or would have been submitted (eg, CPT codes listed for cosmetic cases, Veterans, Military, Kaiser Permanente, or foreign practice environments), for billing purposes.

Data entry, proofing, and editing must be completed by April 22, 2005 in order to meet the submission deadline. The Clinical Log application program will not allow changes in the case list data after this date, although you may view and print the case list at later dates.

The case list is prepared, selected, and printed from the menu options. After generation of the case list and preparation of the additional material, the original case list, and an exact photocopy of the original case list and the candidate case summary sheet, all advertising documents and the \$540 Case List Review Fee must be submitted to the Board office by the deadline date of April 22, 2005.

Instructions for Data Compilation

The Board recommends that candidates begin compiling the case list on a weekly or monthly basis, rather than waiting until the last month of the case list collection period to begin data compilation on the TOPS application. The case log screen will assist in reviewing the cases. Candidates can sort by all headings on the Case Log screen including case number, patient name, record number, facility, date of surgery, edit date, and status. A search can be accomplished by clicking the Search Cases at the top of that page. The Add Case Screen highlights all required fields with an asterisk and outlines incomplete required fields with a red box. A trial printing well in advance of the deadline will also help in troubleshooting problems. Do not underestimate the magnitude of the data collection task. To comply with HIPAA regulations, the Board and candidates must complete a Business Associate Agreement.

General Guidelines

The case list *must* include:

- All operative procedures, whether inpatient, outpatient, or office-based surgery.

- All patients hospitalized by the candidate as the admitting physician, even if the patient is managed nonoperatively.
- All emergency room patients who required an operative note.
- Multiple operative procedures performed on the same patient. This inclusion allows automatic cross-referencing by the computer program. However, hospital number or other identifying numbers and patient initials must be consistent for the patient with multiple procedures (eg, if a patient is listed at more than one institution, the same identifying number must be used to identify the patient). Do not use the full Social Security Number (SSN) as an identifier in order to protect patient confidentiality. For the purposes of the case list, candidates should use only the last four digits, which should allow the medical record administrator to verify and identify the cases with the patient initials.
- Cases performed by a resident and attended by the candidate, or cases billed as co-surgeon.

Do *not* include:

- Office-based surgery of a minor nature (eg, excision of nevus). However, the Board suggests that the candidate err in the direction of inclusion of cases rather than exclusion when in doubt.
- Voluntary surgical activity in developing countries. Cases performed during such service are not to be included in case compilation because of the lack of continuum of care.
- Inpatient consultations on patients admitted by physicians on other services that did not culminate in a surgical procedure.
- Assistant cases, namely cases billed by the candidate as an assistant surgeon.

Data Entry

Required fields are noted with an asterisk and are outlined with a red box (incomplete) until data is entered.

1. Enter patient name. Only patient initials (first; middle, if available; last) will be displayed to the Board and on the case list.
2. Enter a patient number in the medical record # field. Use the same patient number for all procedures for the same patient during the case collection time regardless of the location (eg, office, outpatient facility, hospital) to allow for cross-referencing. Do not use full social security numbers to protect patient confidentiality.
3. Enter patient date of birth. Age in years (years/months/days) will be calculated and displayed on the printed list.
4. Enter patient gender. Patient race is not a required field and will not be displayed on the printed list.
5. Enter hospital facility name. Click on the yellow asterisk/pencil to add/edit the name of a facility.
6. Enter the admission status as inpatient or outpatient. An inpatient admission is defined as an overnight stay of 1 or more nights. An outpatient admission is defined as 23 hours or less.
7. Enter date of procedure. Multiple procedures on the same patient, on the same date, should be entered as one case. Use the date of admission for nonoperative inpatient cases.
8. Enter duration of procedure. Duration is defined as skin to skin excluding anesthesia time. Approximate duration of the surgical procedure should be entered in hours and minutes.
9. Enter the diagnosis description as free text. Providing complete diagnosis and procedure information is essential. From the operative notes, give an accurate written description of the diagnosis and the operative procedure(s). Ignore the ADD ICD-9 code function. Do not use ICD-9 and CPT codes in place of the written description of the diagnosis and procedure(s). If the case was nonoperative, include a discharge summary diagnosis.
10. Enter the procedure description as free text. Comments about complications or death of a patient may also be added here.
11. Include all CPT codes plus modifiers used for insurance billing purposes. CPT codes must be assigned as well for all cases that

were not billed to insurance (eg, cosmetic cases). CPT codes starting with 99 (evaluation and monitoring codes for office visits, consultations, etc) are not required. For nonsurgical admissions 99 CPT codes can be used.

To provide an equitable examination for all candidates, no candidate will be exempt from CPT coding. Candidates practicing in Managed Care Relationships, Military, Veterans Administration, Kaiser Permanente, Shriners Hospitals, Canada, and foreign countries must also include CPT codes for all cases.

The automatic CPT code descriptors, which print when a CPT code is entered, are the copyright of the AMA. A CPT code frequency field is included so that a CPT code may be entered once with the number of times the procedure was performed (X2, X3 etc, eg, for multiple skin grafting procedures).

12. Case classification is a two-part item in order to reduce the category overlap. The Category relates to the nature or origin of the defect. The Anatomy relates to the anatomical location of the procedure. Fields (noted in contrasting colors) other than those listed below, utilized for other data collection projects, should not be used. In the TOPS screen, these fields become available when the Add CPT Code option is clicked. Pick one option in each column for every CPT code listed. One selection from each column is required:

Category	Anatomy
Cosmetic	Head & neck
Burn	Breast
Cancer (non-skin)	Hand
Congenital	Upper extremity
Skin (including skin cancer)	Trunk
Trauma	Lower extremity
Other	Genitalia
Bone & joint	
Nonoperative	

There are no quotas with respect to the categories. The Board office staff cannot advise the candidate on how to classify a case. Candidates should make the most reasonable assignment for each case. When more than one category applies to a case, candidates should use their professional judgment. If the case involves microsurgery, be sure to indicate this in the procedure description. A few examples are:

Reduction Mammoplasty:	Other; Breast
Breast Reconstruction:	Cancer; Breast
Abdominoplasty:	
Cosmetic; Trunk	
Abdominoplasty with	
Abdominal Hernia Repair:	Other; Trunk

13. Patient ASA Status, Mode of Anesthesia, and Anesthesia Supervised By are optional. Do not complete these fields, as they are not displayed on your final case list.
14. Providing "outcome" information is essential. A complications menu appears when number 3 "complications" is selected. Not all cases "heal without complications." Examples include "necrosis of tip of flap" or "normal sensation returned, but index finger stiff after tendon repair."

Complications are displayed on the case list only as a Minor, Moderate, or Major Complication. Refer to the Web Manual for the category breakdown. Narrative statements can be included in the procedure description text box. The outcome categories are:

- #1: No Complications: No complication or complication so trivial that no intervention is required.
- #2: Outcome Unknown: This includes patients lost to follow-up and is displayed that way on the case list.

- #3: Complications: Check all that apply, including: delayed healing; infection; unplanned consultation with another specialist; adverse event such as DVT, MI, PE, or Flap loss; or unplanned re-operation.

Complete the Mortality within 30 days of the procedure box. This is treated as a required field. However, the Mortality data will not be displayed in the printed case list.

15. The Primary Payment Source field is *not* a required field.
16. The completed lists must be signed by the medical record librarian/administrator of each institution (hospital, ambulatory surgery center, etc) and properly notarized as a complete list of the candidate's operative experience. The notarized affidavit attests that the cases listed for the institution represent all cases performed by the candidate at the facility. Operations done by the candidate in the office must also be listed and notarized by the appropriate office personnel who can attest to the completeness of the cases listed. The institution's affidavit sheet prints out in sequence as the last page of each institution's case list.

The Board recommends that the candidates contact the medical records department well in advance of the case list submission date to schedule the review and notarized signature process. Clearly, prompt completion of the case list in early April will be necessary to accomplish the tasks required for submission.

17. Two Candidate Case Summary Reports (original and copy) must be submitted. This report facilitates the Board's review. The TOPS application generates the form directly by menu selection after the case list has been finalized.

Preparation for Submission of Data

1. The Finalize Case List action, noted with a key icon, is used to print the 7-month Case List. This is the only copy that is accepted. Use the Case Log screen to view the list of all cases. Carefully proofread for accuracy. Handwritten information is not accepted. Once the case list is finalized it is not possible to add, delete, or modify any data. Printing must be done in advance to meet the April 22, 2005 deadline.

[Note: The TOPS program displays a prompt to complete missing data elements before allowing you to proceed with the Finalize Case list action.]

2. Obtain notarized affidavits from the medical record librarian/administrator of each institution (see Instructions for Data Compilation, above). Only the "Finalize Case list" printout may be used to obtain the notarized affidavits.
3. It is the candidate's responsibility to insure that all materials have been proofread, placed in numerical order, and properly collated. Candidates should then copy the entire case list including notarized affidavits. The Candidate Affidavit should be the first page and the Statistical Summary Report should be the last page. Candidates often use this list for application to the American College of Surgeons. Therefore, candidates should retain an additional photocopy of the case list. The Board office does not supply copies. Candidates should save an electronic copy from the Internet site (using the "Save As" option under File on the toolbar) to disk, CD, or personal hard drive for reference purposes.
4. Staple the "Candidate Affidavit Sheet" to the top left-hand corner of the first institution's section of your case list. Follow the same procedure for the copy. The Candidate Affidavit Sheet prints as the last page of the "Finalize Case List" Report. It should accurately note the total number of pages in the case list, eg, "these are all the cases from page 1 to 151."
5. Arrange the *original* 7-month case list, including the signed and notarized affidavits for each institution in numerical order with the pages for each institution stapled together at the top

left-hand corner. Arrange an exact copy of the case list in the same manner. The end of each institution's case list is noted by the Institution Affidavit Sheet, which includes the six digit candidate number, name, address, telephone number(s), and notarized affidavit signed by the medical records administrator. Follow these instructions carefully. Improperly stapled case lists delay processing and review of the submissions.

6. Prepare the stapled *original* 7-month case list together, including the signed and notarized affidavits. Place the Statistical Summary Report on the bottom. Candidates should bind the entire 7-month case list using a clip or a rubber band. Follow the same procedure for the stapled copy. Do not place this material in binders, folders, notebooks, or sheet protectors.
7. Candidates are required to submit photocopies of all advertising materials to the Board. Examples of practice advertisements include, but are not limited to, business cards, letterhead, brochures, Web site content listing the candidate's qualifications, telephone book (yellow page) advertisements, and other print advertisements such as announcement flyers and magazine and newspaper advertisements, and articles. No video or audiotapes are required. The candidate is instructed to refer to information on advertising in the Admissibility section of the Booklet.

Submitting Material to the Board Office

The deadline date for submission of case list materials for the November 2005 Examination is the close of the business day on April 22, 2005. No additions, deletions, or modifications can be made after that date.

To summarize, candidates are required to submit the following items to the Board office:

- One original and one photocopy of the case list. This includes the signed and notarized affidavits for each institution and the top page, which is the Candidate Affidavit Sheet.
- One original and one photocopy of the Statistical Summary Report. Attached separately as the last page.
- One original only of all advertising materials including, but not limited to, business cards, letterhead, brochures, Web site content listing the candidate's qualifications, telephone book (yellow page) advertisements, and other print advertisements such as announcement flyers and magazine and newspaper advertisements and articles.
- Check in the amount of \$540 (nonrefundable, United States currency only) made payable to The American Board of Plastic Surgery, Inc.

Submit all required material to the Board office: Seven Penn Center, 1635 Market St, Ste 400, Philadelphia, PA 19103-2204.

The Board strongly recommends that candidates send materials by a guaranteed delivery carrier, thus providing assurance and receipt of delivery. Use of a guaranteed delivery carrier, which often can verify receipt of delivery within 30 minutes, eliminates candidate concerns regarding delivery by the deadline date and minimizes the need to call the Board office. Certified mail service does not provide a guaranteed delivery date.

Reminder

Candidates who do not provide the required items in the manner outlined will not be considered for admission to the Oral Examination.

Incomplete or incorrectly submitted items will be returned to the candidate with the Review Fee. No exceptions will be made regarding late, incomplete, incorrect, or missing data from the case lists.

No case lists or other material will be accepted after the April 22, 2005 deadline date.

Photographic Documentation

Particular emphasis should be placed on the necessity of photographic documentation. Preoperative and postoperative photographs are *mandatory* for all cases selected for case reports, and intraoperative photographs may aid in further illustration of the clinical problem. The candidate must provide a signed, notarized affidavit attesting that all submitted photographs are the original and unaltered documentation of the five selected patient cases presented for the Oral Examination. The Board provides this form in the case report packet sent after the Reply Form (green) is received. Digital photographs are acceptable.

The Board advises candidates who have not acquired the habit of routine photographic documentation of all patients to do so immediately. Any cases from the collection period may be selected and all must have photographic documentation, including all hand cases (ie, carpal tunnel cases, etc). Transparencies are not acceptable.

It is the candidate's responsibility to maintain patient confidentiality and to follow HIPAA Requirements and state law as appropriate. For all cases, the candidate must obtain a signed consent/release form for use of illustrations, photographs, or imaging records for examination, testing, credentialing, and/or certification purposes by The American Board of Plastic Surgery, Inc. HIPAA requirements and state law must be followed. Wording for the consent a candidate must provide to the patient would be:

"I hereby grant permission for the use of any of my medical records including illustrations, photographs, or other imaging record created in my case, for use in examination, testing, credentialing, and/or certifying purposes by The American Board of Plastic Surgery, Inc."

_____ Patient Signature
 _____ Witness Signature
 _____ Date

Board Review and Selection Process

The Board reviews the candidate's 7-month case list and the Statistical Summary Report to determine if the candidate's operative list reflects sufficient diversity, complexity, and volume of plastic surgery procedures to permit construction of a reasonable examination of the candidate for certification. In the event that the case list submitted is not adequate to allow for selection of cases, the candidate will not be admissible to the 2005 Oral Examination. This will not count as an unsatisfactory performance.

The candidate may submit another case list for the following year. Candidates are notified in writing regarding case lists that the Board has found to be inadequate. This decision is final and not subject to appeal.

The Board selects five cases from the candidate's case list and the candidate is required to prepare five case reports for these selected cases. The selected case reports will be prepared in the same format and with similar requirements as in past years.

Attending the Oral Examination

The Oral Examination will be conducted each fall or at such other time as deemed suitable by the Board. The examination will be given on the dates and at the times specified. No exceptions will be made.

Announcement Information and Admission to the Oral Examination

Candidates admissible to the Oral Examination, who have five cases selected by the reviewers from the submitted case list materials, will be mailed an Announcement Packet on August 5, 2005. This Packet includes a Booklet of Information, Reply Form (green), a

hotel reservation card and the list of five selected cases for preparation of case reports.

Candidates must signify their intent to take the examination by completing and returning the Reply Form (green), Examination Fee of \$1,000, a photocopy of a valid unrestricted medical license, and current verification of medical staff privileges in plastic surgery maintained throughout the case collection and examination process to the Board office by the close of the business day on September 3, 2005. Candidates must return all of the items above to be scheduled for the 2005 Oral Examination.

Important: All items on The Reply Form (green) must be completed. Candidates will not be scheduled for examination without a complete listing of hospital or academic appointments. Please note on the Reply Form if these privileges are pending with a full explanation of details.

Material received September 4, 2005, through September 10, 2005, will require a Late Penalty Fee of \$700. Material received after the close of the business day on September 10, 2005, will not be accepted for admission to the Oral Examination.

Candidates are responsible for their own travel, hotel accommodations, and expenses.

Admission to the Oral Examination

Once the Reply Form and required materials are received and approved and the candidate is scheduled, the candidate will be mailed a case report preparation packet including materials for assembling and binding the selected case reports. These materials include folders, tab indices, a Photographic Affidavit Sheet, Progress Note Section Dividers, and labels for the front of each folder. It is essential that candidates indicate the Board six-digit candidate number on each label to be affixed to the cover of each case report, along with the other required information.

The candidate will also be mailed an Admission Form (white) approximately 4 weeks before the examination. The Admission Form lists the candidate's name, current address, candidate number, date and location of the examination, and the examination schedule.

The candidate must advise the Board office immediately by telephone if the Admission Form (white) is lost prior to the examination or for any change in address.

The Board reserves the right to independently corroborate medical records in case report submissions for the five Board selected cases and to review issues related to informed consent.

Withdrawal From the Examination

Candidates wishing to withdraw from the examination must provide written notification to the Board office at least 30 calendar days before the date of the examination. Candidates will be refunded \$300, which is the Examination Fee less a processing charge of \$700. Candidates who withdraw from the examination after this date or who fail to appear for the examination will forfeit the entire Examination Fee. Withdrawal is final. No rescheduling will be considered.

Case Report Preparation and Presentation Requirements for Case Reports

Insufficient Case Support Data

Candidates should review the selected cases as soon as possible after they are received, and must read carefully the instructions on case preparation detailed later in this document. Failure to prepare the cases according to the specific instructions may lead to the disqualification of disqualification at the examination site. Questions regarding insufficient case support data, especially photographs, must be directed in writing to the Board office no later than October 1, 2005.

The following materials, collated in the order below, must be present in each of the submitted case reports. Candidates are required to use folders, tab indices, Candidate Photographic Affidavit Sheet, and Progress Note Section Dividers provided by the Board to assemble each of the five case reports. This will facilitate review of the case reports by the Examiners.

[*Note:* Patient names should be blanked out, with the exception of the initials, in all materials submitted as listed below to protect patient confidentiality.]

The required materials are:

Before the First Tab:

1. One Selected Case List Summary Sheet (before the first tab of case report #1 only)
2. One Photographic Affidavit Sheet (before the first tab of case report #1 only - provided by the Board)
3. Title Page for each case report (before the first tab of each case report)

Tabs:

1. Narrative Summary
2. Photographs**
3. Operative Notes: Photocopies of the operative notes
4. Anesthetic Report: Photocopies of the anesthesia records
5. Laboratory Data: Photocopies of pertinent laboratory data
6. Pathology: Photocopies of pertinent pathology reports
7. Radiology: Photographs of the pertinent radiographs
8. Progress Notes: Copies of hospital progress notes and/or office/clinic notes (separate office/clinic from hospital notes with divider sheet provided)
9. Billing: Photocopies of bills including CPT codes and procedures with notarized statements
10. Other: if needed (eg, information from patient case before or after the 7-month case collection period if needed)

**Patient Photographic Consent Forms from the candidate's office should be included in the photographic section of the case report folder. Patient names should be blanked out as noted above. Candidates must use the ten tab indices, provided by the Board, to divide the material compiled when assembling case reports for the required sections above.

See the detailed explanation of the requirements for each section below. The candidate is encouraged to read this section carefully. Incomplete, improper, or incorrectly organized presentation of this material is sufficient cause to disqualify a candidate for continued examination.

In the event that more than one procedure is performed on the patient during the 7-month case list collection period, all procedures and hospitalization(s) that fall within the 7-month collection period must be included. Candidates are not required to document procedures that fall prior to or after the 7-month case collection period. However, if these procedures increase the understanding of the case, they should be included at the candidate's discretion. Documentation for procedures falling outside the 7-month case collection period does not have to be complete—the candidate may be selective.

[*Note:* If the records are not in English, an accurate, complete, and concurrent English translation of the entire record must be included.]

Explanation of Requirements

These guidelines, based in part on suggestions from previous candidates, are provided as assistance for candidates to produce uniform and consistent case report submissions for an equitable examination.

Before the First Tab:

1. Selected Case List Summary Sheet
(Before the first tab of case report #1 only)
Candidates must provide one Selected Case List Summary Sheet, typed on standard letter-sized (8 1/2" x 11") white paper. If necessary, copy multiple pages as a double-sided list. Insert the summary sheet(s) before Tab 1, at the beginning of the folder for case report #1. The list must be identified with the candidate name and six digit Board candidate number. This is a separate page from the title sheet for case #1.
2. Photographic Affidavit Sheet
(Before case report #1 only-one sheet, provided by the Board)
The Board provides one Affidavit Sheet which must be signed and properly notarized, attesting that all digital or regular photographs are the original and unaltered documentation of the patient cases presented for the Oral Examination. The Candidate Photographic Affidavit must be placed immediately behind the Selected Case List Summary Sheet prior to the first Tab in case report #1.
3. Title Page
(Before the first tab of each case report)
Each report must be typed or reproduced on standard, letter-sized (8 1/2" x 11") white paper with the candidate's full name, Board candidate identification number, the Board case number (ie, #1, 2, 3, 4, & 5—not the assigned number from the case list compilation), the hospital or other identifying number (eg, office-assigned patient number; do not use the patient's full social security number), the principal diagnosis, and the primary operation listed on the title page. Categorize cases exactly as was done on the 7-month case list compilation.

Tabs:

1. Narrative Summary (First Tab)
Preoperative, operative, and postoperative course of the patient is required. A final separate paragraph entitled "outcome" must be included. The outcome of the treatment and the final condition of the patient must be indicated. If more than one procedure was performed on the selected patient, this information will be included on the next page or in column format on one page.
2. Photographs
Preoperative and postoperative photographs, approximately 4" x 6" color, black and white, or digital prints should be provided on standard letter-sized (8 1/2" x 11") white paper. The Board strongly recommends intraoperative photographs when they provide clarifying information. Note the one Photographic Affidavit Sheet (provided by the Board and placed behind the Selected Case List Summary Sheet) applies to all submitted photographs. It must be signed and properly notarized attesting that all photographs are original and unaltered documentation of patient cases presented for the Oral Examination. Diagrams or simple drawings may be substituted for intraoperative photographs only. Descriptive legends and dates of the photographs must be placed adjacent to or below each photograph.
The five Patient Consent or Release Forms for use of patient photographs and records must be included in each casebook. Consent or Release Forms should include each patient's permission for use of photographs and records for educational, testing, and credentialing purposes. Patient names should be blanked out, with the exception of the initials, on the consent form and on all materials to protect patient confidentiality.
3. Operative Report
This should include photocopies of originals for all operative reports for procedures performed by the candidate on this specific patient during the 7-month collection period. Operative reports

of minor procedures performed by the candidate in the office during the 7-month collection period should also be included. Candidates may include photocopies of the operative reports of procedures performed outside the 7-month collection period or that another surgeon performed if they clarify the patient's course. All operative notes are to be grouped together in chronological order.

4. Anesthetic Report
Photocopies of the original anesthetic records are required. This should include all anesthetic records for procedures performed by the candidate during the 7-month collection period. Candidates may include photocopies of the anesthetic reports of procedures performed outside the 7-month collection period or that another surgeon performed if they clarify the patient's course. Anesthetic records should be organized in chronological order.
5. Laboratory Data
Photocopies of pertinent laboratory data are required. These should be also be grouped together in chronological order. Candidates are encouraged to use their judgment when including this material.
6. Pathology
Photocopies of any pertinent pathology reports are required. All pathology reports should be organized in chronological order.
7. Radiology
Photographs of pertinent X-rays or scans are required. Actual X-rays are unacceptable. Each X-ray or scan must be dated in a manner that is easily visible. Photocopies of corresponding reports from the radiologist for each X-ray should be included in this section. This material should be organized in chronological order, with reports placed adjacent to the corresponding reproduction of the radiograph.
8. Progress Notes - Hospital Progress Records and Office/Clinic Notes
Photocopies of the original progress notes including the patient's history and physical examination, discharge summaries, and all post-operative and post-discharge progress notes, both in the hospital and from the office/clinic records, including the initial consultation must be included. If legibility is a problem, a typewritten copy may be added. Photocopies of physician orders, vital signs, and nursing notes are not necessary, and may be included only if they are needed to clarify the patient's course. All notes should be organized in chronological order. Hospital notes and office/clinic progress notes should be separated with the divider sheet provided by the Board.
When excessively long hospitalizations result in progress note sections of such thickness that they cannot be bound in one case folder, this section may be edited of nonessential notes, bound separately, and brought to the examination. The candidate retains the notes and does not turn them in with the case reports. A notation regarding the editing must appear at the beginning of the progress note section. The candidate will produce this extra material only upon the examiners' request.
9. Billing, Including CPT Codes
Each case must include a copy of a bill with the dollar amount deleted.
All CPT Codes as listed on the case list must be included.
The individual responsible for generation of the bill must provide a notarized signature on each bill. This could be a billing company representative, hospital billing clerk, or a candidate's office manager. The signature should attest that the bill represents a copy of the actual bill sent or that the bill was not submitted to a patient or third party payors. The notary public verifies the identity of the person providing the signature.

If coding was not generated for a procedure, the affidavit should attest that no coding or billing was required. However, the CPT codes as listed on the case list should be included.

These bills include, but are not limited to:

1. Health Insurance Claim Forms (HICF)
2. Electronically generated bills
3. Bills to patients not submitted to third party payors
4. Cosmetic procedures when no bill was sent
5. Procedures performed gratis or for charity
6. A computer generated replacement for a missing bill

To facilitate review by examiners, procedures or CPT code descriptors must be included on the billing statement even though it may not be a part of the original bill.

- CPT codes for Veterans Administration patients and services performed gratis should be coded exactly as any other case.
10. Other (Tenth Tab)

Any additional material such as procedures performed on the patient before or after the case collection period may be added here. Edited material from long hospitalizations should not be included in this tab.

Insufficient Case Support Data

Candidates should review the selected cases as soon as possible after they are received, and must read carefully the instructions on case preparation detailed in this document. Failure to prepare the cases according to the specific instructions may lead to the disappointment of disqualification at the examination site. Questions regarding insufficient case support data, especially photographs, must be directed in writing to the Board office no later than October 1, 2005.

Disqualification of Case Reports

If a candidate is disqualified for continuation in the examination process because the Case Reports are judged unacceptable (for whatever reason) it will not be recorded as a failure. However, because the Board has incurred expenses to provide a candidate with an examination, a refund of \$300, the Examination Fee less the processing charge of \$700, will be refunded to the candidate.

Presentation of Case Reports

During the 40-minute examination, the candidate must be prepared to defend his/her treatment planning and choice of and execution of the operation, to present alternate treatment plans considered, and to discuss ethical or economic issues related to the case. Hospital and office records must clearly identify the candidate as the attending physician and surgeon. However, the candidate need not necessarily be the admitting physician, so long as he/she is clearly the attending plastic surgeon. Cases done by a resident under the candidate's supervision may be chosen by the Board and will be considered in the same way as cases done personally by the candidate.

The Board regards the Case Reports submitted as important evidence of the candidate's basic ability to carry out plastic surgical procedures and to organize and present information in a succinct and complete fashion. Improper or disorganized preparation of this material or evidence that the photographs or records have been altered will be sufficient cause to disqualify a candidate for continued examination.

Examination Schedule

The Oral Examination will occupy 2 ½ days. A detailed schedule is included in the Announcement Letter. Candidates are required to be present for each day of the examination at the times listed in the Announcement Letter. Late arrival may result in denial of admission to the examination.

Instructions and Procedures

Candidates will receive specific instructions concerning the examination during the Registration and Orientation Session at the examination site. Candidates will also be given a schedule indicating the time, the room, and the Examiner Teams for the Case Report Session and the two Theory and Practice Sessions of the examination. Failure to appear on time for any session of the examination will lead to a grade of FAIL on that section. Candidates should be outside the examination room 10 minutes before the scheduled time for the Theory and Practice Sessions and 5 minutes before the Case Report Session. It is not necessary for candidates to announce their presence. If, however, a candidate has not been invited into the examination room by the examiners by 10 minutes after the scheduled time, candidates should notify the temporary Board office immediately.

The Board has made every effort to assign candidates to examiners whose knowledge of the candidate's background would not bias their evaluation of the candidate's performance. If a candidate finds that an examiner to whom he/she has been assigned played a role in the candidate's training, is a friend or relative, is a professional associate, or has examined the candidate previously, the temporary Board office must be notified immediately. Unless conflicts are identified in advance of the actual examination, the conduct and grades of that session cannot be contested based on prior contact or knowledge.

Description of the Examination

Each examination session is designed to evaluate the candidate's breadth and depth of knowledge, the ability to apply that knowledge in the solution of a wide range of clinical problems, and the candidate's ability to assess matters related to ethics. During each session, the examiners are given some guidelines to follow. This approach facilitates uniformity of examination technique and limits duplication. Each of the examiners on each team will pose problems and questions to candidates.

The following criteria are provided to the examiners as guidelines.

The candidate:

1. Identifies the general problems
2. Considers reasonable goals in case diagnosis and management
3. Selects appropriate options in case diagnosis and management
4. Understands risks and benefits of various approaches
5. Addresses complications and unexpected problems adequately
6. Demonstrates ability to structure an alternative

The examination consists of one Case Report Session and two Theory and Practice Sessions. Each session is 40 minutes in duration.

Oral Examination Examiners

All examiners are diplomates of The American Board of Plastic Surgery, Inc. and are active in the practice and/or teaching of plastic surgery, and have been certified by the Board for a minimum of 5 years. They are respected members of the profession and are known for their surgical knowledge, expertise, and scientific contributions. They have been formally instructed in the technique and purposes of the examination process. Each team includes a Senior Examiner, who is either a present or former Board Director or who has examined multiple times, and a Guest Examiner. Evaluators review performance of the teams during all examination sessions. The Evaluators are current or past Directors of the Board and do not participate in evaluation or grading of the candidate's performance during the session observed.

The Case Report and Theory and Practice Sessions are considered as one total examination. Candidates will pass or fail on the

strength of their combined performance on all three sessions of the Oral Examination.

At the conclusion of each examination session, candidates may be offered an opportunity to add to earlier answers, modify them, or simply comment on the examination process.

Three teams of two examiners will examine each candidate. All six examiners will give grades and all six grades combined will determine the passing or failing status of each candidate.

The Board is committed to the standard that the examination shall be as comprehensive and objective as can be practically offered. The intention is that every candidate be provided an equal opportunity to become Board certified.

Change of Address

If a candidate's address, as it appears on the Admission Form (white), is incorrect, the corrected or new address must be indicated on the Admission Form (white) in the space provided. This card is required when receiving the Result Letter on the last day of the Oral Examination. The Admission Form also contains a space to list the candidate name, as it should appear on the certificate.

Debriefing Session

On the evening of the last examination day, there will be a voluntary debriefing session, which the Board encourages candidates to attend, for the purpose of evaluating the examination.

Distribution of Result Letters to Candidates

Result letters will be distributed after the conclusion of the debriefing session offered on the third day of the examination. Candidates are required to present the Admission Form (white), photographic identification, and the candidate survey to the proctors in order to receive their result letters. Candidates not present for distribution of the result letters will have the letter mailed from the Board office the week following the Examination.

Cancellation of Examination

Should the ABPS, in its sole discretion, cancel the Oral Examination, or as a result of events beyond its control be unable to administer the Oral Examination at the appointed date, time, and location, or should ABPS fail to conclude a candidate's Oral Examination, the ABPS is not responsible for any expense the candidate may have incurred in connection with the cancelled Oral Examination, nor for any expense the candidate may incur for any substitute Oral Examination.

Fee Schedule

US Funds only:	
Processing Fee - Training Evaluation	\$150
Application Registration Fee	\$500
Application Registration Late Penalty Fee	\$500
Written Examination Fee	\$1,250
Written Examination Late Penalty Fee	\$500
Written Examination Withdraw Fee (>30 days prior to exam)	\$700
Written Examination Score Validation Fee	\$200
Oral Examination Case List Review Fee	\$600
Oral Examination Case List Late Penalty Fee	\$500
Oral Examination Fee	\$1,000
Oral Examination Late Penalty Fee	\$700
Oral Examination Withdrawal Fee (>30 days prior to exam)	\$700
Oral Examination Critique Fee	\$200
Missing Items Penalty Fee	\$200

Written and Oral Examination	
Reapplication Registration Fee	\$500
Credential Review Fee	\$150
Ethics Review Fee	\$150
Certificate Fee	\$100
Verification of Status Fee	\$25
Check Returned for Insufficient Funds Fee	\$50
Photocopying Fee	\$10
Repeat Examination Fee—See examination fees above	
Informal Appeal Fee	\$500
Formal Appeal Fee	\$1,000

Diplomate Annual Dues Fee \$100

An annual dues fee was initiated in 1999. The Board office sends out announcements annually. Retired diplomates are excluded from the annual dues request.

All fees must be submitted in United States currency by check or money order. Foreign currencies, including Canadian, are unacceptable.

Credit Cards are not accepted.

Fees are subject to change by the Board.

The fee schedule is applicable to current examinations and will apply regardless of when a candidate is approved for admission to the examination process.

The Board is a nonprofit organization, and the fees of candidates are used solely for defraying the actual expenses of the Board. The directors of the Board serve without remuneration.

Most fees are nonrefundable.

Refunds

For the Written Examination, a refund of the examination fee (less a processing charge of \$700) will be granted provided the candidate submits a written request for withdrawal received in the Board office at least 30 calendar days prior to the date of the examination.

For the Oral Examination, a refund of the examination fee (less a processing charge of \$700) will be granted provided the candidate submits a written request for withdrawal received in the Board office at least 30 calendar days prior to the date of the examination.

For either the Written or Oral Examination, candidates who notify the Board office in writing less than 30 calendar days prior to the examination date of their intent to withdraw, or who fail to appear for examination, will forfeit the entire examination fee. The Board may waive this rule only if the circumstances warrant.

Special Situations

Appeals Policy

The Board has established a policy relative to resolution of questions or disagreements regarding its decisions on admissibility to examination; the form, content, administration, or results of the Written Examination; the administration of the Oral Examination; and the revocation of certificates. If an individual has a concern in any of these areas, it should be expressed in writing to the Board office, and a copy of the Appeals Policy will be sent to that individual.

Examination of Candidates With Disabilities

The ABPS has established a policy regarding examination of candidates with disabilities. If a candidate is requesting an accommodation based on a disability, the request should be expressed in writing to the Board office when submitting the Application for Examination and Certification Form. A copy of the policy regarding Examination of Candidates with Disabilities will be sent to that candidate. The ABPS complies with the Americans with Disabilities Act (ADA) and will provide reasonable accommodations to candidates with proven disabilities.

All materials submitted to document a disability must be received in the Board office in a timely fashion but no later than the deadline for all other documents required for admission to the examination for which accommodation is sought.

Examination Irregularities

The validity of scores on the Board's examinations is protected by every means available. The Board will not report a score which it has determined to be invalid, ie, which does not represent a reasonable assessment of the candidate's knowledge or competence sampled by the examination. The performance of all candidates is monitored and may be analyzed for the purposes of detecting invalid scores.

Prometric Test Center proctors supervise the Written Examination to ensure that the examination is properly conducted. If evidence by observation or analysis suggests that a candidate's scores may be invalid because of irregular behavior, the Board will withhold those scores pending further investigation and the affected candidate will be notified.

Examples of irregularities affecting the validity of scores would include (but not be limited to) the following: 1) using notes; 2) sharing information or discussing the examination in progress; 3) copying answers from another candidate; 4) permitting one's answers to be copied; or 5) unauthorized possession, reproduction, or disclosure of examination questions or other specific information regarding the content of the examination, before, during, or after the examination.

In such circumstances, upon analysis of all available information, the Board will make a determination as to the validity of the scores in question. If the Board determines that the scores are invalid, it will not release them, and notification of that determination may be made to legitimately interested third parties.

Candidates or other persons who are directly implicated in an irregularity are subject to additional sanctions. For example, the Board may bar such persons permanently from all future examinations, terminate a candidate's participation in an ongoing examination, invalidate the results of the candidate's examination, and withhold or revoke a certificate or take other appropriate action. Candidates or other persons subject to additional sanctions will be provided with a written notice of the charges and an opportunity to respond to such charges in accordance with the reconsideration and appeal procedure established by the Board.

Substance Abuse or Chemical Dependency

Candidates with a history of abuse of a controlled substance or chemical dependency will not be admitted to any examination unless they present evidence satisfactory to the Board that they have successfully completed the program of treatment prescribed for their condition and the Board is satisfied that they are currently free of such substance abuse or chemical dependency.

Certification

After candidates have met the requirements for admissibility and passed the examinations, the Board will issue certificates attesting to their qualifications in plastic surgery. A surgeon granted certification by the Board is known as a diplomate of the Board.

It shall be the prerogative of the Board to determine the fitness, professionally and ethically, of any candidate for a certificate, and the Board, for cause, may defer or deny certification to any candidate.

Certificates

Certificates issued by the Board shall be in such form as the Directors may from time to time determine. Certificates are signed by

the chair, vice-chair, and secretary-treasurer of the Board and shall have placed upon them the official seal of the Board.

Certificates of the Board shall state that the holder has met the requirements of the Board and is certified by the Board as a medical specialist in plastic surgery and is entitled to be known as a "Diplomate of the American Board of Plastic Surgery, Inc." The names of all diplomates will be submitted to the American Board of Medical Specialties (ABMS) for publication in its directory. Diplomates should notify the Board in advance if they do not wish to be listed.

Additional certificates are available upon written request. A fee of \$100 for each certificate ordered should be included with the request. The diplomate's name should be listed, as it should appear on the certificate.

Recertification Program

Effective 1995, certificates issued by the Board are dated and valid for 10 years. Certificates issued prior to 1995 are valid indefinitely. A diplomate may enter the Recertification Program during the 3 years preceding the diplomate's original expiration date.

The Recertification Program has several key components, including evidence of: (1) professional standing, (2) Lifelong learning, (3) practice profile, and (4) successful completion of cognitive examination. Refer to the Recertification Booklet of Information and the information posted on the Board's Web site.

Revocation

Any diplomate of the Board will be subject to disciplinary action, including suspension and revocation, if at any time the Board determines, in its sole judgment, that the diplomate holding the certificate was not properly qualified to receive it or the diplomate holding the certificate has violated any of the following reasons for disciplinary action.

The Board may discipline a diplomate for just and sufficient reason, including, but not limited to, the following:

1. Conviction of a felony;
2. The diplomate did not possess the necessary qualifications and requirements to receive the certificate at the time it was issued;
3. The diplomate misrepresented his/her status with regard to Board certification, including any misstatement of fact about being Board certified in any specialty or subspecialty;
4. The diplomate engaged in conduct resulting in discipline by any medical licensing authority or in a revocation, suspension, qualification, or other limitation of his/her license to practice medicine in any jurisdiction;
5. The diplomate engaged in conduct resulting in the expulsion, suspension, disqualification, or other limitation from membership in a local, regional, national, or other organization of his/her professional peers;
6. Resignation from any organization while under investigation.

The diplomate will be given written notice of the reasons for the Board's action by registered or certified mail to the last address that the holder has provided to the Board. Discipline is final upon the mailing of the notification.

Individuals may appeal the decision imposing discipline by complying with the Appeals Policy. Failure to make a timely appeal will result in a loss of appeal rights.

Should the circumstances that justified discipline be corrected, the Board may, at its discretion, reinstate the diplomate after appropriate review of the diplomate's licensure and performance.

Each certificate issued by the Board shall be subject to revocation if the diplomate so certified has made any misstatement of material fact, or has failed to make any statement of material fact, in his/her application for such certificate or in any other statement or representation to the Board or its representatives, or has otherwise

acquired the certificate by deception. Upon revocation, the certificate must be returned to the Board.

The Board shall have the jurisdiction and right to determine whether or not the information placed before it is sufficient to constitute grounds for the revocation of any certificate. The diplomate will be provided with a copy of the Appeals Policy of the Board, and this policy will be observed in pursuing resolution of the problem.

Certification and Recertification in the Subspecialty of Surgery of the Hand (formerly CAQSH)

The Board offers an examination for Certification and Recertification in the Subspecialty of Surgery of the Hand. The examination is described in a separate *Hand Surgery Booklet of Information*, which may be obtained from the Board office upon request. There is no requirement nor necessity for a diplomate of The American Board of Plastic Surgery, Inc to hold a Certificate in the Subspecialty of Surgery of the Hand in order to be considered qualified to include hand surgery within the practice of plastic surgery. Under no circumstances should a diplomate be considered not qualified to practice within an area of a subspecialty solely because of lack of subspecialty certification.

Foreign Certificates

A physician holding a foreign certificate issued by the Board between 1960 and 1973 must relinquish the certificate to the Board in the event that the individual returns to the United States for the purpose of practicing plastic surgery. A foreign certificate is not valid in the United States. Such individuals may apply for examination and certification in the manner described herein.

Inquiries as to Status

The Board does not consider a candidate's record to be in the public domain. When an inquiry is received by the Board regarding a candidate's status with the Board, a general, but factual, statement is provided which indicates that candidate's status within the process of certification. The Board provides this information only to individuals, organizations, and institutions with a reasonably valid "need to know" for professional reasons. Only written requests for verification of a candidate's status during the process of certification are accepted.

A charge of \$25 will apply to all individuals, institutions, and/or organizations that submit a written request for information on the status of an individual.

Important Dates and Deadlines

Written Exam – Computer-Based Test	October 17, 2005
Written Exam Senior Resident's Form from Plastic Surgery Program Director for Application Requests	December 31, 2004
Written Exam Announcement Packet Sent to Previously Approved Candidates	January 2005
Written Exam – Last Date Application Packets Sent	February 15, 2005
Written Exam Reply Forms Due Approved Candidates	March 3, 2005
Written Exam Reply Forms Due With Late Fee	March 4-15, 2005
Written Exam Applications Due Senior Residents	April 19, 2005
Written Exam Applications Due Senior Residents With Late Fee	April 20-26, 2005
Residency Graduation Forms Due From Plastic Surgery Program Directors	July 1, 2005
Written Exam Reply Forms Due for Senior Residents and Those Approved After 12/31/04	July 20, 2005
Written Exam Scheduling Permits Sent to Scheduled Candidates	August 2005

Written Exam Withdraw Date With Partial Refund	September 17, 2005
Written Exam Results Mailed	December 22, 2005
Oral Exam – Phoenix Arizona	November 10, 11, 12, 2005
Oral Exam Case Collection Instructions Sent	Fall 2004
Oral Exam Case List Collection Period	September 1, 2004-March 31, 2005
Oral Exam Case List Due With Review Fee	April 22, 2005
Oral Exam Case List Due With Late Fee	April 23-29, 2005
Oral Exam Announcement Packet Sent With Notification of Five Selected Cases	August 5, 2005
Oral Exam Reply Forms Due	September 2, 2005
Oral Exam Reply Forms Due With Late Fee	September 3-9, 2005
Oral Exam Candidate Notification of Insufficient Case Report Data	October 3, 2005
Oral Exam Hotel Reservation Deadline	October 10, 2005
Oral Exam Withdraw Date With Partial Refund	October 10, 2005
Oral Exam Results Delivered	November 12, 2005
Oral Exam Performance Critique Requests Due	December 12, 2005

Spring Board Meeting – Requests, Documents, and Fee Due From Individuals for Special Consideration **March 1, 2005**

Fall Board Meeting - Requests, Documents, and Fee Due From Individuals for Special Consideration **September 1, 2005**

American Board of Preventive Medicine

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Constance R Hyland, Administrator, Chicago, Illinois

Requirements for Admission to Examinations

Each applicant for a certificate in aerospace medicine, occupational medicine, or public health and general preventive medicine must meet certain requirements to be admitted to the certifying examination. Such requirements are determined by the American Board of Preventive Medicine (ABPM).

Approval for admission to the examination can only be established after the review of a complete application by the full Board. No individual member of the Board is authorized to give an opinion on the admissibility of candidates, nor does the Board do preliminary credential reviews.

For the information of applicants, such requirements are summarized below. An applicant worksheet is available from the ABPM Web site at www.abprevmed.org for use in comparing the ABPM requirements to an applicant's training and experience.

General Requirements

1. **Medical School:** Graduation from a medical school in the United States which at the time of the applicant's graduation was accredited by the Liaison Committee on Medical Education, a school of osteopathic medicine approved by the American Osteopathic Association, an accredited medical school in Canada, or a medical school located outside the United States and Canada that is deemed satisfactory to the Board.
2. **Current License(s):** Unrestricted and currently valid license(s) to practice medicine in the District of Columbia or a state, territory, commonwealth, or possession of the United States or in a province of Canada. No license may be restricted, revoked, or suspended or currently under such notice.
3. **Clinical Year:** A year of supervised postgraduate clinical training provided as part of a graduate medical education program accredited by the Accreditation Council for Graduate Medical Education (ACGME). Clinical training accredited by the Royal College of Physicians and Surgeons of Canada or the College of

Family Physicians of Canada is also acceptable. The training must include at least 6 months of direct patient care comprising ambulatory and inpatient experience with hands-on patient care involving diagnostic workup and treatment of individual patients.

4. **Academic Year:** Successful completion of a course of graduate academic study and award of a Master of Public Health or equivalent masters or doctoral post-graduate degree, the course content of which shall include biostatistics, epidemiology, health services management and administration, and environmental health.
5. **Practicum Year:** Residency practicum of not less than 1 year that is accredited by the ACGME in the specialty area for which certification is being sought and that shall have provided supervised experience in the practice of that specialty area of preventive medicine and planned instruction, observation, and active participation in a comprehensive organized program.
6. **Current Practice:** The applicant must have been engaged in essentially full-time training for, or practice in, the specialty area for which certification is being sought for at least 1 of the 3 years preceding application for certification (alternative pathway and special pathway applicants will need to demonstrate 2 of the 5 years preceding application for certification in the specialty area for which certification is being sought).

Special Requirements in Aerospace Medicine, Occupational Medicine, and Public Health and General Preventive Medicine

A period of not less than 1 year of supervised training and instruction, accredited by the ACGME in the specialty area for which certification is being sought, is required. (See No. 5 under "General Requirements," above.)

Alternative Pathway to Certification

Persons graduating from a school of medicine or school of osteopathic medicine prior to January 1, 1984, who have not formally completed all of the components previously described, may be considered for admission to the examination if their training and experience are judged by the Board to provide a suitable alternative to formal training.

The Board will consider granting credit toward satisfying training requirements for such factors as:

1. Completion of 3-credit hour, postgraduate-level academic course work in each of the four core areas: epidemiology, biostatistics, health services management and administration, and environmental health or teaching one or more of the four courses at the postgraduate level and that is acceptable to the Board; and
2. Periods of full-time practice, research, or teaching in the specialty area of preventive medicine in which certification is sought. A total of 8 years of full-time practice is required if no other specialty certification is held, but may be reduced to 6 years if certification is held in another specialty recognized by the American Board of Medical Specialties (ABMS). For those with an MPH or equivalent masters or doctoral postgraduate degree but no practicum year, a period of 4 years of full-time practice is required in the specialty area of preventive medicine for which certification is being sought, a period that can be reduced to 3 years if other ABMS specialty certification is held.

Each applicant is considered individually by the Board in accordance with the existing guidelines. An applicant worksheet is available from the ABPM Web site at www.abprevmed.org for use in comparing the ABPM requirements to an applicant's training and experience. Practice time needed for the alternative pathway to certification is summarized on this worksheet. Applications must be received by June 1 of each year. Requirements must be completed by August 1 of the year in which the applicant wishes to sit for the examination.

Persons graduating from a school of medicine or school of osteopathic medicine after January 1, 1984, will be admissible to the examination only after completing ACGME-accredited residency training in preventive medicine. This alternative pathway to certification is not available for such graduates.

Special Pathway for ABPM Diplomates

Diplomates of ABPM who have graduated from medical school after January 1, 1984, may request consideration through a special pathway. In order to qualify for this special pathway, applicants must have completed an ACGME-accredited residency in a specialty area of preventive medicine, been certified in that specialty area, be applying for certification by ABPM in an additional preventive medicine specialty area, and have sufficient practice time to meet the requirements. A total of 2 years of essentially full-time practice is required in the specialty area for which the additional certification is sought. In addition, the applicant must have been engaged in essentially full-time training for, or practice in, the specialty area for which the second certification is being sought for at least 2 of the last 5 years.

Subspecialties

Medical Toxicology

Every 2 years the ABPM offers subspecialty certification in medical toxicology to ABPM diplomates who meet the appropriate requirements for medical toxicology. Applications for the 2006 examination cycle will be available from the Board office beginning in March 2006 and will be accepted with postmark dates through May 1, 2006.

Undersea and Hyperbaric Medicine

ABPM offers subspecialty certification in undersea and hyperbaric medicine in late fall each year to physicians who hold current certification by one of the ABMS member boards and meet the appropriate requirements in undersea and hyperbaric medicine. The American Board of Emergency Medicine (ABEM) also offers subspecialty certification in undersea and hyperbaric medicine. Those physicians certified only by the ABEM must apply through that Board.

Internet Web Site

ABPM has a Web site that includes the latest version of its application and other publications: www.abprevmed.org. Please refer to this Web site address for current information about the ABPM.

Application

Applications are available on the ABPM Web site (www.abprevmed.org) from March 1 to June 1. The deadline for applications is June 1st each year. Applicants are encouraged to use the online application process. If you choose to submit a paper application, there will be a \$200 processing fee in addition to the application fee.

Applicants requiring special examination accommodations due to a disability should contact the Board office to obtain the Application for Testing Accommodations form. This form is required at the time the examination application is submitted.

Examination

The examination is a 1-day computer-based examination given in November each year. It is administered at Pearson VUE Professional Centers across the United States. This multiple choice examination consists of a morning portion covering the core knowledge of preventive medicine and an afternoon portion covering either aerospace medicine, occupational medicine, or public health and general preventive medicine.

The subspecialty examination in undersea and hyperbaric medicine is a 1/2-day computer-based examination. The subspecialty examination in medical toxicology is administered every other year by the American Board of Emergency Medicine. The next offering is 2006.

Reapplication and Reexamination

An applicant approved for admission to the examination who does not take the examination, or who fails to pass the examination within the 3-year approval period, is required to file a new application and pay a new application fee.

Applicants not approved for admission to the examination may request reconsideration of their applications on the basis of new or additional information within 2 years of the filing date of the original application, with payment of the re-review fee.

Candidates not passing the examination may, upon timely registration and payment of appropriate fee, be admitted to reexamination during their approval period.

A candidate who has failed the examination on two or more occasions may be required to have additional training, in accordance with recommendations from the full Board, before being admitted to further examination.

Beginning with the exam offered in 2001 applicants who passed only the Core or Specialty Area component of the examination may achieve certification by retaking and passing the failed component of the exam at the next offering (approximately 1 year later). This policy applies only to the next examination offering; if an examinee does not pass the component at the next examination offering, taking both components of the examination will be required on future attempts.

Multiple Certification

An individual may apply sequentially for admission to examination in more than one specialty area of preventive medicine. Applicants may not apply in more than one specialty area in a given year. An applicant must fulfill the individual requirements of each specialty area in which application is made and cannot double-count the same periods for practice time.

Beginning with applicants who passed both the Core and Specialty Area components of the exam offered in 2001, diplomates may achieve certification in an additional specialty area by qualifying for, taking, and passing only the Specialty Area component of the exam within 7 years of their initial certification.

Certification

Upon satisfactory completion of the examination, a certificate will be issued stating that the applicant has been found to possess special knowledge in the specified specialty area of preventive medicine. The certificate will be signed by officers of the Board and will have the seal of the Board affixed. Each certificate remains the property of the Board, but the person to whom it is issued is entitled to its possession unless it is revoked.

Any certificate issued by the Board may be revoked if evidence, satisfactory to the Board, is presented that the applicant was not eligible to receive it at the time of issuance; or that any pertinent fact had been misstated, misrepresented, or concealed; or that any license to practice medicine has been suspended or revoked. [Note: The issuance of a certificate to a person does not constitute membership on the Board.]

Time-Limited Certificates

Note: By action of the Board in August 1994, ABPM now issues 10-year, time-limited certificates. The first time-limited certificates

were issued in 1998 to candidates who passed the certifying examination given in November 1997.

Notice of Certification

The examination results, without individual identifiers, are reviewed by the full Board in January. Final determination of candidates' certification status is made at that time.

Candidates who have taken the examination may expect to be notified of results by mail within 3 months after taking the examination.

Fees

The members of the Board serve without compensation. Fees are based on the actual expenses incurred in review of applications, examination development, administration and scoring, and office administration.

A nonrefundable application fee of \$385* is required if the applicant holds an MPH or equivalent masters or doctoral post-graduate degree and has completed an ACGME-accredited residency in the specialty area of preventive medicine in which certification is sought.

A nonrefundable application fee of \$660* is required if the applicant is applying through the alternative pathway to certification.

A nonrefundable application fee of \$550* is required if the applicant is applying through the special pathway for ABPM diplomates.

In addition to the application fee, there is a \$200 processing fee for paper applications.

A nonrefundable re-review fee of \$180* is required to reactivate an application within 2 years of the original review.

An additional fee of \$60* may be required for an incomplete application after the July 15 deadline.

The examination fee of \$1820* is due with the application fee.

Fees for the Subspecialty of Medical Toxicology

The next offering of Medical Toxicology will be in 2006. Fees are to be determined.

Fees for the Subspecialty of Undersea and Hyperbaric Medicine

A nonrefundable application fee of \$360* is required if the applicant is applying through the fellowship pathway.

A nonrefundable application fee of \$520* is required if the applicant is applying through the practice pathway.

The examination fee of \$1635* is due with the application fee.

* Note: All fees are reviewed annually and are subject to change at the direction of the Board. Please contact the Board office for the current fee schedule.

Listing of Individuals Certified

A list, current to the date of publication, of persons to whom certificates have been issued by the Board may be found in *The Official ABMS Directory of Board Certified Medical Specialists*, the ABMS Web site at www.abms.org, and the ABPM Web site at www.abprevmed.org.

Reporting of Changes of Address

Once certified, physicians should notify the following offices in writing of any changes of address:

1. The American Board of Preventive Medicine, Inc, by completing the online address change form at www.abprevmed.org
2. The Physician Biographic Records Department, American Medical Association, 515 N State St, Chicago, IL 60610, the office that maintains a master file of all physicians in the US
3. The American Board of Medical Specialties, 1007 Church St, Ste 404, Evanston, IL 60201, source of the records for *The Official ABMS Directory of Board Certified Medical Specialists*

Important Dates

- April 15—Deadline for receipt of action plans from candidates failing examinations on two or more occasions.
- June 1—Deadline for completed application forms, application fees, and reapplication requests to be received in the Board office for the November examination.
- June 1—Deadline for receipt of re-review requests and fees.
- July 15—Deadline for receipt of additional information not included with the June 1 application.
- August 1—Deadline for completion of requirements to sit for the November examination.
- August—Meeting of the Board to determine admissibility of applicants to November examination. Letters of notification of admissibility for November examination are mailed to candidates after the August Board meeting. Notification is not given by telephone.
- November—Annual 1-day computer-based examination at various sites across the United States. In 2005, the date of the examination is November 7.
- January—Meeting of the Board to determine the pass/non-pass score for the previous November examination.
- January—Results of November certifying examination are mailed to candidates. Notification is not given by telephone.

Applicants With Disabilities and Qualifications for Testing Accommodations

General Information

The Board recognizes that physicians with disabilities may wish to take the certifying examinations and will attempt to make accommodations for applicants with verified disabilities. The Board supports the intent of the Americans with Disabilities Act (ADA). Applicants are reminded, however, that "auxiliary aids (and services) can only be offered if they do not fundamentally alter the measurement of skills or knowledge the examination is intended to test" (Americans with Disabilities Act, Public Law 101-336 (§309 [b]13)). To this extent, the Board will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. The documentation requesting reasonable accommodations must identify a disability and provide a rationale for specified modifications to standard testing procedures.

Applicants who request accommodations because of a disability must advise the Board in writing no later than the deadline for submitting applications for examination. All documentation and other evidence substantiating the disability must be submitted to the Board no later than 30 days after the deadline for filing an application for examination. Required documentation includes completion of the Application for Testing Accommodations and appropriate checklists. If the Board deems it necessary, an independent assessment may be requested at the expense of the Board.

Documentation and other evidence substantiating the disability include, but are not limited to, each of the following:

- A report diagnosing the applicant's disability written by a professional appropriately qualified for evaluating the disability. The report must be printed on the certified examiner's letterhead, with the examiner's credentials, address, and telephone number given in the letterhead or title. The report must include the candidate's name, date of birth, and date of testing, and it must be signed by the examiner.
- A history of the disability, including previous settings in which accommodations have been granted. Having had prior accommodations granted does not necessarily influence the decision of the Board to grant or deny a current request for accommodation. If there is no history of prior accommodations, the examiner

must explain why current circumstances necessitate accommodations.

- Diagnostic information about the specified disability using standard nomenclature from sources such as the International Classification of Diseases and the American Psychiatric Association *Diagnostic and Statistical Manual of Mental Disorders*.
- Specific recommended accommodations, with a rationale for why each accommodation is needed. A description of any functional limitations associated with the disability is important to the Board's evaluation of the request.

Review of Documentation

A letter detailing the specific accommodations requested because of a disability must be submitted for each examination and/or reexamination. Documentation should be marked "ADA Materials" and mailed to the attention of the executive director at the Board office.

Each report is reviewed carefully before accommodations are provided. If the Board does not find appropriate and sufficient evidence to grant accommodations, the applicant will be informed that the request has been denied.

Any applicant whose request for accommodations because of a disability is denied may submit a letter of appeal. All requests for appeal should be submitted to the Board office within 30 days of the original notice of denial and must be accompanied by any further information that rebuts the Board's original decision. The Appeals Committee will then review the materials and make a decision that will be final and binding for the Board and the applicant.

American Board of Psychiatry and Neurology

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(Please note that this is not an official document of the American Board of Psychiatry and Neurology, Inc. The Board cannot accept responsibility for errors made in the printing of this material. Please contact the Board's executive office for official policies and procedures of the Board.)

Throughout this section, the American Board of Psychiatry and Neurology may be referred to as the "Board" or as "ABPN."

The information in the ABPN section is effective for the October 31-November 4, November 7-11, and November 14-18, 2005, specialties examinations only. Contact the Board office for the most current information.

Deadlines for the October 31-November 4, November 7-11, and November 14-18, 2005, Specialties Examination

Part I Application	February 1, 2005
Part I Late Application	March 1, 2005
Completion of residency training	June 30, 2005
Written confirmation of completion of residency training	July 15, 2005
Part I Reexamination Fee	Board will notify applicant

(Contact the Board office if you have not received a reexamination billing statement by February 15, 2006.)

Fee Schedule (Effective March 2005)

Note: All fees must be submitted in US currency.

Part I Application Fee	\$675
Part I Examination Fee	\$925
Part I Late Application Fee (in addition to the above)	\$500
Part I Rescheduling Fee	\$300
Part I Reexamination Fee*	\$925

Part I Reexamination Late Application Fee (in addition to the above)	\$500
Part II Examination Fee	\$1,725
Psychiatry Part II Reexamination Fee*	\$1,725
Neurology/Child Neurology Part II Reexamination Fee*:	
One section	\$1,175
Two or three sections	\$1,725
Application/Licensure Appeal Fee [†]	\$350
Part I Appeal Fee [†]	\$300
Part II Feedback Fee	\$100
Part II Appeal Fee [†]	
One section	\$750
Two or three sections	\$1,000
Irregular behavior appeal fee [†]	\$350
Application for testing accommodations appeal fee	\$350
Duplicate certificate fee	\$150
Returned check charge	\$50

*Reexamination fees are in addition to any appeal fees.

[†]Appeal fees are refundable if decision is in appellant's favor.

The ABPN reserves the right to revise fee schedules at any time.

I. General Information

A. History

The ABPN is a nonprofit corporation that was founded in 1934 following conferences of committees appointed by the American Psychiatric Association, the American Neurological Association, and the then Section on Nervous and Mental Diseases of the American Medical Association. This action was taken as a method of identifying qualified specialists in psychiatry and neurology.

B. Composition of the Board

The Board consists of 16 voting members. The nominating organizations for psychiatry are the American College of Psychiatrists, American Medical Association, and American Psychiatric Association; for neurology, they are the American Academy of Neurology and American Neurological Association. Each of these organizations proposes nominees to serve on the Board, but the Board itself selects its members. The Board is independently incorporated.

Elections to fill the places of members whose terms have expired take place annually. Neurology and psychiatry are always represented equally on the Board. The Board holds meetings several times each year for the purpose of examining candidates and transacting business.

C. Mission Statement

The mission of the ABPN is to serve the public interest by promoting excellence in the practice of psychiatry and neurology through lifelong certification, including competency-testing processes. Methods for achieving that goal include, but are not limited to, efforts to:

1. Describe, in terms of knowledge and skills, a physician with special expertise in evaluation, diagnosis, and treatment of patients with psychiatric and/or neurologic disorders or who require psychiatric and/or neurologic assessment.
2. Set the standards for knowledge and skills required for certification.
3. Construct and administer examinations designed to evaluate required knowledge and skills.
4. Monitor, evaluate, and improve the standards and procedures of the certification process.
5. Participate in the appropriate Residency Review Committees of the Accreditation Council for Graduate Medical Education (ACGME) to set standards for the quality and scope of residency

training programs to ensure that their graduates will obtain necessary training credit toward certification.

6. Issue certificates and other forms of recognition to successful candidates.
7. Make lists available of diplomates who have fulfilled the requirements for certification.
8. Inform the public, other professions, and other medical organizations of the purposes, activities, and responsibilities of the Corporation.
9. Participate in the activities of the American Board of Medical Specialties (ABMS) and its member Boards.

D. Rules and Regulations

In carrying out its specified functions, the Board has formulated rules and regulations to guide its activities and to communicate to applicants and other interested persons its policies regarding training requirements, examinations, fees, etc.

These rules and regulations are amended from time to time. The statements contained in this publication are the most recent amendments and represent the policies of the Board as of the date of this publication.

The Board has authority to periodically issue and thereafter to amend the rules and regulations relating to the issuance and revocation of certificates of qualification in the practice of psychiatry, neurology, neurology with special qualification in child neurology, and the recognized subspecialties.

E. Certificates

The Board currently issues certificates for the following specialties:

- Psychiatry
- Neurology
- Neurology with special qualification in child neurology

The Board also currently issues certificates for the following subspecialties:

- Addiction psychiatry
- Child and adolescent psychiatry
- Clinical neurophysiology
- Forensic psychiatry
- Geriatric psychiatry
- Neurodevelopmental disabilities
- Pain medicine
- Psychosomatic medicine
- Vascular neurology

A physician may be certified in more than one area and will receive a separate certificate for each area in which he or she qualifies. Each certificate shall be in such form and for such period of time as specified by the Board.

F. Licensure

Throughout the certification and maintenance of certification processes, physicians must hold an unrestricted license to practice medicine in at least one state, commonwealth, territory, or possession of the United States or province of Canada. If licenses are held in more than one jurisdiction, all licenses held by the physician must meet this requirement, subject to the exceptions noted below.

An unrestricted medical license is a license to practice medicine that has been issued by an appropriate licensing board and contains no restrictions on the physician's privilege to practice professionally. Restrictions include, but are not limited to, revocation, suspension, condition, negotiated agreement, stipulation, probation, or contingency.

Subject to the exceptions noted below, certification shall continue in force only as long as the holder has an unrestricted medical license in at least one state, commonwealth, territory, or possession of the United States or province of Canada. If licenses are held in

more than one jurisdiction, all licenses held by the physician must meet this requirement. An unrestricted medical license must be maintained even if a physician is out of the country for extended periods of time.

A candidate in possession of any restricted medical license, even if the candidate also possesses an unrestricted license(s), will not be scheduled for examination, or issued a certificate, be authorized to be in possession of a certificate, or represent himself or herself as an ABPN-certified physician.

It is the responsibility of the candidate/diplomate to inform the Board immediately upon a change in licensure status.

Exceptions

- Restriction of a physician's medical license does not include voluntary participation in an impaired physicians program or other appropriate, monitored alcohol or chemical substance-abuse recovery program if the physician has not been reported to either the National Practitioner Data Bank or the Data Bank of the Federation of State Medical Boards.
- Restriction of a physician's medical license does not include medical licenses that, when issued, are limited by a geographic area within a jurisdiction (eg, practice limited to underserved areas) as long as such licenses are not in any way limited due to, because of, or by virtue of a disciplinary, legal, or administrative action against the license holder.
- Applicants who do not yet have an unrestricted medical license because they are in training are not required to submit a copy of their medical license at the time of application for the Part I examination. However, such applicants **must** submit a copy of their unrestricted medical license no later than December 15 of the year in which they sat for the Part I examination. Applicants holding more than one license must submit a copy of each license. Candidates who *do not* submit copies of their medical license(s) by the December 15 deadline will *not* be scheduled for the Part II examination until the Board office receives copies of the candidate's medical license(s).

G. Recertification and Maintenance of Certification

Recertification

As of October 1, 1994, all individuals achieving Board certification by the ABPN are issued 10-year, time-limited certificates. Certificates issued in the subspecialties of addiction psychiatry, clinical neurophysiology, forensic psychiatry, geriatric psychiatry, neurodevelopmental disabilities, and pain medicine, including those issued prior to October 1, 1994, are 10-year, time-limited certificates. Time-limited certificates for child and adolescent psychiatry began in 1995. All ABPN time-limited certificates, regardless of their exact dates of issuance, are considered to expire 10 years later on December 31.

Diplomates who are not recertified before their certificates expire are no longer Board-certified in that area of certification. Once a former diplomate passes the recertification examination, however, he or she will regain certification status. Diplomates with certificates in the subspecialties of addiction psychiatry, clinical neurophysiology, forensic psychiatry, geriatric psychiatry, pain medicine, psychosomatic medicine, and vascular neurology must also maintain certification in their primary specialty in order to apply for recertification in the area of subspecialization. Diplomates in neurodevelopmental disabilities must maintain certification in neurology with special qualification in child neurology. If certification in the primary specialty lapses, certification in the subspecialty is no longer valid.

The only exception to the above is child and adolescent psychiatry. Diplomates in child and adolescent psychiatry do not need to maintain current certification in general psychiatry for their

subspecialty certification to remain valid and to recertify in child and adolescent psychiatry.

There is no time limit on regaining certification status through recertification.

Maintenance of Certification

As mandated by the American Board of Medical Specialties, the Board is in the process of completing the development of its maintenance of certification (MOC) program. The MOC program includes four components: Professional Standing; Lifelong Learning and Self-assessment; Cognitive Expertise; and Evidence of Performance in Practice.

Currently, diplomates are required to satisfy the licensure requirements and pass the cognitive (recertification) examination in order to renew their certification status.

Beginning in 2006, diplomates applying to sit for the cognitive (recertification) examination in 2007 must:

- Satisfy the licensure requirements.
- Complete an average of 30 specialty-specific, Category 1 CME credits per year, prior to applying for the cognitive (recertification) examination. Diplomates are responsible for maintaining a record of their CME activities.
- Provide evidence of participation in some self-assessment activity or activities. Such activities may include, but are not limited to, formal programs sponsored by specialty societies.

At this time, the following materials have been approved as self-assessment activities for Psychiatry:

- The *Psychiatrist in Practice Examination* (PIPE)
- Post-reading questions from *Focus*
- Organized post-CME activities (following a Category 1 activity)
- Other (The Board reserves the right to accept or reject any course or guideline submitted.)

At this time, the following materials have been approved for Neurology:

- Post-reading questions from *Continuum*
- Organized post-CME activities (following a Category 1 activity)
- Other (The Board reserves the right to accept or reject any course or guideline submitted.)

Evidence of Performance in will be required at a future date.

Diplomates may sit for the cognitive (recertification) examination prior to the expiration date on their certificates if the current maintenance of certification requirements are satisfied. A passing score on the recertification examination will extend the renewal date of the certificate for 10 years from the date of the recertification examination.

H. Revocation of Certificates

The Board has the authority to revoke any certificate issued by it for cause or to place a certificate holder on probation for a fixed or indefinite period of time.

I. Irregular Behavior Including Unethical Behavior of Candidates

The Board believes that the ethics of candidates for certification are of concern. The following rules apply:

1. Falsification of credentials will be cause for the Board's refusal to admit a candidate to examination for up to 5 years.
2. The Board will consider legal action against anyone who forges an ABPN certificate, copies an ABPN examination or otherwise uses them in conflict with copyright laws, or in any other way violates the legal prerogatives of the Board. Such activities will be cause for the Board's refusal to admit a candidate to examination for up to 5 years.
3. Scores on written examinations may be invalidated for reasons of irregular behavior. Statistical analyses may be used to confirm suspected cheating. If an examination score is invalidated, the

candidate may submit a written appeal within 30 days of notice of invalidation. (See below for a description of the appeal process.) If an examination score is invalidated because of irregular behavior, the Board will not consider the candidate for examination for a period of up to 5 years, depending on the irregular behavior. A new application form and current application and examination fees will be required.

4. Scores on oral examinations may be invalidated for reasons of irregular behavior. If the examination score is invalidated, the candidate may submit a written appeal within 30 days of notice of the notice of invalidation. (See below for a description of the appeal process.) If an examination score is invalidated because of irregular behavior, the Board will not consider the candidate for examination for a period of up to 5 years, depending on the irregular behavior.
5. Irregular behavior shall include, but not be limited to, the following conduct: (a) copying answers from another candidate's examination; (b) knowingly permitting another candidate to copy one's answers on an examination; (c) unauthorized possession, reproduction, or disclosure of examination materials or content, at any time; (d) use of audio equipment to record any part of an oral examination; (e) offering any financial benefit or other benefit to any director, officer, employee, proctor, diplomate, or other agent or representative of the Board in return for any right, privilege, or benefit that is not granted by the Board to other similarly situated candidates or persons; (f) not complying with proctors' or examiners' instructions; (g) disregarding time limits; (h) bringing food, drink, cellular phones, pagers or other electronic devices, books, study materials, personal belongings including watches and wallets, or other prohibited material into an examination room; (i) making telephone calls during an examination; and (j) any other form of disruptive behavior, including repeated or excessive verbal complaints, or talking during an examination unless instructed to do so.
6. Notification of the Board's action may be sent to legitimately interested third parties, including the American Medical Association, state medical societies, medical licensing boards, and appropriate specialty societies.

Appeal Procedure for Invalidation Due to Irregular Behavior

A candidate whose examination scores are invalidated because of irregular behavior may appeal this decision by submitting the following materials to the Executive Vice President at the Board office:

- A written request for a formal appeal of the invalidation of examination scores.
- The applicable appeal fee. (See Fee Schedule.)
- Additional written information that rebuts the invalidation.

The appeal materials must be sent together in a single mailing that is postmarked within 30 days of the date indicated on the letter of invalidation. The appeal materials will be sent to the respective Appeals Committee, which will review the materials, deliberate, and make a determination. In all events, the Appeals Committee's determination is final and binding on both the Board and the candidate.

J. Board Eligibility

The ABPN, in accordance with the policy of the ABMS, does not recognize or use the term "Board eligible" and does not issue statements concerning "Board eligibility." The Board informs an applicant of admissibility to examination only when the applicant has an active, approved application on file in the Board office.

K. Conflict of Interest

To maintain the confidence of the public and the medical profession in the integrity of the Board, it is important for those doing its

work to avoid certain activities that could provide opportunity for a conflict of interest or the appearance thereof. A conflict of interest is defined as an instance wherein a competing outside activity or holding could influence or appear to influence the Board's activities in the area of policy development, evaluation of training programs, or examination development. Examples of such competing outside interests are compensated direct employment, paid advisory or consultant positions, significant personal investments, or other affiliations as an officer and/or director in a pharmaceutical or medical supply company.

As an alternative to regulating investment or employment, the Board has chosen to manage matters related to the appearance of a conflict of interest by encouraging disclosure of significant financial interests or relationships and abstention from participation in decision-making related to a matter that could give rise to a conflict of interest (due to a material financial interest or relationship).

Annually, Board members, test committee members, written examination proctors, the Executive Vice President, and staff members of the Board are required to complete a form disclosing the following general information:

1. License restrictions to practice medicine.
2. Participation in board review courses or publication of materials in any media format, including the Internet, regarding board review in psychiatry, neurology, or any of the subspecialties.
3. Significant financial holdings in any pharmaceutical or medical supply company.
4. An affiliation in the capacity of trustee, officer, director, or other major capacity with any pharmaceutical or medical supply company.
5. Any other affiliations that would present a potential or apparent conflict of interest or commitment.

Any individual who participates in any review course that is publicized as being a board review course, or in any course that could be construed as a board review course, or who has edited or provided written or audiovisual materials for publications identified as preparation for Board examinations, or who copies, reproduces, or discloses examination materials or content should not participate as an examiner in any oral examination, as a proctor in any written examination, or as a member of any Board committee for at least 12 months subsequent to the course or publication of any written or audiovisual materials.

All ABPN examiners are diplomates of the ABPN.

II. Requirements for Admission to Examination

A. General Requirements for All Applicants

To qualify to sit for examination, an applicant must:

1. Be a graduate of an accredited medical school in the United States or Canada or of an international medical school listed by the World Health Organization.
2. Have a medical license as defined in Section I.F above. Applicants are required to submit a copy of their medical licenses with their application.* *If more than one license is held, a copy of each license is required.*

* Applicants who do not yet have an unrestricted medical license because they are in training are not required to submit a copy of their medical license at the time of application for Part I examination. However, the applicants **must** submit a copy of their unrestricted medical license no later than December 15 of the year in which they sat for the Part I examination.

3. Have satisfactorily completed the Board's specialized training requirements in psychiatry, neurology, neurology with special qualification in child neurology, or any of the subspecialties. Training requirements for the specialties are explained in the sections that follow.

4. Submit a completed official application form including all required attachments and the appropriate application and examination fees by the specified deadlines. (See fees schedule and application deadlines. See Section III for a complete description of the application process.) Only applications submitted on the current application form will be accepted. Faxed copies of applications will not be accepted.

B. General Training Requirements

References to "residency" refer to entry at the second year of postgraduate (PGY-2) level unless otherwise stated. Residency training must be in the specialty in which the applicant seeks certification, except for residents who are in an approved combined training program. (See Section VI for more information about combined training programs.)

Training programs approved by the Residency Review Committees and accredited by the ACGME can be found in the current edition of the *Graduate Medical Education Directory*, published by the American Medical Association. This *Directory* includes the program requirements for residency education.

Training may be completed on a part-time basis, provided that it is no less than half time. Training programs may schedule individual leave or vacation time for residents in accordance with the overall institutional policy. Leave or vacation time may not be utilized to reduce the total amount of required residency training or to make up deficiencies in training.

Effective for residents entering residency training (PGY-2 in psychiatry or neurology or PGY-3 in child neurology) as of July 1, 2002: the 36 months of full-time specialized residency training must be completed in no more than two blocks. If completed in two blocks, the blocks must not be more than 10 years apart.

C. Training in More Than One Residency Program

To ensure continuity of training, the Board requires that 2 of the 3 years of residency training, excluding the PGY-1, be spent in a single program. In addition, credit will not be given for less than 1-year blocks of training, including the PGY-1. The ABPN Credentials Committee will consider exceptions to these rules only under extraordinary circumstances. In such cases, respective program directors should contact the Board office, in writing, **prior to the transfer**. The letters must outline the resident's training content, duties, and responsibilities, including exact dates of training, and indicate clearly that the resident will satisfy all ACGME program requirements as outlined in the *Graduate Medical Education Directory*. Each case will be considered on an individual basis.

If the Credentials Committee approves the request, the Board will notify the program directors in writing. A copy of this letter should be given to the resident to submit with his or her Part I application. Residents who have not received prior approval from the Credentials Committee risk the possibility that the Board will deny their Part I applications.

When training is completed in more than one program, the training director of the first program should send the training director of the second program a letter detailing the training satisfactorily completed, including exact dates of training, and areas of training that are deficient. After reviewing this documentation, the training director of the second program should inform the resident whether or not the second program will be able to provide the resident with the experience necessary to remove the deficits.

D. Psychiatry: Specific Training Requirements

Unless otherwise specified all training must be completed in programs accredited by the ACGME. (See sections on Canadian and other international training below.)

An applicant seeking admission to examination for certification in psychiatry must have satisfactorily completed an ACGME-accredited PGY-1 (See below) and 3 full years of postgraduate, specialized residency training in a psychiatry program accredited by the ACGME. Different requirements apply for applicants who began training in psychiatry prior to 1986. These candidates should call the Board office if they have any questions.

Two patterns of training are acceptable:

1. Three-year psychiatry residency program

A broad-based clinical year of ACGME-accredited training in internal medicine, family practice, or pediatrics; or an ACGME-accredited transitional year program that included a minimum of 4 months of primary care; or an ACGME-accredited residency in a clinical specialty requiring comprehensive and continuous patient care;

and

Three full years of postgraduate, specialized residency training in a psychiatry program accredited by the ACGME;

or

2. Four-year psychiatry residency program

Four years of training in an ACGME-accredited program in psychiatry is acceptable. A psychiatry PGY-1 must include at least 4 months in internal medicine, family practice, and/or pediatrics. This training must be in a clinical setting that provides comprehensive and continuous patient care. No more than 1 month of this requirement may be fulfilled by an emergency medicine rotation, as long as the experience predominantly involves medical evaluation and treatment, rather than surgical procedure. Neurology rotations may **not** be used to fulfill this 4-month requirement.

Canadian Training Programs

Physicians entering residency training in psychiatry (PGY-2) on or after July 1, 2001, may apply to the ABPN for examination **ONLY** if they:

1. Complete their training in a Canadian program accredited by the Royal College of Physicians and Surgeons of Canada;
- and
2. Achieve certification by the Royal College of Physicians and Surgeons of Canada;
- and
3. Possess an unrestricted license to practice medicine in a Canadian province.

Physicians entering residency training in psychiatry prior to July 1, 2001, may be granted credit for training completed in Canada if the training was completed in a program accredited by the Royal College of Physicians and Surgeons of Canada. These applicants must initiate the ABPN certification process by 2007 and should contact the Board office if they have any questions.

Other International Training

Physicians entering psychiatry residency training on or after July 1, 1997, will not be granted credit for other international training. Physicians entering psychiatry residency training prior to July 1, 1997, may be granted credit for other international training **ONLY** if they:

1. Achieve a national certificate accepted by the ABPN by the year 2005. The only certificates accepted by the ABPN are MRCPsych, FRANZCP, FF Psych (SA), and Israel's Specialty Certification of the Scientific Council of the Israel Medical Association. If a physician's training was not completed in its entirety (internship and residency training) in the country issuing the certificate, the physician must complete an additional year of approved primary care training in the United States;

and

- Initiate the ABPN certification process by the year 2007. Physicians who entered residency training in the United Kingdom prior to July 1, 1986, should contact the Board office for training credit information.

E. Neurology: Specific Training Requirements

Unless otherwise specified, all training must be completed in programs accredited by the ACGME. (See sections on Canadian and other international training below.)

An applicant seeking admission to examination for certification in neurology must have satisfactorily completed an ACGME-accredited PGY-1 (See below) and 3 full years of postgraduate, specialized residency training in a neurology program accredited by the ACGME. The PGY-1 must be completed prior to the 3 years of residency training. Different requirements apply for applicants who began training in neurology prior to 1991. These candidates should call the Board office if they have any questions.

Two patterns of training are acceptable:

1. Three-year neurology residency program

A full year of ACGME-accredited training in internal medicine, or as an acceptable alternative, a full year in an ACGME-accredited program in which a minimum of 6 months of training must be in internal medicine, the details of which must be documented by the training director. The composition of these 6 months may not include rotations in neurology or emergency medicine. To ensure that these 6 months constitute a high-quality experience, they should emphasize progressive responsibility for the resident. At least 2 of the additional 6 months must be spent in internal medicine, pediatrics, and/or emergency medicine. For candidates entering neurology residency training on or after July 1, 2001, at least 2 of the additional 6 months must be spent in internal medicine, pediatrics, family medicine, and/or emergency medicine. No more than 2 of the remaining 4 months may be spent in neurology;

and

Three full years of postgraduate, specialized residency training in a neurology program accredited by the ACGME;

or

2. Four-year neurology residency training

Four years of training in a neurology residency program accredited by the ACGME.

Effective for residents entering residency training in neurology as of July 1, 2002, 6 months of neurology credit may be granted for neurosurgery training provided the training has not been accepted by another board for certification. A letter from the neurology program director, detailing the proposed training, must be submitted to the Board office for review and approval. Documentation, including exact dates of the neurosurgery training (from month/day/year to month/day/year), should accompany the letter.

Canadian Training Programs

Physicians entering residency training in neurology (PGY-2) on or after July 1, 2001, may apply to the ABPN for examination only if they:

- Complete their training in a Canadian program accredited by the Royal College of Physicians and Surgeons of Canada;
- Achieve certification by the Royal College of Physicians and Surgeons of Canada;
- Possess an unrestricted license to practice medicine in a Canadian province.

Physicians entering residency training in neurology prior to July 1, 2001, may be granted credit for training completed in Canada if the training was completed in a program accredited by the Royal

College of Physicians and Surgeons of Canada. These applicants must initiate the ABPN certification process by 2007 and should contact the Board office if they have any questions.

Other International Training

Physicians entering neurology residency training on or after July 1, 1997, will not be granted credit for other international training. Physicians entering neurology residency training prior to July 1, 1997, may be granted PGY-1 credit for other international training ONLY if they:

- Achieve a national certificate accepted by the ABPN in internal medicine by the year 2005. The only internal medicine certificates accepted by the ABPN are MRCP(UK), MRACP, FCP, and MRCP(I);
- Initiate the ABPN certification process by the year 2007.

F. Neurology With Special Qualification in Child Neurology: Specific Training Requirements

Proper preparation for the practice of child neurology requires that the practitioner be a qualified neurologist who has had additional training in pediatrics and child neurology. To qualify for this certificate, a different type of preparation and certifying examination are required. The same diploma will be used, the only difference being that instead of certifying qualification in "neurology," it certifies qualification in "neurology with special qualification in child neurology."

Unless otherwise specified all training must be completed in programs accredited by the ACGME. (See sections on Canadian and Other International Training below.) Different requirements apply for applicants who began training in child neurology prior to 1991. These candidates should call the Board office if they have any questions.

Three patterns of training are acceptable for 2 of the 5 years of training:

1. General pediatrics

The usual pathway is 2 years of training in general pediatrics in an ACGME-accredited program. This is the only pathway that allows the applicant admission for examination by both the American Board of Pediatrics (ABP) and the ABPN;

or

2. General pediatrics/basic neurosciences research

One year of training in general pediatrics in an ACGME-accredited program and 1 year of research in the basic neurosciences. The basic neurosciences pathway was created as an alternative track for residents who are planning a research career in academic child neurology. The year of basic neurosciences must provide training in a research discipline related to child neurology and is intended to increase the trainee's knowledge base and competitiveness for federal and nonfederal grant support. The trainee must make at least an 80% time commitment to basic neurosciences during this year of training.

For the purpose of this training track, "basic neurosciences" is defined as laboratory research related to the cellular or molecular basis of neurologic diseases. Examples of relevant basic disciplines include molecular neurogenetics, neurochemistry, neuropharmacology, neurophysiology, neuroanatomy, neuroimmunology, developmental neurobiology, biophysics, and cell biology.

Effective for residents entering residency training in child neurology as of July 1, 2003: The neuroscience training track must be approved prior to entry into residency training in child neurology. A form to guide the applicant's description of the research, his or her role, skills to be acquired, and the likely outcomes (eg, presentations, peer-reviewed manuscripts) is part of

the information to be provided. Credit will be given for basic neuroscience training obtained as part of an integrated clinical neuroscience program leading to certification in neurology with special qualification in child neurology. Credit cannot be obtained for basic neuroscience training obtained as part of a degree granting program (eg, PhD).

Residents entering child neurology training prior to July 1, 2003, must have this training track approved by the Board prior to completion of the 5 years of training.

A program director who intends to propose a neuroscience research training track for a resident should contact the Credentials Department at the Board office to request the proposal form. The form may also be downloaded from the ABPN Web site, www.abpn.com. This form along with letters from the mentor (and child neurology program director, if a different individual) must be submitted, describing the research and explaining how the year of neurosciences relates to child neurology and to the trainee's academic career. Documentation must include exact dates of training (from month/day/year to month/day/year);

or

3. General pediatrics/internal medicine

One year of training in general pediatrics and 1 year of training in internal medicine in ACGME-accredited programs. An acceptable alternative to the 1 year of internal medicine is a full year of ACGME-accredited training that includes a minimum of 6 months of internal medicine, the details of which must be documented by the training director. The composition of these 6 months may **not** include rotations in neurology, pediatrics, or emergency medicine. To ensure that these 6 months constitute a high-quality experience, they should emphasize progressive responsibility for the resident. At least 2 of the additional 6 months must be spent in internal medicine, pediatrics, and/or emergency medicine. For candidates entering child neurology residency training on or after July 1, 2002, at least 2 of the additional 6 months must be spent in internal medicine, pediatrics, family medicine, and/or emergency medicine. No more than 2 of the remaining 4 months may be spent in neurology;

and

All candidates will be required to complete 3 full years of post-graduate, specialized residency training in a child neurology program accredited by the ACGME.

Canadian Training Programs

Physicians entering residency training in child neurology (PGY-3) on or after July 1, 2002, may apply to the ABPN for examination ONLY if they:

1. Complete their training in a Canadian program accredited by the Royal College of Physicians and Surgeons of Canada;
- and
2. Achieve certification by the Royal College of Physicians and Surgeons of Canada;
- and
3. Possess an unrestricted license to practice medicine in a Canadian province.

Physicians entering residency training in child neurology prior to July 1, 2002, may be granted credit for training completed in Canada if the training was completed in a program accredited by the Royal College of Physicians and Surgeons of Canada. These applicants must initiate the ABPN certification process by 2008 and should contact the Board office if they have any questions.

Other International Training

Physicians entering child neurology residency training on or after July 1, 1998, will not be granted credit for other international training. Physicians entering child neurology residency training prior to July 1, 1998, may be granted up to 2 years of general pediatrics

and/or 1 year of internal medicine credit for training completed in another international program ONLY if they:

1. Achieve a national certificate accepted by the ABPN in pediatrics and/or internal medicine by the year 2005. The only certificates accepted by the ABPN for pediatrics and/or internal medicine are MRCP(UK), MRACP, FCP(SA), and MRCP(I);
- and
2. Initiate the ABPN certification process by the year 2007.

III. Application for Certification

A. General Information

Physicians seeking certification in psychiatry, neurology, or neurology with special qualification in child neurology must complete, sign, and file with the Executive Vice President of the Board an application on the current official form together with the required supporting documents. The *Information for Applicants* publication and associated *Application for Certification* are revised each year and may be downloaded from www.abpn.com or obtained from the Board office. Only applications submitted on the current application form will be accepted. Faxed copies of applications will not be accepted.

An acknowledgment mailer accompanies each application. This mailer, when stamped, self-addressed, and enclosed with the application, will be returned to the applicant as acknowledgment that the Board office has received the application. Once the mailer is returned to the applicant, it may take up to 16 weeks for the applicant to receive further information regarding the status of the application. Applications are reviewed in order of receipt.

Applicants who do not receive any notification from the Board regarding their applications by July 1, 2005, should contact the Board office to inquire about the status of their application.

B. Deadlines and Fees

The deadline for receipt of completed applications in the Board office for the October 31-November 4, November 7-11, November 14-18, 2005 Part I examination is February 1, 2005. Applications received in the Board office after February 1, 2005 must include a nonrefundable late fee, and must be received in the Board office by March 1, 2005. Applications received in the Board office after March 1, 2005, will not be accepted and will be returned.

A complete list of fees appears at the beginning of this document. Applications submitted without the appropriate fees will not be accepted. Fees received without applications will be returned. Part I application and examination fees are neither refundable nor transferable.

C. Completing the Application and Supporting Documentation

1. Select a Specialty

Check the appropriate box to indicate the specialty in which you are seeking certification.

2. Candidate Name

The name on the application MUST be identical to the name on the photo identification to be used at examination registration. If the name stated on the application is different from that on the photo identification, admittance to Pearson VUE Testing Centers may be denied. In addition, if the name on supporting documentation differs from the name provided on the application, certified, legal documentation (marriage license, name change determination, etc) must be presented with the application. If the name changes at any time subsequent to submission of the application, certified, legal documentation of the name change must be submitted to the Board office.

3. Social Security Number

Provide your social security number.

4. Mailing Address

This is an address at which the Board can contact you; therefore, do not use a temporary address. Candidates are responsible for keeping the Board informed about any change of address. Address change information may be sent to the Board via mail, fax, or the ABPN Web site, www.abpn.com.

5. Home and Office Telephone Numbers, Fax Number, and E-mail Address

Provide your home telephone number, *primary* office phone number, fax number, and e-mail address. Candidates are responsible for keeping the Board informed about any changes. Change information may be sent to the Board via mail, fax, or the ABPN Web site, www.abpn.com.

6. Date of Birth

Provide your birth date.

7. Medical Education

Include the complete name of each medical school attended. Include accurate and complete attendance and graduation dates for each school, as well as the degree received (MD, DO, etc).

8. Licensure

All questions regarding licensure must be answered. Do not leave any blanks. In addition, enclose with the application a copy of either your unrestricted medical license or the current renewal registration card for your unrestricted medical license, whichever shows the license expiration date. If more than one license is held, enclose with your application a copy of each license or the renewal registration card. An applicant in possession of a restricted, suspended, or revoked medical license will not be accepted for any examination. (See Section I.F for information on restrictions and exceptions.)

9. Previous Application for Certification

Indicate if you have previously applied to this Board for certification. If this application was under a different name, provide all previous names, and include appropriate certified, legal documentation (marriage license, name change determination, etc) of the name change. If your name changes at any time subsequent to the submission of this application, certified, legal documentation of the name change must be submitted to the Board office.

10. Other Applications on File

Indicate if you have other applications on file with the ABPN, and, if so, in what specialty or subspecialty. A candidate may not have more than one application for certification in the same specialty or subspecialty on file with the Board office at any one time. Candidates completing training both in psychiatry and in neurology or child neurology may apply to sit for both Part I examinations during the same administration. Candidates who intend to follow this examination pattern should contact the Board office for further information.

11. Request for Testing Accommodations Due to a Disability

Please refer to Section VII.

12. First Postgraduate Year (PGY-1) (or first 2 years for child neurology)

Enclose with the application a letter of verification from the PGY-1 training director describing the exact length and content of rotations completed during the PGY-1. All documentation must include exact dates (from month/day/year to month/day/year) of training.

Psychiatry candidates only:

If the PGY-1 was a full year of internal medicine, pediatrics, or family practice, a photocopy of the certificate of completion, **including exact dates**, may be submitted in lieu of the letter from the PGY-1 training director.

Neurology candidates only:

If the PGY-1 was a full year of internal medicine, a photocopy of the certificate of completion, **including exact dates**, may be submitted in lieu of the letter from the training director.

Neurology with special qualification in child neurology candidates only:

If either of the first 2 years was a full year of internal medicine or pediatrics, a photocopy of the certificate(s) of completion, **including exact dates**, may be submitted in lieu of the letter from the PGY-1 and PGY-2 training director(s).

Reapplicants only:

Reapplicants previously accepted for examination must complete the application; PGY-1 documentation is not required with this reapplication.

13. Residency Training

List all residency training in chronological order, beginning with the date you entered residency training. **Include exact dates** (from month/day/year to month/day/year).

In addition, enclose with the application a copy of certificate(s) of training, including exact dates, or a letter of verification of training from the training director(s) including exact dates of training. If training was completed in child and adolescent psychiatry, the training director of the child and adolescent psychiatry program must document the child and adolescent psychiatry training.

If you are still in training, a letter from the training director must be submitted **with the application** documenting that you are in the final year of training and that training will be completed by June 30, 2005. This letter must include the date on which you started training and the anticipated completion date. Immediately after you have completed training, the training director must submit to the Board a letter verifying successful completion of training or a copy of the certificate of training. All documentation must **include exact dates** (from month/day/year to month/day/year) of training. If documentation of successful completion of training is not received in the Board office by July 15, 2005, the candidate may be removed from the Part I roster.

Candidates who complete training after June 30, 2005, but no later than July 31, 2005, may submit a Part I application. The training directors must submit a letter verifying successful completion of training to the Board by August 10, 2005. All documentation must **include exact dates** (from month/day/year to month/day/year) of training. Applicants who complete training after July 31, 2005, will be denied opportunity to sit for the 2005 Part I Examination.

Due to the large volume of documentation that the Board office will be receiving on or before July 15, we ask that applicants **DO NOT CALL** to verify that the Board received documentation from their residency program. Applicants should check with their training director to confirm that documentation was sent to the Board office.

Reapplicants Only:

Reapplicants previously accepted for examination must complete the application; residency training documentation is not required with this reapplication.

14. Examination Site

The Part I examination will be administered at Pearson VUE testing centers. (For additional information, see Section IV.B, Part I Examination Procedures.)

15. Other Diplomat Information (if any)

List any other Board certifications.

16. Application Statement

Read, sign, and date the application statement. Applications with altered or unsigned application statements will not be accepted and will be returned.

D. Appeal Procedure for Negative Determinations Regarding Credentials

The rejection of credentials for admission to an examination is considered a negative determination. An applicant who has submitted a formal application and receives a negative determination regarding the application may appeal this decision by submitting the following materials to the Executive Vice President at the Board office:

- A written request for a formal appeal of the rejection of the application.
- The applicable appeal fee. (See Fee Schedule.)
- Additional written information that rebuts the negative determination.

The appeal materials must be sent together in a single mailing that is postmarked within 30 days of the date indicated on the letter of negative determination. The appeal materials will be sent to the respective Appeals Committee, which will review the materials, deliberate, and make a determination. In all events, the Appeals Committee's determination is final and binding on both the Board and the applicant.

IV. Examinations

A. General Requirements for All Applicants

The Board may conduct examinations at such times and places as it deems appropriate. The Board reserves the right to limit the number of candidates admitted to any scheduled examination. The administration and grading of all examinations shall be at the sole discretion of the Board. Each examination shall cover such subjects as the Board may determine.

The purpose of the ABPN certification examinations is to test the qualifications of the candidates in psychiatry, neurology, or both. As these medical disciplines constitute part of the broad field of general medicine, the Board requires proficiency in neurology on the part of those it certifies in psychiatry and vice versa, but examines the candidate in accordance with the certificate he or she seeks. Each examination shall cover such subjects as the Board may determine. The ABPN uses the American Psychiatric Association (APA) *Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)* as the primary authority on psychiatric diagnostic nomenclature for its examinations.

The Board does not endorse or recommend any texts or other teaching aids identified as "board preparation" material. Furthermore, neither the Board nor any of its committees has any affiliation with or responsibility for programs identifying themselves as "board review courses."

To become Board certified, each candidate must pass both the Part I and Part II examinations. There is no limit on the number of times a candidate may apply for the Part I examination. To ensure that candidates have a current fund of knowledge at the time of certification, a passing grade on the Part I examination is valid for a period of 6 years or three opportunities to pass the Part II examination, whichever comes first. Candidates will be scheduled for examination and reexamination, if necessary, until they have exhausted their opportunities. The Board anticipates that the three opportunities will not take the maximum of 6 years. Candidates who are unsuccessful in the Part II examination during the allotted time period will be required to retake the Part I examination.

The Board is not liable for candidate travel and/or other related expenses incurred as a result of the cancellation of an examination.

General questions about requirements and logistics of ABPN examinations may be asked of ABPN staff by telephone or on-site. Verbal complaints to staff, directors, proctors, or examiners that continue after explanation of ABPN policy may rise to the level of harassment which may be considered irregular behavior (see

Section I.I). At no time should a candidate discuss the administration or the grading of an examination with the examiners.

B. Part I Examination Procedures

Successful completion of the Part I written examination is required of candidates seeking certification in psychiatry, neurology, or neurology with special qualification in child neurology. To successfully complete the Part I examination, a candidate must pass both the psychiatry and neurology sections of the written examination at the same administration. Currently, there is no limit to the number of times an applicant may apply to take the Part I examination.

All applicants are required to sit for the Part I examination for which they have applied. Applicants who fail to sit for the examination are required to submit a new application, copies of all medical licenses, and the current Part I application and examination fees.

1. Scheduling and Test Procedures

The Part I examination will be scheduled for two 3 ½-hour sessions in the same day and will be administered at Pearson VUE testing centers beginning in 2005. The Board will advise applicants, in writing, of acceptance to the examination.

Approximately 2 months prior to the examination, candidates whose applications have been accepted will receive a notice announcing the locations of testing centers and describing the registration procedures and deadlines. Upon receipt of this notice, candidates are urged to contact Pearson VUE immediately to schedule an appointment for the examination. A delay in contacting Pearson VUE can result in fewer available openings for the examination.

Candidates are required to present two current (not expired) forms of identification, including one government-issued photo identification, upon arrival at the testing center. Government-issued photo identification includes military IDs, passports, driver's licenses, and state IDs. Both forms of identification must include signatures. In addition, one form of identification must include a recent photograph of the candidate. The name on the government-issued identification must match the name on the candidate's application for examination.

If the name that the candidate used on the application is different than the name that appears on the identification, certified, legal documentation (marriage license, name change determination, etc) verifying the name change must also be presented.* Failure to comply with these requirements may result in the candidate's inability to gain admission to the examination.

*Prior to the date of the examination, candidates must contact the Board office regarding any name or address changes. Certified, legal documentation verifying the name change must be provided to the Board office.

Candidates are photographed and asked to provide an electronic signature at the testing center. These data are stored electronically. For security purposes, candidates are also electronically fingerprinted upon arrival at the testing center and whenever entering or leaving the testing room.

Candidates are observed at all times while taking the examination. This observation includes direct monitoring by testing center staff as well as video and audio recording of the examination session.

Please direct general question about requirements and logistics of examinations to ABPN staff by telephone. Verbal complaints to staff, directors, proctors, or examiners that continue after explanation of the Board's policy may be deemed harassment, which may be considered irregular behavior.

Candidates may *not* bring food, drink, cellular phones, pagers, other electronic devices, books, study materials, or other personal belongings including watches and wallets into the examination room. A secure locker is available to store personal items.

Candidates may not make telephone calls during an examination session. Bringing prohibited items into the testing center, making telephone calls during an examination, or removing notes taken during an examination session from the examination room may constitute irregular behavior and may be cause for invalidation of examination results. (See Section I.I.)

Candidates who are unable to sit for the examination on the day that they are scheduled for their examination MUST contact Pearson VUE 24 hours in advance to reschedule their examination. Such candidates will be rescheduled, provided there is still an opening in the testing window. If there is no other date available, such candidates must sit for the originally scheduled date.

Candidates who are unable to attend their scheduled or rescheduled Part I examination are required to submit a new Part I application form, a copy of their medical license(s), and current Part I application and examination fees.

Candidates who are unable to sit for their scheduled Part I examination due to a medical or other emergency should submit documentation of the emergency to the Board office, in writing, no later than 30 days after the date of the examination. The Board will then evaluate the documentation and determine whether the absence is excusable. If the absence is determined excusable, the candidate will be rescheduled for the next Part I examination and the examination fee will be transferred. Such candidates will be responsible for paying a rescheduling fee. (See Fee Schedule.)

After completion of the Part I examination, the Executive Vice President of the Board will notify the candidates of the results in writing.

2. Reexamination

Candidates who fail the initial Part I examination may, upon payment of the Part I reexamination fee (see Fee Schedule), repeat the examination the following year.

A failing score on the Part I examination is considered a negative determination. Two negative determinations on the Part I examination necessitate reapplication (a new application, copies of all medical licenses held, and payment of the current Part I application and examination fees).

Reexaminees who do not sit for reexamination as scheduled also will be required to submit a new application form, a copy of their medical license(s), and payment of the current Part I application and examination fees. Candidates applying for reexamination do not need to include another copy of their PGY-1 and residency documentation.

C. Psychiatry Part I Examination Content

The psychiatry section of the examination will include questions in the following areas:

- Development through the life cycle
- Neuroscience
- Behavioral and social sciences
- Epidemiology and public policy
- Diagnostic procedures
- Psychiatric disorders
- Treatment of psychiatric disorders
- Special topics (suicide, dangerousness, ethics, gender, and psychosomatic medicine and emergency psychiatry)

The neurology section of the examination will include questions in the following areas:

- Basic science aspects of neurologic disorders
- Incidence/risk of neurologic disorders
- Diagnostic procedures related to neurologic disorders
- Clinical evaluation of neurologic disorders/syndromes
- Management and treatment of neurologic disorders

D. Neurology/Neurology With Special Qualification in Child Neurology Part I Examination Content

The neurology section of the examination will include questions in the following areas of adult and child neurology:

- Neuroanatomy
- Neuropathology
- Neurochemistry
- Neurophysiology
- Neuropharmacology
- Neuroimmunology/neurovirology
- Neurogenetics/molecular neurology/neuroepidemiology
- Neuroendocrinology
- Neuroimaging
- Neuro-ophthalmology
- Neuro-otology
- Cerebrospinal fluid

The section of the examination covering psychiatry, including cognition and behavior, will include questions in the following areas:

- Development and disorders of childhood
- Psychopathology and diagnostic criteria for common psychiatric disorders
- Physician-patient relationships
- Behavioral and personality changes associated with structural changes
- Alcohol and substance abuse
- Psychopharmacology
- Therapeutic modalities other than drugs
- Altered states of consciousness
- Memory disorders and cortical changes with dysfunction
- Diagnostic procedures
- Psychiatric/neurologic problems associated with medical disease
- Forensic psychiatry and neurology, epidemiology, transcultural psychiatry, public mental health, and systems-based practice

E. Appeal Procedure for Negative Determinations Regarding Written Examinations

A failing grade on the Part I examination is considered a negative determination. A candidate who receives a negative determination may appeal this decision by submitting the following materials to the Executive Vice President at the Board office:

- A written request for hand-scoring of the examination.
- The applicable appeal fee. (See Fee Schedule.)
- Additional written information in support of the appeal.

The appeal materials must be sent together in a single mailing that is postmarked within 30 days of the date indicated on the letter of negative determination. The candidate will be informed in writing of the result of the hand-scoring, which will be final and binding on both the Board and the candidate.

F. Part II Examination Procedures

1. Assignment, Fees, and Scheduling

To ensure that candidates have a current fund of knowledge at the time of certification, a passing grade on the Part I examination will be valid for a period of 6 years or three opportunities to complete the Part II examination successfully, whichever comes first.

Successful Part I candidates will receive a notice of assignment to a Part II examination together with a billing statement for the required examination fee. Scheduling for the Part II examination is done on a regional basis whenever feasible.

Candidates must sign a statement that they possess a current, unrestricted license(s) to practice medicine in a state, commonwealth, territory, or possession of the United States or province of Canada that complies with the requirements outlined in Section

I.F. Candidates who do not submit a copy of their license(s) or who submitted a temporary (education or training) medical license at the time of application for Part I are required to submit a copy of their license(s) by December 15 of the year in which they sit for the Part I examination. Candidates who do not submit copies of their medical licenses by this deadline will not be scheduled for the Part II examination until the Board office receives copies of the candidate's medical licenses. (See Section I.F for information regarding licensure.)

The Board's policy regarding scheduling has changed. The Part II application and the 60-day pre-examination withdrawal policy have been eliminated.

Beginning with the May 2003 Part II examination, candidates who do not pay the Part II examination fee for their scheduled examination or reexamination by the deadline specified will forfeit an opportunity to sit for the examination. Candidates who decline or do not attend the Part II examination for which they are scheduled, unless excused,* will forfeit an opportunity and fees. Such candidates are removed from the roster of candidates for that examination. They are scheduled for the next Part II examination that has space available, which may not be the next consecutive Part II examination. Candidates may have to wait up to 1 year for an available examination slot. The Board consistently schedules candidates for an examination until they have exhausted or forfeited their three opportunities or exhausted the 6 years to pass the examination.

Beginning with the April 2000 Part II examination, an unexcused absence counts as an opportunity to take the Part II examination.

*Excused absences: Candidates who are unable to sit for their scheduled Part II examination due to a medical or other emergency may submit documentation of the emergency to the Board office, in writing, no later than 30 days after the date of the examination. The Board evaluates the documentation and determines whether the absence is excusable. If the absence is determined excusable, the Part II fees are transferred and such candidates are scheduled for the next Part II examination that has space available. Candidates may have to wait up to 1 year for an available examination slot. Candidates who are transferred to another examination are required to pay any fee increase in the Part II examination. Candidates who do not pay this fee by the deadline specified will forfeit an opportunity and all fees.

Beginning with the May 2004 Part II examination, a wait list will be maintained in an effort to fill any vacant slots in the Part II examination cycle. Candidates may request placement on a wait list for a specific Part II examination. A written request must be submitted to the Board office along with the Part II fees. Candidates are considered for a specific Part II examination based on the postmarked date on the written request. No request will be considered until the Part II fees have been paid for the originally scheduled examination. Placement on the wait list does not guarantee seating at a specific examination.

Candidates reassigned to the requested Part II examination are notified in writing and are removed from the roster of the originally assigned Part II examination. Candidates who do not sit for the reassigned Part II examination forfeit an opportunity. If the Board is unable to schedule candidates for a specific oral examination, such candidates must sit for the Part II examination originally assigned.

Approximately 8 weeks prior to the date of the assigned Part II examination, candidates receive informational materials and an admission notice specifying the date, time, and place to report for registration. Candidates are requested to report for registration only on the day and at the time indicated on the admission

notice. Registration schedules are arranged to accommodate candidates in accordance with their examination schedules.

Candidates are required to bring government-issued photo identification with them to the examinations. They will be asked to present this ID at candidate registration. Government-issued photo ID includes military IDs, passports, valid driver's licenses, and state IDs. If the name on the admission slip is different than the name that appears on the photo ID, certified, legal documentation verifying a name change also must be presented.

Candidates may NOT bring food, drink, cellular phones, pagers, other electronic devices, books, or study materials into the examination room. Candidates may not make telephone calls during an examination session. Candidates may not speak to one another or confer with one another about the videotape or any examination content. These actions may constitute irregular behavior and may be cause for invalidation of examination results. (See Section I.I.)

2. Required Sections and Reexamination

Psychiatry candidates must pass both sections of the Part II examination. Candidates who fail one or both sections of the examination must repeat both sections at each subsequently scheduled examination until both sections are passed at the same examination.

Neurology candidates must pass all three (two adult and one child) sections of the Part II examination. Candidates must repeat the section or sections failed at each subsequently scheduled examination until all three sections are passed.

Child neurology candidates must pass all three (two child and one adult) sections of the Part II examination. Candidates must repeat the section or sections they failed at each subsequently scheduled examination until all three sections are passed.

All candidates taking the Part II examination are required to be examined in all sections for which they are scheduled. If a candidate does not appear for a scheduled section of the examination, the examination results for sections taken are invalidated, fees are not refunded, and this counts as an opportunity to take the Part II examination.

Exceptions: Candidates who are unable to sit for all sections of their scheduled Part II examination due to a medical or other emergency may submit documentation of the emergency to the Board office, in writing, no later than 30 days after the date of the examination. The Board evaluates the documentation and determines whether the absence is excusable.

For candidates in **psychiatry**: If the Board classifies the absence as excusable, the examination results for the completed section are invalidated and the fees are transferred or refunded. The examination does **not** count as an opportunity to take the Part II examination.

For candidates in **neurology** or in **neurology with special qualification in child neurology**: If the Board classifies the absence as excusable, the results for the section(s) that were completed will stand, and the grade for the section(s) not completed will be recorded as "incomplete." Fees are NOT refunded, and the examination will count as an opportunity to take the Part II examination.

Candidates who fail the Part II examination are scheduled for the next available Part II examination **that has available space** as long as they pay the reexamination fees and have not exhausted or forfeited their three opportunities or exhausted the 6 years to pass the examination.

Candidates who are unsuccessful in the Part II examination during the allotted time period (6 years or three opportunities, whichever comes first) are required to retake the Part I examination. These candidates must request and submit a new Part I

application form and the current Part I application and examination fees.

G. Part II Examination Format

Part II, an oral examination, will include the examination of patients under the observation of one or more examiners. The manner of examining patients and the reasoning and deductions therefrom constitute an important part of the examination. Knowledge of basic science principles, special diagnostic procedures, management recommendations, and assessment of risk are also essential parts of the examination, which focuses on evaluation of clinical skills.

Candidates are expected to discuss their findings with their examiner(s). Questions frequently cover such areas as diagnosis, differential diagnosis, evaluation, treatment, prognosis, and management. Reference to the basic sciences of psychiatry and neurology may be made.

Note-taking is permitted during the Part II examination provided that only blank paper is used. *All* notes must be left in the examination room at the conclusion of the examination. Failure to adhere to this policy constitutes irregular behavior. (See Section I.1.) Notes are not used in the assignment of grades and are destroyed.

1. Psychiatry

Psychiatry candidates take two examinations:

- One 1-hour examination in clinical psychiatry (patient)
- One 1-hour examination in clinical psychiatry (audiovisual)

In the patient section, the psychiatry candidate is given approximately 30 minutes to examine a patient under the observation of one or more examiners. Following the examination of the patient, the discussion with the examiner(s), which is approximately 30 minutes in length, focuses on physician-patient interaction, conduct of the clinical examination, capacity to elicit clinical data, formulation, differential diagnosis and prognosis, therapeutic management, and knowledge of therapies. Additional questions may address the basic science of psychiatry.

The audiovisual section consists of a videotaped psychiatric examination, approximately 25 minutes in length, which the candidate observes. Candidates are then individually examined by one or more examiners with particular reference to the content of the tape. This discussion may also include other clinical topics.

2. Neurology and Child Neurology

Neurology candidates take three examinations:

- One 1-hour examination in clinical neurology (patient)
- One 1-hour examination in clinical neurology (vignette)
- One 1-hour examination in clinical child neurology (vignette)

Child Neurology candidates take three examinations:

- One 1-hour examination in clinical child neurology (patient)
- One 1-hour examination in clinical child neurology (vignette)
- One 1-hour examination in clinical neurology (vignette)

In the neurology and child neurology patient sections, the candidate is given approximately 35 minutes to examine a patient under the observation of one or more examiners. During the patient examination, the candidate's ability to obtain a history and perform a neurologic examination is observed. Following the patient examination, the discussion with the examiner(s), which is approximately 15 minutes in length, focuses on the evaluation of the findings and discussion of the diagnosis, treatment, and management. Following discussion of the patient, written vignettes are discussed for approximately 10 minutes. The examiners also may ask additional questions concerning the basic science of neurology.

In sections where no patient is present, multiple written vignettes of patient encounters are utilized as a basis for discussion of diagnosis and treatment.

Candidates seeking certification in neurology must pass a 1-hour oral examination in clinical child neurology (vignette) that is set at the same level of difficulty established for child neurology candidates. The pass/fail standards for that hour in clinical neurology (vignette) are the same whether the candidate is seeking certification in neurology or in neurology with special qualification in child neurology.

Candidates seeking certification in neurology with special qualification in child neurology must pass a 1-hour oral examination in clinical neurology (vignette) that is set at the same level of difficulty established for neurology candidates. The pass/fail standards for that hour in clinical neurology (vignette) are the same whether the candidate is seeking certification in neurology or in neurology with special qualification in child neurology.

H. Notifications and Certificates

1. Grade Letters

Examination results are mailed approximately 30 days after the Part II examination. The Board sends the names of all those achieving certification to the ABMS for publication.

2. Certificates

Successful candidates receive their certificates within 120 days of receiving their grade letters. It is the candidate's responsibility to notify the Board office, in writing, if he or she does not receive the certificate within the timeframe specified in the grade letter. If a candidate does not submit a written notification, the candidate must request a duplicate certificate and pay a processing fee. (See Fee Schedule.)

3. Duplicate Certificates

Requests for duplicates of ABPN certificates must include the diplomate's name, address, phone number, birth date, signature, and indication of how the diplomate wants his or her name printed on the certificate. The diplomate must include (1) a copy of each current unrestricted medical license held stating the expiration date; (2) for security purposes, a copy of government-issued photo identification, such as a driver's license or passport; (3) the appropriate fee. (See Fee Schedule.)

A form for requesting a duplicate certificate may be obtained from the ABPN Web site (www.abpn.com). Certificates are printed approximately four times per year. Depending on when a duplicate certificate is requested, it may be 4 to 6 months until the diplomate receives the duplicate certificate.

I. Feedback and Appeal Procedures for Negative Determination Regarding Part II Examinations

A failing grade on a Part II examination is considered a negative determination.

1. Request for Feedback

A candidate who receives a negative determination may request **feedback** by submitting the following materials to the Executive Vice President at the Board office:

- A letter requesting feedback on his or her Part II examination
- The applicable feedback fee. (See Fee Schedule.)

The request for feedback must be postmarked within 30 days of the date indicated on the letter of negative determination.

For psychiatry, feedback shall consist of a checklist indicating those sections not passed.

For neurology and child neurology, feedback for the patient section shall consist of a checklist indicating those sections not passed. No specific feedback will be given for the vignette sections.

No other information will be provided as feedback.

2. Request for Appeal

A candidate who receives a negative determination may **appeal** the negative determination by submitting the following materials to the Executive Vice President at the Board office:

- A written request for a formal appeal of the negative determination.
- The applicable appeal fee. (See Fee Schedule.)
- Additional written information in support of the appeal.

The appeal materials must be sent together in a single mailing that is postmarked within 60 days of the date indicated on the letter of negative determination or within 30 days of the date indicated on the feedback letter.

The appeal materials will be sent to the respective Appeals Committee, which will review the materials, deliberate, and make a determination. In all events, the Appeals Committee's determination is final and binding on both the Board and the candidate.

V. Subspecialization

For complete information about subspecialty certification, please contact the Board office to request the current editions of the following ABPN publications. These publications are also available in a downloadable format from the ABPN Web site, www.abpn.com.

- *Information for Applicants for Certification in the Subspecialty of Child and Adolescent Psychiatry*
- *Information for Applicants for Certification in the Subspecialties of Addiction Psychiatry, Clinical Neurophysiology, Forensic Psychiatry, Geriatric Psychiatry, Neurodevelopmental Disabilities, Psychosomatic Medicine, and Vascular Neurology*
- *Information for Applicants for Certification in the Subspecialty of Pain Medicine*

VI. Special Programs

A. Supplementary Certification

Candidates may apply for certification in another primary specialty. A candidate may have more than one application on file with the Board if the applications are for certification in different specialties or subspecialties. Candidates completing training both in psychiatry and in neurology or child neurology may apply to sit for both Part I examinations during the same administration. Candidates who intend to follow this examination pattern should contact the Board office for further information.

1. Dual Certification in Psychiatry and Neurology

Unless otherwise specified, all training must be completed in programs accredited by the ACGME.

Applicants seeking certification both in psychiatry and neurology who began residency training prior to January 1, 1988, should contact the Board office for requirements.

Applicants seeking certification both in psychiatry and neurology who began residency training on or after January 1, 1988, must have completed one of the following training tracks:

a. ABPN-approved combined psychiatry/neurology training program (recommended)

A PGY-1 that meets the requirements for entry into a *neurology* program;*

and
Five years of residency training in an ABPN-approved combined psychiatry/neurology training program;

or

b. Individual psychiatry and neurology programs

A PGY-1 that meets the requirements for entry into a *neurology* program;*

and

Six full years of postgraduate residency training in ACGME-accredited programs including 3 full years in psychiatry and 3 full years in neurology;

or

c. Non-ABPN-approved combined training programs

A PGY-1 that meets the requirements for entry into a *neurology* program;*

and

At the discretion and approval of both training directors, and in accordance with Residency Review Committee requirements, applicants may complete 5 full years of postgraduate training in ACGME-accredited programs including 2 full years of residency training in psychiatry in a single program, 2 full years of residency training in neurology in a single program, and a full year that is jointly sponsored and coordinated by the psychiatry and neurology training directors to allow the resident to successfully complete all of the requirements for an approved residency program in psychiatry and an approved residency program in neurology:

The 5 years of residency training usually are taken at one institution but may be taken at no more than two institutions. An application for examination may be submitted after completion of the PGY-1, the 2 full years of residency training in one specialty, and the full year of jointly sponsored residency training.

*See Section II.E for information on entry into neurology programs.

For residents entering residency training on or after July 1, 1999: Program directors must contact the Board office for a copy of the combined psychiatry/neurology guidelines and must submit to the Board for review, no later than the beginning of the PGY-3, a proposal for a resident to train in psychiatry and neurology that conforms to these guidelines.

2. Dual Certification in Neurology and Neurology With Special Qualification in Child Neurology

Applicants who have achieved certification in neurology and who wish to be certified in neurology with special qualification in child neurology will need to obtain the additional training described below. Unless otherwise specified, all training must be completed in programs approved by the ACGME.

Training requirements include:

- A minimum of 12 months of approved training in general pediatrics
- and*
- A minimum of 12 months of approved training in clinical child neurology.

A maximum of 3 months of child neurology training obtained during a neurology residency may be applied toward the required 12 months of child neurology training only if the 3 months took place in an ACGME-accredited child neurology program and if the training is documented by the neurology program director.

Candidates will be required to submit a new Part I application and the current application fee. Such candidates will not be required to retake the Part I examination in neurology. The Part II examination fee will be requested after the application has been approved. Two 1-hour examinations in child neurology will be taken during the Part II examination.

3. Dual Certification in Child and Adolescent Psychiatry and in Neurology With Special Qualification in Child Neurology

An applicant who wishes to obtain certificates both in child and adolescent psychiatry and in neurology with special qualification in child neurology must meet the following requirements:

- Certification by the Board in the specialty of general psychiatry prior to applying for examination in child and adolescent

psychiatry (a minimum of 2 years of approved residency training in general psychiatry is required);

and

- Completion of the requirements for certification in child and adolescent psychiatry;

and

- Completion of the requirements for certification in neurology with special qualification in child neurology.

B. Joint Training in Pediatrics/Psychiatry/Child and Adolescent Psychiatry

The American Board of Pediatrics, the American Board of Psychiatry and Neurology, Inc, and the Committee on Certification in Child and Adolescent Psychiatry of the ABPN have approved programs for combined pediatrics/psychiatry/child and adolescent psychiatry residency training. This training consists of 24 months of pediatrics, 18 months of psychiatry, and 18 months of child and adolescent psychiatry. Completion of the program will satisfy the training requirements for certification in all three areas. Physicians pursuing training in these programs may not apply for examination until all training has been completed.

C. Joint Training in Neurology/Diagnostic Radiology/Neuroradiology

The American Board of Radiology and the American Board of Psychiatry and Neurology, Inc have approved programs for combined training in neurology/diagnostic radiology/neuroradiology. Completion of the program will satisfy the training requirements for certification in all three areas. In order to be certified in neuroradiology, a resident must have completed certification in both diagnostic radiology and neurology.

In order to satisfy training requirements in neurology, a resident who resigns from a combined neurology/diagnostic radiology/neuroradiology training program must complete 36 months of residency training, beyond the PGY-1, of which 30 months of training must be completed in neurology. The Board will grant up to 6 months of credit for training in neuroradiology toward the 36 months of training. In addition, the program requirements for neurology as defined in the *Graduate Medical Education Directory* must be satisfied.

D. Combined Training Leading to Certification by Two Boards

Board-approved combined/joint training programs are listed in the *Graduate Medical Education Directory*. The Board currently has the following programs:

1. Dual Certification in Psychiatry/Family Practice

The American Board of Family Practice and the American Board of Psychiatry and Neurology, Inc have approved programs for combined psychiatry/family practice residency training. In order to satisfy training requirements in psychiatry, a resident who resigns from the combined psychiatry/family practice training program must complete 36 months of residency training, beyond the PGY-1, of which 30 months of training must be completed in psychiatry. In addition, the program requirements for psychiatry as defined in the *Graduate Medical Education Directory* must be satisfied.

2. Dual Certification in Psychiatry/Internal Medicine

The American Board of Internal Medicine and the American Board of Psychiatry and Neurology, Inc have approved programs for combined psychiatry/internal medicine residency. In order to satisfy training requirements in psychiatry, a resident who resigns from the combined psychiatry/internal medicine training program must complete 36 months of residency training, beyond the PGY-1, of which 30 months of training must be completed in psychiatry. In addition, the program requirements for psychiatry

as defined in the *Graduate Medical Education Directory* must be satisfied.

3. Dual Certification in Neurology/Internal Medicine

The American Board of Internal Medicine and the American Board of Psychiatry and Neurology, Inc have approved programs for combined neurology/internal medicine residency training. In order to satisfy training requirements in neurology, a resident who resigns from the combined neurology/internal medicine training program must complete 36 months of residency training, beyond the PGY-1, of which 30 months of training must be completed in neurology. In addition, the program requirements for neurology as defined in the *Graduate Medical Education Directory* must be satisfied.

4. Dual Certification in Neurology/Physical Medicine and Rehabilitation

The American Board of Physical Medicine and Rehabilitation and the American Board of Psychiatry and Neurology, Inc have approved programs for combined neurology/physical medicine and rehabilitation residency training. In order to satisfy training requirements in neurology, a resident who resigns from the combined neurology/physical medicine and rehabilitation training program must complete 36 months of residency training, beyond the PGY-1, of which 30 months of training must be completed in neurology. In addition, the program requirements for neurology as defined in the *Graduate Medical Education Directory* must be satisfied.

VII. Applicants With Disabilities and Qualifications for Testing Accommodations

A. General Information

The Board recognizes that physicians with disabilities may wish to take the certifying examinations and will attempt to make accommodations for applicants with verified disabilities. The Board supports the intent of the Americans with Disabilities Act (ADA). The Board will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. Applicants are reminded, however, that "auxiliary aids (and services) can only be offered if they do not fundamentally alter the measurement of skills or knowledge the examination is intended to test." (Americans with Disabilities Act, Public Law 101-336 §309 [b][3]). To this extent, the Board will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. Documentation requesting reasonable accommodations must identify a disability and provide a rationale for specified modifications to standard testing procedures.

Applicants who request accommodations because of a disability must advise the Board in writing no later than the deadline for submitting applications for examination. All documentation and other evidence substantiating the disability must be submitted to the Board no later than 30 days after the deadline for filing an application for examination. Required documentation includes completion of the Application for Testing Accommodations and appropriate checklists. Candidates seeking disability accommodations should download the appropriate application from the ABPN Web site, www.abpn.com, or should contact the Board office immediately for an application. Applicants for Part II examinations requesting accommodations must check the box provided on the Part II billing statement and comply with all requirements regardless of previous requests and/or granted accommodations. Documentation of a disability and a completed *Application for Testing Accommodations* will be required no later than 30 days after the fee due date on the billing statement in order to be considered for special examination assistance or test modification.

If the Board deems it necessary, an independent assessment may be requested at the expense of the Board. Documentation and other evidence substantiating the disability include, but are not limited to, each of the following:

- A report diagnosing the applicant's disability written by a professional appropriately qualified to evaluate the disability. The report must be printed on the certified examiner's letterhead, with the examiner's credentials, address, and telephone number given in the letterhead or title. The report must include the candidate's name, date of birth, and date of testing, and it must be signed by the examiner.
- A history of the disability, including previous settings in which accommodations have been granted. Having had accommodations granted does not necessarily influence the decision of the Board to grant or deny a current request for accommodation. If there is no history of prior accommodations, the examiner must explain why current circumstances necessitate accommodations.
- Diagnostic information about the specified disability using standard nomenclature from sources such as the *International Classification of Diseases (ICD)* and the *APA Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)*.
- Specific recommended accommodations with a rationale for why each accommodation is needed. A description of any functional limitations associated with the disability is important to the Board's evaluation of the request.

B. Review of Documentation

A letter detailing the specific accommodations requested because of a disability must be submitted for each examination and/or reexamination. Documentation should be marked "ADA Materials" and mailed to the attention of the Executive Vice President at the Board office.

Each report is reviewed carefully before accommodations are provided. If the Board does not find appropriate and sufficient evidence to grant accommodations, the applicant will be informed that the request has been denied.

An applicant who was denied accommodations may appeal this decision by submitting the following materials to the Executive Vice President at the Board office:

- A written request for a formal appeal of the denial for accommodations.
- The applicable appeal fee. (See Fee Schedule.)
- Additional written information in support of the appeal.

The appeal materials must be sent together in a single mailing that is postmarked within 30 days of the date indicated on the letter of denial of accommodations. The appeal materials will be sent to the respective Appeals Committee, which will review the materials, deliberate, and make a determination. In all events, the Appeal Committee's determination is final and binding on both the Board and the applicant.

For the most current, updated Information for Applicants booklets and other information about the ABPN, visit the Web site at www.abpn.com.

American Board of Psychiatry and Neurology, Inc
Executive Offices
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Steven A Leibel, MD, President, Stanford, California
Philip O Alderson, MD, President-elect, New York, New York
Richard T Hoppe, MD, Secretary-Treasurer, Stanford, California
K Kian Ang, MD, Houston, Texas
Gary J Becker, MD, Bethesda, Maryland
George S Bisset, MD, Durham, North Carolina
N Reed Dunnick, MD, Ann Arbor, Michigan
Beth A Erickson, MD, Milwaukee, Wisconsin
Glenn S Forbes, MD, Rochester, Minnesota
Jay R Harris, MD, Boston, Massachusetts
William R Hendee, PhD, Milwaukee, Wisconsin
Valerie P Jackson, MD, Indianapolis, Indiana
Lawrence E Kun, MD, Memphis, Tennessee
Steven A Leibel, MD, New York, New York
Robert R Lukin, MD, Cincinnati, Ohio
John E Madewell, MD, Houston, Texas
Christopher Merritt, MD, Philadelphia, Pennsylvania
Anne C Roberts, MD, La Jolla, California
Robert J Stanley, MD, Birmingham, Alabama
Janet L Strife, MD, Cincinnati, Ohio
Michael A Sullivan, MD, New Orleans, Louisiana
Stephen R Thomas, PhD, Cincinnati, Ohio
Kay H Vydareny, MD, Atlanta, Georgia

(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Radiology [ABR] to ascertain whether the information below is current.)

Certificates

A 10-year time-limited certificate will be issued to each candidate who has finished a prescribed and approved period of training and study and has passed written and oral examinations demonstrating an adequate level of knowledge and ability in diagnostic radiology or radiation oncology in accordance with the definitions as stated in the Bylaws and Rules and Regulations of the ABR.

A certificate granted by the Board does not of itself confer, or purport to confer, any degree or legal qualifications, privileges, or license to practice radiology.

Definitions

1. Diagnostic radiology is that branch of radiology that deals with the utilization of all modalities of radiant energy in medical diagnosis and therapeutic procedures utilizing radiologic guidance. This includes, but is not restricted to, imaging techniques and methodologies utilizing radiations emitted by x-ray tubes, radionuclides, ultrasonographic devices, and radiofrequency electromagnetic radiation emitted by atoms.

- Radiation oncology is that branch of radiology that deals with the therapeutic applications of radiant energy and its modifiers and the study and management of cancer and other diseases.

Diagnostic Radiology Training Requirements

Candidates are required to have 5 years of approved training with a minimum of 4 years in diagnostic radiology. These 4 years must be spent in a department approved for training in diagnostic radiology by the Residency Review Committee (RRC) for Diagnostic Radiology of the Accreditation Council for Graduate Medical Education (ACGME), or by the Royal College of Physicians and Surgeons of Canada (RCPSC). A minimum of 6 months, but not more than 12 months, must be spent in nuclear radiology in the 4-year program. Candidates may spend no more than 6 months in rotations outside the parent institutions.

The other year must be accredited clinical training in internal medicine, pediatrics, surgery or surgical specialties, obstetrics and gynecology, neurology, family practice, emergency medicine, or any combination of these. This clinical year should be the first postgraduate year. No more than a total of 3 months may be spent in radiology, radiation oncology, and/or pathology. All clinical training must be in an ACGME, American Osteopathic Association (AOA), or equivalent approved program.

It is not the intent of the ABR for programs to use any of the 4 years for traditional fellowship training. The designation of "fellowship" is reserved for training beyond the 4-year residency.

In a 4-year approved residency program, not more than 12 months may be spent in a single discipline (research is considered a discipline).

In a 4-year diagnostic radiology program, the resident is expected to remain in that program for all 4 years. If a transfer to another program is necessary or desired, that transfer must have verification from the initial program director that the resident has successfully completed the training in their institution, with a listing of the specific rotations. This training must be accepted by the new program director.

Candidates will be considered for the physics portion of the written examination only when they have completed 12 months of diagnostic radiology training. After 24 months of diagnostic radiology training, the candidate will be allowed to sit for the clinical examination.

A candidate who has passed the written examination and will complete 60 months of approved training by September 30 in the year in which the exam is given will be considered for the oral examination. Admissibility to the oral examination is determined by the executive committee.

Radiation Oncology

Candidates are required to have 5 years of approved training with a minimum of 4 years in radiation oncology. These 4 years must be spent in a department approved to train in radiation oncology by the RRC for Radiation Oncology for the ACGME, or by the RCPSC. The 4-year residency training period must include 36 months of clinical radiation oncology with exposure to pathology and medical oncology. A maximum of 3 months' training in diagnostic radiology will be allowed. Candidates may spend no more than 3 months in rotations outside the parent institution.

The other year, which must precede the radiation oncology training, must be ACGME-, AOA-, or RCPSC-accredited clinical training in internal medicine, surgery or surgical specialties, pediatrics, family practice, obstetrics and gynecology, transitional, or categorical radiation oncology, or any combination of these. Specialties other than those listed, including pathology, do not satisfy the PG1 requirement of the ABR.

Candidates will be admissible to the written examination only after they have completed 4 years of approved training or if they will complete this amount of training by September 30 of the year in which the examination is given. This must include a PGY1 clinical year of training in the United States or Canada. Requests for credit for this training in other countries must be submitted to the executive committee. [Note: Beginning with those candidates completing their training in 2004 and later, candidates must have completed their clinical PGY1 and 48 months of training in radiation oncology to sit for the written examination.]

The resident is expected to remain in the same radiation oncology training program for the duration of the training. If a transfer to another program is necessary or desired, the program director of the initial program must verify that the candidate has successfully completed the portions of the training that were undertaken in that program, and this training must be accepted by the program director of the new program.

A candidate who has passed the written examination and will complete 60 months of approved training by September 30 in the year in which the exam is given will be considered for the oral examination. Admissibility to the oral examination is determined by the executive committee.

Successful candidates are issued a 10-year, time-limited certificate in radiation oncology.

Certificate of Added Qualifications (CAQs) and Certificate of Special Competence

A 10-year limited certificate will be issued to each diplomate certified in either radiology or diagnostic radiology who has finished a prescribed and approved period of training and study and has passed an oral examination demonstrating an adequate level of knowledge and ability in the area of expertise for which he/she has applied in accordance with the definitions stated in the Bylaws and Rules and Regulations of the ABR.

Definitions

- Neuroradiology is that branch of radiology dealing with (1) the brain and its coverings, (2) the skull base and ENT, and (3) the spine.
- Pediatric radiology is the branch of radiology dealing with children.
- Vascular and interventional radiology is the branch of radiology dealing with the diagnosis and treatment of diseases using percutaneous methods guided by various radiologic imaging modalities.
- Nuclear radiology is the branch of radiology that involves the use of radionuclides and radiolabeled substances for diagnostic imaging and related in vivo techniques.

Certificates of Added Qualifications in Neuroradiology, Pediatric Radiology, and Vascular/Interventional Radiology

Candidates must successfully complete 1 year full-time training (fellowship) in a program approved for such training and accredited by the ACGME or RCPSC following the completion of residency training and must have completed at least 1 year of practice or additional training (one third of that time) in the subspecialty. Fellowship training must be documented by letter from the program director. Practice experience must be verified by letter from the chief of service or department chairman.

Diagnostic Radiology with Special Competence in Nuclear Radiology

Candidates will be required to have a minimum of 1 year of full-time training in nuclear radiology in a department approved for training in nuclear radiology by the RRC for diagnostic radiology or

nuclear medicine by the RRC for Nuclear Medicine and accredited by the ACGME. Credit will not be given for any training obtained during the 4 years of diagnostic radiology residency.

Qualifications of Applicants for Certification by the ABR

Each applicant for admission to an examination for a certificate to be issued by the ABR in diagnostic radiology or radiation oncology shall be required to present evidence satisfactory to the Board that the applicant has met the following standards:

1. General Qualifications: That the applicant is a specialist in diagnostic radiology or radiation oncology as outlined in Article II, Section 2, of the Rules and Regulations and is recognized by his/her peers to have high moral and ethical standards in his/her profession.
2. General Professional Education: Graduation from a medical school accredited at the date of graduation by the Liaison Committee on Medical Education of the American Medical Association, the RCPCSC, or from a college of osteopathic medicine approved by the AOA. If the applicant is a graduate of a medical school outside the United States or Canada, the applicant must be screened with approval by an agency acceptable to the Board of Trustees.
3. Special Training: The period of special training shall be as the Board of Trustees, by resolution or motion, shall determine from time to time. The Board of Trustees requires a written statement from the applicant's current program director, attesting that the applicant will have satisfactorily completed the required special training in radiology or radiation oncology by the appointed time and is prepared to take that examination.
4. In special instances these requirements may be modified by majority vote of the entire Board of Trustees or by the executive committee acting in its stead.
5. If the program director fails to indicate in writing that the applicant will have the required special training, documentation of the reason(s) must be submitted along with evidence that the candidate has been appropriately apprised of his/her deficiencies. The executive committee of the Board will notify the applicant in writing that an appeals mechanism exists as outlined in paragraphs 6 and 7 below.
6. In utilizing the appeals mechanism, the applicant must provide the executive committee of the Board with a written statement supporting the appeal. The executive committee may ask the program director to submit a written response to the applicant's appeal.
7. The executive committee must reach a final decision without delay in determining the candidate's admissibility to the examination.

Application and Fee

Application for examination must be made in exact duplicate (two copies on prescribed forms that may be obtained downloaded from the ABR Web site at www.theabr.org). These forms should be submitted with the current application fee (US currency) by the deadline established for filing. Applications for the written examination to be given in any year will not be accepted prior to July 1 of the preceding year and must be filed no later than the deadline of September 30 of the preceding year. There is a nonrefundable fee for any application postmarked between October 1 and October 31. No application will be accepted after October 31.

Incomplete applications will not be accepted. The postmark affixed to the last item received to complete the application must be on or before the deadline date.

In the event of withdrawal of an application, only a portion of the fee can be refunded.

A candidate will have three consecutive opportunities to appear for and pass the written examination, beginning with the written examination for which he/she is first declared admissible. If a candidate fails to accomplish this, he/she must submit a new application and fee in effect at that time. Failure to accept an appointment, cancellation of an appointment, or failure to appear for a scheduled written examination will be regarded as one of the three opportunities.

A candidate who has passed the written examination will have three consecutive opportunities to appear for and pass the oral examination, beginning with the oral examination for which he/she is first declared admissible. If a candidate fails to accomplish this, he/she must submit a new application and the fee in effect at that time and reinitiate the examination process, including the written examination. Failure to accept an appointment, cancellation of an appointment, or failure to appear for a scheduled oral examination will be regarded as one of the three opportunities.

A candidate who finds it necessary for any reason to cancel after acceptance of an appointment for either the written or oral examination shall be required to submit an additional fee. This amount represents administrative costs to the Board. A candidate who fails to appear for an examination without notifying the office of the ABR at least 20 days prior to the first date of the examination will be charged the full application fee in existence at the time of payment.

Content of Written Examination in Each Field (Diagnostic Radiology)

Each examination consists of multiple-choice "A" type questions (one best-response type). The Part I "Physics of Medical Physics, Biological Effects and Safety" examination is given on the afternoon of 1 day and the Part II "Diagnostic Imaging" examination is given on the morning of the following day.

New written examinations are formulated each year in all categories of radiology, and the content of the examinations is carefully evaluated in order to keep pace with new information and developments. The number of questions in each category may be changed as necessity dictates from year to year.

Failures

Candidates for the written examination will have three consecutive opportunities to appear for and pass the examination. A candidate who fails to accomplish this must submit a new application and the fee in effect at that time and retake the entire written examination. Failure to accept an appointment, cancellation of an appointment, or failure to appear for a scheduled examination will be regarded as one of the three opportunities.

Conditions

Candidates conditioning the written examination will have three consecutive opportunities to appear for and pass the examination. If after three opportunities the candidate fails to pass the examination, he/she must submit a new application and fee in effect at that time and will be required to repeat the entire written examination.

Oral Examination

Oral examinations are given at a time designated by the Board of Trustees. At the present time, the oral examinations are conducted yearly in May or June.

Admissibility to the oral examination is determined by the executive committee.

No recording device of any kind may be brought to the examination.

A certificate will not be issued until verification has been received from the program director that all requirements have been fulfilled in the training program.

Content of Oral Examination for Diagnostic Radiology

Candidates applying for examination in diagnostic radiology will be examined for a period of 25 minutes each by ten examiners. The categories to be covered are musculoskeletal, cardiopulmonary, gastrointestinal tract, genitourinary tract, neuroradiology, vascular and interventional radiology, nuclear radiology, ultrasound, pediatric radiology, and breast radiology.

Content of Oral Examination for Radiation Oncology

Candidates applying for examination in radiation oncology will be examined for a period of 30 minutes each by eight examiners. The subject matter of this examination concerns the clinical management of malignant disease and is usually presented according to the anatomical site of the primary tumor. The anatomical sites are divided into the following eight categories: gastrointestinal tract; gynecologic malignancies; genitourinary tract; lymphoma/leukemia; head, neck, and skin; breast; central nervous system and pediatric malignancies; and lung and mediastinum, soft tissue, and bone.

Reexaminations

Failures

A candidate who fails the oral examination in diagnostic radiology or in radiation oncology may be scheduled for reexamination. The reexamination fee in effect at that time must be submitted.

A candidate who fails to pass the oral examination after three consecutive opportunities must start the examination procedure from the beginning with the submission of a new application and fee in effect at that time, and retake the entire written examination.

Conditions

Candidates in diagnostic radiology who have conditioned one, two, or three categories in the oral examination will be reexamined by two examiners in each conditioned category. Candidates in radiation oncology who have conditioned one or two categories in the oral examination will be reexamined by two examiners in each conditioned category. Candidates must pass the reexamination by both examiners in each category to remove the condition. Candidates conditioning in the oral examination will have three consecutive opportunities to appear for and pass the examination. If after three opportunities the candidate fails to pass the examination, he/she must submit a new application and fee in effect at that time and will be required to repeat the entire oral examination at the next opportunity.

Status of a Physician

The Board will reply to an inquiry concerning the status of a physician with one of the following statements:

1. The physician is Board certified.
2. The physician is in the examination process, that is, has an approved application on file but has not passed the examination.
3. The physician is neither certified nor in the examination process.

[Note: No official status of Board qualified or Board eligible is recognized by the Board.]

Final Action of the Board

The final action of the Board is based on the applicant's professional record, training, and attainment in the field of diagnostic radiology or in radiation oncology, as well as on the results of his/her examination. This Board has been organized, not to prevent

qualified radiologists from obtaining certification, but to assist them in becoming recognized in their communities as men and women competent to practice diagnostic radiology or radiation oncology.

Revocation of Certificates

Certificates issued by this Board are subject to the provisions of Articles of Incorporation and the Bylaws. According to Article IX, Section 4, of the Bylaws, any certificate issued by the Board of Trustees shall be subject to revocation in the event that

1. the issuance of such certificate, or its receipt by the individual so certified, shall have been contrary to, or in violation of, any provision of the Certificate of Incorporation of this, the ABR, or of these Bylaws or rules and regulations adopted by the Board of Trustees; or
2. the individual so certified shall not have been eligible in fact to receive such certificate; or
3. the individual so certified shall have made any misstatement of fact in the application, or in any other communication, to the corporation or its representatives; or
4. the individual so certified shall have been convicted by a court of competent jurisdiction of a felony or of any misdemeanor involving, in the opinion of the Board of Trustees, moral turpitude; or
5. the license to practice medicine of the individual so certified shall be revoked.

Before any such certificate shall be revoked, a notice shall be sent by registered or certified mail to the last known address of the holder of such certificate, as it appears on the records of this corporation, setting forth the act, omission, or conduct alleged or complained of and giving the holder of such certificate a reasonable opportunity to answer in writing thereto. Such certificate holder shall have not less than 30 days in which to reply thereto. The Board of Trustees may, at its discretion, make such further investigation as it deems necessary and proper.

The Board of Trustees of this corporation shall have the sole power, jurisdiction, and right to determine and decide whether the evidence or information before it is sufficient to constitute one of the grounds for revocation of any certificate issued by this corporation, and the decision of such Board of Trustees in the premise shall be final.

All correspondence should be addressed to the executive director:

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(The material below, published in 2003-2004, is under continual review and revision.)

Specialty of Surgery (General Surgery) Defined

The Board interprets the term "General Surgery" in a comprehensive yet specific manner, as a discipline having a central core of knowledge embracing anatomy, physiology, metabolism, immunology, nutrition, pathology, wound healing, shock and resuscitation, intensive care and neoplasia, which are common to all surgical specialties.

A general surgeon certified by the American Board of Surgery is one who has acquired during training knowledge and experience related to the diagnosis, preoperative, operative, and postoperative management, including the management of complications, in the essential content areas listed below. Experience in any of these content areas does not necessarily encompass its full range and complexity of procedures, particularly advanced operations and treatments of a specialized nature. This is especially true of

disciplines that have Accreditation Council for Graduate Medical Education (ACGME)-accredited residencies beyond general surgery residencies and mechanisms for additional certification. The following content areas are essential in the comprehensive education of a broadly based surgeon:

- Alimentary tract
- Abdomen and its contents
- Breast, skin, and soft tissue
- Endocrine system
- Head and neck surgery
- Pediatric surgery
- Surgical critical care
- Surgical oncology
- Transplantation surgery
- Trauma/burns
- Vascular surgery

Additionally, the general surgeon is expected to have

- preoperative, operative, and postoperative experience in transplantation surgery, plastic surgery, and cardiothoracic surgery
- significant experience in performing minimally invasive surgical procedures, including basic and advanced laparoscopic procedures
- experience with endoscopic techniques, particularly proctosigmoidoscopy, colonoscopy, esophagogastroduodenoscopy, laryngoscopy, and bronchoscopy
- an understanding of the diagnosis and management of urgent and emergent problems in gynecologic, neurologic, orthopaedic, and urologic surgery
- an understanding of the administration of anesthetic agents, airway intubation, and conscious sedation
- familiarity with the special requirements of bariatric and geriatric surgical patients, including operative care, and counseling of patients and families
- familiarity with the role of breast reconstruction after mastectomy
- knowledge and skills in palliative care and management of pain, weight loss, and cachexia in patients with malignant and chronic conditions

The general surgeon also should have:

- experience with sentinel lymph node mapping for breast cancer and melanoma
- experience with diagnostic ultrasonography of the following areas:
 - head and neck
 - breast
 - abdomen, including intraoperative and laparoscopic ultrasound
 - endorectal
- familiarity with evolving diagnostic and therapeutic techniques, including
 - radiographic and ultrasonic localization techniques for breast biopsy
 - fine needle aspiration techniques for cytologic biopsy
 - investigation and manipulation of the distal common duct (including sphincterotomy)
 - physiologic testing and evaluation of the GI tract
 - noninvasive diagnostic evaluation of the vascular system and invasive vascular interventional techniques

The Meaning of Certification

The Board considers certification to be based upon a process that includes the education and evaluation phases and an examination phase. It holds that undergraduate and graduate education are of the utmost importance and requires the program director's

endorsement and attestation that the applicant has had an appropriate educational experience and has attained a sufficiently high level of knowledge, judgment, and skills to be prepared for designation by the Board's Certificate as a Specialist in Surgery upon successful completion of the examinations and to enter into independent practice of the specialty.

Possession of a certificate is not meant to imply that a diplomate is competent in the performance of the full range of complex procedures that encompass each content area. It is not the intent nor the role of the Board to designate who shall or shall not perform surgical procedures or any category thereof. Credentialing decisions are best made by locally constituted bodies based on an assessment of an applicant's extent of training, depth of experience, and patient outcomes relative to peers.

Graduate Education in Surgery

I. General Information

The purpose of graduate education in surgery is to provide the opportunity to acquire a broad understanding of human biology as it relates to disorders of a surgical nature and the technical knowledge and skills appropriate to be applied by a specialist in surgery. This goal can best be attained by means of a progressively graded curriculum of study and clinical experience under guidance and supervision of senior surgeons and which provides progression through succeeding stages of responsibility for patient care up to the final one of complete management. Major operative experience and senior/chief responsibility at the final stage of the program are essential components of surgical education. The Board will not accept into the process of certification anyone who has not had such an experience in the specialty of surgery, as previously defined, regardless of the number of years spent in educational programs.

The graduate educational requirements set forth on these pages are considered to be the minimal requirements of the Board and should not be interpreted to be restrictive in nature. The Board recognizes that the time required for the total educational process should be sufficient to provide adequate clinical experience for the development of sound surgical judgment and adequate technical skill. These requirements do not preclude additional desirable educational experience and program directors are encouraged to retain residents in a program as long as is required to achieve the necessary level of qualifications.

The integration of basic sciences with clinical experience is considered to be superior to formal courses in such subjects. Accordingly, while recognizing the value of formal courses in the study of surgery and the basic sciences at approved graduate schools of medicine, the Board will not accept such courses in lieu of any part of the required clinical years of surgical education.

The Board may at its discretion require that a member of the Board or a designated diplomate observe and report upon the clinical performance of an applicant before establishing admissibility to examination or awarding certification.

While a program may develop its own vacation, illness, and other leave policies for the resident, 1 year of approved residency toward the Board's requirements must be 52 weeks in duration and must include at least 48 weeks of full-time surgical experience. Furthermore, unused vacation and other leave time may not be accumulated to reduce the overall duration of residency expected by the Board. (See also Requirements for Certification in Surgery, II.B.5.)

All phases of the graduate educational process must be completed in a manner satisfactory to the Board.

II. Acceptable Programs

The residency programs in surgery in the United States that are reviewed and approved by the Residency Review Committee for

Surgery (RRC-S) and the ACGME are acceptable to the Board as an adequate educational experience.

In Canada, those university residency programs in surgery accredited by the Royal College of Physicians and Surgeons offer an acceptable educational experience. Applicants from such programs must meet the Board's specific requirements and cannot receive credit for postgraduate education in countries other than the United States or Canada.

Except as mentioned above, participation in postgraduate surgical programs in countries other than the United States is not creditable toward the Board's educational requirements unless under the specific conditions set forth in the section "Credit for Foreign Graduate Education."

Listings of accredited programs in the United States may be found in the *Graduate Medical Education Directory*, published annually under the auspices of the ACGME.

Requirements for Certification in Surgery

I. General

- A. Must have demonstrated to the satisfaction of the authorities of their graduate educational program in surgery, to their peers, and to the Board, that one has attained the level of qualifications in surgery required by the Board.
- B. Must have a moral and ethical standing satisfactory to the Board and in conformity with the Statements on Principles of the American College of Surgeons, and its interpretations.
- C. Must be actively engaged in the practice of surgery as indicated by holding admitting privileges to a surgical service in an accredited health care organization, or be currently engaged in pursuing additional graduate education in a component of surgery or one of the other recognized surgical specialties.
- D. Must hold a permanent, unconditional, unrestricted, and unexpired license to practice allopathic or osteopathic medicine in a state or jurisdiction of the United States or province of Canada. The applicant must inform the Board of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the Board will determine whether the applicant satisfies the licensure requirement of the Board.

II. Educational

A. Undergraduate Medical

1. Must have graduated from an accredited school of allopathic or osteopathic medicine in the United States or Canada.
2. Graduates of schools of medicine from countries other than the United States or Canada must present evidence of Final Certification by the Educational Commission for Foreign Medical Graduates (ECFMG).

B. Graduate Education in Surgery

1. Must have satisfactorily completed a minimum of 5 years of progressive education, following graduation from medical school in a program in surgery accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada.
2. Must have completed all phases of graduate education in surgery in a program in surgery so accredited. Experience obtained in accredited programs in other recognized specialties, although containing some exposure to surgery, is not acceptable. A flexible or transitional first year is not creditable toward the Board's requirements as a PGY-1 unless it is accomplished in an institution having an accredited program in surgery and at least 6 months of the year is spent in surgical disciplines.
3. Candidates must have, in a program accredited for a minimum of 5 years, at least 54 months of clinical surgical experience with

progressively increasing levels of responsibility. There must be no less than 36 months devoted to the primary components of surgery (general surgery) as previously defined. The entire chief resident experience must be devoted to the primary components of the specialty of surgery. No more than 4 months of the chief residency may be devoted to any one of the primary components of surgery. During junior years, a total of 6 months may be assigned to nonclinical or nonsurgical disciplines that are clearly supportive of the needs of the individual resident and appropriate to the overall goals of the general surgical training program. Experience in surgical pathology and endoscopy is considered to be clinical surgery, but obstetrics and ophthalmology are not. No more than a total of 12 months during junior years may be allocated to any one surgical specialty other than general surgery.

4. Must have 12 months in the capacity of Chief Resident in general surgery. The Board considers the terms Chief Resident and Senior Resident to be synonymous and to mean the 12 months in the program in which the resident assumes the ultimate clinical responsibilities for patient care under the supervision of the teaching staff. The majority of the 12 months of chief residency must be served in the final year. However, to take advantage of a unique educational opportunity in a program during a resident's final year, a portion of the chief residency may be served in the next to the last year, provided it is no earlier than the fourth clinical year and has been approved by the RRC-S followed by notification to the Board. The chief residency must be spent only in the parent or an integrated institution unless rotation to an affiliated institution has been approved by the RRC-S.
5. The Board normally expects a residency year to include no less than 48 weeks of full-time surgical experience. For documented medical problems or maternity leave the Board will accept 46 weeks of surgical training in 1 of the first 3 years and 46 weeks of training during 1 of the last 2 years. Thus the Board requires a total of 142 weeks of full-time surgical experience during the first 3 clinical years and 94 weeks during the last 2 years.
6. The Board believes that for optimal surgical education the resident should spend at least the final 2 residency years in the same program.

III. Operative Experience

Applicants for examination must meet the criteria established by the RRC, ie, a minimum of 500 procedures in 5 years and a minimum of 150 procedures in the chief/senior year. This must include operative experience in each essential content area contained in the Definition of Surgery (General Surgery) set forth previously.

Each applicant must submit a tabulation of the operative procedures performed as surgeon, the number of patients for whom the applicant had primary responsibility that required critical care irrespective of previous operative history, and the number of patients with multiple organ trauma where a major general surgical operation was not required. Moreover, the applicant must indicate their level of responsibility (eg, surgeon chief, surgeon junior, teaching assistant, first assistant). The Board provides an Operative Experience form for this purpose to applicants when they obtain application material. The Board will accept alternative forms (such as the Resident's Record form available to program directors through the RRC-S) in lieu of the Board's form. However, such forms must contain all categories of experience listed on the Board form. This information must be in the proper sequence and again indicate the resident's level of responsibility.

In tabulating cases toward Board requirements, credit may be claimed "As Surgeon" when the resident has actively participated in the patient's care; has made or confirmed the diagnosis; participated in selection of the appropriate operative procedure; has either performed or been responsibly involved in performing the

critical portions of the operative procedure; and has been a responsible participant in both pre- and postoperative care.

When previous personal operative experience justifies a teaching role, residents may act as teaching assistants and list such cases for the fourth and fifth year only. Residents may claim credit as teaching assistants when they have actually been present and scrubbed and acted as assistants to guide a more junior trainee through the procedure. All this must be accomplished under the supervision of the responsible member of the senior staff. An individual cannot claim credit as both responsible surgeon and teaching assistant.

Applicants are advised to keep a copy of the lists of their submitted experience. The Board cannot furnish copies.

IV. Special Information for Program Directors

- A. Program directors are cautioned that appointment of residents at advanced levels, without being certain that their previous training is in accordance with the Board's requirements, may result in the affected residents not being accepted by the Board upon completion of the program. In any case in which there is question, program directors should make inquiry of the Board prior to taking action.
- B. According to the Program Requirements for Residency Training in General Surgery promulgated by the ACGME, special approval of the RRC-S must be obtained (1) if a chief resident is assigned to an institution other than the parent one or an "integrated" one; (2) if rotations to any one approved "Affiliate" exceed 6 months; (3) if more than 1 year of the total program is spent away from the parent and integrated institutions; or (4) if more than 6 months total is spent in any assignment outside the parent, the integrated, or approved affiliated institutions. The Board concurs in this and deviations from these stipulations will be considered unacceptable training.
- C. Since the RRC-S does not act upon the adequacy of postgraduate surgical education outside the United States, program directors must request the Board's approval, in advance, if they wish periods of training abroad to be creditable toward the Board's requirements. The Board will rule on individual requests.

Credit for Military Service

Credit will not be granted toward the minimum requirements of the Board for service in the Armed Forces, the Public Health Service, the National Institutes of Health, or other governmental agencies unless the service was as a duly appointed resident in an accredited program in surgery.

Credit for Foreign Graduate Education

Acceptance for examination and certification by the American Board of Surgery is based upon satisfactory completion of the stated requirements in accredited residency programs in surgery in the United States. Regardless of an individual's professional attainments here or abroad, no credit will be granted directly to an applicant for surgical education in a foreign country. The Board will consider granting partial credit only upon the request of the program director of an accredited program who has observed the applicant as a junior resident for 9 to 12 months and wishes to advance the applicant to a higher level in that program. The credit granted will not be valid until the applicant has successfully completed that program. If the applicant moves to another program the credit is not transferable and must again be requested by the new program director.

Applicants from accredited Canadian programs must have completed all of the requirements in the Canadian program or in combination with an accredited US program. No credit for postgraduate surgical education outside the US and Canada will be granted to

those applicants seeking certification who completed a Canadian program. Applicants from Canadian programs must complete the Board's stipulated requirements.

Requirements Governing Admissibility to Examinations for Certification In Surgery

An applicant is admissible to the examinations only when all of the preliminary and graduate educational requirements of the Board, currently in force at the time of receipt of the formal Application, have been satisfactorily fulfilled; the operative experience has been reviewed and deemed acceptable; the general credentials are in order; the program director has certified to the Board in writing that the applicant has attained the required clinical skills; and the formal Application has been reviewed and approved. The applicant then must successfully complete the Qualifying Examination before becoming admissible to the Certifying Examination.

I. Qualifying Examination

Applicants will be offered five opportunities to take the Qualifying Examination within the 5-year period following approval of their formal Application, at centers designated by the Board in accord with their last recorded address. Applicants who do not submit their Application to the Board within 3 years of completing a program accredited by the ACGME or who do not take the Qualifying Examination within 2 years following approval of their Application will no longer have any status with the Board and will be allowed to re-enter the certification process only after completion of one of the defined readmissibility pathways.

Qualifying Examination Readmissibility

If applicants are not successful in completing the Qualifying Examination within the stated admissibility period, they may apply for re-admission to examination by submitting a written application to the Board and must meet all current requirements for readmission to the certification process in effect at the time of this application. Once written approval to enter the readmission process has been received, the applicant must complete specified educational activities within a period of 5 years from the date of approval.

The educational requirement may be met in either of two pathways:

The first pathway (structured year) is the satisfactory completion of an additional year of structured education in surgery in a general surgery residency program accredited by the ACGME in which the program director has agreed to provide the additional year according to the Board's guidelines. The Board's approval of this additional experience must be secured in advance.

An alternate pathway requires that the applicant must complete a three-step educational process consisting of:

- A. Completion of the most recent version of the American College of Surgeons Surgical Education and Self Assessment Program (SESAP);
- B. Completion of a secure examination of 100 questions derived from the Clinical Management section of the In-Training/Surgical Basic Science Examination and achieve a score at or above the 20th percentile score achieved by PGY-5 residents on this examination;
- C. Completion of a secure examination of approximately 200 questions derived from the two latest versions of SESAP (ie, Versions 10 and 11) and achieve a score of 80% correct.

All three of the alternate pathway educational requirements may be carried out at the applicant's choice of time and location. The secure examinations will be administered at designated professional testing centers. For an applicant to become readmissible to the Qualifying Examination in any given year, SESAP and the secure

examinations must be satisfactorily completed no later than 2 months prior to the date of the Qualifying Examination in that year. Upon Board approval of the applicant's readmission educational experience, the applicant then must complete a formal Application for Readmission to Examination which will include documentation of a currently valid state medical license, submission of an operative case log for the most recent 12 months, submission of satisfactory reference letters from both the chief of surgery and chair of the credentials committee at all hospitals in which the applicant practices, and documentation of 100 hours of CME activity during the last 24 months, of which 60 hours must be Category 1. (Completion of SESAP will satisfy the 60-hour Category I requirement.)

Applicants who satisfactorily complete all the requirements for readmission to the Qualifying Examination will become re-admissible to the examination for five opportunities in 5 years and will be designated "In the Examination Process."

II. Certifying Examination

The Certifying Examination will be offered to those who have passed the Qualifying Examination and have thus become "Candidates for Certification."

Candidates will be offered five opportunities to appear for examination during the 5 academic years after completion of the Qualifying Examination. This is a revision of the Board's previous policy when candidates were offered three examination opportunities in 5 years. There will be no extensions to either of these limits other than to candidates who are on active military duty outside the United States. The 5-year admissibility period shall begin on July 1, following successful completion of the Qualifying Examination, and end on June 30, 5 years later. If candidates are unsuccessful in passing the Certifying Examination in five opportunities, they will no longer be admissible to examination regardless of the original expiration date for admissibility.

It is advisable that Candidates who are unsuccessful in passing the Certifying Examination should take it no more often than once yearly in order to allow time for additional preparation before the next opportunity. Under special professional or personal circumstances that are explained in writing to the Board office, candidates may be scheduled as often as twice in a single academic year. Examination more often than this will not be allowed.

A. Additional Opportunities for Previously Unsuccessful Certifying Examination Candidates

The new rules for admission to the Certifying Examination (ie, 5 opportunities in 5 years) are effective starting in 2003 but are retroactive to all candidates who did not pass the Certifying Examination in three opportunities in 5 years. For this group to regain admissibility to the Certifying Examination the following will be required:

1. Completion of the Application for Readmission to Examination
2. Possession of a currently valid state medical license
3. Reference letters from the chief of surgery and chair of the credentials committee at all hospitals where privileges are held
4. Documentation of completion of 100 hours of CME activity during the 24-month period prior to the date of the Application, of which 60 hours must be Category 1

When all of the preceding requirements are completed and the Application for Readmission to Examination is approved in the Board office, the candidate will become readmissible to the Certifying Examination for two opportunities in 2 years and will be designated "In the Examination Process."

B. Certifying Examination Readmissibility

Candidates may regain admissibility to the Certifying Examination by completion of a structured additional year of education in general surgery residency according to the policy in this area that is separately defined. Upon completion of the year, the program

director must provide written attestation that the candidate has successfully completed all requirements. The candidate must then complete an Application for Readmission to Examination and provide documentation of possession of a currently valid state medical license. When the requirements for readmission to examination are completed and approved in the Board office, the candidate will become admissible to the Certifying Examination for five opportunities in 5 years and will be designated "In the Examination Process."

III. Special Actions

The Board, on the basis of its judgment, may deny or grant an "Applicant" or "Candidate for Certification" the privilege of examination whenever the facts in the case are deemed by the Board to so warrant.

IV. Board Status

The Board does not use or sanction the terms "Board Eligible" or "Board Qualified." The standing of an individual with the Board varies according to the current status of credentials and will be reported only as "Certified," "Not Certified," or "In the Examination Process."

Certification in Surgical Specialties

The Board has been authorized by the American Board of Medical Specialties to award Certification in certain disciplines related to the overall specialty of surgery to those diplomates of this Board who meet the defined requirements. These disciplines include vascular surgery, pediatric surgery, surgery of the hand, and surgical critical care.

Those seeking Subspecialty Certification by the American Board of Surgery must have a currently valid Certificate in Surgery issued by the Board; must have completed the required additional education in the discipline beyond that required for General Certification; must demonstrate operative experience and/or patient care data acceptable to the Board; must show evidence of dedication to the discipline by the means specified by the Board; and must receive favorable endorsement by the director of the residency program in the particular discipline. Finally, successful completion of the prescribed examinations is required.

Those who are interested in obtaining information regarding Certification in Vascular Surgery, Pediatric Surgery, Surgery of the Hand, or Surgical Critical Care may obtain it from the Board upon request.

Examinations Offered by the Board

The Board offers examinations leading to Certification and Recertification in Surgery, Vascular Surgery, Pediatric Surgery, Surgery of the Hand, and in Surgical Critical Care; also In-Training Examinations in General Surgery and in Pediatric Surgery.

The examinations for Certification are offered to individuals, but the In-Training Examinations are offered to program directors for their use as an educational assessment of the individual resident's grasp of surgical fundamentals.

The Board notifies candidates for General and Subspecialty Certification of their performance on examinations. The Board also reports examinee performance to the director of the program in which the candidate completed the final year of residency. All reports pertaining to In-Training Examinations are provided only to program directors.

All examinations are developed by directors of the American Board of Surgery with contributions by Examination Consultants.

I. Qualifying Examination

This examination is written and is offered once a year in the fall. It is given simultaneously in a number of locations in the United States.

Applicants whose Applications have been approved by the Board are sent annually, throughout their period of admissibility, an announcement of the examination. With the announcement is a reply card that must be returned to the Board with other specified material if the applicant wishes to be scheduled for this examination. Shortly before the date of examination an Admission Card is sent to the applicant indicating the specific location of the examination center and reporting times. At the time at which the Candidate reports for the Qualifying Examination, government-issued photo identification will be required.

The 1-day Qualifying Examination consists of multiple-choice questions designed to evaluate knowledge of general surgical principles and the basic sciences applicable to surgery.

Successful completion of the Qualifying Examination is a requirement for all to attain the status of "Candidate for Certification" and admission to the Certifying Examination.

Those unsuccessful on the Qualifying Examination may review the examination at the Board office if such a request is made and the review is completed within 90 days after examination results are mailed. The review requires an appointment and payment of a fee.

II. Certifying Examination

Examinations are held 6 times a year within the continental United States. Beginning in 2003-2004, a new method of selecting the site at which the candidate will take the Certifying Examination was adopted. The candidate will submit a list of his/her preferences, rank ordered, and will be assigned on a space-available basis to the highest choice available. The initiation of this system occurred July 1, 2003, for current candidates waiting to take the Certifying Examination. The next assignment of candidates will occur in December 2003 after the results of the 2003 Qualifying Examination are known. Site assignments in subsequent years will occur each year shortly after the results of the Qualifying Examination are available. In all cases, Candidates will be assigned as space is available at each site, based on the date and time their request is received at the Board office.

Candidates will be assigned a specific site and day of examination within a short time after registering their preferences. Between then and the actual date of the examination they will be able to change their preference and select another site, but their ability to move will always be dependent on the availability of space at the requested site.

Approximately 6 weeks before the actual examination date, the candidate will be sent a Reply Card, which reconfirms the assigned site and date. To confirm his/her participation, the candidate must promptly return the Reply Card with the examination fee. He/she will then be sent an Admission Card, which must be presented at the time of the Orientation Session immediately preceding the examination. At the time the candidate reports for the Certifying Examination, government issued photo identification will be required. Details about the location and time at which the candidate needs to report will be included in the Admission Card mailing.

The examinations are conducted by members of the American Board of Surgery and selected Associate Examiners who are diplomates of the Board and usually from the local/regional geographic area.

The examinations consist of three oral sessions conducted by teams of two examiners, directed toward determining the candidate's understanding of clinical entities, level of surgical judgment,

problem-solving ability, and sensitivity to moral and ethical issues. During all sessions the ability to apply knowledge of anatomy, physiology, pathology, biochemistry, and bacteriology to clinical problems is also evaluated.

III. Recertification (Maintenance of Certification)

The American Board of Surgery offers Recertification in Surgery to its diplomates and in all the disciplines in which it offers Certification. The Board considers Recertification voluntary in the same connotation as is original Certification.

The purpose of Recertification is to demonstrate to the profession and the public, through periodic evaluations, that the surgical specialist has maintained continuing qualifications on a currently acceptable level in the diplomate's chosen area of practice. The American Board of Surgery believes that such periodic evaluation of its diplomates is in their own interest as well as in the public interest.

A diplomate can initiate the Recertification process when certification has been held at least 7 years. Information for Recertification in the various disciplines may be obtained from the Board upon request or from the Board's Web site (www.absurgery.org). To facilitate receiving the Board's mailings pertaining to the Recertification process, it is important for all diplomates to notify the Board promptly whenever their addresses change.

Recertification is also offered to diplomates holding Certificates in Vascular Surgery, Pediatric Surgery, Surgery of the Hand, and Surgical Critical Care. Details concerning requirements for Recertification in these disciplines are similar to those for Recertification in Surgery, and pertinent information may be obtained from the Board upon request or from the Board's Web site (www.absurgery.org).

IV. In-Training Examinations

The Board offers annually, to directors of accredited residency programs in surgery and in pediatric surgery, written In-Training Examinations that are designed to measure the general level of knowledge attained by residents regarding the fundamentals of the basic sciences and management of clinical problems related to surgery and to pediatric surgery. The In-Training Examination in Surgery is designed to meet the first milestone required by the "Essentials" for residencies in general surgery. Directors of accredited programs in pediatric surgery should find the Pediatric Surgery In-Training Examination useful in the evaluation of all residents in their programs.

The Board will normally furnish pertinent information to the directors of all accredited programs in surgery and in pediatric surgery several months in advance of each year's examination and ascertain the number of test booklets desired. The program directors at their discretion may administer the examination to anyone. The examinations, administered by the participating program directors, take place each winter.

Program directors should take note of the fact that the Board does not contact each integrated or affiliated institution in which residents are located, but depends upon the director of the program to order an adequate number of test booklets for all residents in the total program, which includes not only the parent institution but also all those included under the program designation in the *Graduate Medical Education Directory*.

It is important to note that the In-Training Examinations are not offered to individuals, but only to program directors.

The In-Training Examinations are not required by the Board as part of the certification process.

The In-Training Examinations are prepared by the Board as an evaluation instrument for program directors, to be used as an assessment of residents' progress and not as a pool of questions for

study or other purposes. Duplication and improper use of the examination material defeats the purpose of the examinations and will not be tolerated by the Board. The examinations are protected by copyright. The Board reserves the right to withhold participation in the examination where there are cases of improper use, unacceptable test administration, or irregular behavior.

Application Process for Certification

In the early spring the Board will mail a booklet of information and information regarding the application process to all residents who, according to the Board's records, will be expected to complete their residency that summer in surgery programs accredited by the ACGME. The necessary forms and instructions for their submission will be available on the Board's Web site (www.absurgery.org). The application materials must be completed precisely and be received in the Board office no later than July 15. Applicants should submit only the requested documents. Other documents, such as testimonials, letters of recommendation, or case reports, should not be submitted unless requested by the Board. An application is not considered to be complete unless it contains all required application material and a check for \$225.

If the completed application is received between July 15 and August 16, a late fee of an additional \$275 will be charged. No applications will be accepted after August 16.

Applicants who complete the educational requirements after September 30 will not be considered for admission to the Qualifying Examination in that year, but must wait until the following year.

The acceptability of an applicant does not depend solely upon the completion of an approved program of education, but also upon information available to the Board regarding professional maturity, surgical judgment, technical capabilities, and ethical standing.

Applicants who have submitted the requisite documents will be notified regarding admissibility to examination.

Fees

Registration (Prior to July 15) (payable with Application form and nonrefundable)	US \$225
Registration (Late July 15-August 16) (payable with Application form and nonrefundable)	US \$500
Qualifying Examination (payable with Reply Card)	US \$575
Certifying Examination (payable with Reply Card)	US \$800

Fees for reexamination are the same as shown above for each examination.

Each fee for examination or reexamination includes a US \$220 processing charge which is not refunded if an individual withdraws after being scheduled for an examination.

To withdraw, one must notify the Board office at least 15 business days before a scheduled examination. Failure to appear for examination, or withdrawal without giving at least 15 business days' notice, will result in forfeiture of the entire fee for examination.

Fees are subject to change as directed by the Board.

The Board is a nonprofit organization. The directors of the Board, except those on the executive staff, serve without remuneration.

Issuance of Certificates

A candidate who has met all requirements and has successfully completed the examinations of the American Board of Surgery in one or another of the areas of certification will then be issued a certificate by this Board, signed by its officers, attesting to qualifications in that area.

The Board issues Certificates in Surgery, Vascular Surgery, Pediatric Surgery, Surgery of the Hand, and in Surgical Critical Care.

Those Certified in Surgery prior to December 31, 1975, were issued a Certificate with no indication of time-limited validity. All Certificates issued on or after January 1, 1976, bear a limiting date of 10 years, after which they are no longer valid.

Those whose Certificates have expired and who have not achieved Recertification will no longer be listed in the *ABMS Directory of Board Certified Medical Specialists* as diplomates in the discipline concerned.

Inquiry as to Status

The Board considers an individual's record not to be in the public domain. When a written inquiry is received by the Board regarding an individual's status, a general but factual statement is provided that indicates the person's location within the examination process.

Special Situations

Irregularities

The furnishing of false information to the Board, misrepresentation of certification status, or examination irregularities may result in the rejection of an application, the barring of an applicant from examination, the denial or revocation of a Certificate, or other appropriate sanctions, as set forth more fully in the Application for Admission to Examination and the Instructions to Examinees.

Substance Abuse

Applicants with a history of substance abuse will not be admitted to any examination unless they present evidence satisfactory to the Board that they have successfully completed the program of treatment prescribed for their condition. Further, the Board must be satisfied that they are currently free of substance abuse.

Disabilities

The American Board of Surgery complies with the Americans with Disabilities Act by making a reasonable effort to provide Board applicants who have documented disabilities with modifications in its examination process that are appropriate for such disabilities but that do not alter the measurement of the skills or knowledge that the examination process is intended to test. Any disability which an applicant believes requires such a modification in the Board's examination must be identified and documented by the applicant within 60 days after the applicant is notified of admissibility to examination or within 60 days after the applicant learns of such disability, whichever is later.

Reconsideration and Appeals

The Board has adopted a policy with regard to reconsideration and appeals of decisions adverse to applicants regarding their individual credentials and admissibility to the examinations and questions regarding the form, administration, and results of examinations. A copy of that policy is available from the Board office to anyone considering a request for reconsideration or an appeal. A request for reconsideration, which is the first step, must be made in writing to the Board office within 90 days of receipt of notice from the Board of the action in question.

Sanction of Certificate

Certification by the American Board of Surgery, Inc may be subject to sanction such as revocation or suspension at any time that the directors shall determine, in their sole judgment, that the diplomate holding the Certificate was in some respect not properly qualified to receive it or is no longer properly qualified to retain it.

The directors of the Board may consider sanction for just and sufficient reason, including but not limited to any of the following:

1. The diplomate did not possess the necessary qualifications nor meet the requirements to receive the Certificate at the time it was issued; or falsified any part of the application or other required documentation; or made any material misstatement or omission to the Board, whether or not the Board knew of such deficiencies at the time;
2. The diplomate misrepresented his or her status with regards to Board certification, including any misstatement of fact about being Board certified in any specialty or subspecialty;
3. The diplomate engaged in conduct resulting in a revocation, suspension, qualification, or other limitation of his or her license to practice medicine in any jurisdiction;
4. The diplomate engaged in conduct resulting in the expulsion, suspension, disqualification, or other limitation from membership in a local, regional, national, or other organization of his or her professional peers;
5. The diplomate engaged in conduct resulting in revocation, suspension, or other limitation on his or her privileges to practice surgery in a health care organization.

American Board of Thoracic Surgery

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(These criteria and conditions are subject to change without notice. All applicants are advised to contact the American Board of Thoracic Surgery [ABTS] to ascertain whether the information below is current.)

General Requirements

Certification by the ABTS may be achieved by completing one of the following two pathways and fulfillment of the other requirements:

1. Pathway One is the successful completion of a full residency in general surgery approved by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada, followed by the successful completion of an ACGME-approved thoracic surgery residency.

Pathway Two is the successful completion of a 6-year categorical-integrated thoracic surgery residency developed along guidelines established by the TSDA and having the approval of the ACGME (RRC-TS).

These pathways must provide adequate education and operative experience in cardiovascular and general thoracic surgery.

2. For residents who begin their thoracic surgery residency in July 2003 and after, certification by the American Board of Surgery (ABS) will be optional rather than mandatory.
3. An ethical standing in the profession and a moral status in the community that are acceptable to the Board.
4. A satisfactory performance on the American Board of Thoracic Surgery examinations.
5. A currently registered full and unrestricted license to practice medicine granted by a state or other United States jurisdiction. The license must be valid at the time of application for admission to examination. A temporary limited license such as educational,

institutional, or house staff permit is not acceptable to the Board.

Residency Requirements

Candidates must have fulfilled all of the residency requirements of the Board in force at the time their applications are received.

Candidates for certification must complete a minimum of 24 months of residency training in thoracic and cardiovascular surgery in a program accredited by the RRC. This must include 12 months of continuous senior responsibility. The director of the thoracic training program is required to approve the application form by signature, certifying that the candidate has satisfactorily completed the residency in thoracic surgery as described above. Once an application is received, it is considered the official and only record. The Board assumes that the appropriate signatures authenticate the accuracy of the case lists and all other information submitted on the application.

Education and adequate operative experience in both general thoracic surgery and cardiovascular surgery are essential parts of any approved thoracic surgery residency program, irrespective of the area of thoracic surgery in which a candidate may choose to practice.

Operative Case Criteria

The operative experience requirement of the American Board of Thoracic Surgery has 2 parts. One is concerned with the intensity or volume of cases and the other with the distribution of cases (index cases).

1. Surgical Volume (Intensity)

The Board's operative experience requirements include an annual average of 125 major operations performed by each resident for each year that the program is approved by the Residency Review Committee for Thoracic Surgery. In a 2-year program, this requirement is met if a resident performs a total of 250 major cases over the course of his or her residency; in a 3-year program, the resident must perform 375 major cases.

This guideline on intensity of cases conforms with the Program Requirements for Residency Education in Thoracic Surgery as published by the ACGME and the Residency Review Committee for Thoracic Surgery.

The application of any candidate whose supervised operative experience fails to meet the requirement of an annual average of 125 major operations with a minimal number of 100 in any 1 year will be referred to the Credentials Committee for review.

2. Index Cases (Distribution)

Index cases are full credit cases only.

The applications of candidates whose operative experience does not include the required number of index cases as listed below will be sent to the Credentials Committee for review. The number of index cases required to meet the minimal acceptable standards in the various areas are:

- Lungs, pleura, chest wall — 50
- Pneumonectomy, lobectomy, segmentectomy — 30
- Other — 20
- Esophagus, mediastinum, diaphragm — 15
- Esophageal operations — 8
- Resections — 4
- Other esophageal — 4
- (A total of 8 esophageal operations are required; of that number 4 must be esophageal resections.)
- Other — 7
- Congenital cardiac — 20
- Full credit — 10

- First assistant — 10
(Exposure to 20 congenital heart cases with a minimum of 10 cases for full credit)
- Adult cardiac — 75
 - Valvular surgery — 20
 - Myocardial revascularization — 40
 - Other — 15
 - Reoperations — 5
(Includes any reoperation procedures for adult cardiac)
- Bronchoscopy and esophagoscopy — 30
(must include at least 10 esophagoscopy)
- VATS — 10

Endoscopic procedures may be counted for credit whether they are performed as independent procedures or immediately preceding a thoracic operation.

Reoperation procedures can be counted twice for any adult cardiac procedure. For example, a re-op coronary artery bypass surgery may be counted as both a myocardial revascularization and a re-operation.

Major vascular operations outside the thorax and procedures, such as pacemaker implantation and closed electrophysiology procedures, should be listed separately.

The Board recognizes that supervised operative experience in a well-organized teaching setting that is approved by the Residency Review Committee for Thoracic Surgery protects the patient, who, in most instances, is the personal and identifiable responsibility of a faculty surgeon. This supervised experience optimally prepares the candidate to begin the independent practice of cardiothoracic surgery after the completion of residency.

The Credentials Committee has been authorized by the Board to reject a candidate if his or her operative experience during the thoracic surgery residency is considered to be inadequate. The candidate, the program director, and the Residency Review Committee for Thoracic Surgery will be notified if such action is taken. If the Credentials Committee finds the applicant's operative experience inadequate and additional training is required, the additional training must be approved in advance. Should the program director determine that a resident needs additional training beyond the number of years that have been approved by the ACGME and the Residency Review Committee for Thoracic Surgery, before submitting an application, this additional training must also be approved by the Board in advance.

Even though emphasis on one or another facet of thoracic surgery (pulmonary, cardiovascular, esophageal, thoracic trauma, etc) may have characterized a candidate's residency experience, the candidate is nevertheless held accountable for knowledge concerning all phases of the field, including extracorporeal perfusion (physiological concepts, techniques, and complications), cardiac devices, management of dysrhythmias, and thoracic oncology. In addition, a candidate should have had responsibility for the care of pediatric general thoracic surgical patients and be competent in video-assisted thoracoscopic surgery. The candidate should also have an in-depth knowledge of the management of acutely ill patients in the intensive care unit. This requires an understanding of cardio-respiratory physiology, respirators, blood gases, metabolic alterations, cardiac output, hyperalimentation, and many other areas. By virtue of his or her residency in thoracic surgery, the candidate is expected to be fully qualified in the surgical care of critically ill patients.

Operative Experience Credit

Credit will be allowed for supervised operative experience in a well-organized teaching setting only when the following criteria are met:

- a. The resident participated in the diagnosis, preoperative planning, surgical indications, and selection of the appropriate operation;
 - b. The resident performed under appropriate supervision in a well-organized teaching setting approved by the Residency Review Committee for Thoracic Surgery those technical manipulations that constituted the essential parts of the procedure itself;
 - c. The resident was substantially involved in postoperative care.
- Supervision and active participation by the thoracic surgery faculty are required in preoperative, intraoperative, and postoperative care.

The Board also emphasizes that first-assisting at operations is an important part of resident experience, particularly in complex or relatively uncommon cases.

Applications

Before applying for examination, prospective candidates should consider whether they are able to meet the minimum requirements of the Board.

Effective July 1, 2002, all residents must meet the new operative case requirements. The new requirements are listed in this document and are available on the Board's Internet site: www.abts.org.

Utilization of the CTSNet Operative Logs for recording operative cases is required of all residents who started their thoracic surgery training in 2001 or later. These residents are also required to use the online application process when applying for certification. The standard paper application is still available upon request for residents who started their thoracic surgery training in 2000 or earlier. The online application is an efficient and precise method for submitting the application and the operative case reports from CTSNet, and residents are strongly urged to use the online version. Access to the online application is through the Board's Web site at www.abts.org.

Directions for utilizing the online application should be carefully followed since some of the forms must be printed from the Internet, signed by the appropriate individual, and sent to the Board office with a copy of the medical license and the registration fee. A list of the documents that must be submitted with the online application is available on the Web site. Be certain to include a copy of a your valid license to practice medicine.

When the resident is ready, the draft online application is reviewed by the program director. Once he/she approves the application, the program director submits it online to the Board office.

The operative case logs are considered the property of the resident and are not kept in the Board office once the resident is certified. Each applicant should consult with his or her program director regarding the correct way to complete the operative case list forms.

The application that is submitted, either the paper version or the online version, is considered a final document. The incomplete or incorrectly completed application may delay processing for 1 year. Residents are encouraged to address questions regarding the ABTS requirements to their program director.

The deadline for submitting the completed application is August 1. Failure to meet that deadline may result in a delay of at least 1 year.

The ABTS takes particular note of the problems facing those with a disability and stands ready to alter its examination procedures in such a way that individuals who are competent to practice thoracic surgery have the opportunity to take the Board's examination under circumstances that accommodate the individual's disability. Individuals requiring special consideration because of a disability should notify the Board at least 60 days before the August 1 deadline for submitting an application.

Candidates are notified of their eligibility for examination when their applications have been approved.

Examinations

It is the policy of the ABTS to consider a candidate for examination only after he or she has completed a thoracic surgery residency program approved by the Residency Review Committee for Thoracic Surgery.

Separate written and oral examinations are held annually at times and places determined by the Board. Information regarding the dates and places of the examinations is published in the Examination and Licensure column of the *Journal of the American Medical Association*, the *Journal of Thoracic and Cardiovascular Surgery*, and the *Annals of Thoracic Surgery*.

The 2005 Part II (oral) examination will be held on June 10 and 11, 2005, in Chicago.

The 2005 Part I (written) examination is scheduled for December 5, 2005, in Chicago.

Part I—Written Examination

The examination consists of a written examination designed primarily to assess cognitive skills. The content of the questions on this examination represents uniform coverage of all aspects of the thoracic surgery specialty.

Part II—Oral Examination

Successful completion of the Part I (written) examination is a requirement for admission to the Part II (oral) examination. The oral examination is designed to test the candidate's knowledge, judgment, and ability to correlate information in the management of clinical problems in general thoracic and cardiovascular surgery.

Examination Sequence

Candidates should apply for the examination within 5 years of the satisfactory completion of their thoracic surgery residency. Any candidates applying for the examination 5 years or more after the satisfactory completion of residency will be considered individually. Additional training may be required of these individuals. To be eligible, the recommended additional training must be completed before an application can be submitted.

After a candidate is declared eligible for the written examination (Part I), he or she must pass Part I within 4 years. The candidate who successfully completes Part I of the examination then must pass Part II within the succeeding 4 years.

Candidates who fail an examination (Part I or Part II) are eligible to repeat the examination the following year.

Candidates who fail either Part I or Part II of the examination three times, or do not pass either part of the examination within the allotted time period of 4 years, will be required to complete an additional thoracic surgical educational program which must be approved in advance by the Board before they will be permitted to retake the examination. The required additional training must be completed within the succeeding 2-year period after failing either the written or the oral examination. Candidates who complete the required additional training must file an addendum to their application, have their eligibility for examination reviewed by the Credentials Committee, and pay a new registration fee. They will be given two more opportunities to take the examination (Part I or Part II) within the succeeding 2 years.

Candidates who fail either Part I or Part II a fifth time will be required to complete another approved thoracic surgery residency before they will be eligible to reapply for examination by the Board.

Fees

The following fees are subject to change:

Registration fee (not refundable)	\$450
Part I examination fee	\$1,100
Part I reexamination fee	\$1,100
Part II examination fee	\$1,200
Part II reexamination fee	\$1,200

Candidates who do not appear for their scheduled examination (Part I or Part II) or who cancel less than 6 weeks prior to either examination may forfeit their examination fee.

The Board is a nonprofit corporation, and the fees from candidates are used solely to defray actual expenses incurred in conducting examinations and carrying out the business of the Board. The directors of the Board serve without remuneration.

Appeals

Individuals who receive an unfavorable ruling from a committee of the Board may appeal such determination by mailing a notice of appeal to the office of the American Board of Thoracic Surgery within 30 days of the date such ruling was mailed. A copy of the appeals procedure will be mailed to the candidate.

The only appeal permitted if an applicant fails the written examination is a request for a hand rescoring to verify the accuracy of the score as reported. This request must be made within 30 days of the time the examination results are received by the candidate.

The only appeal with respect to the oral examination is the opportunity to request immediate reexamination following the completion of the oral examination. A candidate who believes that any of his or her examiners has been unfair or biased during a portion of the oral examination may request reexamination by another examiner. The grade on reexamination will be the final grade of the candidate for that portion of the examination.

Chemical Dependency

Qualified applicants who have a history of chemical dependency that has been reported to the Board and who submit documentation suitable to the Board that their dependency has been under control for a period of at least 2 years will be admitted to the examination process.

For candidates who are already in the examination process and develop a chemical dependency as reported to the Board, the process will be suspended until the candidate can provide documentation suitable to the Board that the condition has been under control for a period of 2 years. At that time, the candidate will be readmitted to the examination process. The requirement to be accepted for examination within 5 years of completion of an approved thoracic surgery residency will not be waived.

Certification

After a candidate has met the requirements for eligibility and passed the examination, a certificate attesting to the candidate's qualifications in thoracic surgery will be issued by the Board. The certificate is valid for 10 years.

Recertification

Applicants who are certified in thoracic surgery are issued certificates that are valid for 10 years from the date of certification, after which the certificates will no longer be valid. Certificates can be renewed before expiration by fulfilling the requirements for recertification specified by the ABTS at that time. A Recertification (Maintenance of Certification) Booklet is available upon request.

Annual Certification Maintenance Fee

An annual Certification Maintenance Fee of \$100 is required of all active diplomates, age 65 and younger. The fee is not assessed to diplomates in the year of their certification. The fee, which is

cumulative, helps defray administrative expenses related to maintaining and utilizing the diplomate's information on the Board's computer system. The board will not respond to inquiries about the diplomate's certification status until the fee is paid each year. Diplomates must be current with annual Certification Maintenance Fee in order to enter the certification process.

Denial or Revocation of Certificate

No certificate shall be issued or a certificate may be revoked by the Board if it determines that:

- a. the candidate for certification or diplomate did not possess the required qualifications and requirements for examination, whether such deficiency was known to the Board or any Committee thereof before examination or at the time of issuance of the certificate as the case may be;
- b. the candidate for certification or diplomate withheld information in his or her application or made a material misstatement or any other misrepresentation to the Board or any Committee thereof, whether intentional or unintentional;
- c. the candidate for certification or diplomate was convicted by a court of competent jurisdiction of any felony or misdemeanor involving moral turpitude and, in the opinion of the Board, having a material relationship to the practice of medicine;
- d. the candidate for certification or diplomate had his or her license to practice medicine revoked or was disciplined or censured by any court or other body having proper jurisdiction and authority because of any act or omission arising from the practice of medicine; or
- e. the candidate for certification or diplomate had a history of chemical dependency or developed such during the certification process and failed to report same to the Board.

American Board of Urology

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(These criteria and conditions are subject to change without notice. They are based on the 2004 Information for Applicants and Candidates handbook, the latest edition available at time of publication. All applicants are advised to contact the American Board of Urology to ascertain whether the information they have is current.)

Examination Dates for 2004-2007

Qualifying (Part 1) Examination

August 6, 2004
August 5, 2005
August 4, 2006

Certifying (Part 2) Examination

February 18-19, 2005
February 17-18, 2006
February 23-24, 2007

Organization

The American Board of Urology was organized in Chicago on September 24, 1934. Members of the Board present from the American Association of Genito-Urinary Surgeons were Dr. William F Braasch, Dr. Henry G Bugbee, and Dr. Gilbert J Thomas; those from the American Urological Association were Dr. Herman L Kretschmer, Dr. Nathaniel P Rathbun, and Dr. George Gilbert Smith; those from the Section of Urology of the American Medical Association were Dr. Clarence G Bandler, Dr. A I Folsom, and Dr. T Leon Howard.

The officers of the Board elected at this meeting were Dr. Herman L Kretschmer, President; Dr. Clarence G Bandler, Vice President; and Dr. Gilbert J Thomas, Secretary-Treasurer.

The American Board of Urology is a nonprofit organization. It was incorporated May 6, 1935, and held its first legal meeting on May 10, 1935.

The Board of Trustees has twelve members (including officers). No salary is paid for service on the Board.

The nominating societies of this Board and sponsors of its activities are: the American Urological Association, the American Association of Genito-Urinary Surgeons, the American Association of Clinical Urologists, the Society of University Urologists, the American College of Surgeons, and the Section on Urology of the American Academy of Pediatrics.

The American Board of Urology and 23 other medical specialty boards are members of the American Board of Medical Specialties (ABMS), which includes as associate members the Association of American Medical Colleges, the American Hospital Association, the American Medical Association, the Federation of State Medical Boards of the USA, the National Board of Medical Examiners, and the Council of Medical Specialty Societies.

The trademark and seal of the American Board of Urology are registered. Any unauthorized use of the trademark or seal is prohibited without express permission of the Board.

US Corporation Co, Dover, Delaware
(Local Representation at Dover, Delaware)

Purpose of Certification

The American Board of Urology, Inc, hereinafter sometimes referred to as "the Board," is organized to encourage study, improve standards, and promote competency in the practice of urology. The objective of the Board is to identify for the public's knowledge those physicians who have satisfied the Board's criteria for certification and recertification in the specialty of urology. Certification by the Board does not guarantee competence in practice, but does indicate that the physician has completed basic training requirements and has demonstrated at the time of examination a fund of knowledge and expertise in the care of those patients whose cases were reviewed by the Board, as described elsewhere in this section.

Functions of the Board

The Board arranges and conducts examinations testing the qualifications of voluntary candidates and grants and issues certificates to accepted candidates duly licensed to practice medicine. The certificate is the property of the Board, and the Board holds the power to revoke such a certificate. The Board also evaluates and examines diplomates for purposes of recertification.

The Board endeavors to serve the public, hospitals, medical schools, medical societies, and practitioners of medicine by preparing a list of urologists whom it has certified. Lists of diplomates of this Board are published annually in the *Official ABMS Directory of Board Certified Medical Specialists* and in the *Directory of Physicians* of the American Medical Association.

The Board is not responsible for opinions expressed concerning an individual's credentials for the examinations or status in the certification process unless they are expressed in writing and signed by the President or Executive Secretary of the Board.

Application for certification is entirely voluntary. Only one certificate for each qualified individual is issued by the Board.

The Board makes no attempt to control the practice of urology by license or legal regulation, and in no way interferes with or limits the professional activities of any duly licensed physician.

The Certification Process

Applicants approved by the Board to enter the certification process must complete both a Qualifying (Part 1) Examination and, after passing this examination, a subsequent Certifying (Part 2) Examination. Assessment of clinical practice through review of practice logs and peer review will also be carried out prior to admission to the Certifying (Part 2) Examination. Certification must be achieved within 5 years of the successful completion of residency.

Applicants who have not applied for or have not successfully completed the certification process within 5 years of the completion of their urological residency will be required to pass a written Preliminary Examination before being permitted to re-enter the certification process. The Preliminary Examination is given each November during the annual AUA In-Service Examination.

After passing the Preliminary Examination, the applicant must take the Qualifying (Part 1) Examination one of the next two times it is offered. Any such candidate who fails to do so must successfully retake the Preliminary Examination to proceed with certification. Contact the Board office prior to the August 15 deadline for more Preliminary Examination information.

Educational Requirements

An applicant may initiate application for certification by the Board during the final year of his or her residency training or at some point thereafter. Every applicant must meet certain basic requirements as follows:

Education & Residency

Except as noted below for international medical graduates, the applicant must be a graduate of a medical school approved by the Liaison Committee on Medical Education or a school of osteopathy approved by the Bureau of Professional Education of the American Osteopathic Association, and have completed a urology residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada (RCPS[C]). ACGME training programs in urology are described in the American Medical Association *Graduate Medical Education Directory*, Section II, "Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements."

Postgraduate Training Requirements

The American Board of Urology mandates a minimum of 5 clinical years of postgraduate medical training. The pre-urology requirements are 12 months of general surgery; 12 months of general surgery and/or urology, including a minimum of 6 months of general surgery/urology. Suggested guidelines for the remaining 6 months of the second 12 months are: 0-6 months of abdominal, endocrine, plastic, pediatric, urologic, vascular surgery; 0-2 months of ICU/critical care, transplant, ER/trauma, gynecology (not obstetrics), or nephrology; and 0-1 month of GU/invasive radiology, anesthesia, or genito-urinary pathology. The remaining 36-48 months must be spent in clinical urology. Dedicated research rotations are permitted in and only in 6-year programs. Scholarly endeavors are permitted during primary clinical rotations within a 5-year program (2+3 or 1+4).

All of the above training must be in ACGME-accredited programs. Regardless of the training format provided, the final 12 months of training must be spent as chief resident in urology with appropriate clinical responsibility under supervision in institutions that are part of the ACGME-accredited program.

For a program requiring more than 36 months of urology training, the candidate must complete the program as defined by the Residency Review Committee for Urology. Variances shall not be granted for an individual to take pre-urology training out of sequence after the completion of his or her urology residency. Pre-urology credit will be given only to a physician who has trained in ACGME-approved or RCPS(C)-approved training programs. Lesser degrees of training shall not receive such approval.

To be admissible to the certification process of the Board, the resident must have completed in a satisfactory manner the training requirements of his or her specific program in effect at the time of acceptance in the program, as established by the Residency Review Committee for Urology or the Accreditation Committee of the RCPS(C).

Changing Programs

Any resident who intends to transfer to another urology residency program during the urologic portion of the training must obtain the

approval of the Board prior to the change. The resident must petition the Board in advance for said approval. The Board also requires the written acknowledgment and approval of both program directors.

Leaves of Absence

In regard to leaves of absence for parental leave, illness, injury, disability, vacation, alcohol or substance abuse during residency training in urology, time away from clinical residency may not exceed 15% of the clinical residency training period and not more than 20% of the chief resident year.

Requirements for Canadian Trainees

To meet the requirements for admissibility to the certification process of the Board, a Canadian-trained urologist must have graduated from a US or Canadian medical school approved by the Liaison Committee for Medical Education and have completed the previously described pre-urology and urology requirements with the final year as chief resident, in programs approved by the ACGME or the Accreditation Committee of the RCPS(C). Upon successful completion of this training, the candidate may sit for the Qualifying (Part 1) Examination of the American Board of Urology. To be admissible to the Certifying (Part 2) Examination, the Canadian-trained candidate must be certified by the RCPS(C).

Requirements for International Medical Graduates

International medical graduates from schools outside the US that provide an equivalent medical background and who have completed an ACGME-approved urology residency and the prerequisite ACGME-approved pre-urology training in the US may qualify for examination by the American Board of Urology. All such applicants must have a valid certificate from the Education Committee for Foreign Medical Graduates (ECFMG).

Other Requirements

Credentials Approval

Applicants for certification must be approved by the Credentials Committee and the Board. Additional information may be requested by the Executive Secretary. No duty or obligation to assist any applicant in completing the application process is implied. The applicant is responsible for ensuring that all supporting documents are received in the Board office by the indicated time.

Release of Liability

As a condition of application to the certification process, applicants must sign a waiver releasing, discharging, and exonerating the Board, its trustees, officers, members, examiners, employees, and agents from any and all claims, losses, costs, expenses, damages, and judgments (including reasonable attorneys' fees) alleged to have arisen from, out of, or in connection with the certification process.

Release of Results

As a condition of application to the certification process, the applicant must sign a waiver allowing the Board to release examination results achieved in the Qualifying and Certifying Examinations to the residency program director and to the Residency Review Committee for Urology.

Disability Accommodations Policy

An applicant requesting accommodations during Board examinations due to a physical or mental disability that substantially limits a major life activity must indicate this request on the application provided by the Board. A recent evaluation and appropriate formal documentation by a qualified professional that substantiate the disability must accompany the application. The Board may then have

any and all documentation and/or evaluations submitted by the candidate reviewed by an additional qualified professional. This can be done at the Board's discretion and the Board will bear the cost of any additional review or evaluation. The Credentials Committee of the Board will make the final decision regarding the accommodations that will be offered if the request under consideration is made by a candidate for certification.

Misrepresentation and Nonresponse Procedure

Applicants for certification who misrepresent or do not respond to questions on the application will be, at a minimum, deferred from the process for 1 year.

Requirements for Applicants With a History of Chemical Dependency

Such applicants will not be admitted to the Qualifying (Part 1) or Certifying (Part 2) Examinations unless they present evidence to the Board that they have satisfactorily completed the program of treatment prescribed for their condition. In addition, any such applicants for the Certifying (Part 2) Examination may have a site visit of their practices by a representative of the Board.

The Qualifying (Part 1) Examination

The Qualifying (Part 1) Examination is given annually the first Friday in August. Beginning in 2004, the examination will be given in a computer-based format at over 200 Pearson VUE Testing Centers across the US. An appointment to sit for the examination can be scheduled after the candidate has met all requirements, paid all fees, and been approved by the Board. A letter will be sent to the candidate notifying the candidate he or she is eligible to sit for their examination and may schedule an examination appointment. The examination is made up of 300 multiple choice questions which will be presented in groups of 150 each over two 3-hour sessions in 1 day.

The examination is designed to assess knowledge of the entire field of urology and allied subjects. This includes, but may not be limited to, andrology (including infertility), calculous disease (including endourology and shock-wave litho-tripsy), congenital anomalies, pediatric urology, urologic disorders of females, infectious diseases, neurourology and urodynamics, obstructive diseases, psychological disorders, renovascular hypertension and renal transplantation, sexuality and impotence, adrenal diseases and endocrinology, trauma, urologic pathology, urologic imaging, and urologic oncology.

Application

An application provided by the Executive Secretary shall be completed by the applicant and returned to the Board office by courier for guaranteed receipt. Applications must be in the Board office by November 1 in order to permit the applicant to be admitted for the Qualifying (Part 1) Examination the following August. Applications and documentation not postmarked by November 1 will incur a late fee of \$400. No applications will be accepted after December 1. No application will be considered by the Credentials Committee or the Board unless it is submitted by the deadline set forth and is complete and includes all required supporting documentation. The Executive Secretary will determine if an application is complete.

Documentation of Education and Training

The application must be accompanied by a notarized copy of a graduation certificate from a medical school approved by the Liaison Committee on Medical Education or from a school of osteopathy approved by the Bureau of Professional Education of the American Osteopathic Association.

The candidate must provide specific verification (such as a notarized certificate or an original letter from the director of the program[s] where the applicant completed PGY 1 and 2) of successful completion of the pre-urology postgraduate training requirement in a program approved by the ACGME. Pre-urology training must be documented separately from urology training.

Graduates of medical schools not approved by the Liaison Committee on Medical Education, the Bureau of Professional Education of the American Osteopathic Association, or the Accreditation Committee of the RCPS(C) must furnish a notarized copy of a valid ECFMG certificate.

The director of the program where the applicant is finishing residency training must provide a letter to the Board office by January 1 confirming that the applicant is expected to have successfully completed 1 year of training in the capacity of chief resident during the calendar year in which the Qualifying (Part 1) Examination is to be taken. The program director must also complete an evaluation form supplied by the Board. This evaluation must be received in the Board office by March 1 preceding the Qualifying (Part 1) Examination given in August.

Failure to Pass the Examination

An applicant failing the Qualifying (Part 1) Examination must repeat the exam the next year unless the absence is excused by the Board office. Failure to retake the examination at the first available opportunity will result in assessment of an unexcused absence fee on subsequent applications. The applicant must pass the Qualifying (Part 1) Examination process in sufficient time to allow for completion of the certification process within the allotted 5 years of completion of residency.

The Certifying (Part 2) Examination

Candidates for the Certifying (Part 2) Examination must have met all training requirements and have passed the Qualifying (Part 1) Examination. Candidates will be expected to demonstrate knowledge and surgical experience in the broad domains of urology such as: infertility, impotence, calculous disease, endourology, extracorporeal shock wave lithotripsy, neurourology, urodynamics, urologic imaging, uropathology, female urology, pediatric urology, infectious disease, obstructive disease, psychologic disorders, renovascular disease, transplantation, genitourinary sexuality, trauma, and oncology.

The Certifying (Part 2) Examination includes assessment of clinical practice through review of practice logs, peer review, and oral examinations.

Period of Admissibility

The candidate must successfully complete all components of the Certifying (Part 2) Examination within 5 years of the completion of residency, unless an extension has been granted. In the event a candidate does not successfully complete certification within this time-frame, it is necessary to pass a written Preliminary Examination and reenter the certification process at the Qualifying (Part 1) Examination level.

A yearly extension of the period of admissibility may be granted by the Board for approved fellowships relevant to urology of 1 year or longer. Credit is subject to Board approval; notarized documentation of fellowship training is required. A 6-month credit toward the 18-month practice period requirement may be awarded to an individual for fellowship training approved by the Board, effective with successful completion of the fellowship. The candidate must notify the Board in writing if he or she spends 1 or more years in post-residency fellowship training.

All extensions of the period to complete certification are granted by the Board because of extenuating circumstances (eg, involve-

ment in a fellowship of 1 or more years' duration subject to Board approval, and deferral for an inadequate practice log). The candidate should request such extensions in writing, and include the reason.

Application

Application for admission to the Certifying (Part 2) Examination is made by completing the Supplemental Application form mailed from the Board office in May to all potential applicants. This application should be returned by courier for guaranteed receipt, and must be received in the Board office by July 1 prior to the Certifying (Part 2) Examination of the following year. Applicants will be assessed \$400 for applications received between July 1 and August 1. No applications will be accepted after August 1.

Licensure Requirements

Applicants seeking certification by the American Board of Urology must also have a valid medical license that is not subject to any restrictions, conditions, or limitations. The applicant must inform the Board of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the Board will determine whether the applicant satisfies the licensure requirement.

Practice Requirements

Candidates for the Certifying (Part 2) Examination must be in the full-time practice of urology and must be licensed to practice medicine in the area of current practice activity. Notarized documentation of licensure is required. In addition, the candidate must have engaged in a minimum of 18 months of urological practice with primary patient responsibility in a single community, an academic institution, or in the Armed Forces.

Practice Log

Candidates must submit logs of hospital, ambulatory care, and office procedures. Procedures performed as the primary surgeon and procedures performed by auxiliary personnel and reviewed by the candidate should be included. Each log must document the same 6 consecutive months from the 17-month period between May 1, 2003 and October 1, 2004.

Procedures done outside of the US are acceptable. In the case of military or public health physicians subject to unexpected changes of assignment, the Board may accept cases from the previous assignment.

All logs must be received in the Board office by October 1 prior to the Certifying (Part 2) Examination. Logs must be verified by the candidate and notarized. Courier service for guaranteed receipt is recommended.

Applicants will be assessed \$400 for logs received between October 1 and October 15. No practice logs will be accepted after October 15.

Candidates deferred on the basis of their practice log should submit a new log with their next application. The 5-year period of admissibility for completing certification will be extended one time by 1 year for candidates whose certification is delayed because of an inadequate practice log.

Logs must be prepared in accordance with the format provided by the Board. For the 2005 Certifying (Part 2) Examination, the candidate has the option of submitting his/her practice log electronically or submitting a paper log as in the past. Instructions for both are included in the application packet which is mailed in May. After this year, electronic log submission will be mandatory.

Electronic and paper logs will undergo the same review and evaluation process. The type of submission is at the sole discretion of the applicant.

All logs must include the following information:

1. Medical record number or other unique identifier
2. Age and sex of patient
3. Location where procedure was performed
4. Date of procedure
5. Diagnosis
6. Procedure
7. Practice breakdown form
8. Verification statement with notarized signature

Paper log submissions must also include:

1. Procedures Summary
2. Diagnosis Summary

Copies of patient records from the patient care facility and/or office records of any one or more of the above cases may be requested by the Board. The candidate shall ensure that the patient records so disclosed do not contain any patient-identifying information. The candidate is expected to furnish such records within 1 month of the request.

Practice log review is an important component of the certification process. While there is no minimum number of cases established for an acceptable log, a practice experience well below the norm for the peer group may be cause for delaying the certification process until there is sufficient experience to adequately assess a candidate's practice pattern and management abilities. The Board will review the practice logs of urologic subspecialists in the context of the expected subspecialty experience.

Peer Review

To further ascertain and document the candidate's qualifications for certification, the Board will solicit information and comments from appropriate individuals, such as fellow practitioners, or from organizations, such as medical societies and licensing agencies. The candidate must sign a waiver authorizing any and all third parties contacted by the Board to furnish to the Board such records and information, including confidential information related to the candidate's abilities and reputation as a urologist, as the Board (in its sole discretion) may deem necessary or advisable. Under no circumstances will the source of any peer review be revealed to any person other than trustees and staff of the Board.

Board Review of Credentials

Upon receipt of the practice logs and peer review information, the Credentials Committee of the Board will review the candidate's credentials. Evidence of ethical, moral, and professional behavior, and an appropriate pattern of urologic practice including experience with an adequate volume and variety of clinical material, will be sought. Areas of inadequacy may be cause for deferment or discontinuation of the certifying process until these areas are clarified or corrected. Actions of the Board to achieve clarification may include:

- a. Inquiry by the Credentials Committee of the Board into practice irregularities;
- b. Request for certified copies of candidate's health care facility and/or office records for review;
- c. Invitation to appear before the Board for a personal interview;
- d. A site visit to the candidate's community at the candidate's expense; and/or
- e. Other appropriate measures that may be deemed necessary to assess apparent deviations from standard urologic practice.

The candidate will not be permitted to continue the certification process until the Board has satisfied itself of the appropriateness of the candidate's practice pattern and professional behavior. The Board may elect to defer continuation of the certification process pending investigation and resolution of any inadequacies or deviations. It may deny certification when serious practice deviations or

unethical conduct are detected. These include, but are not limited to, cheating on or improper or disruptive conduct during any examination conducted by the Board, the solicitation or distribution of examination materials, and misrepresentation of an applicant's or candidate's status in the certification process.

Oral Examination

The oral examinations are given annually in February in Dallas, Texas. The examination is an interactive process between examiner and candidate during which an assessment is made of the candidate's ability to diagnose and manage urologic problems. There are two 1-hour examination encounters with different examiners, composed of three protocols each. Since the candidate has passed the Qualifying (Part 1) Examination, the examiner presumes in the oral examination that the candidate has a satisfactory degree of cognitive knowledge of urology. Therefore, the oral examination will concentrate on the candidate's professional conduct, problem-solving ability, and response to changes in a clinical situation.

Evaluation is made of the candidate's ability to collect pertinent information systematically, integrate it, assess the problem, and propose appropriate solutions. The candidate's ability to manage changing clinical conditions is evaluated through the flexible interaction between the examiner and the candidate. Changed clinical conditions may be posed by the examiner in order to assess various responses by the candidate, or may be developed by the examiner from the outcome of management recommendations offered by the candidate during the interview. The candidate's attitude, interaction with the examiner, and expression of patient management concerns contribute to the assessment of professional behavior.

Fees and Deadlines

See "Summary of Fees," below.

The current examination fees may be changed without notice. Fees reimburse the Board for expenses incurred in preparing and processing the applications and examinations of the candidate.

Application Fees

Payment of \$1,050 must accompany the initial application for the Qualifying (Part 1) Examination except in the case of chief residents, who shall pay \$950 as the fee for their initial application. Only chief residents may delay the fee payment of their Qualifying (Part 1) examination fee until January 5. An additional fee of \$1,100 must accompany the application for the Certifying (Part 2) Examination. An applicant or candidate secures no vested right to certification as a result of paying an examination fee.

Late Fees

A \$400 late fee will be assessed for any application and/or documentation and/or fees not received in the Board office by the prescribed deadlines. Courier service for guaranteed receipt is recommended.

Cancellation Fees

Cancellation fees are as follows: \$500 for failure to appear; \$300 for an unexcused absence; \$200 for an excused absence (in cases of personal or family illness or death).

Excused Absences

Only one excused absence is permitted, at the discretion of the Board, and this extends the period of admissibility for 1 year. The excused absence fee of \$200 will be assessed. Following one excused absence, any subsequent absences are classified as unexcused. There will be no further extensions of admissibility, and an unexcused absence fee and reinstatement fee, if any, will be assessed.

Inactive Status

Applications will be considered inactive if two successive examination appointments are canceled by the applicant. A reinstatement fee is assessed after two consecutive absences. If the candidate does not already exceed the 5-year time limit, he or she may regain active status by paying the reinstatement fee of \$600 plus an additional fee for an unexcused absence or for a non-appearance.

Other Fees

A \$100 fee will be assessed for all returned checks. The fee for the Preliminary Examination is \$550. If a Preliminary Examination appointment is canceled, a \$300 cancellation fee will be assessed. The fee for a site visit by a Board representative is \$2,000 plus expenses.

Refunds

Fees are refundable, less an administrative fee, in most cases of cancellation or deferral. Fees shall be refunded to candidates deferred by the Board, less a \$50 administrative fee; or, if deferred for an inadequate practice log, a \$175 administrative fee.

Recertification

Certificates issued by the American Board of Urology on or after January 1, 1985, expire on the anniversary of the date of issue and are valid for 10 years only. A physician who fails to be recertified by the expiration date is no longer a diplomate of the Board, and his or her name is deleted from *The Official ABMS Directory of Board Certified Medical Specialists*. The expired certificate must be returned to the Board. It is recommended, therefore, that diplomates possessing a time-limited certificate make plans to obtain recertification beginning 3 years before the expiration date of their current certificate.

The Board endorses the concept of lifelong learning in urology for its diplomates. Candidates for recertification must demonstrate their involvement in continuing urologic education by documenting 90 urology-focused credits, 30 hours of which must be Category I, within a 3-year period prior to September 1 of the year the Recertification Examination is to be taken. The office of the American Board of Urology will notify diplomates holding a time-limited certificate 3 years prior to its expiration. At that time a handbook detailing the recertification process entitled *Information for Applicants for Recertification* will be provided.

This handbook is also available at the Board's Web site, www.abu.org, and on request from the Board office.

Diplomates are responsible for keeping the Board office informed of address changes.

Code of Ethics

Ethics are moral values. They are aspirational and inspirational, as well as model standards of exemplary professional conduct for all applicants for certification and all diplomates certified by the American Board of Urology. The term "urologist" as used here shall include all such candidates and diplomates.

The issue of ethics in urology is resolved by a determination that the best interests of the patient are served. It is the duty of a urologist to place the patient's welfare and rights above all other considerations. Urological services must be provided with compassion, respect for human dignity, honesty, and integrity.

A urologist must maintain qualification by continued study, performing only those procedures in which he or she is qualified by virtue of specific training or experience, or with the assistance of one who is so qualified. This experience must be supplemented with the opinions and talents of other professionals and with consultations when indicated.

Open communication with the patient or, if the patient is unable to understand a communication, the patient's relatives or other

authorized representative is essential. Patient confidences must be safeguarded within the constraints of the law. The performance of medical or surgical procedures shall be preceded by the appropriate informed consent of the patient or the patient's authorized representative. Timely communication of the patient's condition to referring and consulting physicians should also be practiced.

Urologic surgery shall be recommended only after careful consideration of the patient's physical, social, emotional, and occupational needs. The preoperative assessment must document indications for surgery. Performance of unnecessary surgery is an extremely serious ethical violation.

Fees for urologic services must not exploit patients or others who pay for those services. In addition, a urologist must not misrepresent any service which has been performed or is to be performed or the charges which have been made or will be made for that service. Payment by or to a physician solely for the referral of a patient (fee splitting) is unethical. Delegation of services is the use of auxiliary health care personnel to provide patient care for which the urologist is responsible. A urologist must not delegate to an auxiliary those aspects of patient care within the unique practice of the urologist (which do not include those permitted by law to be performed by auxiliaries). When other aspects of patient care for which the urologist is responsible are delegated to an auxiliary, the auxiliary must be qualified and adequately supervised. A urologist may make different arrangements for the delegation of patient care in special circumstances, such as emergencies, if the patient's welfare and rights are placed above all other considerations.

Providing a patient's postoperative medical or surgical care until that patient has recovered is integral to patient management. The operating urologist should provide those aspects of postoperative patient care within the unique experience of the urologist (which do not include those permitted by law to be performed by auxiliaries). Otherwise, the urologist must make arrangements before surgery for referral of the patient to another urologist, with the approval of the patient and the other urologist. The urologist may make different arrangements for provision of those aspects of postoperative patient care within the unique experience of the urologist in special circumstances, such as emergencies or when no other urologist is available, if the patient's welfare and rights are placed above all other considerations. Fees should reflect postoperative medical or surgical care arrangements with advance disclosure to the patients.

Scientific investigations and communications to the public must be accurate. They must not convey false, deceptive, or misleading information through statements, testimonials, photographs, graphs, or other means. They must not omit material information without which the communication would be deceptive. Communications must not appeal to an individual's anxiety in an excessive or unfair way; they must not create unjustified expectations of results. If communications refer to benefits or other attributes of urologic procedures which involve significant risks, a realistic assessment of safety and efficacy must also be included, as well as the availability of alternatives, with descriptions and/or assessments of the benefits and other attributes of those alternatives when necessary to avoid deception.

Communications must not misrepresent a urologist's credentials, training, experience, or ability, or contain material claims of superiority which cannot be substantiated. If a communication results from payment to a urologist, such must be disclosed, unless the nature, format, or medium makes that apparent. Offering or accepting payment for referring patients to research studies for finder's fees is unethical.

Those urologists who are deficient in character or who engage in fraud, deception, or substance abuse should be identified to

appropriate local, regional, state, and/or national authorities. A physically, mentally, or emotionally impaired urologist should withdraw from those aspects of practice affected by the impairment.

Policies

Disciplinary Action

The Board of Trustees of the American Board of Urology shall have the sole power to censure, suspend, or revoke the certificate of any diplomate. Certificates issued by the Board are the property of the Board and are issued pursuant to the rules and regulations of the Board. Each certificate is issued to an individual physician who, by signature, agrees to censure or suspension or revocation of the certificate as described herein.

The Board of Trustees shall have the sole power, jurisdiction, and right to determine and decide whether the evidence and information before it is sufficient to constitute one of the disciplinary actions by the Board. The levels of disciplinary action and manner of notification, appeal, and reinstatement, shall be defined as follows:

Notification and Appeal

Notification: If the action of the Board is to censure, suspend, or revoke the certificate of a diplomate, the Board shall send written notice thereof to the diplomate. The notice shall state the reasons for the Board's decision.

Appeal: See "Appeals Procedure" below for details on the appeals process.

Censure and Suspension

A diplomate may be censured or have his or her certificate suspended if he or she has been found by the Board to have engaged in professional misconduct or moral turpitude or for violations of the Code of Ethics of the American Board of Urology not warranting certificate revocation. The Board of Trustees of the American Board of Urology shall have the sole power to determine the level of disciplinary action and the designated level of suspension.

Censure: A censure shall be a written reprimand to the diplomate. Such censure shall be made part of the file of the diplomate.

Suspension: A suspension shall require the diplomate to return his or her certificate to the Board for a designated time so determined by the Board. The Board shall have the sole power to determine the designated time of suspension. Prior to return of the certificate the diplomate must meet with the Board within 60 days prior to the end of the designated time period. Recertification will be necessary if a time-limited certificate expires during the period of suspension.

Revocation of Certificate

Certificates issued by this Board are the property of the Board and are issued pursuant to the rules and regulations of the Board. Each certificate is issued to an individual physician who, by signature, agrees to revocation of the certificate in the event that:

- a. the issuance of the certificate or its receipt by the physician so certified shall have been contrary to, or in violation of any provision of the Certificate of Incorporation, Bylaws, or rules and regulations of the Board in force at the time of issuance; or
- b. the physician or party certified shall not have been eligible to receive such certificate, regardless of whether or not the facts constituting ineligibility were known to, or could have been ascertained by, the Trustees of the Board at the time of issuance of such certificate; or
- c. the physician or party so certified shall have made a material misstatement of fact in application for such certification or recertification or in any other statement or representation to the Board or its representatives; or
- d. the physician so certified shall at any time have neglected to maintain the degree of knowledge in the practice of the specialty

- e. of urology as set up by the Board, and shall refuse to submit to re-examination by the Board; or
- e. the physician so certified is convicted of a felony, scientific fraud, or a crime involving illicit drugs; or
- f. any license to practice medicine of the physician so certified is surrendered, suspended, revoked, withdrawn, or voluntarily returned in any state regardless of continuing licensure in any other state, or he or she is expelled from any of the nominating societies, a county medical society, or a state medical association for reasons other than non-payment of dues or lack of meeting attendance; or
- g. the physician so certified has been found guilty by the Board of serious professional misconduct or moral turpitude or for serious violation of the Code of Ethics of the American Board of Urology that adversely reflects on professional competence or integrity.

Reinstatement of Certificate

Should the circumstances that justified revocation of the diplomate's certificate be corrected, the Board may allow the candidate to reapply for certification. The Board of Trustees shall have the sole power to determine the time of initiation of the reinstatement process. The applicant whose certificate has been revoked may be required to complete the certification or recertification process at the discretion of the Board.

Prior to reinstatement of certification, the applicant must meet with the Board. The diplomate will be required to attest that he or she has read and understands the above provisions regarding disciplinary action and the procedures to be followed and agree to hold the Board, its officers, and agents harmless from any damage, claim, or complaint by reason of any action taken which is consistent with such procedures.

Appeals Procedure

Adverse Decision Inquiries

During the course of the certification or recertification process, a candidate may receive an adverse decision regarding one or more elements of the process. Inquiries regarding an adverse decision must be made in writing to the Executive Secretary within 30 days after written notification by the Board, and will be promptly answered. The candidate will be guaranteed the following:

- a. hand scoring of the answer sheet for failure of the Qualifying (Part 1) Examination;
- b. review by the Executive Secretary of the examiners' scoring sheets for the failure of the Certifying (Part 2) Oral Examination; and
- c. review of the record by the Chairman of the Credentials Committee or Recertification Committee for an adverse decision concerning peer review, practice logs, and/or malpractice and professional responsibility experience.

Adverse Decisions

If the final action of the Board is a decision to deny certification to an applicant, to deny recertification to a diplomate with a time-limited certificate, or to revoke the certificate of a diplomate, the Board shall send written notice thereof to the applicant or diplomate. The notice shall state the reasons for the Board's decision. For those holding a time-limited certificate, their certificate shall stay in effect until the appeals process is completed.

Request for Hearing

An applicant or a diplomate who receives such a notice may, within 30 days after mailing by the Board, give written notice to the Board that he or she wishes to request a hearing to appeal the Board's decision. The written notice shall set forth the specific reasons given by the Board which are alleged to be erroneous and shall indicate

whether the applicant or diplomate wishes to attend the hearing. Such applicant or diplomate is hereinafter referred to as the "appellant."

Notice of Hearing

If the Board receives the appellant's notice requesting a hearing in a timely manner, the Board shall set the date, time, and place of the hearing, and shall give the appellant at least 30 days prior written notice thereof.

Hearing

The hearing shall be held before the Board of Trustees or before a hearing panel consisting of one or more persons appointed by the Board, as it may determine in its sole discretion. The President of the Board, or, if a hearing panel is appointed, a person appointed by the Board of Trustees, shall preside at the hearing. At the hearing, the burden shall be on the appellant to prove by a preponderance of the evidence that the Board's decision was erroneous.

Failure to Appear

Failure to appear at the hearing may result in the forfeiture of the right to a hearing, as the Board of Trustees may determine, in its sole discretion. Despite such failure to attend, the Board of Trustees (or the hearing panel) may nevertheless hold the hearing, consider the information submitted, and decide the appeal.

Hearing Procedure

The appellant may appear at the hearing to present his or her position in person, at the time and place specified, subject to any conditions established by the Board. A transcript of the proceedings shall be kept. The Board shall not be bound by technical rules of evidence employed in legal proceedings, but may consider any information it deems appropriate. The appeals process is a peer review process and neither party may be represented by, or bring along, legal counsel.

Notice of Decision

Within a reasonable time after completion of the hearing, the Board shall furnish written notice to the appellant of the decision, including a statement of the basis therefore.

Finality

The decision of the Board shall be final and binding on the Board and on the appellant.

Notices

All notices or other correspondence pertaining to the appeal should be sent to the following address:

The American Board of Urology
2216 Ivy Road, Suite 210
Charlottesville, VA 22903
Attention: Executive Secretary

"Board Eligible" Status

The American Board of Urology does not recognize or use the term "Board Eligible" in reference to its applicants or candidates. A candidate is not certified (ie, does not become a diplomate) until all components of the certification process have been successfully completed.

Inquiry as to Status

The Board considers a candidate's record not to be in the public domain. When a written inquiry is received by the Board regarding a candidate's status, a general but factual statement is provided that indicates the person's status within the examination process. The Board provides this information only to individuals, organizations,

and institutions supplying a signed release of information from the candidate, and a charge of \$35 per request will apply.

Unforeseeable Events

Certain unforeseeable events such as a natural disaster, war, power outages, government regulations, strikes, civil disorders, curtailment of transportation, and the like may make it inadvisable, illegal, or impossible for the Board to administer an examination to a candidate at the scheduled date, time, and location. In any such circumstance, the Board is not responsible for any expense the candidate may have incurred to be present for the examination or may incur for any future or substitute examination.

Final Action of the Board

Final action regarding each applicant is the sole prerogative of the Board and is based upon the applicant's training, professional record, performance in clinical practice, and the results of the examinations given by the Board.

Regardless of the sequence by which the various steps of certification may have been accomplished, the process itself is not considered complete until the Board's final action. At any point in the process, the Board may delay or even deny certification upon consideration of information that appears to the Board to justify such action.

The activities described in this document proceed from the Certificate of Incorporation and Bylaws, which state the nature of the business, objects, and purposes proposed to be transacted and carried out by this corporation.

Summary of Fees

Fee Schedule (in US Dollars)

Qualifying (Part 1) Examination

Residents	\$950
Practitioners & Fellows	\$1,050
Re-examination	\$675

Certifying (Part 2) Examination

Re-examination	\$1,100
	\$700

Cancellation Fees

Excused absence	\$200
Unexcused absence	\$300
Failure to appear	\$500

Reinstatement after Two (2) Successive Absences (plus cancellation fees)

\$600

Deferral of Admissibility to Part 2 Examination

for Inadequate Practice Log (balance of fee returned) \$175

Preliminary Examination

Cancellation Fee \$300

Recertification

\$1,100

Late Fee (application, documentation, fees)

\$400

"NSF" Fee

\$100

Site Visit (plus expenses)

\$2,000

Administrative Fee

\$50

Official Verification of Status

\$35

Appendix C

Medical Schools in the United States

Note: The following medical schools were accredited by the Liaison Committee on Medical Education (LCME) as of January 2005.

Alabama

- 00102 University of Alabama School of Medicine
Birmingham, AL 35294
- 00106 University of South Alabama
College of Medicine
Mobile, AL 37788

Arizona

- 00301 University of Arizona
College of Medicine
Tucson, AZ 85724

Arkansas

- 00401 University of Arkansas
College of Medicine
Little Rock, AR 77205

California

- 00502 University of California, San Francisco
School of Medicine
San Francisco, CA 94143
- 00506 Keck School of Medicine of the University
of Southern California
Los Angeles, CA 90033
- 00511 Stanford University School of Medicine
Stanford, CA 94305
- 00512 Loma Linda University School of Medicine
Loma Linda, CA 92350
- 00514 David Geffen School of Medicine at
University of California, Los Angeles
Los Angeles, CA 90024
- 00515 University of California, Irvine College of
Medicine
Irvine, CA 92717
- 00518 University of California, San Diego School
of Medicine
La Jolla, CA 92093
- 00519 University of California, Davis School
of Medicine
Davis, CA 95616

Colorado

- 00702 University of Colorado School of Medicine
Denver, CO 80262

Connecticut

- 00801 Yale University School of Medicine
New Haven, CT 06510
- 00802 University of Connecticut
School of Medicine
Farmington, CT 06032

District of Columbia

- 01001 George Washington University
School of Medicine
Washington, DC 20037
- 01002 Georgetown University School of Medicine
Washington, DC 20007
- 01003 Howard University College of Medicine
Washington, DC 20059

Florida

- 01102 Leonard M Miller School of Medicine at
the University of Miami
Miami, FL 33101
- 01103 University of Florida College of Medicine
Gainesville, FL 32610
- 01104 University of South Florida College of
Medicine
Tampa, FL 33612
- 01105 Florida State University College of
Medicine
Tallahassee, FL 32306-4300

Georgia

- 01201 Medical College of Georgia School
of Medicine
Augusta, GA 30912
- 01205 Emory University School of Medicine
Atlanta, GA 30322
- 01221 Morehouse School of Medicine
Atlanta, GA 30314
- 01222 Mercer University School of Medicine
Macon, GA 31207

Hawaii

- 01401 University of Hawaii at Manoa
John A Burns School of Medicine
Honolulu, HI 96822

Illinois

- 01601 Rush Medical College of Rush University
Medical Center
Chicago, IL 60612
- 01602 University of Chicago, Pritzker
School of Medicine
Chicago, IL 60637
- 01606 The Feinberg School of Medicine,
Northwestern University
Chicago, IL 60611
- 01611 University of Illinois at Chicago College of
Medicine
Chicago, IL 60612
- 06142 Chicago Medical School at Rosalind
Franklin University of Medicine & Science
North Chicago, IL 60064
- 01643 Loyola University of Chicago,
Stritch School of Medicine
Maywood, IL 60153
- 01645 Southern Illinois University
School of Medicine
Springfield, IL 62708

Indiana

- 01720 Indiana University School of Medicine
Indianapolis, IN 46223

Iowa

- 1803 Roy J and Lucille A Carver College of
Medicine at the University of Iowa
Iowa City, IA 52242

Kansas

- 01902 University of Kansas School of Medicine
Kansas City, KS 66103

Kentucky

- 02002 University of Louisville School of Medicine
Louisville, KY 40292
- 02012 University of Kentucky
College of Medicine
Lexington, KY 40536

Louisiana

- 02101 Tulane University School of Medicine
New Orleans, LA 70112
- 02105 Louisiana State University School
of Medicine in New Orleans
New Orleans, LA 70112
- 02106 Louisiana State University School
of Medicine in Shreveport
Shreveport, LA 71130

Maryland

- 02301 University of Maryland
School of Medicine
Baltimore, MD 21201
- 02307 Johns Hopkins University School
of Medicine
Baltimore, MD 21205
- 02312 Uniformed Services University of
the Health Sciences, F Edward Hebert
School of Medicine
Bethesda, MD 20014

Massachusetts

- 02401 Harvard Medical School
Boston, MA 02115
- 02405 Boston University School of Medicine
Boston, MA 02118
- 02407 Tufts University School of Medicine
Boston, MA 02111
- 02416 University of Massachusetts
Medical School
Worcester, MA 01605

Michigan

- 02501 University of Michigan Medical School
Ann Arbor, MI 48109
- 02507 Wayne State University School of
Medicine
Detroit, MI 48201
- 02512 Michigan State University College
of Human Medicine
East Lansing, MI 48824

Minnesota

- 02604 University of Minnesota Medical School at
Minneapolis
Minneapolis, MN 55455
- 02607 University of Minnesota, Duluth
School of Medicine
Duluth, MN 55812
- 02608 Mayo Medical School
Rochester, MN 55905

Mississippi

- 02701 University of Mississippi
School of Medicine
Jackson, MS 39216

Missouri

- 02802 Washington University School of Medicine
St Louis, MO 63110
- 02803 University of Missouri, Columbia
School of Medicine
Columbia, MO 65212
- 02834 Saint Louis University School of Medicine
St Louis, MO 63104
- 02846 University of Missouri, Kansas City
School of Medicine
Kansas City, MO 64108

Nebraska

- 03005 University of Nebraska
College of Medicine
Omaha, NE 68105
- 03006 Creighton University School of Medicine
Omaha, NE 68178

Nevada

- 03101 University of Nevada School of Medicine
Reno, NV 89557

New Hampshire

- 03201 Dartmouth Medical School
Hanover, NH 03756

New Jersey

- 03305 UMDNJ-New Jersey Medical School
Newark, NJ 07103
- 03306 UMDNJ-Robert Wood Johnson
Medical School
Piscataway, NJ 08854

New Mexico

- 03401 University of New Mexico
School of Medicine
Albuquerque, NM 87131

New York

- 03501 Columbia University College of
Physicians and Surgeons
New York, NY 10032
- 03503 Albany Medical College
Albany, NY 12208
- 03506 SUNY at Buffalo
School of Medicine & Biomedical Sciences
Buffalo, NY 14214
- 03508 SUNY, Downstate Medical Center College
of Medicine
Brooklyn, NY 11203
- 03509 New York Medical College
Valhalla, NY 10595
- 03515 State University of New York Upstate
Medical University College
of Medicine
Syracuse, NY 13210
- 03519 New York University School of Medicine
New York, NY 10016
- 03520 Joan and Sanford I Weill Medical College
of Cornell University
New York, NY 10021
- 03545 University of Rochester School of
Medicine and Dentistry
Rochester, NY 14642
- 03546 Albert Einstein College of Medicine of
Yeshiva University
New York, NY 10461
- 03547 Mount Sinai School of Medicine of New
York University
New York, NY 10029
- 03548 Stony Brook University Health Science
Center School of Medicine
Stony Brook, NY 11794

North Carolina

- 03601 University of North Carolina at Chapel Hill
School of Medicine
Chapel Hill, NC 27514
- 03605 Wake Forest University School of
Medicine
Winston-Salem, NC 27103
- 03607 Duke University School of Medicine
Durham, NC 27710
- 03608 Brody School of Medicine at
East Carolina University
Greenville, NC 27834

North Dakota

- 03701 University of North Dakota School of
Medicine and Health Sciences
Grand Forks, ND 58202

Ohio

- 03806 Case Western Reserve University
School of Medicine
Cleveland, OH 44206
- 03840 Ohio State University College of Medicine
Columbus, OH 43210
- 03841 University of Cincinnati
College of Medicine
Cincinnati, OH 45267
- 03843 Medical College of Ohio at Toledo
Toledo, OH 43699
- 03844 Northeastern Ohio Universities
College of Medicine
Rootstown, OH 44272
- 03845 Wright State University School of
Medicine
Dayton, OH 45401

Oklahoma

- 03901 University of Oklahoma College of
Medicine
Oklahoma City, OK 73190

Oregon

- 04002 Oregon Health Sciences University
School of Medicine
Portland, OR 97201

Pennsylvania

- 04101 University of Pennsylvania
School of Medicine
Philadelphia, PA 19104
- 04102 Jefferson Medical College of Thomas
Jefferson University
Philadelphia, PA 19107
- 04112 University of Pittsburgh
School of Medicine
Pittsburgh, PA 15261
- 04113 Temple University School of Medicine
Philadelphia, PA 19140
- 04114 Pennsylvania State University
College of Medicine
Hershey, PA 17033
- 04115 Drexel University College of Medicine
Philadelphia, PA 19102

Puerto Rico

- 04201 University of Puerto Rico
School of Medicine
San Juan, PR 00936
- 04202 Ponce School of Medicine
Ponce, PR 00732
- 04203 Universidad Central del Caribe
Escuela de Medicina
Bayamon, PR 00960-6032

Rhode Island

- 04301 Brown Medical School
Providence, RI 02912

South Carolina

- 04501 Medical University of South Carolina
College of Medicine
Charleston, SC 29425
- 04504 University of South Carolina
School of Medicine
Columbia, SC 29208

South Dakota

- 04601 University of South Dakota
School of Medicine
Vermillion, SD 57069

Tennessee

- 04705 Vanderbilt University School of Medicine
Nashville, TN 37232
- 04706 University of Tennessee Health Science
Center
College of Medicine
Memphis, TN 38163
- 04707 Meharry Medical College
School of Medicine
Nashville, TN 37208
- 04720 East Tennessee State University,
James H Quillen College of Medicine
Johnson City, TN 37614

Texas

- 04802 University of Texas Medical Branch
University of Texas Medical School
at Galveston
Galveston, TX 77550
- 04804 Baylor College of Medicine
Houston, TX 77030
- 04812 University of Texas Southwestern Medical
Center at Dallas
Southwestern Medical School
Dallas, TX 75235
- 04813 University of Texas Medical School
at San Antonio
San Antonio, TX 78284
- 04814 University of Texas Houston Medical
School
Houston, TX 77225
- 04815 Texas Tech University Health Science
Center School of Medicine
Lubbock, TX 79430
- 04816 Texas A & M University Health Science
Center
College of Medicine
College Station, TX 77843

Utah

- 04901 University of Utah School of Medicine
Salt Lake City, UT 84132

Vermont

- 05002 University of Vermont College of Medicine
Burlington, VT 05405

Virginia

- 05101 University of Virginia School of Medicine
Charlottesville, VA 22908
- 05104 Virginia Commonwealth University,
School of Medicine
Richmond, VA 23298
- 05107 Eastern Virginia Medical School
Norfolk, VA 23501

Washington

- 05404 University of Washington
School of Medicine
Seattle, WA 98195

West Virginia

- 05501 West Virginia University
School of Medicine
Morgantown, WV 26506
- 05502 Joan C Edwards School of Medicine at
Marshall University
Huntington, WV 25701

Wisconsin

- 05605 University of Wisconsin Medical School
Madison, WI 53706
- 05606 Medical College of Wisconsin
Milwaukee, WI 53226

Appendix D

Graduate Medical Education Glossary

Accreditation Council for Graduate Medical Education (ACGME)—An accrediting agency with the mission improving the quality of health in the United States by ensuring and improving the quality of allopathic graduate medical education for physicians in training. The ACGME establishes national standards for graduate medical education by which it approves and continually assesses educational programs under its aegis. The ACGME accredits GME programs through its 27 review committees (26 Residency Review Committees, or RRCs, and the Transitional Year Review Committee). The ACGME has five member organizations:

- American Board of Medical Specialties
- American Hospital Association
- American Medical Association
- Association of American Medical Colleges
- Council of Medical Specialty Societies

Each member organization nominates four directors. In addition, the ACGME Board of Directors includes one resident physician member, the Chair of the Residency Review Committee Council of Chairs, and three public members. A federal government representative and the resident physician who chairs the RRC Resident Council have the right of attendance and voice at board meetings, but do not vote.

Affiliated institution (see “Major participating institution”)—Term no longer in use by the AMA or ACGME; it has been replaced by “major participating institution.”

American Board of Medical Specialties (ABMS) (see also “Certification”)—The umbrella organization for the 24 approved medical specialty boards in the United States. Established in 1933, the ABMS serves to coordinate the activities of its Member Boards and to provide information to the public, the government, the profession, and its members concerning issues of specialization and certification in medicine. The mission of the ABMS is to maintain and improve the quality of medical care in the United States by assisting the member Boards in their efforts to develop and utilize professional and educational standards for the evaluation and certification of physician specialists. See Appendix B for more information.

Annual Survey of Graduate Medical Education Programs (see “National GME Census”)

Attending (see “Teaching staff”)

Categorical positions (see also “Graduate Year 1” and “Preliminary Positions”)—Positions for residents who remain in a given program or specialty until completion of the total year(s) required for admission to specialty board examination.

Certification (see also “American Board of Medical Specialties”)—A voluntary process intended to assure the public that a certified medical specialist has successfully completed an approved educational program and an evaluation including an examination process designed to assess the knowledge, experience, and skills requisite to the provision of high-quality patient care in that specialty. Medical specialty boards determine whether candidates have received appropriate preparation in approved residency training programs in accordance with established educational standards, evaluate candidates with comprehensive examinations, and certify those candidates who have satisfied the board requirements. Physicians who are successful in achieving certification are called diplomates of the respective specialty board. The boards also offer recertification for qualified diplomates at intervals of 7 to 10 years. See Appendix B for more information.

Chief resident—A position in the final year of the residency (eg, surgery) or in the year after the residency is completed (eg, internal medicine and pediatrics); the individual in this position plays a

significant administrative and teaching role in guiding new residents.

Combined specialty programs—Programs recognized by two or more separate specialty boards to provide GME in a particular combined specialty (listed below; see Appendix A for more information). Each combined specialty program is made up of two or three programs at the same institution. The ACGME and its Residency Review Committees do not accredit combined programs (with the exception of internal medicine/pediatrics, beginning July 1, 2005); instead, they separately accredit the core specialty programs that form the combined program. Resident physicians completing these programs are eligible for board certification in both specialties. Current combined specialties are:

- Diagnostic radiology/nuclear medicine/nuclear radiology
- Internal medicine/dermatology
- Internal medicine/emergency medicine
- Internal medicine/emergency medicine/critical care medicine
- Internal medicine/family medicine
- Internal medicine/medical genetics
- Internal medicine/neurology
- Internal medicine/nuclear medicine
- Internal medicine/pediatrics
- Internal medicine/physical medicine and rehabilitation
- Internal medicine/preventive medicine
- Internal medicine/psychiatry
- Neurology/physical medicine and rehabilitation
- Neurology/diagnostic radiology/neuroradiology
- Pediatrics/dermatology
- Pediatrics/emergency medicine
- Pediatrics/medical genetics
- Pediatrics/physical medicine and rehabilitation
- Pediatrics/psychiatry/child and adolescent psychiatry
- Psychiatry/family medicine
- Psychiatry/neurology

Consortium—A group of healthcare organizations established to pursue joint objectives in patient care, education, research, or other areas. If a consortium is formally established as an ongoing organizational entity with a commitment to graduate medical education, it may serve as a sponsoring institution of one or more GME programs.

Core discipline program (see "General specialty program")

Council on Medical Education—This AMA council formulates policy on medical education by recommending educational policies to the AMA House of Delegates, through the AMA Board of Trustees. The Council is also responsible for recommending the appointments of more than 100 representatives to accrediting bodies and to other national organizations.

Designated institutional official—An individual at an institution sponsoring or participating in one or more GME programs who has the authority and responsibility for the oversight and administration of GME programs.

Educational Commission for Foreign Medical Graduates (ECFMG)—A nonprofit organization that assesses the readiness of graduates of foreign medical schools to enter graduate medical education in the United States. ECFMG certification provides assurance to GME program directors, and to the people of the United States, that graduates of foreign medical schools have met minimum standards of eligibility required to enter such programs. This certification does not guarantee that such graduates will be accepted into GME programs in the United States, since the number of applicants frequently exceeds the number of positions available.

(For more information, refer to the *GMED Companion: An Insider's Guide to Selecting a Residency Program*.)

ECFMG number—The number assigned by the Educational Commission for Foreign Medical Graduates (ECFMG) to each international medical graduate physician who applies for certification from ECFMG. Almost all graduates of foreign medical schools must have an ECFMG certificate to participate in GME in the US.

Electronic Residency Application Service (ERAS)—A service for medical students/residents through which residency/fellowship applications, letters of recommendation, Dean's letters, transcripts, and other supporting credentials are transmitted via the Internet from medical schools to residency program directors. For more information about ERAS, a service of the Association of American Medical Colleges (AAMC), consult www.aamc.org/eras or the *GMED Companion: An Insider's Guide to Selecting a Residency Program*.

Fellow (see also "Resident or resident physician" and "Intern")—A physician in an ACGME-accredited program that is beyond the requirements for eligibility for first board certification in the discipline. Such physicians may also be termed "residents." The term "fellow" may require modifiers for precision and clarity, eg, "research fellow."

Fifth Pathway—One of several ways that individuals who obtain their undergraduate medical education abroad can enter GME in the United States. The Fifth Pathway is a period of supervised clinical training for students who obtained their premedical education in the United States, received undergraduate medical education in countries that do not grant the MD degree until the completion of 1 year of national service after medical school, and passed Step 1 of the United States Medical Licensing Examination. After these students successfully complete a year of clinical training sponsored by an LCME-accredited US medical school and pass USMLE Step 2, they become eligible for an ACGME-accredited residency as an international medical graduate. The other four pathways to residency education are transfer to and graduation from a US medical school, ECFMG certification, full and unrestricted licensure by a US licensing jurisdiction, and passing the Spanish language licensing examination in Puerto Rico. (For more information, refer to the *GMED Companion: An Insider's Guide to Selecting a Residency Program*.)

FREIDA Online® (Fellowship and Residency Electronic Interactive Database Access)—An online information resource, available through the AMA Web site at www.ama-assn.org/go/freida, that assists medical students and residents in selecting GME programs. It includes all ACGME-accredited residency programs and combined specialty programs, the majority with expanded listings that provide such information as program benefits (including compensation), resident-to-faculty ratio, work schedule, policies, and educational environment.

General specialty program—A primary specialty (eg, anesthesiology, family practice, internal medicine) that provides resident physicians, under supervision, with the knowledge and skills needed to be practitioners in a specified area of medical practice; sometimes referred to as a "core discipline program." General specialty programs function within an institution and are subject to all ACGME accreditation actions, policies, and procedures. Completing an ACGME-accredited residency in a general specialty program is one of the requirements of certification by a specialty board and is a prerequisite to subspecialty training.

GME Track (see also "National GME Census")—Available at www.aamc.org/gmetrack, this secure Web-based application of the Association of American Medical Colleges includes, among other

services, the National GME Census. Through GME Track, residency information is collected for both the AAMC and the AMA.

Graduate medical education (GME) (see also "Postgraduate medical education")—As the second of three major phases of medical education in the United States, graduate medical education (GME) prepares physicians for the independent practice of medicine in a medical specialty. GME focuses on the development of clinical skills and professional competencies and on the acquisition of detailed factual knowledge in a medical specialty. GME programs are based in hospitals or other health care institutions and, in most specialties, utilize both inpatient and ambulatory settings. GME programs, including Transitional Year programs, are usually called "residency programs" and the physicians educated in them "residents."

Graduate Medical Education Directory—Annual publication recognized as the official list of programs accredited by the ACGME. Known informally as the "Green Book," the *Directory* lists all ACGME-accredited programs in 118 specialties and subspecialties, Board-approved combined programs in 17 specialties, current educational standards ("Program Requirements") for 124 specialties and subspecialties, and the certification requirements of 24 medical specialty boards.

Graduate Year (GY) (see also "Program year" and "Postgraduate year")—Refers to an individual's current year of accredited GME; this may or may not correspond to the program year. For example, a fellow in pediatric cardiology could be in the first program year of the pediatric cardiology program but in his/her fourth graduate year of GME (including the 3 prior years of pediatrics). The AMA does not use the term "postgraduate year" (PGY).

Graduate Year 1 (GY1)—Used in connection with residents and with residency positions to indicate the first year of training after medical school. Individuals in GY1 positions who plan to complete the entire program are counted as enrolled in Graduate Year 1 (GY1), Categorical. Individuals in GY1 positions who are using their first year in a residency program as a prerequisite to enter another specialty or subspecialty program are counted as enrolled in Graduate Year 1 (GY1), Preliminary. Not all specialties offer GY1 positions; in those specialties approved for GY1 positions, some programs do not offer them. Furthermore, although by definition residents in GY1 positions are not required to have prior GME, some residents who fill such positions may have had previous training.

Institution—A *sponsoring institution* is the institution (eg, a university, medical school, hospital, school of public health, health department, public health agency, organized health care delivery system, medical examiner's office, consortium, or educational foundation) that assumes the ultimate responsibility for a GME program. A *major participating institution* is an institution to which residents rotate for a required experience of long duration and/or those that require explicit approval by the appropriate RRC prior to utilization. Major participating institutions are listed as part of an accredited program in the *Graduate Medical Education Directory*.

Note: Hospitals and other institutions that provide rotations of less than one-sixth of the program length or less than a total of 6 months are not listed in the *Directory*.

Intern (see "Resident or resident physician" and "Fellow")—No longer used by the AMA or ACGME. Historically, "intern" was used to designate individuals in the first post-MD year of hospital training; less commonly, it designated individuals in the first year of any residency program. Since 1975, the *Graduate Medical Education Directory* and the ACGME have used "resident," "resident physi-

cian," or "fellow" to designate all individuals in ACGME-accredited programs.

International medical graduate (IMG)—A graduate from a medical school outside the United States and Canada.

In-training examination (also known as "in-service examination")—Examinations to gauge residents' progress toward meeting a residency program's educational objectives. Certification boards of the American Board of Medical Specialties (ABMS) or medical specialty societies offer in-training examinations on a periodic basis.

Liaison Committee for Specialty Boards (LCSB)—The body that reviews and recommends approval of new examining boards in medical specialties to the ABMS and AMA, which are the parents of the LCSB.

Liaison Committee on Medical Education (LCME)—The body that accredits allopathic medicine educational programs in the United States and Canada leading to the MD degree. The American Osteopathic Association (AOA) accredits educational programs leading to the doctor of osteopathic medicine (DO) degree.

Licensure—The process by which a state or jurisdiction of the United States admits physicians to the practice of medicine. Licensure is intended to ensure that practicing physicians have appropriate education and training and that they abide by recognized standards of professional conduct while serving their patients. Candidates for first licensure must complete a rigorous examination designed to assess a physician's ability to apply knowledge, concepts, and principles that are important in health and disease and that constitute the basis of safe and effective patient care. All applicants must submit proof of medical education and training and provide details about their work history. Finally, applicants must reveal information regarding past medical history (including the use of habit-forming drugs and emotional or mental illness), arrests, and convictions. For more information, see *State Medical Licensure Requirements and Statistics*, published by the AMA, or visit www.ama-assn.org/go/licensure.

Major participating institution (see "Institution")

Match (see "National Resident Matching Program")

Medical school affiliation—Institutions sponsoring an accredited GME program may have a formal relationship with a medical school. Where such a relationship exists, the affiliation is identified by the dean of the medical school as major (M), graduate only (G), or limited (L). *Major* affiliation signifies that an institution is an important part of the teaching program of the medical school and plays a significant role in the clinical clerkship program. *Graduate only* affiliation indicates that the institution is affiliated with the medical school only for its graduate programs. *Limited* affiliation signifies that the institution is affiliated with the medical school's teaching program only for brief, occasional, and/or unique rotations of students or residents.

Medical school number—Unique 5-digit identifier for each medical school. See Appendix C for a list of LCME-accredited medical schools and medical school numbers.

Medical Student Section (MSS)—A section of the AMA House of Delegates, the AMA-MSS represents 36,000 medical student members of the AMA. For more information, see www.ama-assn.org/go/mss.

National GME Census—Beginning in 2000, the AMA's Annual Survey of Graduate Medical Education Programs was replaced by the National GME Census, a joint effort of the AMA and the Association

of American Medical Colleges (AAMC). All programs accredited by the ACGME and combined specialty programs approved by their respective boards are asked to complete this online census, available at www.aamc.org/gmetrack. The census collects data on program characteristics such as clinical and research facilities and the work and learning environment residents can expect, as well as biographical data on residents in the programs. Data collected from the census are used in the following AMA publications and products:

- *Graduate Medical Education Directory*
- *Graduate Medical Education Library on CD-ROM*
- *GMED Companion: An Insider's Guide to Selecting a Residency Program*
- FREIDA Online® (Fellowship and Residency Electronic Interactive Database Access)
- Medical Education issue of the *Journal of the American Medical Association*
- *State-level Data for Accredited Graduate Medical Education Programs in the US*
- AMA Physician Masterfile
- AMA Physician Select

National Resident Matching Program (NRMP)—Informally referred to as the “Match,” this process matches GME programs and applicants to those programs. Managed by the Association of American Medical Colleges (AAMC), the NRMP system was developed to provide both applicants and residency program directors an opportunity to consider their options for accepting and offering appointments to residency programs, respectively, and to have their decisions announced at a specific time. For more information, consult www.nrmp.org or the *GMED Companion: An Insider's Guide to Selecting a Residency Program*.

Participating institution (see “Institution”)

Postgraduate medical education (see also “Graduate medical education”)—The AMA does not use the term “postgraduate medical education” to refer to any stage of physician education, including undergraduate (medical school), graduate (residency), and continuing medical education. The term is sometimes used in the United Kingdom and Canada.

Postgraduate year (PGY) (see also “Graduate Year”)—The AMA does not use this term to describe any part of graduate medical education. The preferred term is graduate year (GY).

Preliminary positions (see also “Graduate Year 1”)—Positions for residents who are obtaining training required to enter another program or specialty. Some residents in preliminary positions may move into permanent positions in the second year. Preliminary positions are usually 1 year in length and usually offered for Graduate Year 1. Internal medicine, surgery, and transitional year programs commonly offer preliminary positions.

Program—The unit of GME residency/fellowship training, comprising a series of learning experiences within a GME specialty/subspecialty, which is evaluated for accreditation.

Program director—The individual responsible for maintaining the quality of a specific GME program so that it meets ACGME accreditation standards. Other duties of the program director include preparing a written statement outlining the program's educational goals; providing an accurate statistical and narrative description of the program as requested by the Residency Review Committee (RRC); and providing for the selection, supervision, and evaluation of residents for appointment to and completion of the program.

Program year (see also “Graduate Year”)—Refers to the current year of training within a specific program; this may or may not cor-

respond to the graduate year. For example, a fellow in pediatric cardiology could be in the first program year of the pediatric cardiology program but in his/her fourth graduate year of GME (including the 3 prior years of pediatrics).

Resident and Fellow Section (RFS)—A section of the AMA House of Delegates, the AMA-RFS represents 30,000 resident members of the AMA. For more information, see www.ama-assn.org/go/rfs.

Residency Review Committees (RRCs)—The 27 review committees within the ACGME system (including the Transitional Year Review Committee) that meet periodically to review programs within their specialty and/or subspecialty, propose Program Requirements for new specialties/subspecialties, and revise requirements for existing specialties/subspecialties.

Resident or resident physician (see also “Fellow”)—Any individual at any level in an ACGME-accredited GME program, including subspecialty programs. Local usage might refer to these individuals as interns, house officers, housestaff, trainees, fellows, junior faculty, or other comparable terminology. Beginning in 2000, the ACGME has used the term “fellow” to denote physicians in subspecialty programs (versus residents in specialty programs) or in GME programs that are beyond the requirements for eligibility for first board certification in the discipline.

Section on Medical Schools (SMS)—A section of the AMA House of Delegates with representation from the 126 LCME-accredited US medical schools. For more information, see www.ama-assn.org/go/sms.

Sponsoring institution (see “Institution”)

Subspecialty program—Provides advanced GME in a highly specialized field of study within a specialty, eg, gastroenterology within the field of internal medicine. Many subspecialty programs are subject to ACGME accreditation actions, policies, and procedures. Completing an ACGME-accredited residency/fellowship in a particular subspecialty program may qualify the physician to seek certification by the related subspecialty board. Some subspecialty programs are accredited independently of the related general specialty program and are not dependent on a general specialty program. Other subspecialty programs function only in conjunction with an accredited general specialty program, and the subspecialty program's accreditation status is related to the status of the accredited general specialty program.

Teaching staff—Any individual who has received a formal assignment to teach resident physicians. In some institutions appointment to the medical staff of the hospital constitutes appointment to the teaching staff.

Transitional year program (see also “Preliminary positions”)—Broad-based clinical training in an ACGME-accredited graduate year 1 (GY1) residency program that provides a balanced curriculum in multiple clinical disciplines. Developed for the year between medical school graduation and a specialty residency program, the transitional year is designed to facilitate the choice of and/or preparation for a specific specialty; it is not meant to prepare participants for the independent practice of medicine. To sponsor a transitional year program, an institution and its affiliate must conduct two or more ACGME-accredited programs that participate in the transitional year.

United States Medical Licensing Examination (USMLE)—A three-step examination that is required for licensure in the United States. For more information, see www.usmle.org or refer to *State Medical Licensure Requirements and Statistics*, published annually by the AMA.

Web ADS—The Web Accreditation Data System (ADS) of the ACGME. This Internet-based data collection system contains the current data on file with the ACGME for all sponsoring institutions and programs, which are required to verify and update general information annually via this secure online system. In addition, programs are required to verify the accredited training of all residents and to communicate organizational changes as they occur. See www.acgme.org/ADS for more information.